



Questions from Our Voice ‘Meet the SEND Heads’ Q&A Panel session: 26th March 21

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CAMHS

Q: Will the list of children waiting for CAHMS assessment be looked at to prioritise children transitioning into schools, in particular secondary schools?

A: Whilst we appreciate that secondary transition can be a significant stressor for children, we have to prioritise referrals based on the severity of the presenting concerns, particularly with regards to risk and safeguarding. Prioritising clinical safety is a requirement for our services under the Care Quality Commission regulatory framework. Where there are worries about the stress of secondary transition we advise speaking to the child’s school in the first instance, and there are also a wealth of resources available through organisations such as Young Minds, Every Parent and Child, and The Anna Freud Centre:

- <https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/>
- <https://www.mentallyhealthyschools.org.uk/media/2062/coronavirus-toolkit-managing-transitions.pdf>
- <https://youngminds.org.uk/youngminds-professionals/our-projects/find-your-feet/>

Our Mental Health Support Team in Schools (MHST) has also developed resources around transition and is one of several services in Enfield that offer direct support, groups and workshops to children, young people and families in schools. The MHST School Wellbeing Practitioners developed videos for Year 6 pupils on transitioning during a pandemic and supporting with emotions which can be accessed on the CAMHS Youtube channel here:

- [Transition for Year 6 during a pandemic](#)
- [Supporting with emotions.](#)

There are also helpful resources developed across several Enfield services, including our MHST, shared via the Enfield Educational Psychology Service with schools and families that can be accessed on the Enfield hub. These provide some local context and signposting to support.

Q: I have been offered group sessions by CAMHS rather than individual support, and I don't find this to be as beneficial. How can we be assured we will be supported appropriately?

A: When our clinicians make a recommendation for a particular approach, they will always do so based on a careful consideration of a young person's needs, leading to a professional judgement as to the most suitable approach for the child, young person and family. Equally, this should also be a shared decision, made with you and the clinician, discussing and weighing up the options available. If you are unhappy with the approach being suggested, we would encourage you to discuss your concerns with the clinician in the first instance. Group approaches can feel daunting, but we know that they are also highly effective, and where our therapists facilitate groups they have substantial skills and experience in doing so. Children, young people and families often tell us that they really benefit from groups, as they foster a sense of shared experience and learning from others. In addition, members often find that being able to support and encourage others can be highly therapeutic in itself.

Q: What is being done to address the long waiting times for CAMHS, and how long are the wait times for a referral currently?

A: Waiting times for first appointment

- Over recent months, over 90% of children, young people and families receive a first contact within 6 weeks of referral, and 95-100% within 13 weeks
- Each of our specialist teams has a specific remit, and so the response times differ, depending on the needs of the group they serve:
 - SAFE (for teens in crisis) sees high-risk urgent cases within a working day, and lower risk referrals within 2 weeks
 - MHST (schools-based team) and HEART (looked after children) routinely see new referrals within 6 weeks
 - SCAN (serving special schools) and Generic (common mental health problems/all ages) more commonly 7-10 weeks, or up to 13 weeks for first contact
 - All teams will prioritise high-risk cases and respond urgently where necessary

Secondary waits

- The Generic team sees the highest volume of referrals (approx. 1600 per year)
- In order to manage the high demand, the team operates a daily ACCESS rota, in order to provide phone consultation, risk assessment, prioritisation and advice and signposting to new referrals.
- All referrals receive two or more phone contacts as part of this initial response, and this constitutes the first appointment for most referrals to this team.
- Whilst this enables necessary prioritisation, unfortunately it means that referrals face a secondary wait for more specialist assessment and treatment.
- Through the past year, we have seen an increase in issues of higher risk reflected in referrals, meaning that a greater proportion of referrals are allocated to the high priority stream following ACCESS triage.
- These higher priority cases are held by ACCESS and seen for specialist assessment/intervention within four weeks within current timescales.
- The increase in higher priority cases has unfortunately resulted in longer delays for medium and lower priority cases. In the Generic team, medium priority referrals are typically waiting

3-6 months, and lower priority referrals 12-18 months for further assessment and intervention.

