

Hertfordshire Parent Carer Involvement Board

# Developing Special Provision Locally Consultation

Summary and Detailed Response, May 2010



## Executive Summary

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The Hertfordshire Parent Carer Involvement Board is a recently formed group of parent carers working in a voluntary capacity, facilitated by Carers in Hertfordshire, to represent the views of families in the development of services for disabled children.

This document responds to the Developing Special Provision Locally consultation document, accompanying data set and the public presentations given by Children, Schools and Families (CSF) over the last few months.

In addition to analysing the proposals and listening to the views of parent carers across the county, members of the Parent Carer Involvement Board have extensive knowledge of mainstream, special and out of county schools attended by Hertfordshire children and young people with special educational needs and/or disabilities (SEND).

Our response outlines aspects of the proposal which the Board believe will be beneficial to SEND children and their families, areas of concern, and detailed responses to the questions asked in the consultation document.

The aspects of the proposals we see as beneficial are:

- the general strategy direction of genuinely meeting needs locally is the right one;
- the concept of Centres of Expertise at mainstream schools, which include a specialist setting for SEND children and an outreach service, is good;
- the concept of children succeeding in their families with a holistic and appropriate package incorporating education, social care and health provision as appropriate is good;
- we welcome the fact that children currently settled 'Out of county' won't be moved;
- the efforts that have been made to seek the views of parents and carers for this project;
- the steps to improve physical accessibility generally and provide some fully accessible schools in each cluster;
- we recognise that some maintained schools have made great strides in their SEND provision in recent years and would implement these proposals successfully.

However, the Board has concerns about other aspects of the proposals:

- how this will be achieved in the current economic climate with such limited start up costs;
- how savings for children who *would* have gone Out of county will be identified;
- Centres of Expertise must be just as described in the proposal document;
- no mention of an Autism Specific School or environment which is a major factor in children ending up Out of county or in mis-matched provision;
- how the provision of therapies will be made in a truly multi-disciplinary way to match what is routine provision in Out of county placements;
- how this strategy will be applied consistently, overseen and monitored - for example, over changes of key officers, and self governing schools with delegated SEN budgets that are not ring-fenced;
- how such a high level of 16-18 year old NEETs is going to be reduced.

This response also stresses the particular attributes which the Parent Carer Involvement Board believes are fundamental for success, most significantly:

- ASD specific provision;
- capacity for offering a consistent and multi-disciplinary curriculum across the waking day;
- an end to shoe-horning children into available provision;
- therapy services (SALT, OT, PT, psychology etc.) should be commissioned and led by the school, with the head of therapies sitting on the senior management team;
- parents, carers and voluntary groups actively invited to participate in further developments;
- improvements in the quality and availability of information to parents;
- shift to working transparently with parents of children with SEND, not against them, including improving the SEN Officer role and access to a Statement of Special Educational Needs where appropriate;
- improved assessment of SEND children both in the classroom and by appropriate specialists to give an accurate picture of what the needs are, what a child is achieving independently and what appropriate targets and recommended provision should be;
- more flexible approach to SEND funding to schools, taking into account that disabilities are not simply linked to a deprivation index;
- accountability of schools/clusters for money spent and needs met.

In conclusion, the Parent Carer Involvement Board support in principle the strategic ideas presented in Developing Special Provision Locally. However, there is a need for a considerable culture shift both within Children, Schools & Families (CSF) and the maintained schools in Hertfordshire to achieve the expected outcomes and to generate the expected cost savings.

Strategic thinking involves taking the long view which is what parents and carers have to do. Getting it right for children and young people with SEND has beneficial implications, not just for these individuals and their families, but also for everyone else in society. One only has to look at the make up of prison populations, mental health services, unemployment and levels of care needed by disabled adults to see that.

Hertfordshire Parent Carer Involvement Board

# Appendices

Appendix 1 – Detailed response to questions presented



## Appendix 1 – Response to questions presented

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### **Question 1**

*(Section 4) Is there other data that should be available to help develop and/or monitor the impact of local SEND provision?*

- There were concerns about the accuracy of the data for out of county placements with at least 2 children not being categorised correctly.
- Statistics on numbers of children with SEND and what type needs to be more accurate across the authority.
- Needs data should show more than one area of need including a way of indicating that a child has more than 2 needs
- Training data/records should be kept on all levels of Education staff both centrally and accessible at school level.
- Suggest that you consider having an 'Annual Health Check' with SEND stats published showing a range of data such as:
  - Exclusion - levels of SEND exclusions
  - NEETs data
  - ASD - how many go to 6th form.
  - Levels of home educated with ASD - rising or falling
  - Levels of SEND children going to CAMHS
  - Monitor children's self esteem/well being annually
  - Mainstream ASD - how many go to 6th form.
  - What level of support children were receiving ie School Action, School Action plus, statemented.

