

You said, we did

November 2017 – April 2018

Topic	Key issues reported by Sheffield Parent Carer Forum	Update and response from Sheffield City Council
Admissions	Various experiences of schools being unwelcoming . For example: not getting back to parents wanting to arrange a visit, refusing to receive visits saying they are full (even if child has EHCP), making assumptions that school won't be able to meet a child's needs without having met them, telling parents that school hasn't got the money or expertise to meet the child's needs, or that only children with EHCPs can get extra help.	The LA has been advised of some individual cases and contacted schools about individual concerns. There are issues where we are aware of schools stating to parents that they can't meet needs and don't have funding for SEN, however, there is significant funding for SEN within schools budgets. We know this is and remains a concern and a cultural challenge. The inclusion strategy continues to seek to address this.
	Parents looking for an alternative placement for children who are not coping in their current placement	Parents have a right to make preference for a change in provision, however, we are aware that parents are often struggling to know who to turn to for advice as to appropriate placements. The SENDIASS provision should be the starting point for parents to support in gathering impartial advice and guidance about types of provision and how they meet individual needs. We need to ensure that as the local offer website is redeveloped, this provides clarity on types of provision and the differences between them.
	Issues with the range of specialist provision , e.g. Kenwood too male dominated, no specialist provision for MLD, Robert Ogden and Abbey School full	A key outcome of the strategic review is around providing a fluid and flexible continuum of provision, backed by a stronger assessment of sufficiency. We will engage with the PCF and other stakeholders on what this means during the summer term. The issues noted around Kenwood being too male-dominated and no specialist provision for MLD were not headlines from the review findings, but can be considered in the next phase.
Childcare	Some nurseries are turning parents away, saying that they would not be able to cater for child's needs	Additional support is available for children who are accessing 2 YR and 3&4 YR FEL and who have SEN/D at L4 or 5 on the early years grid. Children with learning difficulties receive additional support in the form of the assessment, advice and support / mentoring and monitoring and transition support received from the specialist SEN services. A small number of the more complex children may be eligible for additional funding as assessed by specialist teams.

Childcare cont.		<p>Children not accessing FEL entitlement are considered to be accessing a childcare placement by parental choice and this would not qualify for SEN support .</p> <p>Children who have received Portage intervention in the home prior to starting a nursery placement will also receive transition support from the team before handover to the Inclusion teacher for the locality.</p> <p>We know that we need to continue to provide advice and guidance to providers as to how they will meet individual needs and encourage greater inclusion at all times.</p>
Education	Reports of some schools making it clear to parents that their child is not wanted , e.g. discouraging them to put current school down in new EHCP, putting pressure on parents to move child to another school	<p>Developing work around inclusion through Primary and Secondary Inclusion Panels will put together the right conversations, the right support offers, and the right data that will enable a more supportive and challenging environment for schools around inclusive practice. It also provides a stronger evidence base for escalation.</p> <p>We continue to need to know about individual cases where this happens and the reasons behind it.</p>
	Lack of support for children who struggle with attendance due to their disability , e.g. child logged as "educated off site" but not receiving an education, parents getting fined for low attendance, issues around being able to sit exams after having missed mocks. Attendance of siblings can also be affected.	All schools should follow national guidelines and regulations in regards to attendance, including consideration of legal action if appropriate. We have provided revised advice on partial timetables and our MAST services are working to ensure that attendance issues are highlighted.
	Illegal exclusions , e.g. parents asked to take children home if they are misbehaving, parents dissuaded from sending child on school trip, child made to sit in corridor during certain lessons	Schools should not ask parents to take children home due to behaviours unless they are progressing an incident of exclusion. Schools do remove some children from particular lessons, however, we would expect them to provide an alternative education if this was the case that is addressing their needs.
	Issues with some specialist settings: changes to staffing structure in some IRs (King Egberts and Nook Lane), and more insistence on the 80/20 split; parents not consulted on this; Becton school proposing to reduce provision by 1 hour per week	Individual schools are responsible for the staffing in IR's as they run the provision and must do so within funding available to them. All IR's are funded on place based funding. The 80/20 split is not a specific Local Authority policy for IR provision and the LA is of the view that specialist provision, whilst providing a specialist curriculum that is part of what a parent is making a request for, must also ensure that the needs of an EHC Plan are met. The issue of Becton schools timetabled hours should be discussed with the school, however, it is not unusual for schools to have a shorter day. We will also follow this up with the head.

