



# Summary of parent feedback in relation to the seven areas of weakness

## Introduction

This document summarises feedback from parent carers in Sheffield in relation to the seven areas of weakness identified in the Joint Local Area SEND Inspection, carried out in November 2018.

It also includes the opinions of Sheffield Parent Carer Forum volunteers and staff who have been involved in coproduction work with the local authority and the CCG since the inspection.

## Who we are

We are a parent-led charity with over 13 years' experience of gathering and representing parents' views.

We employ five part-time staff and have over 30 active volunteers, who donate around 1,000 hours to the organisation every year.

Our funding comes from the Department for Education, Sheffield City Council, Sheffield CCG, People's Health Trust and various other grants and projects.

We have over 2,400 members (around 2,100 families with children and young people with SEND and around 300 professionals and practitioners). Our members come from all postcode areas of Sheffield, and they represent a wide range of age groups, disabilities and ethnicities.

## How we gather parents' views

We use a variety of methods to find out what parents in Sheffield think about services for children and young people with SEND:

- Engagement through Facebook (almost 4,000 followers)
- By running a large parent survey (State of Sheffield survey) every 4 years
- Through our bi-annual members' survey
- Outreach visits to settings, targeting areas of underrepresentation
- Monthly Safe Space meetings for Black and Brown parent carers
- Emails and calls to the office
- Soft engagement events, e.g. monthly coffee mornings and wellbeing/relaxation sessions, family events
- Information sessions, conferences and training courses for parents
- Meetings about specific subjects, e.g. Education and Transition subgroups, focus groups
- Via our involvement in the Autism in Schools project (we run parent groups at 10 mainstream secondary schools)

## How we represent parents' views

All our staff and volunteers log any feedback they receive from parents using an online form. We publish a summary of this feedback twice a year. This usually receives a response from the local authority and the CCG and is published as a "You said, we did" document [on the Local Offer website](#).

Our parent representatives attend meetings with the local authority, health services and schools. The number of meetings has been increasing steadily and now stands at around 240 meetings per year. We have recently recruited more parent volunteers to cope with the increase in demand.

## **1. The lack of a co-produced, coherent vision and strategy for SEND in Sheffield**

### **Positives**

- Sheffield now has a fully co-produced vision and strategy for SEND in Sheffield.
- Children and young people are at the heart of the strategy.
- Parents' views and feedback were gathered and used at several points throughout the process.
- We were a partner in co-producing the strategy from the beginning.

### **Negatives**

- Due to the impact of Covid, there was a delay in launching the strategy.
- Since the launch, there has been no communication about the strategy and it is highly likely that most parents and professionals are unaware of the content and whether it is having an impact.
- The implementation plan is detailed but is not clear on timescales and evidence of impact.
- The action plans that sit underneath the implementation plan are too long with no evidence of impact and clear timescales.
- Families on the ground are not feeling the impact of the strategy.
- A Covid recovery conference was hosted by Learn Sheffield but unfortunately the SEND element was cancelled.
- Whilst we recognise that actions have been taking place, we are concerned that the impact of these actions is not always accurately assessed and does not always result in improvements for families.

## **2. Communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people**

### **Positives:**

- Health services are giving information for parents a much higher priority than they used to do; the Neurodisability resources on Sheffield Children's Hospital website are a positive example.
- The local authority now sends out monthly SEND bulletins, and there are also frequent briefings from the Director of Education and Skills to nurseries, schools, governors and other partners.
- We have been involved in co-producing good practice guides for schools and services on communicating with families.
- We have been involved in reviewing communications with parents, e.g. letters from SENDSARS.
- We were commissioned by the local authority to update, develop and improve the local offer website. The local offer is now largely compliant with the SEND regulations and content continues to improve in response to information requests from parents.
- The local authority is in the process of recruiting a local offer worker.
- Information about referral processes and pathways has improved.
- We publish a bi-annual [newsletter](#) (circulation 6,000), and articles from this publication are often included on the Local Offer website.