Recovery plan

- Waiting times are monitored and reported on a monthly basis to our commissioners, with action plans in place to improve the position.
- Waiting lists are reviewed on a weekly basis between clinicians, team managers and the service manager to ensure a team approach to meeting, with particular scrutiny and prioritisation of cases with extended waits.
- Through these processes, areas of concern are being escalated through to senior leaders in the Trust and the CCG, where possible looking at the need for additional resources.
- We are committed to a continuing process of quality improvement, to optimise our care pathways, and to provide the best possible services within the resource constraints we face.
- Recent developments in this area have included offering more group interventions, phone support for families on waiting lists, and improving our information packs with signposting advice to self-help resources and other sources of support.
- We are working as a partnership in the borough to improve services and access across the system, in order to provide help when and where it is needed. This includes an improved online offer with the commissioning of Kooth. Kooth provides free, safe and confidential support to teens through qualified counsellors and a moderated online platform.
- Our partnership with schools-facing services and the further rollout of the Mental Health Support Team in Schools will also improve access to help in school communities.
- Service providers in Enfield have also been engaged in a North Central London-wide demand and capacity mapping exercise. It is expected that this will provide a baseline for comparing services across the sector, against which it is hoped that there will be future “levelling up” for services in Enfield.

Q : We know that the pandemic has taken a huge toll on many children’s mental health, and that there will be more demand than ever for CAMHS’ services. Given that CAMHS referrals took 18 months before the pandemic, what is being done to make sure that children get the help they need urgently, rather than waiting an extended period and getting worse all the time?

A: Our waiting times are clarified in the previous answer, above.

- An overview of our plans to improve waiting times is also summarized above.
- During the pandemic, we have taken a number of measures to improve our response to urgent needs/crisis, including:
 - Creation of a duty line for professionals to respond to urgent crisis concerns
 - Creation of the trust-wide 24/7 crisis line for children, young people and families (0800 151 0023)
 - Diversion from acute hospitals to community crisis hubs where appropriate
- We have recently secured new investment to strengthen the CAMHS crisis input at North Middlesex and Barnet Hospitals
- All teams will prioritise high-risk cases and respond urgently where necessary
- We participate in national benchmarking to compare our service performance, demand and capacity. This gives us an additional perspective on waiting times and service efficiency. The benchmarking report for 2020 shows:
 - The number of referrals received is in line with the national average
 - The referral acceptance rate (86%) is higher than the national average
 - Average waiting time to first appointment is in line with the national average

- Number of client contacts is higher than the national average
- Workforce numbers are lower than the national average (in the bottom 25%)
- The number of client contacts per clinician is higher than the national average
- Nationally, the demand for CAMHS has doubled in the past 8 years, yet investment remains at around 8% of the NHS mental health budget

Over the past year, health commissioning has moved to a sector wide commissioning group covering North Central London. This group will be looking at equity of resources relative to populations and “levelling up” of services in Enfield is a stated aim across the sector. We are working very closely with commissioners and other stakeholders to be transparent about our waiting times and service challenges and to make the case for new investment and service improvement.

Educational Psychology Service (EPS)

Q: Does a child with EHCP get re-assessed by Educational Psychologist before transition to secondary schools if the child's needs have changed?

A: Generally, staff and parents/carers update a child’s progress and current presentation at the Annual Review prior to transition to secondary school to ensure that the EHCP reflects the child’s current needs. Occasionally, new needs are identified by school & parents/ carers either before or during an Annual Review and in these situations, school and/or parent can speak to the school Educational Psychologist (EP) or make a request to SEN for an updated assessment by the relevant professional.

Q: Are there any special programmes in schools to support children who struggle to settle and engage in class activities? If so, how can we assess them?