Education cont.	Insufficient support at school , e.g. no help with revision, child getting into trouble due to lack of support during unstructured times, staff not changing child's nappy for the whole of the school day, parents frequently called into school as child in crisis, support provided in Y7 drastically reduced in Y8 due to lack of funding. School not requesting help (e.g. from Autism Team) early enough. Lack of follow-up to check if accommodations are working.	There are a number of individual issues here that should be directly addressed with the individual schools. We are continuing to advise schools that they should be assessing individual needs and take a person centred approach to meeting those needs. Involvement of advisory services should also support management at higher levels of SEN support. We will ensure that these messages are reiterated through further training planned across the city.
	Issues with Sheffield College: Letter sent to parents informing them that Personal Progress courses will be reduced from 4 to 3 days per week from September due to funding cuts. Not enough notice of college timetable for next academic year for working parents. No support (e.g. 1:1 support, small group work) for students on level 2 and 3 courses.	The Head of SEN has discussed this with the college principal and discussed that this is not due to LA funding cuts but are based on the college having increased provision historically above study programme hours, something that is not financially sustainable. Colleges are provided core funding for delivery of 540 hours as part of a study programme. The College will ensure that this is in place. They recognise that communication and discussion about this was not managed well. Unfortunately college timetables do often change as the new academic year starts, but we will ensure this is fed back to the college. The EP service has set up regular consultations with SENCOs across Sheffield College, Longley Park and the Sheaf Training Centre beginning summer term 2018.
	Issues around identification and diagnosis , e.g. parents having to pay privately for dyslexia diagnosis, school not acknowledging child's issues or not supporting referrals	Parents should not have to pay for private diagnosis, though they are, of course, entitled to. Schools should refer to specialist services as needs present that are not able to be managed in regards to school assessed SEN Support Needs.
	Communication issues: Information about child's needs not cascaded down to teachers. Parents not informed about outcome of visit from professionals, e.g. Autism Team, Educational Psychologist. School not taking on board that child is bottling up anxiety at school which leads to outbursts at home.	We do recognise that there remain issues about communication at all levels. The Inclusion strategy recognises this and ensures that it continues to remain a clear focus. We will ensure that schools are reminded as part of standard responses from advisory services to discuss the outcomes with parents.
	General: Lack of accountability when schools are not inclusive; parents don't know where to turn	Schools are always able to contact SENDIASS for advice and guidance about concerns they have with schools. We recognise that this is a concern for parents and will continue to seek to address it.

EHCP	<p>Communication: Continuing issues around communication with parents. SEN Team is now sending generic responses, but getting a real response can still take a long time, sometimes months. Parents not informed when child has been discussed with school. SEN managers not being clear about what is local policy and what is legislation. Lack of information for parents about the EHCP process, criteria, purpose, mediation and tribunal process and timescales, availability of Independent Support. SENCOs feel they have not been given enough guidance.</p>	<p>The SEN Team are continuing to develop their practice. Now that conversions from statement to EHC Plan are completed this allows opportunity for the resource to be retargeted which we anticipate will improve communication and practice. SEN Team have had further training on SEN legislation. As the Local Offer is revised, further information needs to be included about statutory processes. We will also ensure that further training for SENCO's is completed as part of a city wide training plan.</p>
	<p>Quality: Various issues reported, e.g. no provision in section F, just stating that support will come from delegated funding; no provision for each special educational need; plans written to fit what school can provide from delegated budget rather than what child needs; issues with quality of reports, e.g. not specifying provision; no school named in final plan; lack of specification / quantification; final plan issued without input from key professionals.</p>	<p>The EHCP QA group meets termly to sample plans and provide feedback. Revised SEND documents are being developed as part of a graduated approach to SEND. This includes a new learner profile, My Plan and EHCP template. Revised templates for advice have been developed for Health and Education. Guidance and training will be provided to schools, settings and professional groups for an autumn term roll out of the new approach.</p>
	<p>Transfers: Support reduced when moving from statement to EHCP, e.g. therapy hours, support during unstructured times. Several parents reporting issues with last cohort of EHCP conversions, e.g. : no school named, no parental amendments added, plan finalised against parents' wishes, parents not asked if happy for old reports to be used, decision letter not signed (so can't appeal), plan finalised before 15 day deadline, parental request for meeting ignored, no up to date advice requested, or not all reports received.</p>	<p>We made specific decisions on every individual case as to whether or not legally we were in a position to finalise the EHC plan and meet the national deadline of 31st March. We would encourage any parents with ongoing concerns to contact us directly and we can discuss individual ways forward; we are already working with a small number of families who have expressed concern over the content of their EHC plan to make the necessary changes without the need for mediation/appeal. Where a school has not been named we are continuing to explore school options for the child/young person and will be happy to discuss individual cases with parents. Please note that the advice given to PCF about the letter needing to be signed in order to make an appeal is not accurate – we have checked this with the Tribunal service; there is no legal framework which states the letter must be signed. The Tribunal will accept unsigned letters.</p>
	<p>Timescales: Parents are still reporting that statutory timescales are not being met, e.g. waiting several months for draft plan after conversion meeting.</p>	<p>We appreciate there have been issues with timeliness in the past. Now that transfers have concluded we can focus much more energy on achieving timeliness for reviews and new assessments. March 2018 had the highest rate of 20-week assessments being completed on time, for the last three years at least.</p>

