Questions and Answers (Q&A) from the Our Voice 'Meet the SEND Heads' Parents' Conference on 22nd June 23

This document contains the answers to questions raised in connection with the Our Voice 'Meet the SEND Heads' Parents Conference panel session on 22nd June 23. It includes questions raised before and during the session (either in person or via post-it notes).

The responses to questions are shown in blue font and have been provided by the service area in question (not by Our Voice). All have been reviewed by the service area following the event.

Please also refer to the updates from service heads also shown on this website page.

We have tried to explain abbreviations and acronyms wherever they occur, but there is also a list on the final page of this document.

SEN Services and Education

1. What is necessary for a successful Education Health Care Plan (EHCP) application?

   This information is on the Local Offer. However the SEN service needs to see:
   - What evidence is there that the child or young person (CYP) has SEN Special Educational Need(s) (SEN)
   - How the SEN is impacting on the CYP.
   - How is the child achieving at school and progress made?
   - Is the school making any adaptations and the impact of these?
   - Is the school requiring additional funding to meet needs?

   Further useful information is available in chapter 9 of the SEND Code of Practice 2015.

2. What can parents do, if a child's EHCP application is turned down, even though they have an autism diagnosis?

   Autism alone does not mean a child needs an EHCP and the SEND Code of Practice 2015 recognises that most children with additional needs will not need to be issued with an EHCP. Some children with Autism are high achievers academically and their needs can be managed by the school from their own resources. If the application is turned down, the SEN Service provide information as to why this is the case. For example, if there is insufficient information then you or the school can provide this, and the Panel will review its decision. If SEN determine that the child does not require special educational provision, they may advise that you have a further review with the school Special Educational Needs Coordinator (SENCO). If you believe that SEN have not made the right decision, the letter you receive outlines parents right to appeal, either mediation or the SENDIST Tribunal. You can also contact SENDIASS for further advice and support.

3. My child's EHCP request via the school was turned down – can I get help with reversing this decision?

   (See answer 2)

4. Who makes up the SEN panel that makes decisions about our children's provision in their EHCPs? Why do panels refuse initial requests for assessment/support then offer more when it comes to Tribunal – though nothing has changed?

   The SEN Panel is a multi-disciplinary panel, with the Head of Service and SEN Manager, Educational Psychologist, Social Care, School Representative, SEN School Advisor, Early Years Lead, Health Lead, Therapist from Health.

   The SEN Panel make decisions based upon the evidence that is available at the time of making the decision. The fact that a parent has lodged a Tribunal does not impact our decision making.

5. How long should parents expect to wait to receive an updated EHCP following their child's annual review? Why do plans not get regularly updated with needs?

   The timeline for issuing a final plan following an annual review (AR) meeting is 12 weeks. Within 2 weeks of the AR meeting, the school will return paperwork to the LA and within a further two weeks, SEN Services will decide whether to Maintain, Amend or Cease the EHCP. This will be followed within 4 weeks by a proposed plan (if amendments are to be made) and a final plan issued by week 12. We are aware that historically SEN have not always processed ARs in a timely manner and are working on improving timescales (see below). There is a programme in place to deal with new ARs alongside the existing backlog and we trust many of the parents will have received updated EHCPs this academic year.

EHCPs can only be updated with the information that is submitted by Schools and Professionals, so it is important that any supporting evidence of a change in needs is included when the paperwork is sent by the school.

6. Why does it take more than two years for an EHCP to be processed?
   It should not, but as mentioned above there is a historical backlog. Going forward, to ensure that EHCPs are updated in a timely manner the LA have increased staffing within the SEN Service, developed an action plan to review processes and amend all plans in a timely manner. The LA have invested in a new digital management system that will reduce administration time and this should be in place by May 2024.

7. What training do the SEND team receive, and is this sufficient for them to be able to do their jobs effectively?
   The SEN Team have training fortnightly across all areas of the role. This can include, but is not limited to, legislation, Autism awareness, writing holistic outcomes etc.

8. I don't seem to get any response to my emails to SEN Services, and find I need to keep chasing. What is being done to improve communication?
   The Service does receive a high volume of emails and phone calls on a daily basis and has a 5-day turn-around to respond to correspondence. We do have an escalation process and we will provide this to Our Voice.

9. As the young people starting in college in September do not have an updated plan (some out of date by years), what is the process for the colleges to meet need (as it is now) and be ready and prepared, without a current plan?
   We are working with colleges to address this, and we have increased staffing to do this. We have set up panels to make sure that if colleges or schools need extra support, they can contact the SEN Service through the Provision and Placement panel.

10. Who lets the college know that the young person has accepted the place offer? Young person/ parent or SEN?
    SEN will name the setting in Section I of the EHCP and will send a copy to the College.

11. Why are young adults with an EHCP who have achieved a Level 3 qualification excluded from the supported internship programme? An autistic person's needs and social anxiety do not disappear as soon as they pass level 3.
    Level 3 is the national standard and means that the young person has achieved at the same rate or above their mainstream peers. The next level is 4 which is degree level, and this is funded at universities through disabled students grants.

12. How are mainstream schools being encouraged and supported to take more (or at least some) children and young people with SEND?
    We expect all our schools to support our children with SEN. We have set out an Inclusion Charter which has been sent to all schools for their commitment. (See also questions 20 and 21 below).

13. What is the LA doing to increase the number of school and college places for children and young people with SEND?
    The LA are increasing provision within the borough and is opening new ARPs and Units, attached to mainstream schools.

14. How does the LA ensure schools act lawfully with regard to exclusions?
    All schools meet with the SEN team and have to notify the team if they want to exclude a pupil. The SEN Service provides advice and support to help make certain that a child is not excluded.

15. There is currently no Secondary school with a mixed Speech and Language Resource Base unit for pupils with DLD (Developmental Language Disorder) in Enfield. Are there any plans to create it?
    There are 2 Speech and Language Resource bases, St Ignatius and St Annes. Both schools put forward an application to support children with communication challenges. We would like more schools to meet our children and young people's needs and we are encouraging this where we can.

16. Why do services tend to side with schools regarding a child's SEN needs and not take on board the parents' observation with their child as some children mask their behaviour at school e.g. Autism/ Aspergers
    The SEN Service is impartial and acts in the best interest of the child or young person. The SEN Service has to follow the law, and this sometimes means making difficult decisions for that can affect schools and sometimes children and young people.

17. What are the best school settings for non-verbal children?
    All schools! ARPS and Units are required to have different skill sets to support children and young people.

18. Why are some children not being diagnosed before their EHCP? See response in Health Section

19. We understand that the ECHP format is changing. How would that be changed and what would these changes look like?
    We had a request from Parents that it should be the same format so it is universal and we are in the process of standardising this and working with other boroughs for it to be a pilot scheme.

20. We have a 4-year-old who is autistic and we have an ECHP and the local offer is not up to date and we feel the school is not meeting the provision and we felt that when we went to schools we didn't feel welcomed?
    The Local Authority would like all children and young people to feel welcomed. We are currently working with schools to use their resources and open specialist provision for those who need it. We also have an Inclusion charter and we are developing lots of initiatives to support our schools to be able to meet the needs of our children and young people. This includes increasing school funding, providing more support and training.

21. What support is given to the school to ensure that they welcome the children with SEN.
    We have a strong system in place. Training is available for schools. SEN senior staff and the Director for Education visit schools regularly. We would like every school in Enfield to have an SEN provision. If parents feel that their child or young person is not being welcomed at a school the SEN Service would like to know so that they can support the school to include the child.

22. What are the criteria to be a SENCO?
    It is a legal requirement that all SENCO are fully qualified teachers. They also have to undertake a national SENCO qualification that equips them to do the job.

23. Why is there not a smooth transition from child services to adult services?
    There is a transition programme in place across health and education in Enfield and there are transition events held throughout the year. Please keep attending these and look on the Local Offer for future dates.

