

Appendix B: Responses from Engagement Activities with officer comments

SEND Strategy

Comments from Olivia King-Boateng on behalf of the Parent Forum: Harrow Parents 4 Disabled Children

Ref to no.9- Provision in Harrow

We assume the focus is on an **overall** look at educational provision and outcomes. Is the group going to be reviewing the strategy of the provision offered to pupils outside borough placements? There was not much mention on it or breakdown of current provision. E.g. how many currently attend out of borough schools/placements and how or if the additional provision that was recently agreed for in house provision to increase capacity would impact on the future numbers of pupils being sent to out of borough placements. We are hoping to gain more clarity of the available resources.

Officer comment: Task and Finish Group Priority Area 1 to include within scope of the priority.

When can we expect a decision and details on (educational) personal budgets as outline in the SEND Reforms? When will families be able to access it?

Officer comment: Task and Finish Group Priority Area 6 to include within scope of the priority.

Ref to no.3- Pupils with SEN

'The number of pupils with a statement has increased over the last eight years, but the percentage has remained steady with an average of 2.6%...'

Has the percentage remain steady in line with pupil population growth or is it the incremental growth which is steady?

Officer comment: Wording in the strategy has been amended to clarify this point.

Ref to no.38- Attainment and Achievement

Specific Educational Training and Support for Parents of SEND Pupils

In order to achieve its aims, (With reference to no.32 with the growth in the population of some ethnic groups) would the strategy group's assessment include looking at how some ethnic groups view their capacity and parent contribution to their child's education? E.g. how can we support more families from ethnic backgrounds to support their SEN child. Examples could include bringing ESOL classes in-house into schools. The parent would be invited to attend ESOL classes in a school that their SEN child attends. This would be more motivational and create peer to peer support and therefore alleviate some social isolation.

Would the strategy group also be looking at the encouragement and impact of using home online learning portals, especially in special schools, which is already been used by some special schools? (e.g. Woodlands. This encourages parents to be more informed of the strategies and resources that special schools use, as SEN pupils are less able to articulate what they learnt at school to their parents. This would also improve parents' ability to support their young person post16 aspirations.)

Officer comment: Task and Finish Group Priority Area 4 to include within scope of the priority.

Ref to no.40: Pathways for YPs

Clear pathways, more holistic look at the options available and integrated provision to post 16s is very much lacking. Would the strategy group be looking at overall provision offered including those provided by local organisations? e.g. HAD and the Red Brick Café funding.

Perhaps increased the encouragement and funding for more local and experienced organisations to create more Harrow based provision.

Officer comment: Task and Finish Group Priority Area 3 to include within scope of the priority.

Involvement of Health (with reference to no.39-mental health needs)

The involvement of Health in achieving these objectives needs to be further highlighted especially and particularly in Early Years and post 16. E.g. GPs need to be better trained and sufficiently aware enough to provide early support to help prevent the lack of early intervention being the cause of a pupil having to be labelled SEN at all and needing corrective SEN strategies.

Mental health problems in YPs is a complex and wide reaching issue, many families are inadequately supported and there is still a lack of local short breaks provision for this age group.

Officer comment: Amendments to the Strategy text. Task and Finish Group Priority Area 2 to include within scope of the priority. Link with commissioning Mental Health services?

Ref to no.41. Governance of the SEND Strategy

If the SEND Strategy is to make a difference...

1. Is six monthly sufficient for keeping pace of issues and implementation of strategies? Will there be intermediate progress reports between?
2. In its five year programme, will there be yearly reports on the progress the Strategy Board as made towards its objectives? Will we have access to summary data (similar to this draft document) to see how the scene has changed?
3. Will the Task and Finish Groups include specialist stakeholders like SENDIASS (formerly HPPS) as regular members of the group?
4. How would the new knowledge gained by the Strategy Group disseminated locally-website? SEND Facebook?

Officer comments:

- **Governance proposals reviewed in the draft and details presented in Cabinet report, including proposal for annual reports to Cabinet.**
- **SENDIASS invited to join Task and Finish Groups.**

PAEDIATRIC THERAPY SERVICES

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13th March 2015

Joanna Morgan
Educational Professional Lead –School Organisation
Children and Families Services - Harrow LA
Harrow Council
Civic Centre
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Dear Joanna,

Re: SEND STRATEGY

Hope all is well with you. Thank you for the opportunity to comment and contribute to the delivery of the SEND strategy. I have shared the document with the therapy leads (OT/PT/SLT) and also with Dr Indrani Banerjee, who is the consultant lead for child health and so will respond on behalf of the Child Health Services here at NPH.

We welcome the vision for the SEN Strategy and support its aspirations. We found the information provided in the context section very useful, like you we are concerned about the growing population of children and young people (CYP) with SEN and also the complexity of needs within this cohort. We are particularly concerned with the number of CYP in special schools and the number we know pre-school who will continue to require similar provisions in the future.

Your section on data analysis mirrors many of the trends we see and perhaps in the future we might be able to enrich this with additional data sets from Child Health Services. This could prove useful in planning particularly for specialist provisions. Jointly perhaps we could make some useful contributions to the JSNA and future service needs for CYP.

We agree broadly with the strategic priorities; however we are concerned that the needs of CYP with SEN who do not have an EHC Plan and/or those in pre-school provisions will be given equal consideration to those with education health and care plans. For example in strategic priority 4, it has been difficult in the past to develop a coherent strategy around SEN for pre-school children and their families as the focus tended to be more on the statutory assessment, statements of SEN and School age children. The evidence would indicate that early intervention in the early years could produce more effective outcomes for the child and economically locally.