### **Question 2**

*(Section 5) Do you have any comments on the overall pattern of provision?*

- Three exist and only the Centres of Expertise at mainstream schools & Early Years settings are new. If these are what they say they are then they will improve provision and fill a current gap. However they will have knock on effects for Support Services and Special Schools that will need looking at in the future.
- Why no centres of expertise at Special Schools?
- Difficult to agree to sign up for Centres of Expertise when not clear what they really will be/look like.
- Support services - are they the right ones with right level of knowledge? We should be drawing in outside experts not trying to do all in house.
- Children with PMLD/PNI needs are in a minority but have complex needs that may not be more effectively met 'in house'

### **Question 3**

*(Section 5.5-5.8) What do you think that the Authority should do to ensure all schools welcome children and young people with SEND?*

- Use SIPs to look at real status of SEN provision in school.
- Tone for SEN comes from Head teacher and recruitment of HT needs to reflect this.
- Re-education for existing Heads when issues are flagged.
- Check inclusion policies are up to standard and consistent between schools.
- Come down harder on errant schools mainstream or special.
- Increase understanding of DDA and issues that families face amongst Head teachers.
- If parents move a child due to poor SEN provision then money should follow the child at whatever time of year they move from a school.
- Celebrate high achieving schools in this area.

### **Question 4**

*(Section 5.5 to 5.8) What should be done to increase parental confidence in arrangements to meet the needs of children & young people with SEND?*

- Support and encourage schools to understand the difference is between equality and sameness and also to understand what flexible means. They need to get away from 'our school does this'.
- Work with parents not against – clear, easily available and accurate information.
- Need to work to re-build trust.
- Move towards needs based provision stop fitting the child to the provision you need to fit the provision to the child.
- Stop CSF professionals saying things like 'There's no such thing as statementing in Hertfordshire' 'No we don't do that in Hertfordshire'. Children in Herts with SEND are not different to such children anywhere else in England.
- Parents should be given the knowledge and support to engage with a school and keep a relationship with school.
- There should be a quick and easy way of parents/voluntary groups being able to feed back issues such as unofficial exclusions to the authority so that there is evidence rather than denial.
- Accountability for where SEN money is spent in school.
- Clarity about what support is being provided for a child 'specific and quantified'
- Information about SEN and sources of support should be freely provided and from independent sources not just LEA version.
- How do parents proceed when not happy especially non-statemented children no clarity about exceptional needs funding decisions for parents. No appeal.
- Strength of leadership at top - strategy should be followed through and not subject to diversion etc by new officers in LEA eg Autism Scrutiny in 2003 was not acted on and followed through mainly as a change of key officers meant that scrutiny recommendations they did not agree with were not carried through. The committee that was tasked with overseeing the recommendations implementation was removed and no new mechanism put in place – the many hours that County Councillors, parents and voluntary groups put in on the Autism Scrutiny was effectively wasted. How will this be prevented in future?
- Where is the involvement of Parents and Young people in service development?

### **Question 5**

*(Section 5.10-5.12) Do you have any comments on the strengthening of the dual role for 'Centres of Expertise'?*

- Title is fine as long as it is lived up to. It is essential that there should be a dual role with full and part-time places. It takes time and hands on experience to build up knowledge and skills to work effectively with more complex needs. It is much harder to build up this in a mainstream setting if you are not teaching children like this very frequently.
- Supporting other schools needs to be built into the structure and resourcing so that children in a Centre of Expertise are not being disrupted by their staff being out elsewhere. Clarity about what the Centres will be providing in terms of support for other schools.
- Look carefully at what Out of county settings provide and level of expertise that they offer and build into Centres of Expertise.
- Relationship/management structure to the mainstream 'host' school

### **Question 6**

*(Section 5.10-5.12) Are you in favour of the development of Centres of Expertise for children with ASD and for some nursery age children with physical and neurological impairment plus very complex needs?*

#### **ASD**

- ASD - in principle yes, but they must be just that. These Centres of Expertise could help to fill a current gap in provision for those with ASD but without LD but depends on the detail – parent/vol group involvement needed.
- The level of training for staff will be key. It is essential that they should have key therapy input ie SaLT and OT and have a good life and social skills programmes.