24. With regards to trying to force LA schools to become more inclusive, you said your hands are tied by the law. What, if anything, are you doing to challenge the problematic aspects of the law? Who else will make these challenges if not you? We should be aiming to lead the way and make things better.
    The Law ensures that the Local Authority or Schools or Colleges do not discriminate against a child or young person with SEN. The SEN Tribunal and Mediation process makes sure this does not happen as does the Equality Act 2010. SENDIASS and Parent Advocates also make sure this does not happen.

25. Over the last few years 8 Autistic children have been kicked out of a mainstream Winchmore Hill primary school. Why has this been allowed and why is the SENCO given the power?
    SEN Services are not aware of this. Please provide more details. This may not be the case, there may be other reasons.

26. What is the formal process for when a school says 'I can't meet need' instead of those soft conversations when having a tour of the school?
    Schools have to legally respond to the SEN consultation process and fulfil the legal criteria set out to state they cannot meet need. The Local Authority will challenge these decisions if they feel they are not appropriate.

    The setting can only legally state and demonstrate the following and what reasonable adaptations they have tried to make to meet the needs of the child.

    - would be unsuitable for the age, ability, aptitude or SEN of the child or young person, or
    - the attendance of the child or young person there would be incompatible with the efficient education of others
    - or the efficient use of resources.

27. With the intention of shifting the culture so that all schools in the Borough have a positive approach to SEND, is there a way for the LA to work with Ofsted to enforce a SEND Performance criteria measure that impacts their rating? If so, what does the process look like and how long will it take?
    We are working as part of the DFE (Department for Education) programme to implement the new SEND and AP action plan. We will keep OV updated on this piece of work.

28. When schools break the law and discriminate against children with SEND, who holds them to account? Who challenges their approach?
    The Local Authority, the SENDIST Tribunal, SENDIASS and Parents.

29. SENCOs and pastoral staff get little/no supervision. They carry so much. And they are often overwhelmed. Also, how can SENCOs go unqualified for 3 years? In what other sector would this be OK?!?!
    This is not the case. SENCOs have to undertake a national qualification to do their job. They are supported by the LA who provides School Improvement support, SENCO forums. SENCOs have coffee mornings with the Head of SEND, they have to undertake CPD, and they are supported by senior leadership in their own school.

30. My son has an EHCP. I chose a local secondary school as first preference which is a ten-minute walk away from home. The second choice needed travel by bus for a few stops which my son is unable to do independently. My son got the second choice without anyone contacting me. I had to go through a lot of stress and phone calls to change to my first preference local school.
    The Local Authority will always try to offer the first preference, but this may not always be possible. We also encourage independent travel training to support young people in preparing for adulthood.

31. What is National EHCP and how is this beneficial to SEND children?
    This is part of the government's initiative to support families to have a standard template so that if a family move the EHCP will not have to be changed to fit into the template of another Local Authority.

32. How long is the EHCP process?
    20 weeks in total once the decision has been made to undertake an assessment.

33. What are the different panels in relation to EHCP decisions? SEN Panel? Provisions Panel? Who are on each panel?
    SEN Panel representation has already been answered above. The Provision and Placement Panel is a multi-agency Panel, chaired by SEN and has representatives from EPS (Educational Psychology Service), mainstream Primary and Secondary School SENCos, special school Senior Leader, School Improvement Officer and Social Care. This Panel is for requests of change in type of placement and additional funding requests.

34. When parents/carers have raised complaints to case officers and management, why are they not responded to?
    All complaints are responded to within the LA timescales. All complaints are logged and tracked by an internal team that is independent of SEN.

35. What legal training have decision/case workers had when dealing with EHCPs?
    SEN officers have all undergone training on the CAF (Children and Families) Act and Code of Practice, Equality Act and Care Act Assessment to enable them to do their roles effectively.

36. Cases going to tribunal/mediations – unnecessarily as they already meet the legal threshold. Are these being monitored and what is being done to stop this happening?

    SEN Track all data for the service and report this back to the SEND Board. Also, the service wants to improve, and this can only happen if we receive feedback and review our data and complaints so that we can change the way we do things.

37. Why are EHC applications for assessments not meeting the legal timeframes?

    This is not the case. SEN have produced 100% of their EHC Needs Assessments on time for the past 6 months and over the last year 97% of our new EHC Needs Assessments have been completed on time.

Educational Psychology Service (EPS) and Enfield Advisory Service for Autism (EASA)

1) My daughter really struggles to attend school due to her severe anxiety, and this became far worse during the pandemic and hasn't really improved since. What support is available to help her attend?

EPS reply: We are very sorry to hear that your daughter has been struggling to attend school and that this has been a concern for some time now. While anxiety is a normal feeling which all people experience, for some this can become overwhelming. Since the pandemic, more young people than ever before experience what is known as 'emotionally based school non-attendance (EBSNA)'. Staying away from school makes worries about school seem greater. Fortunately, the situation can improve with the right support and we know that key relationships with caring staff in school can help bridge children back into school, supporting them practically, emotionally and academically. As part of the plan for your daughter's return to school it's also important to know what caused it and what help she needs. For example, if there is an issue about bullying or academic work, she may need specific support from staff.

Enfield Educational Psychology Service also runs a termly online workshops for parents and carers who want to find out more. We are currently halfway through our summer term workshops series. Contact eps@enfield.gov.uk and we can let you know about the next workshop planned for the autumn term. We also advertise these through Our Voice.

Young people may benefit from information about understanding and managing their anxiety, and websites such as 'Young Minds' have helpful resources and ideas such as

Young Minds: https://www.youngminds.org.uk/young-person/mental-health-conditions/anxiety/.

The Autism Education Trust provides guidance on school related stress and anxiety and how this can lead to EBSNA – see here.

National Autistic Society: https://www.autism.org.uk/advice-and-guidance/topics/education/attendance-problems/parents

Enfield Local Offer – SEMH has a range of local and national services for children, parents and carers https://www.enfield.gov.uk/services/children-and-education/local-offer/social-emotional-and-mental-health/social-emotional-and-mental-health#getting-help

We also know that a small number of young people may need immediate help, if they are in crisis. The CAMHS crisis line is available 24/7 on **0800 151 0023 and** urgent care can also be accessed by calling 999. It may be helpful to speak to your GP to ask for some advice and further help.

Hopefully finding out more about the available support and having a focused meeting with school will enable her to build her attendance back up, and to reduce her concerns about school.

2) How to make the transition from primary school to secondary school as smooth as possible.

EASA reply: Good transition support happens early! Start planning and visiting schools when your child is in year 5 and ask questions about support available in relation to your child's interests, strengths and needs. This will help inform your school choice.

Near the end of Year 6, we encourage at least one visit to the new school in the summer term, but preferably more visits, including when other students are there and when it is quieter. This will help your child become familiar with the site, key people, and the feel of the school. Take lots of photos of important places round the school and ask for photos of key staff.

The Autism Education Trust has a brilliant booklet with questions to ask and spaces where you can write answers with your child when you visit the new school. You can then look at the booklet and photos and talk it all through with your child over the summer.
We also suggest practising life-skills that will be necessary as your child moves through Secondary School. E.g.

- Packing their own bag when going out for the day in the summer – you could give them a list of things to pack or help them write the list, then support them to find items round the home.
- Keeping an old key and/or phone in their pocket and not losing it so they are used to this when they need to carry and look after real items
- Buying food/snack items with whatever system the school uses (coins or card?)
- Identifying people who can help them in the community if they get into difficulty (e.g. shop workers, uniformed workers, staff with badges/lanyards etc.)

Unfortunately, you have just missed our EASA Cuppa and Chat session for parents about primary to secondary transition. However, we have some resources we can send you on request. ECASS is also running a 'Successful Start to Secondary' Programme.