Officer comment: The Strategy has a focus from 0-25 to ensure that there is this range of provision. Two representatives from the PVI sector will be on Task and Finish Groups.

It is essential that we continue to build on our partnerships with education, social care and the voluntary sector making the best use of our available resources to achieve positive outcomes for CYP. We reviewed the various working groups suggested and would like to

participate in the on going work programme, we have nominated potential team members who can perhaps bring the health provider view to the table.

1. Review in-borough specialist provision in the context of a changing demographic profile, school organisational changes and other developments	Maria Luscombe Maria.Luscombe@nhs.net
2. Review current provision and need for children, young people and young adults with social, behaviour and mental health needs to ensure continuum of provision and support. (Previously SEBD)	Consultant with interest in SEBD (TBC) Catherine Sutcliffe – Principle SLY (ASD) Catherine.sutcliffe@nhs.net
4. Improve attainment of children and young people with SEN across Early Years foundation Stage and Key Stages.	Melanie Abba- Principal SLT (Complex Needs). Melanie.abba@nhs.net Sophie Scott – Principal SLT (Pre –school) Sophiescott@nhs.net
5. Ensure appropriate skilled and qualified staff in college and schools for current and future needs	Melanie Abba- Principal SLT. Melanie.abba@nhs.net
6. Emend the current SEND reforms and any further associated developments, and develop the Governance model	Dr I Banerjee Indrani.banerjee@nhs.net Maria Luscombe Maria.Luscombe@nhs.net

Officer comment: Representatives from Paediatric Therapy Services will be included on the Task and Finish Groups.

Yours sincerely

Maria Luscombe
Associate Clinical Director/Head of Paediatric Therapy Services
K/ML/let/Joanna Morgan2015

Hi Johanna

Following is a short response from the Harrow Council for Justice.

Looking at the big picture emerging from the draft Special Educational Needs and Disability Strategy 2015 – 2020, it appears that the draft is missing an opportunity to better address previous challenges and shortcomings in this area of the provision, including the need for:

- simplified, prompt and the child-centred assessment at initial, intermediate and final stages where assessment is not driven by the availability of resources
- centralised coordination of SEN provisions and funding streams for more and better monitoring and effectiveness: *now made more difficult by the implications of the two tier system (sort of consultative arrangements) identified in the paragraphs 43 and 44 where each of the six priorities will have a Task and Finish Group, and also because in a multi-agency forum, the participating agencies fight their own corners*
- effective consultative forum - more than sort of talk-shop
- more and better involvement of SEN pupils and their parents and carers in the planning and delivery of services at the decision-making level - *the two tier system identified in the paragraphs 43 and 44 makes it more difficult to achieve this: furthermore, "Including parents/carers and young people's voice in the development of the strategy" is not a strong statement and the possible involvement of these 'partners' at the Task and Finish Group, a lower consultative level, appears to be tokenistic*
- match between the pupils every day socio-cultural experiences and SEN provisions, especially regarding the speech, language and communication needs
- independently and meaningfully enabling parents and young adults to fully understand, skilfully work out and manage a personal budget
- better resolution of disagreements

Furthermore, the paragraphs 43, 44 give no indication of representation by professionals from health or youth offending team nor how would you ensure that the representation adequately reflects the pupil and parent population in Harrow.

Regards

Husain Akhtar

Retired Inspector of Schools (Ofsted)

Retired Harrow Councillor

Political Analyst

[Harrow Council for Justice](#)

[Harrow Monitoring Group](#)

Officer Comments:

There are representatives from the Paediatric Therapy Services, including SLT, on the Task and Finish Groups.

The SEND Reforms introduce a child centred approach and Personal Budgets are being developed as part of the Reforms. Priority Area 6 deals collectively with these matters.

Email received 16 March 2015

Dear Roger,

Thank you for agreeing to an extension of time for feedback so that I might also provide a few comments. I have not been able to study the document with the thoroughness that it demands due to time constraints but the following issues stood out for me as I read it over the weekend:

Priorities

1. I think it would be worth having "early detection and intervention" as one of the priorities of the SEND strategy. My experience to date has highlighted what a difference early detection of problems, followed by the right intervention, can make. This requires collaboration between Education and Health because the people best placed to pick up issues are both nursery settings as well as GP's, health visitors, Children's Centres, play groups etc.

Other than this, I think the existing priorities are good ones.

Officer Comment: The focus of Early Identification and Intervention needs to be included as part of Priority Area 1 and to link across to Priority Area 5 for a skilled workforce.

The Strategy

2. I think it would be helpful if the strategy included the number of current places available in the different special schools and resourced units and if it provided what the new allocation will be once provision is increased.

Officer comment: The number of commissioned places will vary from year to year, but places for September 2015 will be included.

3. The strategy does not address measurable targets. Will this be included in the implementation plan?

Officer comment: The Task and Finish Group leads will incorporate into their plans.

Finally I would like to echo Olivia's comments about enabling parents to help their children more. Given the on-going squeeze on limited resources I think enabling parents to make a measurable difference in their children's education and overall development is crucial. I would be happy to provide suggestions and ideas of how this might work in practice.

Officer comment: This should be incorporated into Priority Area 4 to support learning outcomes.

I am unable to expand my comments above as I am on a tight timeline today. However, please feel free to email back with any questions on my feedback above.

Best wishes,
Sola

Sola Coard