

Special Educational Needs and Disability (SEND) Transformation Strategy Report



Listening to the views of children and young people in Salford who are covered by the Special Educational Needs and Disabilities Act, their parents and carers
a report by Healthwatch Salford.

“Sometimes they don’t include me and I don’t know why.”

Deaf child in mainstream secondary school in Salford, 2017

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1. About Us

Healthwatch Salford aims to make health and social care better for local people. We believe that the best way to do this is by designing local services around their needs and experiences.

Our vision / mission

Healthwatch Salford aims to encourage and enable local people, including those who are most marginalised or vulnerable, to have more control in their lives and to influence the organisations that affect them.

Our Values

- Involve - listening, engaging and encouraging people with sensitivity and respect.
- Influence - making change happen through helpful challenge.
- Aspire - being the best that we can be.

2. About the Project

Healthwatch Salford exists to connect with groups that are seldom heard and represent their views to commissioners. Children and young people who are considered to have special educational needs and disabilities (SEND) have not been represented strongly in previous years. At the same time, Salford City Council wished to consult with children and young people who fall into the SEND category about the quality of their educational experience.

When given the opportunity to work with the local authority to consult with children and young people on their SEND strategy, Healthwatch Salford was keen to take up this piece of work as it tied in with our priority to listen to this group of people.

The consultation areas for the children, young people, their families and carers were agreed between the two organisations as follows:

- Children and young people's experience of education and health care services
- What makes them happy?
- How do they feel safe?
- What do they like to do now?
- How do they engage with leisure activities?

- What are they not able to do outside their home?
- What are their aspirations for the future?
- What are the aspirations for older consultees in relation to the transition to adulthood?
- What is stopping them from doing what they want to do?
- What barriers do they encounter e.g. transport, attitude, communication?
- How can these barriers be removed?

3. Key Findings

3.1 Feedback from children and young people about Salford City Council's education department is mostly positive.

Salford City Council has a good reputation amongst professionals and some parents in relation to its Special Educational Needs provision for children, particularly for younger children. 'There is a lot more included in the Local Offer than in other local authorities in the region' (Education professional in Salford, 2017)

3.2 Generally, children and young people with special educational need or disability are satisfied with their education experience.

Respondents expressed broad satisfaction with their education experience. The chart of the results of the Talking Board exercise is reassuringly green (for good) with a lower proportion of red (bad) responses. Out of 48 responses to the 'School' picture, 33 gave good or OK responses with 15 rating school as 'bad'. A heartening 41 people rated 'Being Accepted' as good or OK with only 6 people saying they did not feel accepted. One of the negative responses came from a hearing aid user in a mainstream school, which may indicate some more work is required around raising awareness of communication issues relating to deafness.

3.3 Most children and young people feel safe at school.

37 young people responded positively or neutrally to the image relating to Feeling Safe. 9 suggesting that they do not feel safe at school. Unsafe feelings were related to bullying, and also a general feeling of being unsafe, particularly relating to press coverage of online threats.

3.4 More consultation is needed with children and young people on decisions made about their education.

More effort is required on behalf of professionals to ensure that children and young people are included in decisions made about their educational support. This is especially needed for those aged 16 or over, some of whom expressed confusion about decisions made about their support needs and disappointment at a lack of appropriate college places.

3.5 Some children and young people feel socially isolated.

Children and young people are, in some cases, socially isolated outside the school system due to attending special education institutions a distance away from their homes. A few people stated frustration at not being able to visit friends outside school because they live too far apart.

3.6 Some schools are not providing enough support for pupils with Special Educational Needs and Disability (SEND) who do not have an Education Health and Care Plan (EHCP).

Children who are judged to have an impairment or condition that is not severe enough to merit an EHCP are not always receiving adequate support from the individual schools. One student had their EHCP removed. The student was not fully satisfied about the decision, but did not know how to inform staff at the education setting.