EHCP cont.	<p>Mediation: Parents report that LA has a new policy that refusal to assess can no longer be overturned at mediation, officer can only agree to take the case back to panel. Parents question whether officers representing the LA have the authority to resolve mediation issues.</p>	<p>There is no new policy, but the LA have reviewed its practice to ensure that it is transparent, consistent across the city, and equal to all children/yp, whilst of course working within the legal parameters.</p> <p>Mediation is the opportunity for a parent/carer/yp to raise their concerns in a formal environment and for the LA to listen and respond to these concerns including coming up with agreed next steps. If the officer in mediation feels that there is sufficient cause for the decision to be reviewed, one of the possible outcomes of mediation is that the case returns to the next panel for review.</p> <p>Every officer attending mediation has the relevant powers to “make decisions” on behalf of the local authority, as per our responsibilities in law.</p>
	<p>Annual review: Process not followed properly, e.g. papers not circulated 2 weeks before the meeting, no professionals invited, no decision letter after 4 weeks, changes requested not being made, or changes made if requested by school but not supported by parents.</p>	<p>Many of the annual review responsibilities are delegated to individual schools and settings (e.g. paperwork circulated 2 weeks prior to the review, etc.) We will be renewing our annual review process and paperwork in line with the new EHCP format over the coming school year.</p> <p>We recognise there have been timeliness issues with reviews, due to the sheer work involved in the transfers, however the team are now working on catching up on any outstanding reviews.</p>
	<p>Implementation: Therapy time specified in EHCP used for meeting prep and attendance, instead of direct work with the child. Reports of EHCPs not being implemented, e.g. speech and language not provided, children on part-time timetables due to lack of resources.</p>	<p>We continue to work with schools to ensure that they are implementing the EHCP as stated. This is done generally via the annual review. If there are issues presenting outside of the review cycle parents should contact SENDIASS to support them in making appropriate challenge to the school.</p>
Health	<p>Appointment system of SAANS service (appointments only sent by letter, discharged after 3 cancellations) not suitable for some YP with ASD</p>	<p>For initial appointments the service invites patients by letter, supported by a text reminder for those who have given consent. Follow up appointments for Sheffield patients are usually arranged during that initial appointment, offering choice of time in discussion with the patient. A reminder letter is then sent with a text reminder for those who consent to this. For people who indicate that they do not wish correspondence by letter the service offers communication by e-mail.</p> <p>People are discharged after 3 cancellations or 3 “Did not Attend” (DNA) in a row, in line with the DNA and service’s cancellation policy. Details of this policy is sent out with the information pack which accompanies the initial appointment letter. This policy was introduced because of the high volume of missed clinical appointments which wasted valuable clinical time had a highly negative impact on waiting times.</p>

Health cont.		The services approach to DNAs and cancellations is actually more flexible than that of autism services in other areas.
	Lack of post-diagnostic support for ASD, especially if unable to attend workshops	Post diagnostic 1:1 support is offered on a time limited basis where people have specific identified post diagnostic need for clinical interventions. The service does also offer post diagnostic group support sessions, which many people benefit from. For other people, diagnosis and a follow up appointment that signposts people to where else they can get support is also available. The Sheffield service offers more post diagnostic support than some other services elsewhere, which offer a purely diagnostic service with one follow up session only.
	Long waiting lists for OT. Also issues with CAMHS waiting lists, children's mental health deteriorating while they wait.	<p>Guidance from our governing bodies states that when writing EHCP reports, we should factor in meeting time and prep/report writing time. We have never previously been asked to do this, but with the demand for more specific reports in terms of provision, we are now trying to be more specific about the time it actually takes to deliver therapy.</p> <p>We're in the process of reviewing all community therapy services delivered by Sheffield Children's Hospital to make sure provision meets the needs of Sheffield Children. OT services are due to be reviewed in the coming months in collaboration with the Parent Carer Forum, SCH, CCG and the LA. Pathways to OT services and wait times will be factored in to this review to improve access and sustain the increase in demand.</p> <p>Locally our performance for first appointments has improved (in line with national first appointment targets), but our focus is now shifting to reducing internal waits within the CAMHS Service and improving patient flow - this is the priority for CAMHS performance in 2018/19.</p> <p>We're also exploring the provision of a new offer of support for young people whilst they wait and we are expanding the Psychological Wellbeing Practitioner (PWP) Service which provides support for young people with mild to moderate anxiety and low mood. The PWP service should help improve CAMHS performance, and increase the capacity available in CAMHS for more complex cases.</p>
	Difficulty getting a diagnosis, disagreements between school and Ryegate as to whether child should be assessed	Sheffield Children's hospital is reviewing the neuro-disability and ASD service in collaboration with NHSE and Sheffield CCG, we are also reviewing community therapies to establish clear pathways to access these services both areas will need PCF input. There are a lot of different services provided at the Ryegate location if the above does not respond to this