3) My son is starting secondary school in September. What steps would you recommend I take to help make the transition as painless as possible, and what support should I expect from his new school?
EASA Reply – see above

4) What help and support is available for families who have 2 or more autistic children, to help with sibling interactions? Siblings (autistic) both with limited language and understanding and cannot get along. Who can I ask for help, as the school does not think it's their issue?
EASA Response: This depends on different factors like ages and the child's strengths and interests. Autistic children may not interact with each other in the same ways as neurotypical children. They may prefer to play alongside with separate toys and/or enjoy watching another child from a distance. Close proximity may feel more stressful. Often, direct interaction needs to be supported with clear rules which help make interaction more predictable. Things that can help are:

- Using clear visuals to label things around the home with each child's name/photo - labelling toy boxes, seats at the table, coat pegs, clothes drawers etc. This helps develop sense of identity and belongings (mine, yours, his, hers, theirs
- Practice turn-taking with structured games and activities. This could be taking turns to put toys in a box, putting puzzle pieces in, using a motivating toy like 'pop-up-pirate' or anything simple and repetitive. Reinforce 'my turn, your turn' language. You could reinforce the concept of turn-taking by putting names or photos in a list, alternating, and crossing off/removing names or photos as each person has a turn.
- You could use playscripts (EASA has some examples at different levels).
- If children like the same topic or toy, have several copies of the same toy or various slightly different versions of the same toy (charity shops can be helpful!). Sometimes playing alongside with their own toy rather than having to share can reduce stress.

- Autistic children can be very passionate about specific things. Having to share and not being sure when they will get their toy back may create a lot of stress and anxiety. They may also find it stressful if the other child plays in a different way with the same toy. This is why practising turn-taking with everyday tasks and activities can be helpful. It supports them to understand that other people might do things differently but it is OK and they will still get their turn.
- You may find the Sibs organisation helpful: https://www.sibs.org.uk/
- Come to the EASA parent Cuppa and Chats to talk with other parents.

5) How to increase confidence in an autistic 5-year-old boy to encourage social engagement?

EASA Reply

- See above – we would recommend some of the same strategies as for siblings.
- Structured opportunities for interaction are really important so that your child learns the ‘rules’ of play and interaction. This makes interaction more predictable and less stressful.
- Often autistic children find it hard to generalise skills to other contexts, especially social and interaction skills. Find out what the school is doing to help encourage social interaction. It can help to develop interaction in structured activities like passing a ball to one-another in PE lessons. This can then be transferred to playtime and your child can be supported to pass a ball back and forth in a more unstructured situation. Families can reinforce it and practise it by doing the same in the park or garden. Extend over time by building up from a supported paired activity to a small group activity.
- Encourage use of shared interests and props so that engagement with others can focus on something else rather than just relying on social skills to sustain interaction.
- Choose one skill at a time and practise it regularly in lots of different situations. For example, greeting someone: Have options on a choice board of how to greet someone which the child could choose from (e.g. ‘say hello’, ‘wave’ or ‘hi-five’), then support them to do what they have chosen with each person in the room. They may like to choose different greetings for different people.

6) What avenues are there for parents to pursue diagnosis? I have experience with SEN and don't necessarily need support but was advised by SENCO that diagnosis would be helpful for child's understanding of themselves.

EASA reply: For children under 6 years old, neurodevelopmental assessments for autism are carried out by the Child Development Team. As part of this process your child will be assessed by a paediatrician and may be seen either virtually or in person by other professionals such as speech and language therapists and clinical psychologists.

- Referrals must be sent to the General Development Service, St Michael’s Site, Gater Drive, Enfield, EN2 0JB.
- The most common referrers are:
  - The child’s GP
  - The child’s health visitor
  - The child’s speech and language therapist
  - The Special Educational Needs Coordinator (SENCo) at the child’s school or nursery
- For CYP over 6 years old, an autism diagnosis referral should be made to CAMHS (Child and Adolescent Mental Health Service) via their referral form. The CYP will be assessed by a professional who is

qualified in diagnosing autism, and usually includes a psychiatrist and a clinical psychologist or educational psychologist. They will use information about the CYP, gathered from a range of sources including the CYP themselves, parents/carers, school staff

To help a child or young person understand their own diagnosis and develop their sense of identity, they may find the 'All About Me' programme useful. This is best delivered in school by a trusted teacher who knows the child or young person well and with whom the child or young person can continue to talk after the formal programme has finished. Parents are usually involved in the delivery of the programme too. EASA provides training and support for Enfield school staff to help them do this work. The programme is based on Andrew Miller's book: All About Me (Jessica Kingsley Publishers) available online from the publishers or Amazon.

7) On what grounds can a SEND child be reassessed by EPS?
Schools should be working with parents to contact the EP service team.
As our work also continued in the time of Covid we had to use more creative methods to carry out assessments. We are aware there are a cohort of families who need reassessing as their children's needs change as they develop. We are also encouraging the schools to use funding appropriately and request EP services on behalf of parents.

8) My child has Down Syndrome and has a behaviour problem. She is 12 years old and attends Oaktree school. Is there any help for children who have this type of problem. The school is trying to help. We have had excellent support with Speech and Language and Occupational Therapy but our biggest challenges are behaviours/fixations/rituals. Where can we go to get help with these challenges?
A clinical psychologist would be well-placed to support with this if school strategies are not working. As your child attends a special school, a referral to the SCAN Team (Service for Children and Adolescents with Neurodevelopmental Disorders) may be the best way forward. This can be accessed through CAMHS.

Health/therapies and ICB (Integrated Care Board)

1) What plans are in place to reduce the waiting times for key services such as Autism diagnosis, CAMHS and speech and language therapy?

There has been a national increase in referrals for diagnosis-mental health and Speech and Language Therapy (SLT) since the pandemic. For Preschool and school age neurodevelopmental diagnosis the Integrated Care Board (ICB) has invested in a Diagnostic hub which has been running since the end of 2022 to take the referrals for the longest waiting children for ASD-ADHD (Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder) and dual diagnosis . The longest waits have been school age in CAMHS (Child and Adolescent Mental Health Service) who have taken up the places however the child development service which sees children under 6 for diagnosis will be forwarding referrals who are unlikely to be seen before Nov 2023 to the diagnostic hub as of July 2023. We also had an investment of 149k for 23-24 to remodel the support pathway for those children waiting for diagnostics to build on existing interventions and the work is commencing in the summer to improve access to more parent support workshops and needs based interventions whilst children are waiting for a diagnostic appointment so good support is available before and after diagnosis whether the child meets diagnostic criteria or not.

For preschool children with SLT needs ,the service has been allocated some investment of 193k to improve the assessment screening offer and access to increased early therapy which includes also Occupational Therapy (OT) and Physio and a specific allocation to target the north-east of the borough with more SLT in the home and working with early years provision.

For school age SLT the council has invested in provision for children and young people (CYP) who are identified as requiring SLT support by schools ,the service is ECASS (Enfield Communication Advisory Support Service) and is staffed by teachers-SLT-OT and educational psychology : ECASS website https://ecass.org.uk/

For CYP who require statutory assessment and interventions ,more investment to manage referrals has been allocated by the council with funding being progressed to increase resources to deliver statutory interventions. If parents are concerned, please contact your school allocated SLT or the manager judy.sleat@nhs.net

For more information about plans for improving CAMHS provision in Enfield please contact Adriana Gebrian, CAMHS Commissioning Manager, NCL ICN at adriana.gebrian@nhs.net See also CAMHS section.

2) Given the levels of deprivation in Enfield, and the fact that we know many families with children and young people with SEND fall into this category, what are Enfield doing to try to reduce health inequalities for our children?

In 2022, the Enfield partnership developed the first **Enfield SEND Action Plan for Health** to focus on health provision for children with SEND and those at risk of developing SEND. The annual SEND Action Plan for Health sets out the Integrated Care System's actions for meeting statutory SEND duties and delivering health services for SEND as set out in the Enfield Partnership SEND Strategy 2022-26 and the Enfield SEND Self Evaluation Framework (SEF).