#### **PNI**

- PNI – yes, as long as they are not in with children with challenging behaviour/ASD and that the right therapies (number and amount) are involved.

### **Question 7**

*(Section 5.10-5.12) Are there other needs for which you think Centres of Expertise should be developed?*

- There should also be Centres of Expertise for ADHD, SpLD - Dyslexia, Dyscalculia, Dyspraxia etc. These are common affecting a large number of SEND children and often in a mix with other things. Recognition of and appropriate provision for these is patchy in mainstream and special settings.

### **Question 8**

*(Sections 5.13-5.18) Do you agree with the proposed dual role for special schools?*

5.14 - It would be true to say that the Board holds a view that the current state of provision in special schools is more 'patchy' than this consultation document indicates. Many of the children currently out of county have already been in a CSF special school that has not met their needs well enough. Those schools will need a more significant level of input from both internal and external sources in order for them to meet these needs. Some of them start from the stand point of 'At our school we do this'

5.15 - Although the first statement here is undoubtedly true it is of concern to parents. What should not happen is that a child who is struggling and indeed failing in a mainstream school (that is not providing for their needs) should not be made to stay there so the school can get it right. They should not be denied the chance to 'recover' in a special school environment. The dual role is good as long as the outreach is adequately resourced so that it does not adversely affect the children at the Special School. When attempted before in CSF this has fallen down because it has not been resourced correctly and children in the special school have suffered with staff being elsewhere.

### **Question 9**

*(Sections 5.13-5.18) Do you agree special schools should be expected and resourced to provide for children and young people with the most complex needs, including needs that have not been met in the County in the past?*

- Our view of special schools outline in question 8 would apply again here.
- Yes BUT this would need the development of 24 hour curriculum setting, nursing care on site, therapies (eg SaLT, OT, Physiotherapy, Music/Art therapy) on site as part of the curriculum. Residential is vital in order to deliver a 24 hour curriculum and should not be linked to respite as it provides educational needs whereas family respite is different.
- The provision needs to fit the child not fitting the child to the provision
- ASD specialist provision/environment would be needed in some special schools.
- They are too often trying to cater for too wide a range of needs in one class. There are real concerns from parents on both sides about the safety of physically fragile children.
- Some need more guidance on how to modify the curriculum and how to really incorporate life skills into the curriculum.

### **Question 10**

*(Section 5.13-5.18) Do you have any views on how to increase the capacity of special schools to meet severe and complex needs?*

- Currently many of our Special Schools are generic special schools and not specialist. Good practice is out there in the independent schools that could be replicated.
- You will need to look outside CSF for the levels of expertise needed – this is not a criticism of existing CSF employees – rather that others who have worked extensively with children with severe and complex needs have built up a great deal of specialised knowledge over time and that needs to be tapped into. This is where consultancy comes into play well you do not need to employ directly, rather consult on a case by case basis. The school will build experience up over time and the authority build up links.
- Physical changes to buildings may be needed, more flexible working/timetabling etc will be needed in Special Schools.
- The National Autistic Society has a lot of experience and expertise in working with LA's to develop LA provision. So will other Charities in the sector.
- It is essential that we get in new ideas and approaches to get away from 'The Hertfordshire Way'
- This could be very difficult for children with very severe needs and not cost effective.

### **Question 11**

*(Section 5.19-5.22)*

*Are there other major issues facing students with SEN/LDD up to age 25 and/or the colleges?*

- PMLD/PNI provision post 19 is severely lacking. The required adaptations, understanding and knowledge are simply not there.
- NEET stats are shocking with 33.7% of young people aged 16 to 18 with SEND are not in education, training or employment in comparison to 3.7% of overall 16 - 18 pop. Good analysis of this is needed - what sector of education have they come from? Are some need areas more highly represented than their incidence level should indicate. Why is this happening?
- Surely this should be monitored by category ie ASD, LD, etc and mainstream against special schooled.
- Cuts have already happened in FE colleges in Herts in SEND depts.
- Disparity between types of Special School over age range they cater for ie up to 16 or 19. There should be development of 16 to 18 provision at all MLD schools particularly for those who are not ready for college and cannot manage non-college time ie be left safely alone at home, socialise or travel without adult support. As special schools increase the level of complexity of the children in them then so this number of young people will increase.
- Transition team needs to have the resources to make a difference. There is currently a lack of co-ordination and communication between CSF & Adult Care. There is a line drawn simply by a person's age.