3.7 Education staff require regularly refreshed, up to date information about special educational need and disability.

Feedback from young people and parents/carers suggests that there is an ongoing need for all people involved in education - teachers, teaching assistants, catering staff - to receive ongoing, up-to-date information about the most appropriate ways of meeting the needs of pupils in impairment specific ways.

3.8 There is evidence that there are not enough suitable places for some students in the 18+ category with complex needs.

Problems highlighted affected people who fall just below the threshold for an EHCP, and over 18s with complex needs. Suitable placements are not always available locally for these groups.

3.9 Health Visitors play a positive role in supporting parents of children with special educational needs or disability.

Health visitors play a crucial role in identifying conditions or impairments at a young age, and supporting parents with advice and information about local services. Positive feedback was received from parents about this local service.

4. Research Methodology

In line with Healthwatch Salford's mission statement, this project aimed to engage with children and young people who are regarded as having special educational needs, in order to listen to the views and experiences of local children, young people, their parents and carers.

The methodology used to generate the data for this report was based around Talking Mats. This is a well-recognised tool which enables people who experience barriers to communication to express themselves. "Talking Mats communication symbols tool is based on extensive research and designed by Speech and Language

Therapists” (www.talkingmats.com). The Talking Mat technique also enabled the engagement officers to communicate with the entire age range.

The project aimed to engage with a large number of people in a tight time frame. A one to one Talking Mat session takes at least twenty minutes to complete. To reach a target of at least 50 responders, it was necessary to adapt the tool so that it could be used to work in a group setting. The session outline including aims, outcomes and methodology, are included in “12.6 What We Did in Full’ section of this report.

Engagement officers selected Talking Mat images that were appropriate to children and young people and grouped them into three “Talking Boards”.

These boards related to a typical school/college/work day

- Before School,
- At School/college/work and
- My Wider World.

Boards of up to eighteen Talking Mat images were selected to represent the different aspects of the day, including topics such as Communication Support, Education Aids, Your Safety, Neighbourhood. Images of the three Talking Boards are included later.

The children and young people were asked to grade each image, using smiley, straight and grumpy faces to represent good, neutral or bad feelings. In the case of people with lower level communication skills, very young children and babies, the parents were asked to complete the task on the behalf of their children.

The engagement officers then worked with groups of up to 12 children and young people. As the boards were completed, engagement officers used the answers to initiate conversations with each individual child and responses were recorded in writing.

The Talking Boards worked very well at stimulating discussion and surprised all the professionals involved. One youth worker at a location where the exercise was being conducted commented ‘I don’t know what you did with them but they are all buzzing!’. Another scheme manager who worked with a looked-after young person expressed genuine surprise when the young person stated that he did not agree with the college staff’s judgement that he no longer needed an Education, Health and Care Plan (EHCP), and that he felt he was not getting enough support. The Talking Board session enabled this very vulnerable young person to open up to the scheme manager who was able offer support to get the EHCP reinstated.

After the initial session, the engagement officers recognised that a different Talking Board, that was less school centred, was required for older young people who were not necessarily still at school. An additional board was developed that included images relating to college or work.

As well as conducting the Talking Boards exercise with children and young people, a Survey Monkey survey was generated based on the key issues that were agreed between Healthwatch Salford and Salford City Council (these are listed in “About the Project” above).

Talking Mats, though useful to generate conversation, are grounded in expressions about the present situation. There was no way of using the technique to talk about the future, so they did not give the engagement officers the ability to ask children and young people about their future aspirations. This meant that these questions could only be addressed in a limited way by parents through the Survey Monkey questionnaire.

69 children and young people participated in the Talking Mats exercise. In 12 cases, involving very young children or children with severe learning difficulties, parents/carers completed the exercise answering as the child.

The information gathered through the technique is qualitative rather than quantitative. The information received has been presented below in case studies and summaries of the Talking Mats exercises that were carried out.

5. What people told us

As this was a listening exercise, it is appropriate to present the feedback received through a series of representative case studies and then to make general recommendations relating to the cases and other feedback received. This will enable the views and experiences of the participants to be better represented.

