



## Parent Carers Together Feedback Form

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Stacey Freeman

Meeting Date: 14/2/22

Start & finish time

11:45-12:45

Future Meetings - To be confirmed

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Feedback can be in any format; it should contain important points that came out of the meeting, your opinions, any related work that you think overlaps, action points that you might be involved with, any areas of concern. This will be shared with all PCT reps and committee.

Please email to [info@parentcarerstogether.org.uk](mailto:info@parentcarerstogether.org.uk) within 2 weeks of meeting

### **FEEDBACK & COMMENTS** *(please use further pages if necessary)*

Meeting Chaired by Vanessa Grizzle BCP

Attendees: Stacey Freeman PCT, Aleksandra Zabielska BCP, Helen Duncan-Jordan NHS, Gemma Tappenden BCP, Joanna Bispham BCP, Jonathan Gilbert BCP, Katie Etheridge Poole Grammar, Lisa McGaw Jewell-Aspirations, Louise Chiles BCP, Lindsey Sloan BCP

Apologies: Lesley Tasan BCP, Rosie Hall BCP, Leah May BCP, Claire Hurley BCP

#### **Meeting Notes:**

VG introduced the meeting and shared slides that covered the actions we needed to focus on.

She expressed how we needed to think about realistic timelines, and the accessibility and implementation of the Graduated Response (GR).

Some of the actions are already underway, and some have already been completed.

16A was completed – LC sent a link to GR page to demonstrate this.

JG explained his role – setting out actions, identifying who is responsible, tracking progress, thinking about risks and any issues that might impact the timeline, addressing issues and communicating with the SEND Improvement Board (SIB).

LS identified that there was no Post 16 provider in the group and requested that this was arranged

JB identified that we needed Early Years representation. VG shared that LT had been invited, but JB explained how we needed an Early Years provider, not just a representative for BCP.

VG shared that a couple of years ago (March 2020?), schools were asked to what extent they used GR and how they informed parents about it.

JB created an action plan based on that feedback. A co-production group looked at this, so creation and review was undertaken last year. It needs to go wider though.



VG explained how we needed to get an idea of how settings used GR and how practitioners understood it. She expressed how we needed to identify what we were reviewing now and how we were going to use the review to make things better. LC & JB have worked on making everything more accessible to parents and carers, but they wanted to explore how this could also be extended to young people.

LM expressed how there was a need to reach consistency across all settings, and identify what percentage of schools completed it last time. It looks like 33 schools were involved.

LC said there are 100 or more schools across BCP, so it looks like less than half of all schools replied.

VG said the required response rate was around 30%, so the response was adequate, but it would be better if we could gain wider feedback. She wondered if there was a way to engage everybody.

LC suggested that EHCP case officers should be approached for their feedback to gain another view over how schools are using the GR.

VG said that managers had been approached and that including case officers would be useful.

LS said there needed to be better understanding of what is required at each level of GR. What is expected at each stage and how does each level differ? EHCPs should only be considered when needs are above and beyond the other levels of support.

GT mentioned there was a project/questionnaire being conducted in Early Years – VG pondered whether we could tap into the questions being asked.

LS said we needed to fully understand why parents didn't know enough about GR, and how we could get education out there. Why is it not where we expected it to be?

VG questioned what might have stopped it being known about by parents and not being effective.

JB explained a meeting to discuss a booklet for parents would be arranged soon. She also wondered what schools could access, when they could access it, and what gaps there were in provision. Implementation has been patchy, so there is an opportunity to update documents.

VG – We need to ask everybody. How do we include children and young people? How do they know what support they should have, or should have had?

JB – We need to make sure communication is relevant to young people and in a place where they can access it, such as online. Perhaps something can be available in the school setting?

LM – Can we have a look at what other LAs have done? For example, creating video content as this likely conveys a more consistent and accessible message in comparison to text, which may be interpreted differently.

LC – CCG SEND training was delivered in cartoon form. Could we use this as a model?

JB – We could have a wider audience than LA staff.

AZ – There needs to be a broader understanding of GR in social care. For example, with regard to CHAD, EHCPs are usually already in place, so they don't tend to experience GR.

LM – There is so much demand for support such as ELSA, for example it is recommended for all CP and CIN, but it is impossible to provide this for every child.

SF – It would be much better if the curriculum addressed the need for all children to access resources such as this, so that these 'extra supports' were no longer specialist, and were accessible to all. GR can be effective, but some schools have higher levels of need, and no matter how hard we try to implement GR, there are barriers such as this. If we could change the default/universal level of support to become more inclusive, and address such needs (which would benefit ALL children), we would probably find that less children would be flagged up as needing 'extra

support' and possibly even reduce the need for EHCPs. Or at the very least, ensure that only those who truly need support that goes above and beyond would request them.

AZ – It is important to note that not all SEND = needing an EHCP. We need communication both ways, and need to understand one another. We need a model for social workers to understand how the British system works. This can then be part of induction.

LM – We need to reach as many professionals as possible. For example, CAMHS may suggest that a child needs a specialist placement, yet the child in question may not even have an EHCP. Could we involve SENDIASS?

VG – There are several elements in the code of practice that are contradictory.

VG – What might our end point look like? Can we split into sectors: Early Years, School Age and Post 16? What needs to be the same? What needs to be different?

VG – We need to go away and ask our 'groups', if we are going to conduct a review of GR, what questions would you ask, and what would you change?

JB – We need to approach the young people's champion to see if we can get views from young people, finding out what is important to them?

LC – We can get the questions out there through social media and newsletter.

Meeting Closed.