**Question 12**

*(Section 6) Do you have any comments about the proposed roles in joint planning and commissioning of SEND services?*

- Health buy in is essential to make this work.
- Therapies - is Health the best way of sourcing all of these? Recommend the sourcing of therapies independently why? Level of knowledge not there in some therapies, you are paying for levels of health authority management that you do not need. They are then more involved in and accountable to the school they are working in.
- Health services need to be an integral part of school not an outside bolt on.
- 6.6 – The Behaviour and attendance strategy that we have seen at PaVAG did not even mention SEND!
- Commissioning can be overly bureaucratic and needs robust outcomes monitoring.

**Question 13**

*(Section 7.2 - 7.5) Do you have any views on the proposals for developing ASD provision?*

This development is essential and overdue much of this was mooted in the Autism Scrutiny of 2003.

Training is vital but should not come from just one 'in-house' source as this leads to lack of variety and ideas and unrealistic demands on existing support services. A variety of providers should be built up.

The presumption of ASD expertise in all CSF special schools is not one we would recognise or agree with. There is still a need for autistic specific school/environments.

The capacity for 24hr curriculum is vital.

Therapies are vital too and in mainstream very difficult to get access to any. In special it is limited.

**Question 14**

*(Section 7.6 to 7.9) Do you have any views or advice for the Authority on the development of a new model for BESD provision at Roman Fields and/or the extension of this new approach to other BESD schools?*

- Many places in BESD provision are currently taken by children with ASD - get the provision for ASD correct and there will be more places available in BESD settings. They have different needs and require different approaches.
- For BESD children there should be more flexibility about movement from mainstream to BESD rather than waiting until permanent exclusion or family meltdown occurs.
- If Roman Fields is meeting the children's needs more effectively then replicate it.

**Question 15**

*(Section 7.10 - 7.12) Do you have any comments on how to best retain pupils with learning difficulties in-county or any specific suggestions to make?*

- We feel that a significant number of children with LD out of county have other needs too such as ASD. If you get the ASD provision right and make the rest of the strategy work too then this figure will come down.
- Increased school based residential provision is essential and existing 'mothballed' provision should be resurrected asap.
- Therapy service delivery in out of county schools is very much superior to CSF schools both in quantity (often quality) and in the range that is offered.
- They have therapists on staff not simply brought in. They offer a more consistent and personalised approach.
- 7.12 – this statement would equally apply to other areas of need.

**Question 16**

*(Section 8.1-8.3) Do you have any comments on the overall financial approach for developing special provision locally?*

- Finance is an issue – with no investment and relying on reduction of out of county places the strategy could take a very long time to develop.
- SEND is not all about social deprivation how can this be recognized in the current funding system?
- How will the effectiveness be measured in terms that are not just financial? We need to look at outcomes for children too.

**Question 17**

*(Section 8.1-8.3) Are there any other specific financial issues that need further investigation?*

- Accountability for mainstream schools on how SEN budget is actually spent currently no way of really knowing – not ring fenced so can be spent on other things.
- Small village schools have low levels of funding and would rarely, if ever, meet the social deprivation/free school meals element of the devolved funding formula. They need a more flexible and fast approach when they get a child with higher need levels on role.
- If a SEND child on School Action plus or higher moves schools part way through academic year the funding should follow immediately not the next academic year.
- Attendance by SENCOs at cluster meetings should be a requirement as money has been given to them to do so, claw it back if they don't attend.
- Cost of out of county placement may not be greater than same provision in house.
- Special School funding – current method of fitting children into a funding band is not related to their needs. In order to take on children with more complex needs this would need to be radically changed.
- In the long-term the right type and level of education/therapies etc in childhood and early adult hood saves money in the long-term. This is true across SEND if you look at unemployment levels, prison population, mental health services and adult care needs for both the individual with SEND and the family.