A: It is difficult to provide a definitive answer here as there could be many underlying reasons why children struggle to settle relating to emotional regulation, language, sensory, memory, lack of differentiation or executive functioning. We would recommend having an initial conversation with your child’s teacher.

Q: My daughter has now returned to school but she is still is very anxious. Is there support available from EPS or do I have to wait for CAMHS to support her?

A: There is an early intervention offer for Children and Young People with anxiety. How you access this depends on your child’s school:

- Mental Health Support Teams (also known as My Young Mind Enfield)- Some schools are part of the Mental Health Support Teams (MHST) and you can request support via the school.
- If your child’s school is not part of the MSHT, you can ask them to refer to a Children’s Wellbeing Practitioner (CWP) linked to the Educational Psychology Service. The CWPs also offer groups and workshops for parents and young people. E-mail eps-sews@enfield.gov.uk for further information.
- We would recommend the Cathy Cresswell book ‘Helping your child with fears and worries’ - this is the programme that the interventions are based on. The key with anxiety is to gently and persistently face your fears, so try to keep your child engaging rather than avoiding.

- Other options:
 - Kooth is available to young people (for secondary aged children) living in Enfield. It is an accessible online counselling service. <https://www.kooth.com/>
 - Good Thinking uses digital interventions to provide preventative and personalised journeys to self-help and self-care for better mental wellbeing Link to Good Thinking – Digital Mental Wellbeing for London <https://www.good-thinking.uk/>
 - The EPS Telephone Support Line for Parents/Carers in Enfield is still on offer. We aim to respond within 3 days of receiving the request. For details and to access the service please use [this link.](#)

Q: My son only attended school for a few weeks last year, and he wasn't really able to cope with remote learning. I am worried about how much he has regressed in his learning and whether he will get any help to get back to where he was. Can you tell me what is being put in place to support children with SEND?

A: We would suggest that you initially talk to the Class Teacher/SENCO and school about the schools plans for positively supporting children and young people in the coming months to return to learning and regain their confidence. This would involve being supported to remember and practice skills for learning alongside knowledge. The SENCO would co-ordinate the support for children with identified SEND. This is through a graduated response, carrying out assessment, setting positive and realistic goals, putting in place interventions and reviewing progress and positive change. This would be in partnership with parents and involve relevant professionals linked to the school.

Q: There is lot of talk about children catching up and making up for missed learning, and I am really worried about what pressure this will put on children with SEND. Shouldn't the focus be on supporting their mental health?

A: Children will have heard this phrase about 'catch up' and perhaps don't know what this means. Learning is hard and suddenly having to go to school, learn and catch up could be worrying for them (and their parents/carers). We need to support them to ease back into school routines, connect with their peers and regain their confidence with learning – starting from where they are now and what they have learnt. We are aware that lots of our schools have set up lovely projects to ease children back in e.g. a 1.5 day long sewing project as part of the first week back.

- Educational psychologists recently published a press release from the British Psychological Society's Division of Educational and Child Psychology which concluded:
 'We're urging the government to reconsider its emphasis on the idea that children and young people need to 'catch up' on their education and saying that supporting the wellbeing and educational needs of all children should be a priority'
- If we are going to think about catch up it needs to be 'catch up' in its broadest sense ... 'catch up' on time with grandparents, and seeing friends without fear, and going swimming, and playing in groups, and spending time with adults outside their immediate family, and going into a shop and using cash, and feeling confident on public transport....
- A member of the PE team shared some great thoughts at the end of the one of the Resilience and Recovery Professional Learning Sessions that the EPS is has been co-ordinating for our

schools over the past two terms: 'The current cohort of young people are going to be defined as Generation C - the 'Covid' or the 'Catch Up' generation – the ones who will be impacted and have potential gaps in learning, knowledge and skills. Let's make them into Generation C for creativity, courage, challenge, caring, compassionate, clever, comical, cultural, connected and lots of other words beginning with C.'

Q: How does the EP service support those children on SEN support in schools and other settings?