Health cont.		issue please contact me direct for further discussion (SHECCG.ChildrensCommissioning@nhs.net)
	No SLT sessions for mainstream children due to service capacity issues	The SLT Service has confirmed that there were no cancellations of service due to capacity in the last period. The cancellations that happened were - understandably - due to adverse weather. The reduction in activity was in line with the proposal discussed with you in order to manage EHCPs. The teams are now on top of the EHCP process and the service is functioning to full capacity again, with effect from April 1st.
MyPlan	Technical glitches with document	This is being addressed as we produce a new version
	Several parents have reported that their child has a MyPlan which has not been coproduced, shared or reviewed with parents	This should not be the case. Further training around MyPlan is planned and this will be articulated both as part of this and guidance on the use of the document.
	MyPlan not filled in and reviewed correctly, so EHC needs assessment refused	Whilst there is no 'correct' way to review, all reviews should be person centred and look at what is and is not working. We recognise the need for further training in regards to this.
	Parents not understanding purpose of MyPlan	Again, further guidance and training is planned around MyPlan for schools
	No holistic, doesn't take account of issues at home, doesn't bring in assessments. Some parents feel it is used as a barrier to put off EHC needs assessments.	MyPlan is not used as a barrier to prevent EHC Needs Assessment, but should, in many cases where the needs can be met at a non-statutory level, prevent the need to escalate. We recognise that this does cause concerns that schools will not put in place the provision detailed in the plan, however. We will again incorporate the whole child approach as part of future training.
Transport	Failure to share risk assessment between college and transport resulted in significant safeguarding incident in minibus	This has been discussed in detail and processes information flow improved to the required standards.
	Pressure put on parent/YP to engage with independent travel training against their wishes; parents worried that refusal to take part might lead to transport being withdrawn; not clear that participation is voluntary	Independent Travel Training always requires parent/carer consent, and this will be reinforced with the team. Any specific examples of this not being made clear should be shared with the Service Manager (Paul Johnson).
Social Care	Perception that parenting courses are being used to prevent access to services, and children's issues blamed on poor parenting rather than disability. Some good aspects, but ASD/disability not always recognised by trainers as the reason why parenting may be more challenging	Parenting courses are not being used to prevent services; we would always look at the presenting needs, and reflect in acknowledgement of the disability that perhaps a different approach to parenting may support families. This training has been discussed to consider how we can complement the training with the support from workers within the service.

Social Care cont.	Insufficient short breaks provision for under 5s, over 19s, secondary age children. Lack of appropriate overnight respite for YP aged 19+ with complex needs.	We need to understand what areas of short breaks the families are looking for, for the under 5's and secondary age children. Post 18 reflects adult provision and we would need to support conversation with adult commissioning to fully understand how services change at 18.
	Lack of clear pathways , families report being sent back and forth between MAST and CWT. Parents not sure what MAST can help with, when they will and won't get involved.	Threshold to CDT is the same as any other child via the safeguarding Hub, if looking for short breaks an FCAF can offer the family exactly the same outcomes as a social work assessment.
	Concerns about social care panel decisions – no notes, anonymous, no appeals process	Records on individual children are held on their files. It is not about a panel saying No, it is about the presentation of the assessment and unmet need , and that outcomes can be determined
	Concerns about letter from CWD team re. statutory visiting requirements	Statutory visiting was not being followed appropriately; we have national and local procedures that we have to follow. This is now being addressed, whilst recognising the need to work with parents.
Transition	Poor transition planning, poor information and little support from social care, no continuity when staff leave.	The 0-25 adult team are now in place and the pathways are being developed to ensure that the transitional conversation starts at year 9, this joint working approach should minimise the issue with lack of continuity when staff move on. A Preparation for Adulthood programme manager is being appointed to take forward the broader agenda around this.