The aim of the Action Plan is to improve and transform SEND health provision in Enfield including therapies and special school nursing, improve health outcomes for children and young people with SEND and tackle inequalities. Key actions include:

- Actively engage with children, young people and families to develop (coproduce) and deliver the SEND Action Plan for Health and its related activities;
- Deliver continuous improvement in the quality and effectiveness of health services in delivering SEND provision and improved health outcomes for children and young people;
- Coordinate, develop and commission high-quality SEND health provision informed by an in-depth understanding and analysis of the diverse and complex needs of children and young people with SEND and demand for local provision, to improve health and wellbeing outcomes and reduce health inequalities;
- Develop and implement sustainable approaches to address workforce capacity, recruitment and retention issues and inefficient resource allocation and manage waiting times for SEND health provision;
- Ensure that health leaders and partners have appropriate oversight of the statutory requirements for SEND in Enfield to ensure that the Health fulfils its duties and exercises its functions effectively and efficiently in line with the 0-25 SEND Code of Practice and Enfield SEND Strategy.

To address inequalities, the Action Plan will utilise data and intelligence about the local SEND population and service activity to inform service planning and delivery. Regular data analysis and feedback from children and parents / carers will be used to Improve pathways and processes for early identification, timely assessment, health advice, diagnosis and effective delivery of EHCP interventions and annual reviews, ensuring that services are inclusive of all children and young people with SEND.

Progress against the Action Plan is monitored by the Enfield SEND Partnership Board on a quarterly basis.

Enfield has also invested in a number of local initiatives to address inequalities, funded via the North Central London (NCL) Inequalities Fund. This has included the implementation of the LEAP service since 2022 to improve speech and language outcomes for 0–2-year-olds in deprived areas of Enfield through early identification and early intervention. The service provides an enhanced universal offer and targeted interventions for children at risk of developing speech, language and communication needs. It also aims to empower parents / carers from the most deprived communities to support language learning in home and community settings in the preschool years.

3) How do I get a diagnosis for my child?

https://www.northmid.nhs.uk/childrens-services/ if child is under 6 years

https://www.behcamhs.nhs.uk/contact-us/contact-enfield-camhs.htm if child is over 6 years

The web link will give information on how to refer and the referral process

Neurodevelopmental conditions include Autism and 'Attention Deficit/Hyperactivity Disorder' ADHD. There can be overlaps between the different conditions and a child or young person may be diagnosed with more than one. We will aim to carry out all assessments at once.

Referrals can be made by any professional working with children, young people and families by completing a single referral form. The team will consider whether the information shared suggests the child or young person may have a neurodevelopmental difference. Parents can discuss worries about their child with a member of the multidisciplinary team. Questionnaires might need to be completed as part of the assessment process and access to interventions started whilst waiting for a diagnostic appointment. The diagnostic assessment will make full use of clinical information from the interventions including conducting a neuro developmental full assessment . Once the assessment process is complete, all the information is carefully considered by the multi-disciplinary team. The team will develop an understanding of your child's strengths and difficulties, which may or may not include a diagnosis. You (and your child if they are old enough) will be invited to a feedback meeting with your case coordinator to discuss the outcome of your child's assessment and the next steps. They will recommend appropriate services and resources according to your child's needs. A report of the full assessment will be provided so that families and professionals have a copy of the information on which decisions have been based.

4) Why are some children not being diagnosed before their EHCP?

A child does not need a diagnosis to access more specialist interventions through an EHCP (Education Health Care Plan) if a child has a significant and long-term special educational need or disability that the setting or parent thinks cannot be supported by the ordinary provision already available in the setting, then an application for an education health and needs assessment can be made. The EHCP describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve. The diagnosis will be included but does not stop the child from accessing support to meet their identified needs. A diagnosis would often be underway when applying, but the application process can begin before a formal diagnosis.

SEN Services additional response: A diagnosis is not a requirement for an EHCP.

5) What avenues are there for parents to pursue diagnosis? I have experience with SEN and don't necessarily need support but was advised by SENCO that diagnosis would be helpful for child's understanding of themselves.

The parent can request referral to the neurodevelopmental pathway which provides specialist assessments for Autism, Attention Deficit Hyperactivity Disorder (ADHD) with or without a Learning Disability (LD). This service is for children and young people between preschool-18 years of age. There can be overlaps between the different conditions and a child or young person may be diagnosed with more than one condition as part of the assessment process. The multi-disciplinary team includes clinical psychology, occupational therapy, speech and language therapy, physiotherapy, dietetics, paediatrics and access to psychiatry. The team offers needs-led interventions and aim to gather information to help with the diagnostic assessment, this will include liaising with school and any other professionals involved with your child. A parent's course called ATLAS is available as part of the needs led intervention process for parents of children under 6 who can support the child in their understanding of their strengths /support needs before and after diagnosis.

6) My school's SENCO has suggested my son sees an OT for some of the skills he needs. How do I go about getting referred to an OT?

The school SENco can refer for OT assessment. Occupational therapists help children and young people improve their ability to participate in everyday activities ("occupations"). These occupations may include self-care tasks (for example getting dressed, eating), play and leisure activities (such as riding a bicycle, playing with Lego) and participating in school life (for example using a pencil and scissors). Disabled children or those with additional needs can be referred to Children's Occupational Therapy if they are having difficulties performing their daily occupations. These can be difficulties with:

- completing self-care tasks (such as bathing, brushing teeth);
- participating in daily school life (such as participating in PE lessons, organising their school equipment and work);
- engaging in leisure and play activities (such as swinging on a swing, drawing & colouring).

Referrals to children's Occupational Therapy are accepted from:

- registered health professionals (paediatricians, GPs, health visitors, school nurses, physiotherapists, speech and language therapists)
- school SENCOs (Special Educational Needs Coordinators)

Referrers should fill out the Occupational Therapy referral form. Please call the OT admin on 020 8702 5630 or email beh-tr.cssadminhub@nhs.net to request a referral form.

Following receipt of the referral an acknowledgment letter is sent to the referrer and parents (if you do not get a letter after four weeks, please call the department to confirm the referral was received).

7) What can I to do get more Speech Therapy for my child at school?

Have a discussion with your child's teacher and school SENco who will be able to request a consultation with a SLT clinical lead or access SLT through the council ECASS service https://ecass.org.uk/

8) Who is responsible for making sure that speech and language is still delivered to those that require it post 18?
Although my young person has an identified communication difficulty and Speech and language is named on his EHCP, neither SEN nor health can advise.
If colleges or educational placements cannot provide the support, is there a provision within the community health team?

If SLCN is identified and up to date provision recommended as part of the EHCP , the support will be arranged through the SEN service as part of the annual review process from adult services or from the post 18 education service. Between the ages of 16 and 18, the child will start a "transition" to adult services plan. Planning for this transition should begin when a child is in Year 9 at school (13 or 14 years old) at the latest with an assessment providing advice and information about what can be done to meet or reduce the person's needs, as well as what they can do to stay well and prevent or delay the development of needs. A child or young carer receiving children's services will continue to receive them during the transition assessment process, either until the adult care and support is in place to take over from age 18 years or until it's clear after the assessment that adult care and support doesn't need to be provided.

9) With adolescents/young adults in mind, what approaches and resources are available and used to help capture their thoughts and expectations as they approach adulthood? (particularly for those with more complex needs)

Please contact MORDI, Sally (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) sally.mordi@nhs.net who will be able to support with accessing training ,resources and the support team working with your CYP who will be familiar with person centred approaches in actively engaging with the young person. https://www.talkingmats.com/ is a visual communication framework which supports people with communication difficulties to express their feelings and views. Talking Mats can be carried out physically or in a digital space, for example a tablet, laptop or computer and is an example of resources that may be beneficial and can be accessed locally. Talking Mats helps people think about and express their views on a particular topic– Helping people process concepts by breaking information down into small, manageable chunks; allowing the CYP time to process information and respond in their own time, reducing memory demands and improving quality of information by:

- Handing over control to the thinker
- Providing a structured framework for open questions
- Reducing anxiety
- Supporting people to express how they really feel.