### **My Input & Reflections:**

- We need to think about why parents, and schools, might be applying for EHCPs when many parties feel that GR/plan, do, review, has not yet been explored adequately. It could be that parents are unaware of GR, so do not know how to push for this support at school. It may be that schools are not adequately trained or aware of GR, so are not supporting children, and their families, adequately. This can cause conflict between parents and schools. It might be the case that parents and schools are not on the same page regarding the child's needs. This will likely be more prominent in cases where a child masks. This overlaps with training...for which I know work is underway. It might also be the case that a parent already understands their child's challenges and needs (perhaps from their own lived experience or through experiencing the process with older children). Therefore, they may wish to get support in place as soon as possible, viewing the processes typically followed as a waste of time.
- IPSEA advises that the LA should not be able to reject an EHCP assessment request based on 'lack of evidence of GR being used'. It is therefore crucial that, if the LA, and schools, want to reduce the number of applications, particularly those that they deem as unnecessary or inappropriate, that the GR is clearly communicated to parents and professionals alike...and it is implemented consistently across schools.
- How do we ensure consistency across all schools if only a small percentage of them are engaging in surveys and training? We need to find a way to encourage schools and show that we want to work 'with them'. I have shared before that some schools may be resistant for a number of reasons, including the fact that some do not feel 'seen' or 'understood' in the context of their school. Not all schools are equal...but often, those in less affluent areas, who tend to experience higher levels of SEND, behavioural issues and socio-economic related difficulties, can feel 'attacked'. We have to acknowledge that some schools have greater parental support and involvement, again, for a number of reasons. Perhaps parents developed negative associations with school during their time there, so feel afraid or apathetic about working with schools to support their children. Some parents may lack the skills necessary to complete paperwork etc. How do we identify these families, and how do we engage them? When I worked at so-called 'challenging' schools, we put a



lot of effort into forming trusting relationships with parents, and I feel that schools are responsible for building these alliances, and for then communicating with parents about GR. But schools need to feel supported. How can we support schools, and parents? We also need to consider that some schools with higher levels of SEND might actually have a lot to offer, as they have likely had to adopt creative, out of the box solutions and strategies to help their children thrive. Perhaps they have adopted SEND approaches for all children within their classrooms? If so, what benefits have they experienced? How has this impacted on GR in their setting? While schools with lower levels of SEND may be able to provide resources as there will be less demand, they may also experience difficulty due to being unfamiliar with the needs of such students.

- As mentioned above, even if all parents and professionals receive adequate training on GR, it does not change the fact that different schools have very different experiences and levels of need. How can we ensure that schools are equipped to support any child who requires 'more' than what is currently deemed as 'universal' support? Identifying needs is so important, but it doesn't automatically mean that the resources are available.
- It might help to have 'lead schools' who demonstrate good use of GR, to help 'train' (or share best practice) with other schools. But again, we need to be mindful that we are not vilifying schools who are not delivering the same standard. We need to explore why they might be struggling. Is there a training need, is it the fact that this school has higher levels of SEND? We need to let our teachers, and schools, know that we appreciate the work they do, we understand how challenging it can be to manage a classroom with a plethora of needs, and that we want to 'support' them.
- Is there a way for teachers and schools to contact the LA, or other educational settings, for support? Perhaps physical examples and case studies would be useful, to clearly exemplify what each level of support might require. Of course, we need to acknowledge that we can never cover every need exhaustively, but maybe there could be a place where teachers can share the way they have supported individuals, or reach out for advice over how they could better support a student using GR.
- How do we measure whether schools have truly understood GR. How do we gauge whether they are adequately trained? How do we ensure consistency? Will schools be held accountable if they are deemed to fall below a given standard? If schools fear punishment, will they want to engage?
- What is the impact of inadequate GR? Many professionals have stated that they believe EHCPs are being requested unnecessarily, meaning that EPs and SALTs are being overwhelmed and are unable to complete other important work.
- There are clear links with culture and training workstreams.
- Could we look into how we might integrate ELSA and other tools into the curriculum? What is currently being taught in schools? We live in a time where there are higher levels of SEND, or at least we are more aware of children's needs. Sadly, services are overwhelmed, and not all children who have additional needs are identified, diagnosed and supported. Not all children can enter specialist provision, and this provision is not adequate for all either. We also live in a time where there is poverty, a pandemic, anxiety around attending school and socio-economic factors that impact on children's wellbeing, so surely this should be addressed for all children. Maybe we could place more emphasis on mindfulness, emotional intelligence and wellbeing, empathy and self-esteem.
- We need to clarify which parts of the Code of Practice are law. I attended an event last year where a SEND consultant explained that some of the document merely 'suggests' what might be good practice, whereas other parts are based in law. Generally, if the word MUST is used, there is a legal requirement. This should perhaps be unpicked further? All BCP staff would benefit from IPSEA training, or at least those dealing with families, to ensure a consistent approach and up to date knowledge in SEND law.
- How do we support children whose parents are not on board?



- Who is responsible for GR within the school setting? It should be a whole school approach.
- It is so important to note the psychology of parents who apply for EHCP assessment requests.
- Many parents worry that SEND support is not a viable long term solution, as the support put into place is not 'secure'. I believe IPSEA advises this is the case. For example, if a child is provided with a 1:1, that support can be withdrawn if needed elsewhere. Apparently, an EHCP secures the support, which is so important for parents who naturally worry about their children's wellbeing at school. I believe IPSEA also said that funding can be used for shared resources, rather than resources for specific children, whereas EHCPs, again, secure specific resources for a specific child.)
- Can we involve schools in reviewing the GR, and what support could exist at each level?