### **Negatives:**

- **Local offer:** the planned migration to a new IT platform has been delayed, therefore we have been unable to address long-standing structural issues and improve the look and feel of the site. Information on the site has improved, but it is still difficult to navigate. Awareness of the website is low, as it was never properly launched, and there are no promotion materials.
- **Social Care:** When respite care homes were closed for long periods to accommodate emergency placements, communication with families was poor. Information about short breaks on the local offer is out of date and difficult to understand. Despite several rounds of drafts and comments over the years, this has still not been updated. There is a lack of information about social care assessments; parents do not understand the different types of assessments, and they often complain to us about the intrusive nature of these assessments. Parents are not made aware of waiting times for short break services (e.g. SNIPS), and they are not kept informed about the progress of their application.
- **SENDSARS:** We still hear reports from parents who feel they are being ignored by this service, and who either get no response or a very delayed response, with requests not being actioned.
- **Transition:** The information about post-16 pathways and options is still poor, and families do not know where to turn for advice and support.
- **Admissions/schools:** Parents continue to report a lack of information and advice around finding a school for their child with SEND and confusion around admissions processes. Work on producing a guide for parents was started but has now stalled. Parents would like more information about the specialisms of special schools and IRs, and about SEND expertise in mainstream schools.

- **Covid:** There was inconsistent communication/support from schools/colleges during lockdown and the transition back into settings; some settings were very proactive, others barely made contact. There was some mixed messaging from schools, e.g. regarding priority year groups for return, whether phased returns were acceptable or not, or which children were eligible for school places during lockdown.
- **Processes:** We continue to receive many queries from parents regarding processes like EHC needs assessments, carer's assessments, referrals to health services/assessments, social care assessments, etc. Most of the information requested is available online (particularly on the local offer), but a lot of it is written from a service perspective, not a user perspective. Finding the right information is especially difficult for parents who are at the start of their journey and do not know what they are looking for, which search terms to use etc.
- **Communication with services:** Parents still report that they are not kept up to date with the progress of assessments, reviews etc. Services do not communicate well with parents when they are experiencing delays and need to manage expectations. For example, SENDSARS had significant delays to annual reviews last year but parents were not told about this and left wondering why it was taking months.

### **3. Poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met**

#### Positives

- Since the inspection, we have seen much improved co-production from health professionals, including attendance at strategic meetings and in relation to improving procedures and developing documents.
- The neurodevelopmental task and finish group is multi-agency and has been developed to improve processes and to support children, young people and their families who are waiting for an autism assessment. There is a route of escalation and the group reports to several boards about the work taking place.
- This work has been widened out to incorporate other neurodevelopmental needs, e.g. ADHD/DLD/LD.
- This group has improved the joint working between health, education and care and parents are also equal partners in the group.
- A review of speech, language and communication needs has been undertaken and is closely linked to the work of the neurodevelopmental task and finish group.
- Health data is now included on the local authority's data dashboard.
- Wheelchair waiting times have improved according to the data.
- The DCO regularly attends "Keep In Touch" meetings between SPCF, SCC commissioners and the Head of SEND to ensure consistent health engagement.
- Health input into EHCPs has improved.
- The new Making Sense service have made all resources available to anybody who wishes to access them after we challenged why there was a need for them to be password-protected. This now means that families are able to access strategies without the need for a referral into the service. There is then the option to refer if more support is needed.

#### Negatives

- Families on the waiting list for an ASD assessment were contacted and offered support, but the uptake has been minimal.
- A recent neurodevelopmental survey for families showed that parents still were lacking support.
- Autism waiting times have not improved and families do not feel their children's needs are being met whilst waiting for assessment.
- Waiting times for specialist equipment have reduced, although there has been some feedback from families to say that the equipment wasn't correct. There is then a long wait for the correct equipment.
- Although a single point of access has recently been developed for autism and ADHD, this does not cover the wider neurodevelopmental needs such as Learning Disability and Developmental Language Disorder, so there is still a risk of children being referred into the wrong service.
- There are issues with annual health checks due to some GPs not inviting young people who do not have a formal diagnosis of Learning Disability. This is due to the absence of a Learning Disability pathway in children's services, which results in young people rarely being diagnosed as having a Learning Disability (e.g. they may just have a diagnosis of autism or of a specific genetic disorder). This resulted in issues during the early rollout of Covid

vaccinations, as some GPs would not accept vulnerable young people without a LD diagnosis or acknowledge their parents as carers.

