



# Parental confidence in mainstream settings

## Report

### 1. Background

Sheffield City Council had asked the Sheffield Parent Carer Forum to examine the key factors which influence parental confidence in the ability of mainstream settings to meet the needs of children and young people with special educational needs and disabilities (SEND); in particular, why parents opt for specialist placements and/or Education Health and Care (EHC) plans.

This report summarises feedback from three focus groups which were held at a mainstream secondary school (Ecclesfield School), a mainstream primary school (Porter Croft C of E Primary Academy) and at St Mary's Community Centre in July 2015.

### 2. Participants

21 parent carers participated in the focus groups. Of these, 43% were from a BME background (mainly African and Pakistani). Most parents had a child in the 5-15 age group. The most common disability was ASD (71%), followed by ADHD (14%), specific learning difficulties (14%) and GDD/DCD (10%). Other disabilities included Down Syndrome, moderate learning difficulties, severe learning difficulties, mental health needs and PDA. 57% of participants had children on SEN Support, 24% had a statement or EHCP, 19% had requested or were undergoing an EHC needs assessment, and 5% received no support. 19% of participants did not specify the level of support their child was receiving. (NB Percentages do not sum to 100 as many participants had more than one child with SEND).

### 3. Changing levels of confidence

We gave parents a timeline (from birth to Y6 / Y13) and asked them to plot their level of confidence in the ability of the education provider to meet their child's needs. Parents were asked to explain any peaks and troughs in their graphs through annotations and/or verbal feedback.

We found that the graphs plotted by the participants were highly individual and did not follow an overall pattern. There was, however, a tendency for confidence levels to drop before and after the transition to a different setting.

Feedback from parents showed that the following factors have a strong influence on parental confidence:

Reduces confidence	Increases confidence
<b>Provision</b>	
<ul style="list-style-type: none"> <li>• Not enough support</li> <li>• Support taken away before child is able to manage without</li> <li>• No sensory breaks</li> <li>• No support with social communication difficulties</li> <li>• Teachers leaving it to TAs to differentiate the curriculum</li> <li>• Slow progress or lack of progress</li> <li>• Staff not making reasonable adjustments (e.g. not including child in group activities, not adapting the curriculum, not adapting reward systems/sanctions)</li> </ul>	<ul style="list-style-type: none"> <li>• Good support at school, e.g. small group work, 1:1 support</li> <li>• Involvement of specialists</li> <li>• Child making good progress</li> </ul>
<b>Child's wellbeing</b>	
<ul style="list-style-type: none"> <li>• Child developing mental health issues in response to experiences at school, e.g. anxiety, depression, aggression, self-harming, school phobia, suicidal ideation</li> <li>• Child socially isolated</li> <li>• Stigmatisation, sometimes caused by measures intended to help the child (e.g. special passes)</li> <li>• Concerns about child's safety, e.g. accidents, being left in a room on their own</li> <li>• Child being bullied</li> <li>• Child being blamed for things other children did</li> <li>• Child getting stressed about SATS in Y6</li> <li>• Use of fixed-term and internal exclusions</li> <li>• Widening gap between child and peers</li> </ul>	<ul style="list-style-type: none"> <li>• Child having friends</li> <li>• Child feeling happy and confident</li> <li>• Buddy to help child move from class to class</li> <li>• Activities to build friendships</li> </ul>
<b>Home-school communication</b>	
<ul style="list-style-type: none"> <li>• Infrequent home-school communication</li> <li>• School saying one thing and doing another</li> <li>• Parents feeling they are always having to "nag" staff</li> <li>• Method of communication not meeting parents' needs, e.g. can't access school website</li> <li>• Homework not noted in planner</li> <li>• Parent of school refuser threatened with fines/prison</li> </ul>	<ul style="list-style-type: none"> <li>• Regular home-school communication</li> <li>• Honesty</li> <li>• Parent involved in school life, e.g. as governor, accompanying child on school trips</li> <li>• Having a mentor or keyworker – someone who keeps an eye on child and acts as main point of contact for parents</li> <li>• "Team around the family" approach</li> </ul>