5.1 Case Study 18+

A young person aged over 18 with mental health problems who was at college had been moved around because of a lack of a suitable college place. A key professional supporting the young person sat in on the session. The Talking Board drew out two major issues relating to their education.

Issue 1

The student had developed a good rapport with their education support worker. When they arrived at an appointment to see the support worker, a different worker was present. When the student asked where the previous worker was, data protection laws were quoted as a reason for not disclosing this information. This led to the student feeling excluded and confused. The student commented that they knew the issues around data protection but it still left them feeling bad.

Issue 2

The student had originally had an Education, Health and Care Plan. They had had to change college to one that could meet their needs, so for a while, they could not go to college. When a suitable placement was found they were reassessed and were told that they no longer needed an EHCP. The person carrying out the assessment said that this decision was made on the basis that things are going well

at present and they didn't need support beyond that which the college provides, which includes one to one support with maths and English.

Using the Talking Boards, the student was able to state that they did not agree with that decision. The professional listening in was surprised that the person had not felt empowered to raise these issues with the education provider, and was able to offer support to help the student to get the EHCP reinstated.

5.2 Case Study 18+

One person aged over 18 had a severe learning difficulty. During the Talking Mat session with this person, they stated that they wanted a college placement. They claimed that the local authority, when assessing need, asserted their behaviour would have an adverse impact on other learners. As a result, no college place could be found and the young person was instead attending a day centre because they had no work and no college placement.

5.3 Case study 10 - 16

A deaf child with hearing aids was in a mainstream school. During the Talking Mat session, they stated that their peers were not accepting or accommodating about their impairment, talking with their backs to them and not including them in conversations. As a result, the child expressed extreme distress when talking about their school experiences, and a feeling of being unsafe at school. Fortunately, a lively and active inclusive youth club in the area provided a safe space for the child to mix with their peers on a more equal basis.

5.4 Case Study 5 - 10

A primary aged child, due to displaying the characteristic behaviour patterns of autism, received a diagnosis in year 5. School staff were instrumental in bringing about that diagnosis and were fully aware of the extent of the child's condition.

Now in year 6, waiting to go to secondary school in the autumn of 2017, the child was still having problems at school, being told repeatedly by teachers that they 'would not survive' the secondary school that was chosen. Also, the child was punished regularly because of what was perceived as their poor behaviour but which was in fact a symptom of their condition.

When challenged about this by the parent, a 'zero tolerance' policy towards poor behaviour was cited. The parent felt the school had no understanding about the link between the child's condition, e.g. their heightened sensory response to experiences at school, and their occasional extreme emotional reaction in crowds of other people, even though these are well documented aspects of autism. There are many techniques such as Positive Behaviour Support that can enable schools to understand and manage a child's autism.

6. Other feedback received

6.1 What Salford Does Well

The Local Offer was highlighted as being “better than surrounding local councils” by one professional, who works in a nursery setting designed for newly diagnosed children up to the age of five.

A parent of a primary aged child diagnosed with a learning difficulty stated that they had moved back to Salford when their child was diagnosed, and received a more inclusive education plan.

Parents expressed their satisfaction particularly with pre-school provision. One parent commented their child had “come on in leaps and bounds” since starting nursery.

Most children and young people approached expressed broad satisfaction with their education service.

6.2 Integration versus Inclusion

Integrated education is where the learner is placed in a mainstream education setting with some support, but the pupil is expected to fit in with the activities. This is contrasted with inclusive education, where all activities are suitable for all learners and all learners are included fully in all activities.

During the Talking Board session, a secondary aged pupil who used a wheelchair, commented:

“I don’t like school trips because I can never go on anything.”

This suggested that they had experienced school trips where they felt they did not have the same access to the school trip experience as their less disabled peers.

To achieve inclusion, all activities need to be assessed to ensure that all pupils can get involved within their own limitations. Many outdoor type activity centres aimed at children and young people are not necessarily easily accessible to all pupils. In these cases, consideration should be given to how those pupils are going to be accommodated so they do not feel excluded.