- Educational Psychologists work with parents and carers, education staff and other professionals to support the learning, wellbeing and mental health of children and young people up to the age of 25.
- How the EPS is funded at SEN Support
 - The Early Years Educational Psychology Service is funded by the Local Authority.
 - For school/college age children, all Educational Psychology (EP) input at SEN Support is purchased by the school/college. The majority of schools in Enfield purchase this service, but not all do. Colleges do not purchase the service at present. The amount purchased varies according to school and ranges from 2 days a year to 25 days a year.
 - Some specialist teams commission the EPS, e.g. Youth Offending Team, Enfield Advisory Service for Autism, Virtual School for Looked After Children. The EP work in these teams is directed by the respective team manager in line with the specific work of the relevant team.
- How we work in schools
 - Schools will typically involve their EP to support a 'Graduated Approach' to the assessment and intervention of children and young people with SEND. This is recommended in the SEND Code of Practice. EPs would typically do the following:
 - In the first instance, the EP will usually join a review meeting with school staff and parents/carers to hear about progress made so far and collaboratively develop outcomes and intervention plans for the child/young person.
 - Next steps might include:
 - further consultation with school staff.
 - further consultation with parents/carers.
 - direct psychological assessment work and this will be contracted according to the concerns raised and as guided by the allocated EP. This might include observation of the child/young person in class or undertaking assessment tasks that will provide further insight into understanding the child/young person's needs. [Following lockdown 3, the EPs is now starting to work in schools again in line with school visitor policies].
 - The EP may attend further meetings to review progress made and feedback any new information from the EP assessment work. The EP will continue to support the development of the plan for the child/young person and support discussions regarding future actions.
 - The EP will provide a written summary report/record. This will always be needed to provide a summary of the EP involvement.

- How we work with early years children?
 - The Early Years(EY) EP team accepts formal request for a pre-school child living in Enfield from a professional e.g. health, social care and educational professionals. This usually is for children who have significant needs which will impact on their ability to access an educational setting and to make progress in their development and learning. Where a child's referral is not accepted, the referrer and the parent are informed of the outcome and alternatives suggested, for example to be signposted to the Area SENCO team or to the Speech and Language Therapy Service.
 - Referrals are accepted for children in home settings, Terrific 2s Provision and PVI settings. (Children needing EP involvement who attend a school nursery or Reception will receive input via the EP working with the school, as prioritised by the school's SENCO).
 - The EPs working within the EY Team will comprise of the following roles and responsibilities:
 - To work with parents/carers, other professionals and EY settings to identify and plan for the SEND needs of a child through the 'Graduated approach' and to collaboratively develop outcomes and intervention plans for the child.
 - To review each child's progress on a termly basis with parents/carers, other professionals and EY settings (as relevant). A visit will sometimes also involve an observation of the child in the educational setting or when working with an educational professional, such as a professional from the Joint Service for Disabled Children.
 - To support parents in identifying other support services, if appropriate, such as through Early Help in the Children's Centres.
 - To discuss educational next steps with parents and to support and develop their understanding of the SEND Code of Practice. This may mean discussing the statutory assessment process and advising parents and EY settings on the process, should they request this. EPs may also suggest to parents if they wish for more support that they contact the SENDIASS organisation.
 - The EY EP will write a short summary of their involvement (if a statutory assessment is not required).
 - When a child transitions to school, whether this is in the school nursery or school reception year, the EP will offer to attend a Transition meeting with the parent, school and EY setting.
- Children, young people and their families are eligible for support from an Educational Psychologist at SEN Support when any one of the following apply:
 - The EPS receives a formal request for a pre-school child living in Enfield from a professional e.g. an early years setting.
 - The child or young person goes to an Enfield School that has purchased the Enfield Educational Psychology Service.
 - The child or young person has been referred to another team which has asked for support from an Educational Psychologist (Enfield Advisory Service for Autism).