<b>Identification of needs</b>	
<ul style="list-style-type: none"> <li>• Staff dismissing parents' concerns about their child, especially before diagnosis: "he'll grow out of it", "she's just shy"</li> <li>• Staff not picking up on child's difficulties</li> <li>• Staff not understanding reasons for child's behaviour, labelling child as "naughty"</li> <li>• Staff blaming child's difficulties on poor parenting or difficult family situation</li> <li>• Staff putting problems down to EAL issues</li> <li>• Staff not interested if child's issues only apparent at home (e.g. child who just about "holds it together" at school, only to explode at home)</li> </ul>	<ul style="list-style-type: none"> <li>• Listening to parents and acting promptly when concerns are raised</li> <li>• Getting a diagnosis</li> <li>• Good post-diagnostic support</li> </ul>
<b>Staffing and training</b>	
<ul style="list-style-type: none"> <li>• Staff unable to manage child's behaviour, resulting in frequent use of restraint, time out rooms / internal exclusions, behavioural incidents</li> <li>• School reluctant to bring in external expertise</li> <li>• Frequent staff changes, e.g. one school had four SENCOs in two years, one child had five teachers in one year</li> <li>• Staff unable to motivate child</li> <li>• Child not making sufficient progress</li> <li>• Staff unaware of child's aversions (e.g. touch) and inadvertently triggering problem behaviours</li> <li>• Inexperienced / overstretched SENCO -&gt; delays in reports/assessments</li> <li>• Staff taking the road of least resistance, e.g. insisting child wear nappies due to frequent toilet accidents, instead of investing time in toilet training</li> <li>• Poor teaching</li> <li>• Staff not dealing effectively with bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Staff who have experience with child's disability</li> <li>• Staff who have a good rapport with the child</li> <li>• An inclusive ethos which pervades the whole setting (e.g. "everyone blow a raspberry to say hello")</li> <li>• Continuity of staffing, e.g. TA who goes with the child through the school, having the same teacher for several years</li> <li>• Staff who "go the extra mile", who understand and care</li> <li>• Involvement of specialist services, e.g. CAMHS or paediatrician, resulting in better understanding of child's needs, more appropriate support</li> </ul>
<b>Fulfilment of statutory duties</b>	
<ul style="list-style-type: none"> <li>• Parent frequently asked to come into school to change child following toileting accidents</li> <li>• Child put on part-time timetable as not enough support staff</li> <li>• School not making all of the provision described in statement</li> <li>• School refusing to help with statutory</li> </ul>	<ul style="list-style-type: none"> <li>• Getting a statement / EHC plan</li> <li>• Moving to a special school</li> </ul>

assessment <ul style="list-style-type: none"> <li>• Missing or inaccurate records, e.g. in relation to use of restraint, attempts to escape from school, attendance register</li> </ul>	
<b>Transition between settings</b>	
<ul style="list-style-type: none"> <li>• Worries prior to transition – will child cope in next setting?</li> <li>• Delays in passing information on to next school, resulting in lack of support, wrong support</li> </ul>	<ul style="list-style-type: none"> <li>• Having a well-managed transition process with a high level of parental involvement</li> <li>• Support from MAST around transition to secondary</li> <li>• Support to maintain friendships from previous school</li> </ul>
<b>Other</b>	
<ul style="list-style-type: none"> <li>• Medical issues</li> <li>• Sleep issues</li> <li>• Family breakdown</li> <li>• Traumatic incidents</li> </ul>	

Several parents described how events at school had sent their child into a downward spiral from which it was very hard to recover. Some parents reported that the situation only improved as a result of decisive action taken by the head teacher. If, on the other hand, the leadership of the school did not appear committed to resolving the issue, parents felt that the only option left to them was to move their child to another school – either another mainstream school, or a special school (particularly if there had already been a string of failed mainstream placements). Parents described their grief at losing the child they knew as they became ever more withdrawn, and their joy at getting them back when they began to flourish in the right environment.

#### **4. Perceptions of EHC plans and special schools**

We wanted to find out whether parental requests for EHC needs assessments and specialist placements were driven by realistic expectations, or whether parents were influenced by myths and misconceptions.

We read out a number of statements about EHC plans / statements and special schools, and asked parents to tell us whether they thought these were true or false. Most parents correctly stated that statements / EHC plans:

- are required to access specialist placements
- are required to access SEN transport
- give priority in the mainstream admissions process
- do not protect children from exclusions
- are not required to access support from children’s social care
- are also available to sixth form students

Parents also knew that special schools:

- have smaller class sizes
- cater for children working on different levels

Parents did not think that the risk of bullying was lower at special schools than at mainstream schools – a perception which is not borne out by our “State of Sheffield 2014” survey, which found that pupils with SEND were more likely to be bullied in mainstream schools.