- There are still inconsistencies in the quality of health reports for EHCPs. While this can be escalated via the DCO through the QA meetings, this rarely results in individual plans being altered.
- There has been inconsistent health input into SENDSARS due to a change of staff.
- Families continue to report a poor service from CAMHS, and many families feel the threshold for assessment is too high. Where families are successful in being referred to CAMHS, many feel they are discharged without any further support. It is felt that families have to get to crisis point before they are accepted, including self-harm and suicidal thoughts.
- CAMHS are very rarely part of multi-agency strategic meetings.
- Families report that the Speech and Language Therapy Service is overstretched and unable to meet need. This particularly affects children in mainstream schools without an EHC plan, who currently only receive assessments, but no therapeutic provision.
- In contrast to the Making Sense resources, the Developmental Coordination Disorders virtual therapy area is fully password protected.

#### **4. Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND**

##### **Positives**

- We have regular meetings with commissioners around sufficiency of education provision and the wider commissioning arrangements.
- A sufficiency plan has been developed to cover a five-year period, which is positive in that SCC and CCG are looking more in advance for needs coming through the system.
- A sufficiency strategy is due to be developed.
- More special school and IR places have been created to meet demand.
- There is improvement in phased transfer provision, with fewer parents feeding back that their child has not received a school place.

##### **Negatives**

- Parents have reported that their child's EHCP was finalised without naming a school, or that a mainstream school was named despite acknowledgement from professionals that the child needed a specialist placement. This is due to an insufficient number of specialist places in the city.
- Although there is a five-year sufficiency plan in place, it still feels like Sheffield is working on the here and now and not 2-3 years in advance.
- EHCPs are not monitored to see if outcomes have been met.
- The onus is on parents to ensure that education, health and care provision is being made.
- The Speech and Language Therapy Service is unable to meet demand. This applies to statutory provision in EHCPs as well as provision for learners on SEN Support (who currently only receive assessments but not therapy). Whilst there is a multi-agency board to address these issues, the commissioning seems to be led by the CCG and not jointly with the local authority.
- All the special schools in Sheffield are full and oversubscribed and are unable to meet the demand coming through the system.
- There is a lack of provision for post-16 across education, health and care, and no clear information for families about what is available and how to access it.
- The Sheffield Autism Partnership Board oversees the development of an all-age autism strategy, but it does not have representation from children's services.
- There is a wide range of strategies and boards to oversee their implementation (e.g. Autism Partnership Board, Inclusion Improvement Board, Health and Wellbeing Board), but these do not communicate well with each other.



## 5. The quality and timeliness of EHC plans

### Quality of new plans

- New plans are getting better but are not consistently good, and some still require improvement.
- Provision is detailed better - how much, how often, is more often included now.
- Health and social care sections are still weak. Whilst they do often contain information, this is frequently incomplete (e.g. health needs identified but no provision listed) or unclear (e.g. not clearly stated if a social care assessment has been carried out or by whom; 'not currently known to social care' or 'no social care needs' is often seen).
- Section A (views, aspirations) is often good, although there are concerns that Covid restrictions have impacted on obtaining this information. Professionals need to be proactive and creative in approaches to obtaining this information and not use Covid as an excuse.
- Plans often focus too heavily on Ed Psych reports. Information from other advice givers, e.g. SALT and OT, is often omitted even when the advice is good.
- Advice givers are sometimes overly focussed on what their own service will provide, and fail to describe what other services (particularly schools) need to contribute, e.g. in terms of implementing advice from a therapist in the classroom.
- Services (e.g. health) still tell parents that they do not see the finalised plan- how can parents be certain information is correct and will be adhered to if services do not see it?
- Parents report that access to EHCPs is less determined by a child's needs, and more by how "pushy" their parents are or by how proactive their school is.
- Parents are often advised that it will be quicker if they put in a parental request, rather than school initiating it and going through the locality model.
- QA processes are not yet sufficiently robust- QA should stop a plan being finalised if it is not of good quality.