- The SEN service has asked for information and advice from the Educational Psychology Service as part of an Educational Health and Care Needs Assessment or to support the Education Health and Care Plan of a child or young person.

Consent: An Educational Psychologist will only have direct involvement with a child or young person if there is written agreement from the parent or carer, or from the young person if over the age of 16.

Q: Why is it so infuriatingly difficult to get a child assessed by an educational psychologist?

- We appreciate the frustration that some parents/carers experience in relation to access to an Educational Psychologist.
- The access to Enfield EPS is described in detail above in relation to SEN Support for Early Years and school aged children.
- The EPS uses a 'Consultation Model' of delivery which is aligned with the Graduated Approach and may include direct assessment with individual children where this is required.
- An Educational Psychologist provides statutory advice for every child who is the subject of an Education, Health and Care Needs Assessment. Parents/cares or settings make a request via the Local Authority.
- For advice and guidance in relation to a child/young person's needs, the EPS Telephone Support line continues to be available. However, this is not a referral route for individual assessment.

Early Years

Q: Are staff at early years settings being properly trained on SEN issues so that they can pick these up to support families and make the right referrals at the right time?

- There is lots of training available for the early years, but the needs are constantly under review.
- 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.
- Every setting has a named 'Area SENCO' who is available to offer individualised guidance and support for the setting on SEND issues.
- There is a training package available to every setting, utilising both internal trainers and external partners. The training is reviewed and tailored to local need, in response to requests from settings. For example, a package of training is being prepared at the moment to support PVI's in managing transitions for very young children back into settings after COVID at every age from babies, through to 3 and 4 year-olds moving on to school.
- Every setting has their own SENCO, who is a senior member of staff. There is an induction training course for newly appointed SENCO's, and an advanced course for experienced SENCOs, along with regular information and support meetings for SENCO's
- EP's and EISS staff visiting settings provide professional advice, guidance and modelling of strategies for the staff

- The Enfield Autism Advisory Service (EASA) have been offering free training to the settings, access to advice surgeries and this work will be extended from September with the successful bid to widen the scope of EASA to include more work with EYs.
- A challenge within the sector is staff turnover, so an ongoing rolling programme of training is vital to ensure staff are constantly being upskilled. The increasing use technology during the pandemic has provided positive opportunities to deliver training online, which allows more staff to attend at more flexible times, and for trainers to be able to reach whole staff teams as part of their staff meetings in the setting, when previously perhaps only one or two members of staff would attend and cascade training to the rest of the staff. The current training package is being reviewed to take account of this opportunity to train wider staff groups together.

Q: Sometimes there is a long wait for diagnosis. Is there any support of interventions available for families before they have received a formal diagnosis?

A: There is a variety of support available for families as they await diagnosis.

- Speech and Language Therapy Service offer specialist assessment and individual/group interventions dependent on need.
- Occupational Therapy will accept referrals for sensory needs that are impacting on daily living.
- If the child is not yet in an early years setting, they can be referred to the Early Intervention Support Service (EISS) where a team of teachers, early years practitioners and keyworkers work with parents to assess the child's developmental progress, provide intervention at home and in specialist groups, support parents to extend their child's learning and to understand more about their child's individual needs and possible diagnosis. The team also provide family support advice on wider issues, for example, specialist benefits, and will also support families to explore future educational options, explain statutory processes and assist with transition into early years setting and nurseries.
- All early years settings have a dedicated Special Needs Coordinator who can support parents and signpost/refer to other services as required. These are also detailed on the Local Offer online. Settings can make referrals to Educational Psychology Service. Children's Centres will also support some targeted families.
- Enfield Advisory Service for Autism (EASA) offers support to parents who have an autistic child or is awaiting a possible future diagnosis. They have Parent Support Advisors who offer telephone advice and online coffee morning consultations. They have an open referral system where a parent can make direct contact with the service.
- The voluntary sector also provides valuable support for families at this time, including for example, ENAS, Our Voice and SEN-DEN.
- In the coming months, the diagnostic pathway is being reviewed to optimise the experience for families and ensure timely and better co-ordinated services. This work has commenced with a multi-agency mapping exercise which was also attended by parent representatives to ensure parental views are heard and factored into future planning. Additionally, following a successful bid for funding, the work of EASA is soon to be expanded, with an extended multi-disciplinary team, including representation from key partners including SLT, OT, EISS, and EPS. The aim is to further expand training, advice and support to parents, professionals, early years settings and schools. This will include families awaiting a diagnosis of autism.