6.3 The Survey Monkey Questionnaire

Survey Monkey (on-line survey tool), though undeniably quick, convenient and cheap, is not the most inclusive method of conducting surveys. It stands to reason that people who do not easily use computers, either through cost, access, personal or cultural reasons, cannot use this type of survey. This means that disabled people, older people, people on a low income and Orthodox Jewish people, for example, are less likely to be represented in responses to a Survey Monkey questionnaire.

Feedback from the Jewish community about Survey Monkey led to the production of a printed version of the survey, and the results are included in the summary below. Healthwatch Salford aims to work closely with the digitally excluded communities of Salford to ensure that its engagement work is as inclusive as possible, for as many people as possible.

Despite the limitations of this survey medium, we deemed it as an appropriate tool for a small supplementary survey to cater for parents who wished to comment on three areas: how their children's aspirations are being met (not possible in the Talking Mat sessions); how they viewed their child's experience of the services that they are using; and anything else they wanted to add.

The Survey Monkey survey for parents generated 13 responses. Of these, 6 rated Salford City Council's Education Service as good, and 4 fair, with 3 rating the service as poor. However only 2 responded positively when asked whether they thought their child's aspirations were being met. There is a need for more concerted efforts to include the views of the parents. Such views were beyond the scope of this engagement.

7. What should happen now

7.1 Communicate with children and young people and their parents and carers, clearly, in a range of appropriate formats, using plain English.

16.2% of the adult population has a disability that is covered by the legal definition of disability in the Equality Act. This means that a significant minority of the parents and carers of children and young people who are covered by SEND legislation are themselves disabled. Research conducted by Barnardo's (http://www.barnardos.org.uk/what_we_do/our_work/child_poverty/child_poverty_what_is_poverty/what_causes_child_poverty.htm) amongst others, show a link between families of disabled children and poverty. Families of disabled children are more likely to be less able to afford internet access. There are cultural reasons why some community members do not access the internet. All information about all aspects of education in Salford, including the Local Offer and how to request an assessment for an Education Health and Care Plan should be readily available in a full range of accessible formats including Braille, BSL, audio formats and print including large print. This will help to ensure that all families of children with special educational needs will be better able to access their rights to appropriate services,

7.2 Increase school awareness of best practice relating to children and young people with special educational needs and disability

From September 2018, initial teacher training (ITT) will have to include training on special educational needs. Some of the feedback given to engagement workers during this project related to lack of awareness of Autistic Spectrum Disorders (ASD). Feedback suggesting inconsistency of awareness amongst education professionals of disabling barriers for some pupils with SEN may be related to lower awareness of these conditions.

It is recommended that the local authority takes steps to ensure that education professionals are better informed by providing simple but accurate information to all schools about appropriate training. Such training can highlight the disabling barriers faced by pupils in schools and how schools can remove them. Some

national training organisations relating to specific impairments have been listed in the appendix to this report.

It is recommended that schools are encouraged to develop robust equality policies for other students as well as staff, and offer training to students on appropriate behaviour such as better deaf awareness.

7.3 Recognise the added value of community based services

The results of the study have highlighted the importance of third sector out-of-hours provision in giving disabled children a peer group and a sense of identity.

It is recommended that parents are also given information about the range of services that are available to them and their children. This information could be distributed through schools and to health visitors as they appear to play a significant role in the community.

In an initial meeting to devise the terms of the project, a local authority representative expressed concern that children and young people are in some cases socially isolated outside the school system due to attending special education. The additional provision of inclusive youth groups in the third sector has helped to alleviate that isolation.

7.3.1 You Can

You Can is an inclusive youth club that provides a space for disabled young people to develop a peer group away from the education system. Community based services like this can enhance the experience of disabled young people and help them to feel less isolated. It is recommended that the added value of this provision is highlighted when decisions about funding are made.

7.4 Clarify the right to lower level support

7.4.1 Support in School

The transitional arrangements for children and young people who have Special Educational Needs and Disabilities place an obligation on the school to make adjustments in order to meet the needs of pupils that do not qualify for an Education, Health and Care Plan. Some children and young people in this situation appear to be uncertain of their rights to continued support.