### Quality of existing plans

- Many plans are still on the old template with no clear plan for updating these onto the new template.
- Older plans were generally of poor quality and this is not being corrected. There is a particular issue around lack of specificity and quantification of SEN provision, which means that some children do not get the provision they need.
- Older plans may not have had a social care assessment, but this is rarely discussed at annual review, so parents are unsure how to access this or if it is appropriate for their child/ young person. This can become an issue as a child gets older.
- Whilst SENDSARS are responsible for the quality of the initial plan, there is a perception that schools are responsible for any existing plans. If the initial plan is of poor quality, it seems to be up to the school to sort it out.
- Parents often report that changes requested at annual review are not made, with no explanation given. Parents are often told that they can only make changes to section A, and that evidence (reports) are required to make changes to the other sections. However, this is difficult as schools don't always request information from services before an annual review – and if they do request it, services frequently don't respond. SENDSARS do not see it as part of their role to chase these services to provide reports. The result is that plans are not updated.
- Attendance of services at annual reviews is still low.

- Parents are concerned that there is no robust means of ensuring that provision in the plan is provided and that it is having an impact. Although schools are asked to include provision maps with the annual review paperwork, it is not clear whether anyone checks that the provision made meets the requirements of the EHC plan, and whether anyone takes action if it does not.
- A training package for SENCOs on annual reviews was developed in January 2021. SPCF was pleased to be involved in some aspects of this. However, we were not involved in the preparation of the slides, so an opportunity to clarify when amendments could be made was perhaps missed. Although this training has been available for a year, we are not yet seeing the impact of this on families.
- SPCF was pleased to be invited to attend a CDC workshop on Holistic Outcomes in EHCPs in October 2021. However, 4 months later we are not yet aware of any follow-up discussions or action plans. Progress needs to be quicker.
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### **Timeliness**

- Timeliness of assessments has improved, but some plans take longer than 20 weeks to complete.
- Some plans appear to have been finalised within 20 weeks at the expense of quality.
- In order to meet timescales, plans have been outsourced to external plan writers but the resulting plans are of poor quality. This was also found to be an issue when this was done a few years ago, which casts doubts on the wisdom of this approach.
- There are concerns that locality panels are slowing down the process, so some parents feel (and are told) that it is quicker to put in a parental request to assess.

## **6. Inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools**

### Positives

- Some schools are excellent at nurturing, building self-esteem, and are highly flexible to accommodate the child's needs.
- Some schools make good provision for children with MyPlans and frequently review the plans with parents.
- We are a partner in the Autism In School project which aims to improve the experiences of children and young people and their families in mainstream secondary schools and upskill staff. However, this is a very recent initiative, so it is too early to measure impact.

### Negatives

- Support that worked well in primary school is not always carried over into secondary school; sometimes needs identified in the previous school are not acknowledged.
- A lack of dyslexia support is frequently mentioned by parents.
- There are reports of schools not following advice from professionals, and not making the provision set out in a child's EHC plan.
- Some schools discourage parents from applying for a place, e.g. by stating they cannot support a child with continence issues.
- There is inconsistent support for families who are struggling with school refusal. Some parents feel they need an advocate as they feel their parenting is being blamed.
- Parents are often told by schools that they are not getting enough funding from the local authority to implement their child's EHC plan. The local authority argues that funding is available via the locality process, based on Sheffield Support Grid levels. Parents often feel they are "piggy in the middle" in these discussions. (The funding model is currently under review.)
- Most parents we speak to are not aware of the Sheffield Support Grid or the level their child has been placed at.
- Some parents feel that schools delay identification of needs as they fear that they would not have sufficient funding to provide the support needed.
- Some parents report that their child's learning accelerated during lockdown due to being able to tailor the learning to their child's needs and interests and give individual attention. They feel this personalised approach is missing in mainstream schools due to a lack of funding.
- Schools often group children with SEND together for small group work, regardless of ability.
- There is often a reluctance to provide 1:1 support; this is primarily targeted at disruptive children, while the quiet ones are left to their own devices.
- There are varying levels of SENCO knowledge and confidence.
- Many parents have concerns about insufficient access to therapies, especially SLT, OT and physio.
- Many parents report that schools are not interested in issues that only present in the home environment, even if these are caused by stress built up during the school day.
- Parent feedback about MAST and parenting programmes is varied. It often appears that less experienced parents value the offer, whilst more experienced parents feel that it is too generic. Feedback indicates that parents from poorer parts of the city are often told

to attend parenting courses before they can access more practical support. This is less common for parents who live in more affluent parts of the city.