The exercise highlighted a number of commonly held misconceptions. A majority of parents thought that statements/plans gave children extra time or help in exams and provided schools with additional funds. They did not think, however, that statements/plans afforded protection from local authority budget cuts. Most parents thought that a diagnosis was a prerequisite for getting a statement/plan.

Parents regarded statements/plans as a way of “future proofing” their child’s provision – protecting the support at school, particularly if SEN budgets are reduced and/or the number of children with SEND increases; and opening up the option of a specialist placement in case the mainstream placement breaks down.

## **5. Home-school communication**

The timeline exercise clearly showed that good home-school communication is key to parental confidence. But what does “good” look like for parents of children with SEND?

We carried out a ranking exercise to find out whether parents felt that the methods schools used to communicate with them, and the things they were communicating about, were meeting their needs.

### **5.1 Communication methods**

We asked parents to rank different communication methods – first in terms of how they were currently communicating with their child’s school, then in terms of what they would prefer.

We found that parents’ preferences varied widely, and that no two hierarchies were the same. However, the exercise did show that there was only a partial match between the methods used by schools, and the methods preferred by parents.

Parents generally valued face-to-face communication about their individual child far higher than group communications (e.g. school newsletters, group texts, group emails). This was particularly important to parents who speak English as an additional language:

*“It’s kind of difficult when your language is so different. Sometimes you can’t understand the meaning of the words. So you need somebody to explain it to you.”*

The following table compares the methods which were ranked highest by parents (parental preference) with the frequency in which they were actually used (actual usage). Parents were given 23 methods to choose from, and invited to add their own.

Parental preference	Actual usage (ranking)
1. SEN review meetings	5 <sup>th</sup>
2. Information sessions for parents about SEN topics	12 <sup>th</sup>
3. Chat before/after school	1 <sup>st</sup>
4. SENCO drop-ins/appointments	6 <sup>th</sup>
5. Structured conversations	8 <sup>th</sup>
6. Reports from professionals	10 <sup>th</sup>
7. Telephone calls	2 <sup>nd</sup>
8. IEPs	9 <sup>th</sup>
9. SEN coffee mornings	14 <sup>th</sup>
10. Entry in home-school book	22 <sup>nd</sup>

Most parents of children in primary school reported frequent chats with teachers, TAs and SENCOs. They clearly valued this method of communication, because it gave them a chance to ask about the things that were important to them:

*“The only time we get the information we need is when we meet them.”*

However, some parents worried that they were being a nuisance, and said they would welcome it if staff volunteered the information they needed, instead of parents always having to ask for it.

*“I feel sorry for the school, because I am constantly in their face. I am always there. (...) My husband is always telling me off – you’re talking too much, leave people alone. And I say, that’s my babies, and they’re looking after my babies, so I need to be talking to them all the time.”*

Parents welcomed natural opportunities for having a chat, e.g. when the child’s TA comes out into the yard at the end of every school day to do a handover. However, they also expressed concerns about confidentiality, as sensitive conversations could sometimes be overheard by other children and parents.

All of the parents who were having structured conversations said they valued these meetings. They liked getting written notes and IEPs, as it helped them to keep track of their child’s progress.

Some communication methods were rarely used by schools, but highly rated by parents (e.g. information sessions about SEN topics, SEN coffee mornings, home-school books, parent observing child in school). These methods appear to be used more widely in special schools. Some parents reported that staff had told them that they did not have time to write in a home-school book.

Many parents said that they often found things out through gossip, e.g. from classmates and classmates’ parents. Sometimes this alerted them to incidents that the school had not told them about, which eroded their trust in the staff.

*“No matter how bad it is, you want them to be telling you the truth.”*

## 5.2 Content of communications

We asked parents to rank the content of communications – first in terms of the information their child’s school was currently giving them, then in terms of the topics they were most interested in. Again, there was only a partial match between parents’ preferences and the information they were actually getting.