Health including therapies and Speech and Language

Q: When a child is diagnosed with autism why is there no follow up/reviews with a specialist paediatrician?

A: The multi-disciplinary team actively working with the child /young person and family /education will be the point of contact for any concerns or requests requiring a Paediatrician follow up as they work closely with Paediatricians and will be able to arrange for the review. They also will be alert to any clinical concerns needing Paediatrician assessment. Paediatricians will arrange follow up if clinically indicated at the assessment appointment or a parent can request directly at a later stage or through other professionals. The GP or school can also refer for a follow up.

Q: What actions are being taken to speed up the diagnoses of conditions such as Autism? It seems to take forever!

Q: There has been an increase in referrals for diagnosis nationally for the last 3-4 years which means across the UK resources have not kept up with the demand. There is an extensive waiting time across all 5 NCL areas which reflect the position across the rest of the UK. We are sorry for the stress and difficulties this is causing. For children under 6, in the last 2 years a lot of work is taking place to see children on lists as quickly as possible and additional funding has been secured since Oct 2020 to clear the list over the next year. For Children and young people (CYP) over 6 we have a plan to either bring in a provider to clear the backlog or agree an internal solution with the lead for Trust CAMHS by the end of this week.

Q: During lockdown my son had his speech and language therapy delivered online (instead of at school as usual) and I found it really helpful to see how the sessions work so I can support him better. Now that he is back at school, are there any plans for online therapies to continue or is there a way that I can understand better what is delivered at school, and how I can help?

A: We are planning on delivering interventions in school as recommended in the CYP's EHCP. We would be happy to make appointments with parents to talk through and demonstrate activities. Please talk to your CYP Speech /Language therapist or contact Judy Sleat judy.sleat@nhs.net who can arrange this going forward.

Q: A lot of children may well have missed therapies during lockdown – how do we ensure that they now get the relevant support to get them back on track?

A: Interventions as described in the EHCP will be delivered within the school context. The Therapies staff will discuss any concerns with the support team in school to adapt or adjust aspects of intervention and prioritise additional identified needs or support CYP to thrive and learn by reconnecting with friends, engage in interactions and have their emotional well-being supported. Parents can also contact their CYP's Therapist directly.

Q: I am really worried that my daughter who is Clinically Extremely Vulnerable has no date for her vaccination because she is only 12. Can I expect her to be vaccinated any time soon?

A: Certain criteria for Priority groups have been identified by the government : The priority groups are as first priority residents in care homes -80 years and over- front-line health and social care -70 and over- 65 and over- 50-64 -people aged 16-65 with underlying Long term conditions which includes profound multiple learning disabilities

Pfizer is authorised from age 16. Pfizer has enrolled for studies of children age 12 and over and will be expecting to release data in the summer. Astra vaccine is authorised for age 18 and over

For 18 plus: access the Chase Farm Vaccination Hub which has been set up for people with learning disabilities/Autism or mental health.

Parents, Carers and Service Users can access the site by following the instructions [here](#).

The Local Authority is also working with the GP federation in terms of identifying residents who have a learning disability, so the GP's can also offer appointments at other vaccination hubs or via local pharmacies.

Q: I am a carer for my severely disabled son but my GP said that I was not entitled to priority for vaccination – is this right? There is no one else to care for him if I get sick, as I am a single parent.