10) Why does there seem to be a no-man's-land for health services once the child turns 16? Trying to get hospital referrals has been a nightmare with responses from Enfield referral services & GP reception staff "he is at that funny age" As parents dealing with complex medical needs, and with the waiting list already very high, having the initial referral keep being rejected by the hospital because of his age - does he get booked as a child or an adult?
Who can support or offer guidance on what as parents we need to say or do to eliminate this farcical chain of events?

- We are extremely sorry to hear of your experience which should not be happening .We can offer a more personalised response within the one to one and follow up on individual cases. Generally, there is a designated person within the child health service who is responsible for ensuring that developmentally appropriate transitional care is provided and coordinated by both child and adult services to prevent disrupted care. Transition should start well before transfer and enable the young person and the family to understand the service changes they can expect with parental involvement in the process, suiting the parent and young person, promoting the young person's confidence to manage their health and meeting the adult team before transfer of care. The services currently working with the young person and adult services are expected to work together so transition planning is effected smoothly. Children's and adults' services should give young people and their families or carers information about what to expect from services and what support is available to them. This information should be provided early enough to allow young people time to reflect and discuss with parents, carers or practitioners if they want to.

  As part of the Enfield SEND Action for Health, we are keen to ensure that there are effective transition pathways and processes in place from children to adult services across acute, primary care and community health services including children and young people with complex needs and transition to continuing healthcare (CHC) / adult health provision. In 23/24 we will be implementing the following actions:

- Review existing transition pathways between paediatric and adult health services including continuing care and complex care (including All Age Continuing Care Project Manager x 2 – CC and complex transitions) to identify gaps and service transition issues
- Coproduce and publish a phased 14-25 "Preparing for adulthood" support offer for parents and young people in line with national guidance and best practice (e.g. NICE (National Institute for Health and Care Excellence) and Burdett transition model) and promote via the Local Offer including self-directed access to adult services
- Develop transition pathways for young people with SEMH who are not engaging with schools or have levels of need that do not meet CAMHS thresholds (including complex social dynamics, behaviours that challenge, exclusion)

- Deliver the NHSE NCL All Age Continuing Care Programme in Enfield. This will include an improved transition pathway for both Continuing Care and Complex Care (Residential) young people, in collaboration with partner processes and pathways.

We are concerned about the poor experience of parents and would like to carry out a gap analysis to identify and respond to the needs of young people who have been receiving support from children's services but who are not able to get support from adult services. The gap analysis should then inform local planning and commissioning of services. We welcome your input in developing and implementing these actions to ensure that the issues and challenges you have experienced are eliminated.

Coproduce and publish a phased 14-25 “Preparing for adulthood” support offer for parents and young people in line with national guidance and best practice (e.g. NICE and

11) Who are the NCL ICB leads for Learning Disabilities and Autism, Down Syndrome and children and young people? And how are Enfield engaging with those leads to ensure Enfield Families get the support they need?

The NCL ICB leads are Nazmin Mansuria (Head of CYP Strategic Commissioning – LD and autism) and Carolyn Piper (Head of System Programme Management- Mental Health, Children and Young People, Learning Disabilities and Autism). Our Voice are planning a separate focused session to discuss the detailed plans for LD and autism with the NCL ICB Leads.

12) Speech therapy has not been provided adequately, it’s been reduced to 4 hours a term and child is regressing?

The child should be getting the hours specified in the EHCP unless the MDT /parents/school are in agreement to reduce as a decision taken at Annual Review. However if child is regressing then the SENco would arrange a discussion with SLT-Parent-key school staff to understand and track the changes and several options will need to be considered : review delivery of programme/interventions to ascertain if these interventions need to be adjusted/increased - is the school implementing the recommendations as intended -does child require SLT review – does child need to be referred for medical opinion. If the child is still not making expected progress, then the frequency and intensity of SLT and other professional support will require review through the annual review

CAMHS (Child & Adolescent Mental Health Service

1) What plans are in place to reduce the waiting times for key services such as Autism diagnosis, CAMHS and speech and language therapy?

We continue to monitor our waiting lists and offer welfare checks to our families whilst waiting. We have worked on new recruitment of staff to help manage waiting lists for neurodevelopmental assessments and our team continue to clear waits for assessments. We have been further supported by the NCL assessment hub for assessments for ASD (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) and we have commissioned private providers Healios and Psicon to help provide assessments starting with the longest waiters.

2) When parents are not keen to medicate their child what other options are available to help with challenging behaviours?

You as a parent are working relentlessly to make sure you are managing but there is no external support with behaviours. It is very nice to see a poster about behaviours at the CAMHS site but where is it actually in person? Why are personal behaviour support appointments not given - something that individualises the need of the child and then supports them individually through a plan?

It mirrors the same approach that is given after a diagnosis. You are left on your own, in a state that can be very lonely and traumatic for the parents, who need good mental health to make sure that the needs of their child are met.

This needs to be addressed drastically because it is putting unnecessary strain on the caregivers

We offer psychoeducation workshops for ASD and ADHD which includes parental management for behaviours. NCL have developed very useful videos too around psychoeducation and behavioural strategies. Our clinicians at assessment will offer parenting advice and help sign post to resources and useful community parenting groups-Early help services- Parent Support Service, Family Based Solutions, Incredible Years Parenting Groups, EASA (Enfield Advisory Service for Autism), ADDISS for ADHD, School also offer primary and secondary behavioural support for staff and there is linking with parents. MYME (My Young Minds Enfield - Mental health teams in schools) also offer parenting groups/sessions for parents. SCAN (Service for Children and Adults with Neurodevelopmental Disorders) offer consultations to school around behavioural support and run parenting groups for parents of children with LD (Learning Disabilities).

3) My son has been diagnosed with ADHD outside the UK but I don’t seem to be able to get his assessment confirmed by CAMHS and he has been discharged. Although they said they saw signs of ADHD they said he had been impacted by his autistic brother.

With children and young people diagnosed with ADHD outside the UK, we offer re-assessment at CAMHS using screening questionnaires/ tools and clinical interview looking for evidence of ADHD symptoms across context , exploring family and social contexts and other mental health conditions to understand the child’s functioning. Our assessments are based on evidence based NICE (National Institute for Health and Care Excellence) guidance.

4) My child is on the wait list for ADHD. I got a call 3 months ago and was asked more questions I then asked for workshop to be able to work with his anxiety till he is seen. Nothing to date.

Sorry this has been a difficult experience for you. Unfortunately we have waits for assessments for over one year due to our capacity not meeting the demand on the service. We are looking to recruiting more staff, our existing staff are working as efficiently as possible on new assessments. We have brought in external support for assessments though the providers Psicon and Healios and also the North Central London hub are helping with ADHD and Autism assessments. Our team may have contacted you to offer you support whilst you wait. There are community supports to support you too- the Parent Support Service, Family based solutions, Incredible Years for primary age and do link in with your School SENCO to see how your child's needs can be supported at school. We have forwarded psychoeducational parent videos to Our Voice on ADHD that you can watch for supporting your child whilst you wait for your child's assessment.

5) How can my son be diagnosed while in secondary school? He has an EHCP and is showing signs of ADHD. Do have a conversation with your School SENCO or Head of Year to consider a referral to CAMHS if there is evidence that your child may be showing signs of ADHD and the school can consider supporting your child's needs in the meantime. The school in their referral can highlight your child's functioning and their observations. Our team will ask for the school and yourself to complete screening questionnaires for ADHD; school to complete our CAMHS school reports. Our clinicians at assessment will take a detailed history around your concerns at home, school and other contexts; they will take a developmental history and further liaise with your school as needed. They will also consider co-existing neurodevelopmental, medical and mental health conditions. Our assessments are comprehensive and guided by NICE guidance. We offer post-diagnostic support following completion of the assessment with signposting to useful resources. We will also have a conversation with parents around a trial of ADHD medication if that's something parents wish to consider.