## **7. Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND**

### **Positives**

- Conversations with social care (in particular adult social care) have improved since 2018, when parents were rarely involved in decision-making.
- The new Preparation for Adulthood Team should bridge the gap in support and transition for post 16, by starting to work with young people and their families from age 14 onwards.
- A post 16 officer has recently been recruited to start addressing the issues across post 16 and preparation for adulthood.
- A transitions commissioner has been appointed by the CCG so there is more of a focus moving forwards.
- An early years transitions document is being coproduced which, if used correctly and in a timely manner for families of children with SEND, will be a really useful document. This could be used and adjusted for any stage of transition.
- A school readiness review has identified the need for a dedicated SEND workstream after feedback from parents.
- Transition principles are just in the process of being coproduced.

### **Negatives**

- Transition seems to be an 'add on' to other areas of work, e.g. there are no dedicated transitions workstreams for the neurodevelopmental programme or the speech and language programme. However, transition always comes up as an area of weakness when consulting with parents. This is from early years up to post 16 and preparing for adulthood.
- There has been little progress in this area of weakness, with any changes or improvements taking a long time and being relatively new. Therefore, there is very little impact for young people and their families.
- Parents still report that there is a lack of communication at all stages of transition, including from setting to setting and between services.
- Parents do not know who to turn for support to or what there is on offer for post 16.
- Since Covid, many children and young people have received little or no transition into their next education setting.
- There is no strategic oversight for post 16/preparation for adulthood with education, health and care services duplicating work instead of coming together.
- We feel our Forum is driving change by pushing for the development of the post 16 officer role and linking officers across education, health and care together to stop duplication. For example, we were asked to attend meetings by four officers in adult social care around information and have heard about several officers across education, health and care carrying out mapping exercises in silo.
- The written statement of action has very few measurable performance indicators. The words "increase" and "reduce" are used frequently, e.g. "increase in the number of young people with SEND in education, employment and /or training". However, no baseline data is given from which to measure the increase.
- We can see little evidence of progress on the action of increasing provision on the 4<sup>th</sup> and 5<sup>th</sup>

day for young people with complex needs on 3-day college courses.

- We are unclear as to what progress has been made on ensuring an equal contribution from education, health and care services to post-16 reviews. Feedback from parents indicates that these are very much still education-based and that parents are not always asked which services they would like to attend the meeting, or advised who would be a useful person to invite.
- Pathways are still unclear. What is the independent living pathway?
- The WSOA says that post 16 provision will be recommissioned. We do not know if this has happened.
- There are still gaps in education, health and care provision for the 16-25 age group.
- One of the actions is to develop supported internships. Sheffield has a poor record in this area (not uncommon - as the national scheme has failed to deliver). We would like to know if this action has delivered .



Supportive Internship  
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- Parents are not always recognised as advocates for their children or as experts by experience. Relationships can still be adversarial.
- Parental engagement can still be seen as an add-on (if thought of at all). We are aware that the pathway to employment working group and the city-wide supported internship forum is lacking in this area.
- Many parents do not know how to apply for adult social care, especially when their child did not have support from children's social care.
- There are huge issues for families around the transition from children's social care to adult social care, with support (e.g. short breaks, respite, direct payments) ceasing on the child's 18<sup>th</sup> birthday with no adult provision available, and no adult social care assessment carried out. The system appears to operate on the assumption that the young person will be dependent on their parents once they leave education.
- Sheffield has had support from CDC/NDTI around this area of weakness and has started to develop an action plan. However, it is not clear where this will sit or who will take ownership.