The exercise showed that parents were far more interested in their child’s social inclusion and emotional wellbeing than their academic attainment:

*“It never used to be important to me. Education was important to me. I wanted to them to have an education, good job, university. Then he got diagnosed with autism, and I just thought, I want my son to have friends.”*

Participants also showed more interest in their child’s SEN targets and strategies than general curriculum information:

*“Knowing what your child needs, and what you can do to help him, is more important than anything else.”*

The following table compares the content which was ranked highest by parents (parental preference) with the frequency in which this information was actually provided by the school (actually provided). Parents were given 17 topics to choose from, and invited to add their own.

Parental preference	Actually provided (ranking)
1. Child’s social and emotional development	2 <sup>nd</sup>
2. Child’s achievements	1 <sup>st</sup>
3. How the school is helping other children to understand my child’s needs	16 <sup>th</sup>
4. How parents can support their child towards their SEN targets	11 <sup>th</sup>
5. How child is coping at break/lunchtimes	9 <sup>th</sup>
6. Child’s friendships	5 <sup>th</sup>
7. SEN targets child is working towards	6 <sup>th</sup>
8. Update on child’s progress towards SEN targets	13 <sup>th</sup>
9. Strategies used to help child achieve SEN targets	12 <sup>th</sup>
10. Child’s effort by subject	3 <sup>rd</sup>

Since bullying and social exclusion affect so many children with SEND, it is not surprising that many parents said that they wanted information on how the school was helping other children to understand their child’s needs. However, feedback from parents suggests that peer education is still an underdeveloped area in many schools. Several parents told us that the focus was too much on making their child fit in, and not enough on showing classmates how to support the child with SEND.

Other feedback showed that parents really like to see for themselves what goes on at school:

*“If I’ve come a bit early, I will stand at the gate and watch them play, to see who they’re playing with, do they seem happy? Because sometimes the teacher will tell you something, but are they telling you the truth? So I do like to be able to observe for myself.”*

*“My child was crying at school every single morning. Every single morning he came through that door, he didn’t want to stay. As a parent, you are concerned – why? Although he has a condition, you wonder, what’s going on, is something bothering him? So sometimes what I do is, I stay a bit longer. I realised that, as soon as I hide from his sight, he settles down.”*

Parents stressed how much they relied on staff to give them the information that other parents were getting directly from their children:

*“I want to know everything about my child. (...) With my older son I don’t want it that much because he is always talking. With my younger child, he wouldn’t tell me what’s happening. I would prefer them to tell me everything and keep me busy and call me. Then I wouldn’t be worrying, and thinking that he’s not getting enough or if he needs to go to special school.”*

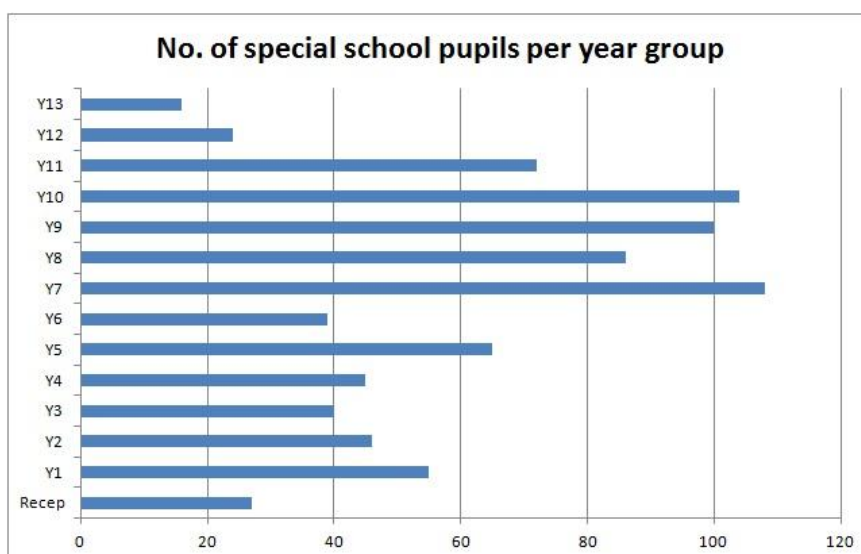
*“I’m never quite sure what they are doing with my daughter, if she’s getting enough help or not. How she’s being on a day-to-day basis – they don’t really say much. Unless I go and ask – but if you have other children, it’s a bit difficult to go and ask at the end of school.”*

*“As a mum, you always want to know that everything is good. Whenever I have doubts, when I have just a meeting with the SENCO, I come out really happy.”*

## 6. Worries about secondary school

The timeline exercise clearly showed that many parents were approaching the transition to secondary school with trepidation. Several parents of children in Year 5 told us that visiting a large number of secondary schools had left them none the wiser, and some said that the enormity of the decision made them feel ill with stress.