ILDS (Integrated Learning Disabilities Service)

1) How will my son's short break grant be transferred during transition?

ILDS Response: The young person will have an allocated Occupational Therapist or a Community Nurse to complete Preparing for Adulthood Assessment (PFA).

Much of the information for the assessment is gathered from families, schools, Cheviots, and outside service provision. The young adults are encouraged to engage with the process as much as possible.

Once the PFA is completed, it will be determined if the young person is eligible to receive care and support from adult services. If eligible there is a joint handover with the adult social worker, young adult, and their parents/carers. Information is shared about what their needs are and how these needs can be met.

When a young person turns 18, the funding from children services will cease and the assessment completed by adult social care will determine the young person's personal budget rather than a direct transfer of the short break grant. However, the short break grant is still available during the transition up until the young person turns 18.

When the young person turns 18, if they have been assessed as being eligible for funded services, they will then be provided with a personal budget to meet their assessed needs. A social worker will then support to explore how the personal budget could be spent. For example, the personal budget could be used for the young person to go away on a break to provide the carer with respite.

The budget can be given via a direct payment for the young person or their parent/carer to manage or the service can be commissioned directly by the Council.

In summary the short break grant is not transferred but is available up to the person's 18th birthday. If determined that the young person is available for funded services, then they can use the budget in a person-centred way to ensure their assessed needs are met.

JSDC Response: Children's services only fund short breaks up to the young person's 18th birthday. The young person will need to have a preparing for adulthood assessment to see if they are eligible under the Care Act for services and support once they are 18. If eligible this type of support should be discussed when completing their Care and Support Plan. If it is assessed and agreed that the young person meets the eligibility criteria under the Care Act children social care will continue the support while adult social care set up the care and support package.

2) The service so far regarding transition has been good with information available. How will services continue when in adult services and how much input will we have as parents?

We will continue to provide a range of transition events through the year which will provide information to young people and their carers and parents coming through transition.

The young person will have a Preparing for Adulthood Assessment (PFA) completed to determine their eligible needs. Parents will have input into the assessment providing information regarding their young persons needs and outcomes for the future.

The young person will be provided with a personal budget to meet their assessed needs and support will be provide by the social worker to explore how the personal budget can be used for the provision of services.

We will talk with parents and seek views regarding suitable provision for their son or daughter and provide information on the services available to meet assessed needs.

Please see below for links for more information regarding transition from children to adult service which provides valuable information.

We continue working with parents and carers once a young person transitions into adult services. However, as the young person is an adult it is important that we seek their consent regarding sharing their information. To ensure that we are working legally we also have to assess a person’s capacity to make decisions and if a person has capacity to make a decision, we have to respect their choice. Sometimes a young person choice differs from their parent or carers choice and we continue to work with parents and carers to support them when this situation arises.

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Transition information can be found on the Local Offer as follows:

- PfA Information Booklet
- Preparing for Adulthood – general information
- Transition to adult social care
- Transition to post-14 education
- Sources of support and help
- PfA events, which are held annually. So, although they are coming to an end now they will recommence in September.

3) The social worker to came to assess my son, spent a good amount of time and effort capturing what my son needed and then drew up a good and robust plan. After it went back to ILDS, the final plan did not have the flexibility to move with the needs of the young person. The plan is written too rigidly for the allocated budget and it is very difficult to get hold of the duty team to be able change it in real time. In this case, would an emergency review of the plan be needed?

Care and support plans should offer flexibility, a budget will be allocated but there is flexibility on how this can be used to meet needs.

If changes are required, then a review of the support plan should take place. This could be with the allocated worker who initially completed the support plan, to offer continuity. If this is not possible then this would be undertaken by the duty social worker.

If this is a change to how the plan is written, if all an in agreement this could be conducted via the telephone. However, there may be times where the needs of the young person changes and a face-to-face review will be required to review the changes and the support plan will need to be amended to reflect this.

We acknowledge it can be difficult at times to speak with the duty social worker on the day due to demand on the service. It can be more effective to email the duty social worker with your query and they will respond as soon as they can. We understand that no being able to speak to the duty social worker on the day can be frustrating. The duty service has to prioritise their responses to ensure that people who are at risk or experiencing a crisis are kept safe. However, you query will be responded to as soon as possible.

4) After a plan is agreed between the "parent carer" and the Local Authority...who is accountable and responsible for ensuring that the funding reflects what has been agreed and is sufficient to support the plan?

Who in the LA (Local Authority) is responsible and is ultimately accountable to check the amount is sufficient to support the agreed plan and promptly address issues so the young person is NOT having to miss out or be held liable for amounts the LA have failed to provide?

The support plan is agreed between, the young person, parent/carer, and the allocated worker. The allocated worker will agree the personal budget, and this will be reflected in the care and support plan. This plan is shared with parent/carers before it is sent to a manager for approval to provide an opportunity for parent/ carers, young person to make comments on before a final version is approved. This should help eliminate any errors. If a parent/carer notices, there is an error with the figure then they should contact the allocated worker so that this can be amended by the allocated worker.

Once the support plan is agreed, it is then authorised by a manager. The package is then loaded, and payments are made. Parents and carers will be aware of the shortfalls as the money received will be insufficient.

Our intention is not for a young person to not have enough funds to meet their assessed needs. If this does happen, it may be due to a system loading error. However, if there are any shortfalls from the agreed personal budget, then we will ensure that the difference is paid.

We also try to ensure we resolve issues as soon as possible, there may be some delays at times due to the influx of queries received via duty and we have to manage the various requests and emergencies we receive. However, we do endeavour to respond as soon as we can.

Joint service for Disabled Children (JSDC)

1) What is the eligibility criteria for Short Breaks and how do we go about applying for it?

The Joint Service for Disabled Children (JSDC) supports children and young people aged under 18, who live in Enfield and have a disability. Referrals that meet these criteria are sent to the Cheviots Social Work Team for assessment.

If there are safeguarding concerns about a child or young person, referrals can be made via the Children's Portal and will be triaged by the Multi-Agency Safeguarding Hub (MASH).

Referrals for short breaks are also made through the Children's Portal and are reviewed at the JSDC resources panel.

This is on the Local Offer JSDC eligibility and assessment | Enfield Council

2) What help is there for working parents with a disabled son, especially during school holidays?

There is a "things to do tab" on the navigation page of the Local Offer. Which takes you to information about

- Accessible activities and things to do in Enfield. It lists a number of activities/organisations
- Playschemes and after school activities – lists activities and links to the Booklet that parents wanted. There are also helpful tips for parents on how to choose a club or activity
- Home care – provides details of home care/sitting services
- Leading up to and during the holiday period there is usually a Local Offer spotlight on the navigation page of the Local Offer which highlights the above

3) What activities or fun could my autistic son access with his siblings or alone?

The Local Offer provides information about the following two organisations who may be able to provide help and support on a whole host of things related to autism:

Enfield Advisory Service for Autism

Enfield National Autistic Society.

Additional response from Our Voice: You might also want to have a look at the Local Offer here in respect of play and leisure activities. Our Voice has also just published a guide to inclusive activities during the forthcoming school summer holidays which you may find useful – see a copy here.

4) Can you offer any help or advice with regards to housing?

I am not qualified to offer advice or help with housing matters; however we are working closely with our housing colleagues to address the housing needs. We meet regularly with them to discuss strategically, as well as highlighting individual family needs and how best to meet these needs.

5) At Our Voice, we are having lots of people contacting us because of housing issues, e.g. unsuitable housing/house too small to accommodate child with additional needs and their siblings, due to different needs. What is being done to ensure that families who have children with additional needs are taken into account with the council's housing scheme?

As stated above we are working closely with our housing colleagues to address the housing needs. We meet regularly with them to discuss strategically as well as highlighting individual family needs and how best to meet these needs.

6) Why is it hard to get a blue badge for autistic children?