The comment below is from a parent with two disabled children, one with and one without a support plan.

“Daughter at high school with no support. School quite understanding but she has no official support plan and I worry she won't reach her potential and is retracting into her bedroom and not mixing well socially”

Support outside of a formal Education Plan appears to be at the discretion of the school. One primary aged child with dyslexia does not currently have access to a computer for their written work; the school acknowledges they are struggling.

Rather than provide IT support for the child, the school has suggested to the parent (who has several children) should buy a lap top for the child's birthday.

It is recommended that Informal Support Agreements are made in writing and shared with parents and pupils. Parents, carers, children and young people should also be given clear information about how to request an Education, Health and Care Plan, should they feel one is required.

There is an ongoing need to inform people, in as many ways as possible, about the services that exist to support them. Written information about the Local Offer on the local authority's website is not always presented in plain English or in alternative formats.

One parent commented:

"More help is urgently needed to support children and their parents in the Salford area. I know of absolutely none!"

7.4.2 Access to extra curricula activities

Education providers should assess all extra curricula activities such as school trips and holidays to ensure that they are inclusive of all students whatever their access requirements. The accessible experience does not have to be identical to the experiences of other children. A school which includes a blind pupil for example can go on a trip to the theatre, as long as they choose a theatre event that is audio described. A trip to a historic venue without a lift to upper floors can be made accessible to a wheelchair user by using a web cam and a lap top.

7.4.3 Family Support

An issue that arose anecdotally, was that many responders were in single parent or blended families. This is not unusual given the statistics that suggest that a quarter of families with dependent children are one parent families.

<https://gingerbread.org.uk/content/365/Statistics>

There is increasing evidence that having a disabled child can put additional pressure on families, leading to a greater risk of relationship breakdown. Contact a Family, conducted research in 2013 that suggested

"...couples caring for a child with a disability are at greater risk of relationship issues leading to separation" <https://www.cafamily.org.uk/>

Whilst it is outside the remit of this report to make recommendations on this issue, support for parents with relationship issues could be included as part of the general support for families. This could prevent possible disagreements between parents that could affect the education choices made on behalf of the child.

7.5 Continual engagement

7.5.1 Children and Young People

Continual engagement with children and young people who are in the special educational needs and disability category is a key issue.

It is recommended that providers engage with children and young people with special educational needs and disability, and their parents and carers, to ensure that they really do agree with decisions made on their behalf.

More effort should be made to include students in a meaningful way when decisions are being made on their behalf about their education - perhaps using the Talking Mats technique.

7.5.2 The diverse communities that make up Salford

Feedback from the Jewish community highlighted the differing experiences in the diverse communities of Salford. There was not enough time in this consultation exercise to engage fully with that feedback. This issue will form part of the ongoing and future engagement work here at Healthwatch Salford.

8. Conclusion

This short engagement exercise has highlighted some key issues relating to Special Educational Needs and Disability in Salford. Valuable lessons have been learnt about the local situation with respect to education. It is hoped that the recommendations in this report are put into practice and that meaningful dialogue continues between disabled young people, their parents, and the service providers that have such a huge influence on their education.

9. Next steps

9.1 Schools to:

- Provide information about the services available to parents.
- Promote less discriminatory peer to peer behaviour in schools.
- Provide impairment specific information to schools.
- Link up to Salford CVS report for third sector organisations.

9.2 Healthwatch Salford will

- follow up this work with additional listening activities in the different communities of Salford, e.g. the Jewish Community.
- include links to information on Education, Health and Care Plans, the Local Offer and Direct Payments on its new website, as well as making sure that this information can be made available in alternative formats.
- promote information from appropriate services about impairment specific adjustments required in education (particularly relating to students on the autistic spectrum) to educators where necessary.

10. Thank you

10.1 Volunteers:

Caroline Ridgway, Sue Alcock.