Sheffield local authority data shows that there is a clear drift towards special schools as children move into the secondary phase of education:



When we asked parents to tell us about their biggest fears for the transition to secondary school, clear themes emerged.



## **6.1 Other children**

Parents worried that other children might be cruel to their child, that they might get bullied or ridiculed, or become socially isolated. Parents were concerned about the lack of a peer group, particularly as the gap between their child and his or her classmates was growing wider all the time. Parents were acutely aware that children with disabilities like ASD, ADHD or learning difficulties have an increased risk of developing mental health issues. They worried that not fitting in could trigger or exacerbate mental health problems, and some even worried about suicide. Parents felt that schools were not doing enough to foster good relationships between disabled and non-disabled children, e.g. through disability awareness training.

*“My picture [of my son at secondary school] is of him screaming, and the children laughing at him, and that laughter continuing outside of the class, and then it’s spreading – “get him angry, see what he does”. And him being actually quite isolated. That’s the fear.”*

*“His life is going to become more and more difficult, because he’s growing. He’s going to be a teenager, and he’s going to meet a lot of teenagers. Some of them are bullies. So if your child is not telling you what happened today, and keeps it inside him, because he can’t explain, you can’t help him. (...) If that’s going to happen, I’d rather keep him in my house.”*

## **6.2 Slipping under the radar**

Parents worried that the huge size of secondary schools and the large number of staff involved (e.g. TAs attached subjects rather than children) could mean that nobody would be able to keep an eye on their child, and that they would simply be overlooked, particularly during lunchtimes and breaktimes.

We asked parents if they would be reassured if their child received full-time one-to-one support or attended a nurture group. There was a mixed response to this question, and this appeared to be correlated to the child’s level of need; some parents said that they didn’t like this idea because they felt it would be stigmatising, making it even harder for their child to fit in and make friends. These parents felt more comfortable with the idea of having “base” which is staffed over lunchtime and which can be accessed any child who struggles with that time of the day, whether they have a disability or not.

## **6.3 Environment**

Parents worried that their child would not be able to cope with the secondary school environment – particularly the noise, the size of the building, the crowded corridors, and constantly having to move between classrooms. They worried that the change from a small primary school would be so big that their child simply wouldn’t be able to settle in.

## **6.4 Academic progress**

Parents worried that their child might not receive the support they needed to fulfil their potential, particularly if there was a big gap between the child’s current level of functioning (e.g. non-verbal or minimally verbal, working on P levels) and the expectations for secondary school pupils.

They feared that the rigid timetabling in secondary schools might make it much harder for staff to help their child with communication and independence skills, e.g. by taking children out of class to take part in a social skills group.

Looking further ahead, parents were concerned about the lack of alternatives to GCSEs for students who were unlikely to achieve them.

## **7. Conclusion**

The focus groups showed that parental confidence is shaped by two key factors: how well the child is supported at school, and how effectively the school communicates this to parents. Schools need to “talk the talk and walk the walk” –doing just one of the two is not enough.

Feedback from participants highlighted how different parents’ communication needs are, both in terms of the method and in terms of the information they want. What became clear, however, was that parents of children with SEND need more and different information than that given to parents generally. It is essential that school staff and parents decide *together* how they will communicate, and what they will communicate about.

Parents of children with SEND often worry whether their child will be safe, happy and accepted at school – something many other parents take for granted. Academic attainment, although important, comes further down their list of priorities. Parents of children with SEND often feel that there is a trade-off to be made between their child’s emotional wellbeing and their academic attainment – particularly at secondary school level. In these eyes of these parents, the way that mainstream secondary schools are organised – their huge size, the large number of adults involved, the lack of flexibility around timetabling and curriculum, the emphasis on academic attainment – is irreconcilable with the person-centred approach their child requires to be happy and make progress.

### **For questions or comments regarding this report, please contact:**

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