The rules are set out at Who can get a Blue Badge?- GOV.UK (www.gov.uk)

Contact (the Charity for families with disabled children) also has a useful page with some information on this topic at Blue Badge disabled parking permits | Contact

Info on hidden disabilities and blue badges (new rules 2019) People with hidden disabilities can access Blue Badges for the first time from today- GOV.UK (www.gov.uk) or NAS info at Blue Badge changes come into force today (autism.org.uk)

7) How will my son's short break grant be transferred during transition? This is a joint question with ILDS – see ILDS page.

Early years SEND and Early Intervention Support Service (EISS)

1. What is done for children whose parents' first language is not English and this puts them at a disadvantage of having to get by communicating only the basic necessities and not have the flexibility of providing a deep insight about the circumstances and struggles that need addressing.

Partners in Early Years adopt their own systems to meet the needs of their community. For example, settings and services may:

- enquire about the home language so that any language needs can be ascertained
- use the expertise of our diverse community and colleagues to support families
- use Google Translate
- use interpreters to facilitate communication
- signpost to materials already translated into community languages
- run sessions/training in a community language or with an interpreter present

As an example, when EISS (Early Intervention Support Service) works with families, the following approaches are adopted:

- the referral form asks about language(s) spoken and whether an interpreter is needed.
- Initial visits are always face-to-face to facilitate relationship-building and optimal communication. Families are contacted and asked in advance do they need an interpreter, or would they prefer to invite an English-speaking close friend or family member to join the meeting, either in person on by phone / video link.
- Interpreters are used when required, particularly if formal assessment is being undertaken, or the family have indicated they would like an in-depth discussion. Interpreters can be booked to attend in person, or on the phone, and gender-specific requests can be made.
- Texting parents facilitates the use of Google translate, which is often used for simpler discussions, like booking appointments or sharing straightforward information.
- Google Translate document option is also used to translate information from English to home language, and to access information, e.g. reports in other languages, contained in foreign language documents held by families.
- Sensitivity is shown in establishing levels of literacy within home language.
- The Local Offer has a translation tab which allows key information to be either spoken, or converted into community languages.
- Other national and local services and organisations, e.g., EASA (Enfield Advisory Service for Autism), produce very useful material in community languages which is shared with families.
- Parents are signposted to local cultural community groups who can offer support, advice and guidance
- Every family is invited to attend a specialist group so parents may meet and build relationships with other parents (who may or may not speak the same language). Many parents build friendships though these experiences and this can help parents to feel less isolated by language barriers.
- EISS staff will advise other professionals involved if an interpreter may be needed, for example, during a hospital appointment

- EISS staff attend transition meetings on handover to school/setting to support parent with communication and information-sharing. In many cases, if schools have a staff member who speaks the home language, they will arrange for them to attend to meeting.

On case closure, every parent is supported to complete an evaluation questionnaire using some of the above methods as appropriate. This is to ensure all parents feel included and can contribute their feedback.

2. I think my son has additional needs / is a bit different to other children. How do I find out how the SEN Education system works and what do I need to do to get my child the right support?

SEND information is available online on Enfield's Local offer, so this is a good place to start if you would like to know more about available services and educational options.

If your child attends a school or setting, you should talk to the staff. It may be preferable to request an appointment with the SENCo (the Special Educational Needs Co-ordinator) so that they can prioritise time to listen to your concerns, share their views about your child's strengths and areas for development from what they have observed, and together decide on next steps. In many cases this will involve drawing up an individual education plan for your child to support their learning with regular reviews to monitor progress. If referrals need to be made to involve other professionals, the setting can do this. They can also signpost you to other services where you can directly access support, advice and information. You can also speak to your Health Visitor (see below).

If your child is not yet in an Early Years setting, your best starting point is usually to approach your Health Visitor. They will listen to your concerns and they will be able to assess how your child is progressing for their age and stage. Your Health Visitor can offer advice and strategies to support your child's learning and development, and if necessary, they are able to make referrals for assessment, intervention and/or therapy, and tell you about other supportive services available in Enfield. If you are concerned about your child's speech and language, for example, you can self-refer for a triage assessment.

If you would like more advice about planning for your child's next steps in early education, you can talk to Informed Families, who can assist families in identifying a setting for your child. Enfield Admissions produces an annual online guide giving details of Enfield schools and how to apply. During the Autumn term, most schools have open mornings where prospective parents can visit the school. This is a good opportunity to visit, meet staff and perhaps request a meeting with the school SENCo in order to talk in more detail about your child's needs and to start planning for your child's transition. You can also seek advice and information from other organisations like Our Voice, SENDIASS and EASA.

3. Is an Early Years SENCO different to a school SENCO and do all Early Years' settings have them?

There is a requirement for all Early Years schools and settings to have a SENCO. There is a Level 3 accredited qualification for Early Years SENCOs and in Enfield we work with the Eastern Partnership as our main provider. Some SENCOs become qualified using other accredited providers.

4. How do I know if my child's Early Years' (EY) SENCO is able to identify my child's needs properly and then help with EHCNA? (Education Health Care Needs' Assessment)
   - The LA provides an extensive programme of support to SENCOs in Early Years (EY) which is reviewed regularly.

- There is a dedicated team of advisors within the LA supporting the PVI (private, voluntary and independent) sector, with all areas of their practice across the curriculum, regulatory issues and SEND.
- There is training especially for new SENCOs and experienced SENCOs, a termly EY SENCO Forum for updates
- There is an EY SEND training programme available to any setting staff. This utilises internal and external trainers and is devised in response to local needs.
- Each setting has access to a named Area SENCO, provided by the LA, who they can call upon for support
- EASA, EISS and other partners offer training and advice around SEND to setting staff

5. How do I know if my child is getting the right provision to meet her needs – who assesses this?

Most children's educational needs can be met in a mainstream educational setting. All education settings must follow the guidance in the SEND Code of Practice which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. It details the legal requirements that must be followed without exception.

The SEND Code of Practice describes how settings should assess a child's individual needs and plan to meet them in a constant cycle called the Assess-Plan-Do-Review process. It includes the following steps;

- In partnership with parents/carers, settings get to know the child, what they enjoy and what they may find more difficult
- Identify and agree some specific new skills to be developed – these are often called outcomes
- Plan activities which give the child the opportunity to develop these skills, using knowledge of the child's likes and interests to help make the activities fun and memorable
- Carry out the activities with the child
- Review to see how well the child has responded and what further actions are needed
- Continue this cycle where progress is being made
- If this process indicates that some external intervention or assessment may be needed, for example, speech therapy or paediatric assessment, the setting can make the appropriate referral. Professional advice can then be incorporated into the outcomes being addressed within the setting. You can also speak directly to your Health Visitor or self-refer for speech therapy or advice from EASA. You do not have to wait for the setting to refer to these services.
- In instances where this graduated response has not produced sufficient progress, consideration will be given to applying for additional funding from the SEN Inclusion Fund, or for an Education, Health and Care Plan (EHCP) Needs Assessment. The setting, with the agreement and involvement of the parent/carer, will submit a request as appropriate.
- If an EHCP needs assessment is agreed by the SEN Panel, a detailed multi-agency assessment of the child's needs will be made, in partnership with parents/carers, and consideration given to what provision might be appropriate before an EHCP may be agreed and issued.

6. Children with SEND are accessing less of their free entitlements than other children. How can the Early Years settings or LA help these families to get that place and support? How can the LA support these settings to afford to admit our SEND children and have the right staffing levels?