10.2 Staff at all the places where Talking Mat sessions took place

You Can, Claremont Lodge, SAYF, AGSMA, AGNIS, St Sebastian, Little Hulton and Irlam Children's Centres, St Joseph the Worker Primary School.

10.3 To all staff at Salford City Council's Education Department

including Debbie Fallon; Geoff Catterall.

11. Definitions of terms used in the report

11.1 SEND:

Special Educational Needs and Disability.

11.2 Education Health and Care Plan (EHCP).

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support.

EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

11.3 The Transition Period

(2014 to 2018) The Children and Families Act of 2014 made some significant changes to the provision of education under the older Special Educational Needs and Disability Act 2001 (SENDA). Education is currently in a 'transition period', lasting from September 2014 to April 2018, as summarised below.

"By 1 April 2018, local authorities must have transferred all children and young people with statements of SEN and who meet the criteria for an EHC plan, to the new SEN and disability system. Local authorities must conduct a Transfer Review - that is an EHC needs assessment in accordance with The Special Educational Needs and Disability Regulations 2014 (referred to in this document as the 'SEND Regulations 2014')". www.gov.uk

11.4 Personal Budget

A Personal Budget is an amount of money paid directly to a disabled person, or their parent or carer, to meet their assessed health needs. Parents can request a personal budget to provide the support required by their child or children's Education Health and Care Plan (EHCP)

11.5 Local Offer

All local authorities have to:

"Publish a local offer, setting out in one place information about provision they expect to be available for children and young people in their area who have special educational needs." <http://www.gov.uk>

12. What we did in full

12.1 Parents and carer involvement

We involved parents and carers in the initial development of the project by inviting Salford Parent Voice to comment on the research methodology and visiting the Salford Deaf Children's Society parents' support group that meets monthly. Useful feedback relating to the development of consent forms was received from these groups. The development of a steering group of interested community representatives could be considered for future projects, so that input can be gained at all stages of a consultation project.

12.2 Volunteer Recruitment

Two volunteers were recruited to assist with the project. One, a trainee speech and language therapist, assisted with the overall design of the project and the collation of the results, as well as participating in the group exercises. Both volunteers participated in the Talking Board sessions.

12.3 Talking Board Exercise

Developed Talking Mats group exercise based around a typical day. Here is the session plan:

12.3.1 Session plan

Aim

To consult with children and young people who have Education Health and Care Plans, are under SEND or have additional support to be able to access education in Salford.

Outcomes

By the end of the session up to 20 young people will have stated what makes them happy or sad in a typical school day.

They will have reflected on their experiences from morning until evening, in three areas,

- before school,
- at school
- in the wider world.

This information will be recorded anonymously and will be used to identify what works and what could be improved.

Salford City Council will use this information to refresh their SEND transformation Strategy 0 - 25 going forward from September 2017. Healthwatch Salford will use this information to enhance its priority setting in relation to children and young people in the coming 12 months.

12.4 Talking Boards

The Talking Board resources are as shown:

12.4.1 Face icons given out to children:



12.4.2 Talking Board images

Board 1



Board 2



Board 3

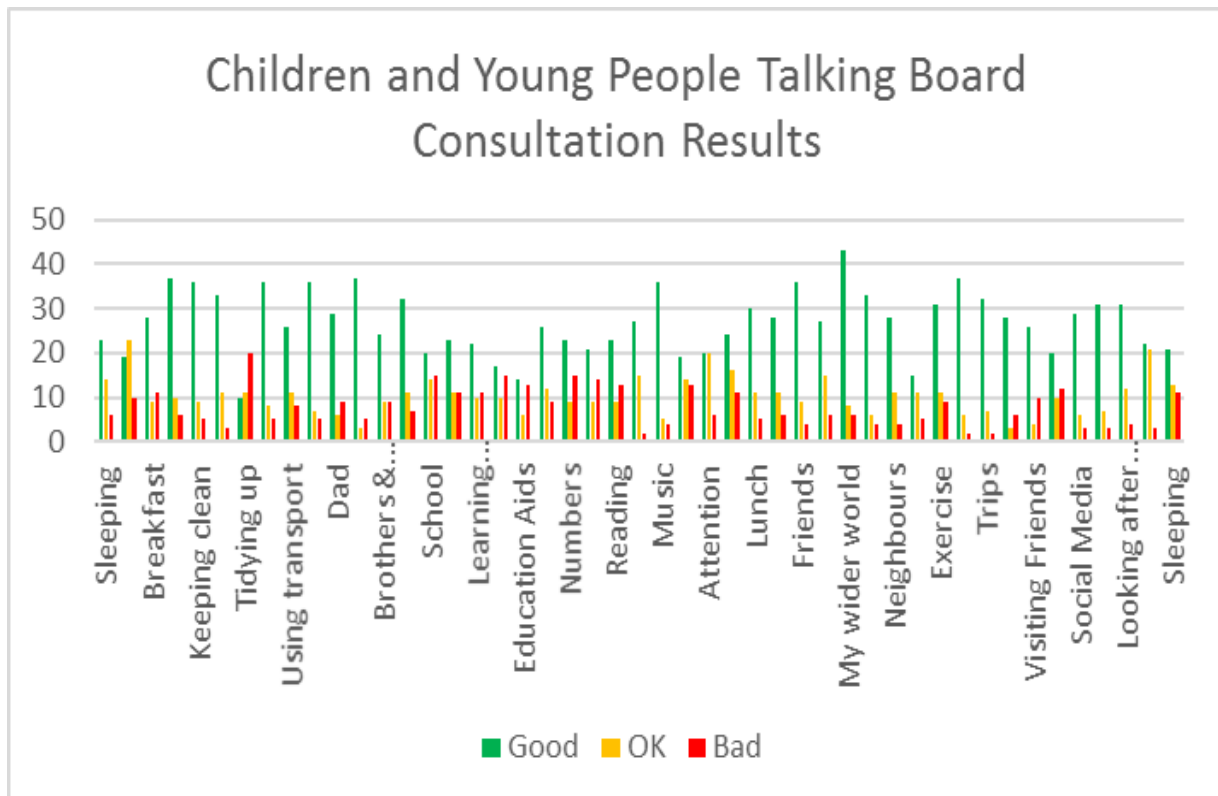


12.4.2 Completed Talking Board image



12.5 List of dates of meetings.

Date	Place
23/5/17	Volunteer recruitment Caroline Ridgway
25/5/17	Salford Deaf Children's Parents and Carers
31/5/17	Salford CVS, Lucy Sutcliffe
12/6/17	You Can over 16s
15/6/17	You Can under 16s
19/6/17	You Can Mixed
21/6/17	The Big Wellbeing Event Children and Young People St Sebastian Children's Centre
26/6/17	Claremont Lodge; Disabled Living
27/6/17	AGNIS
3/7/16	ASGMA
10/7/17	SAYF
11/7/17	Little Hulton Children's Centre
18/7/17	Irlam Children's Centre; St Joseph the Worker primary school.



13 Appendix 1.

National organisations that provide training in impairment specific issues affecting education

Autism Training: YoungMinds

<https://youngminds.org.uk/training-landing/training/>

Deafness National Deaf Children’s Society Training

Salford CVS Directory of information on local third sector organisations relating to Special Educational Needs:

<https://www.salfordcvs.co.uk/sites/salfordcvs.co.uk/files/025%20Transformation%20Directory%20of%20VCSE%20Organisations.pdf>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567622/Special_educational_needs_and_disability_managing_the_September_2014_changes_to_the_system.pdf

14. References:

<http://www.talkingmats.com> viewed 14/8/17

http://www.barnardos.org.uk/what_we_do/our_work/child_poverty/child_poverty_what_is_poverty/what_causes_child_poverty.htm viewed 14/8/17

<https://gingerbread.org.uk/content/365/Statistics> viewed 14/8/17

<https://www.cafamily.org.uk/> viewed 14/8/17

www.gov.uk viewed 14/8/17

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