Settings must be inclusive and welcome all children. When a child has a delay in their development that suggests they may have SEND, settings follow the graduated response and the Assess-Plan-Do-Review-Cycle as described above to plan for progress. In addition, the LA offers support to settings in a variety of ways;

- through the work of Enfield Informed Families; a service which manages the placement of children in EY settings, monitoring vacancies and assisting parents in finding a suitable placement for their child in a setting or with a childminder
- providing an EY Area SENCO team, with skilled SEN staff who can support the settings with inclusion issues and think creatively to maximise their resources and staffing
- monitoring and regularly reviewing the number of hours children are attending their settings. If children attend for fewer hours than their eligibility states, Informed Families will check with settings why children are accessing reduced hours and help the setting address any challenges they may have been experiencing and plan to increase attendance.
- drawing on the expertise of other LA teams to support settings when required
- administering the EY SEN Inclusion Funding (SENIF), which provides additional funding to settings to support 3-and 4-year-olds with emerging needs.
- ensuring all families of children known to EISS are told of their entitlements and supported to find a setting, if that is their preference for their child. EISS assists families to apply for Disability Living Allowance (DLA) as when granted to a 2-year-old, gives an entitlement to 15 hours in an EY setting when family does not otherwise qualify.
- ensuring transition from EISS into a setting is robust, with information shared, training needs discussed, and initial outcomes identified. Children are not signed off EISS caseload immediately to give settling-in time and to be available to advise staff.
- administering the Disability Access Fund which is payable annually to EY settings for some children with additional needs who are in receipt of DLA.
- support and advice for settings and parents in preparing paperwork for EHCP Needs Assessment
- providing a training package to settings to up-skill staff so they feel more confident to meet the needs of children with SEND.

7. The LEAP Project was mentioned by early years team- what does this mean and how can families with SEND children benefit from it?

LEAP is a new communication booster programme targeted at giving babies and young children from 0-2 years the very best start in life. Families who may be impacted by any of the following circumstances are invited to participate: a lower income, family history of speech and language difficulties, parental mental health difficulties, preterm birth or adolescent parenthood. A leaflet is attached here to provide more details.

8. My son has ASD. I am a single mum who cares for my son full-time. He goes to nursery for 2 days – I cannot afford more. He needs more for his development in all areas including preparation and transition to reception. I can't work with him 24/7

   Firstly, please don't worry about working with your child 24/7; no parent should feel that pressure. The typical interactions you have with your child on a daily basis at home provides lots of valuable opportunities to support his learning spontaneously and help to prepare him for school. Offering him choices, e.g. while getting dressed or during snack-times, practising simple turn-taking when playing together and helping him to understand that activities come to an end by giving clear signs and a countdown, e.g. when tidying up before bedtime, are all great preparation for starting school.

   If you would like to find out more about autism, you can contact EASA who offer parent workshops, further advice and support. Their website, https://enfieldasa.org.uk/ has a wealth of information for parents.

   Please also check you are claiming your full 15 hours funding in your son's nursery, as this is a universal offer for all children over the age of 3. If you are working full-time, you may be eligible for 30 hours, so please check on Informed Families website, or contact them for more details https://new.enfield.gov.uk/if/

   Once you have accepted a school place for Reception, contact the SENCO at your child's new school and request a meeting to discuss what can be done to ensure your child makes a smooth transition into reception. Schools have lots of good ideas how they support children to make a positive start to their school life and will want to know all about your child and how they can help him settle. They will invite someone from your child's nursery to come to the meeting, as they can share valuable information about your child's strengths, interests and areas for development. If you have any professional reports about your child's individual needs, it is really helpful if you can bring them along to share with the school.

Transport and travel brokers

1. What plans do you have to improve transport?

   Transport is under constant review to enhance and improve the service. It is a moving playing field which driven by our customer needs and requirements. We do a major rerouting at the end of August to ensure we are running as efficiently as possible and cater for all new and existing pupils that start in September. From then on, we spend all year tweaking the routes as we go along to suit service and user needs. We have quarterly review meetings with our user groups to ensure that the service is being delivered to expectations and that any problems that are being encountered are dealt with swiftly.

2. What plans do you have to improve access to Russet house school? The road is very small with people double parking/ parking dangerously or having to walk their children across a very busy road.

   We are aware of the access problems at Russet House school. We have been speaking with not only the school, but also our parking services team at the authority and the director of education to try and come up with a solution. We are currently speaking with the school regarding potential staggered starting times to ease the congestion, and the parking team are reviewing any parking measures that could be put in place. We are due to meet again in the next few weeks to work through any potential solutions

3. Can you please explain the criteria for obtaining transport? When parents discuss whether or not they have been given transport, there doesn't seem to be any logic to the way in which decisions have been made – for example individuals being given transport when they live fairly close to a school or are able to drive and have a car available to use, and then others who live further away and don't have their own transport are turned down. It feels as if the written criteria don't match what is happening in real life.

   Where the parent/carers' s first language is not English, an interpreter is provided. The Travel Brokers have previously used family members but going forward an independent interpreter will be used. The eligibility criteria for Travel Assistance is explained in the getting-to-school-policy-local-offer.pdf (enfield.gov.uk). All decisions are based on the outcome of the assessment carried out between the Travel Assistance Broker and the family, but also with associated professionals i.e., Social Workers, Schools. Where the parent/carer is not in agreement with the outcome of the assessment, they have the right to appeal. There are two appeal panels, the first panel is with the Managers of the Brokerage, Transport & SEN teams The second panel is chaired by the Education Director and the Heads of service for Brokerage, Transport & SEN services. Furthermore parents/carers are advised they have the right to complain to the Local Government Ombudsman (LGO) however the LGO will only look at whether the agreed process has been followed and not the form of travel assistance awarded.

4. I have just started to be supported under the personal travel budget but this is not I wanted. I wanted Transport
   The Travel Broker will look at all options available and award the most appropriate form of travel assistance, based on the information gained at the assessment and provided by associated professionals. Parents/Carers can contact the Travel Brokerage team to advise they are finding it difficult to manage the awarded travel assistance and the Broker will provide the necessary support.

5. What training do travel assistants have on Autism? Parent are having to deal with aggravated assistants on buses on a regular basis as a result of their children's behaviour on the buses.
   All assistants have been trained to the best of our knowledge with De-escalation training and other required training. It is not possible to train private contractors and non-employed staff.

6. Will my children continue to get the bus? They go to Russet House and there are access issues as it is a small road. I live on the other side of the Borough and my boys love the bus.
   All existing travel assistance arrangements will remain in place, unless the parent/carer has a concern about the type of travel assistance that has been awarded. The parent/carer should contact the SEN Brokerage Travel Assistance service Travel.Assistance@Enfield.gov.uk for further support.

Summary of abbreviations used in this Q &A

ADDISS	Attention Deficit Disorder Information and Support Service
ADHD	Attention Deficit Hyperactivity Disorder
AP	Alternative Provision
AR	Annual Review
ARP	Additionally Resourced Provision
ASD	Autism Spectrum Disorder
CAF Act	Children and Families Act
CAMHS	Child and Adolescent Mental Health Service
CHC	Continuing Healthcare
CPD	Continuing Professional Development
CYP	Child/Young person
DfE	Department for Education
DLA	Disability Living Allowance
DLD	Developmental Language Disorder
EASA	Enfield Advisory Service for Autism
ECASS	Enfield Communication Advisory Support Service
EHCNA	Education Health Care Needs Assessment
EHCP	Education Health Care Plan
EISS	Early Intervention Support Service
EPS	Educational Psychology Service
EY	Early Years
ICB	Integrated Care Board
ILDS	Integrated Learning Disabilities Service
JSDC	Joint Service for Disabled Children
LA	Local Authority
LD	Learning Disability
LO	Local Offer
MYME	My Young Minds Enfield -Mental Health teams in schools
NCL	North Central London (London Boroughs of Enfield, Barnet, Camden, Haringey & Islington)
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
PfA	Preparing for Adulthood
PVI	Private, Voluntary and Independent
SCAN	Service for Children and Adolescents with Neurodevelopmental Disorders
SEF	Self-evaluation Framework
SEN	Special Educational Need(s)
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disability
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Services
SENDIST	Special Educational Needs and Disability Tribunal
SENIF	SEN Inclusion Funding
SLT	Speech and Language Therapy