A: GPs do have clinical discretion when inviting patients for their vaccination, but decisions are based on individual cases. If you are a main carer for someone at high risk from the virus or you have a condition that puts you at higher risk you can contact your pharmacy or GP. If you have a concern and feel you are not being listened to please email Helen.tanyan@nhs.net or call 0208 702 3434 and ask for Helen Tanyan.

Q: Given the importance of annual health checks, how is Enfield ensuring that annual health checks are prioritised by GPs?

A: The Adult integrated Learning Disability service has focussed on ensuring YP/Adults from transition 18 years are followed up for Health checks. The service has a Nurse post who is dedicated to increasing access with Primary Care who we are expecting will also support CYP services in improving take up. A workstream is being planned to work on an implementation plan together with Health, Special schools, Joint service for Disabled Children and Education to improve information at Annual Review age 13+ for parents /carers with support from the Lead community Nurse and special school nurses.

Q: Will there be Makaton training for parents? Lots of parents are asking for it as kids are being taught in school but parents aren't being helped to support their kids.

A: We can deliver Makaton training for parents with our Peer facilitators and a Makaton Local tutor. We will aim to work with Our Voice to look at requests and to deliver the training programme. Contact Judy.sleat@nhs.net

Q: Is the LA looking at additional training for schools in diagnosing girls with autism? Schools do miss this because of masking, and it can lead to self-harm, eating disorders and school refusal on a wide scale. parents are often not believed because there are not behaviour issues. CAMHS waiting lists also still too long.

A: Our clinical lead in Autism Helen Cooke helencooke2@nhs.net (please copy Judy Sleat: Judy.sleat@nhs.net is open to tailoring and delivering training together with LA on identification, support and strategies working with Our Voice to deliver workshops and consultations.

Q: Why do children with a diagnosis and an EHC plan receive speech and language only once a term whilst they are in mainstream school and waiting for a special school place?

All CYP will receive the level and type of intervention as agreed in the EHCP to support aspirations and meet the outcomes. Dependent on the Needs assessment and support delivered within the school, CYP would be receiving a level of therapeutic input that has been agreed as meeting their support needs. Parents can speak to their Therapist or school if there are concerns that require addressing or need to be reviewed.

Integrated Learning Disability Service (ILDS) and transition

Q: Transition appears to be a very lacking area of support, so what is the borough doing to bridge the gaps and ensure parents are directed and supported in the right way?

- We have several Moving On Events throughout the year (see below) and a dedicated Care-to-Carer contact for those in transition. Carers can discuss any queries, anxieties etc.
- We have a comprehensive section in the [Mylife](#) website called 'Moving On – preparing for adulthood'.
- We have a robust transition pathway in place to support parents/cares and young people through transition.
- All young people in transition will have an Early Notification form completed either by the Children Disability Service or the special school they attend. This should ideally be completed by the time the young person is 16 so we have enough time to plan for their transition into adult services.
- Our Transition Officer works closely with all schools and SENCOs to provide information and clarity of the process required.
- Until the young adult is 18, Adult Care Services will not be the lead service. However, they will be working closely with the schools and Children's Services.
- Parents/cares will receive a letter from the allocated Occupational Therapist for Adult Health and Social Care Services, and will arrange a meeting to meet with parents/carers so that they can be introduced and have the opportunity to answer any questions regarding their son/ daughter's transition into adult services.
- The young person will be allocated an Occupational Therapist (OT) or Community Nurse (CN) depending on the school they attend who will complete a joint moving on assessment with a Social Worker from the children services. A 'Moving on Assessment' will be completed jointly with Children's Services/ Educational Services to capture information around the young adult's needs and what their aspirations for the future are. This assessment will also determine if they meet Care Act 2014 eligibility criteria.
- The Occupational Therapist & community nurse will work with the young adult and their support network to establish their current needs for care, abilities and aspirations in adult life.
- If the young adult is not eligible for on-going support from Adult Health and Social Care Services, you will be provided with information, advice and signposting to other services and resources that may be able to assist.
- The Occupational Therapist or Community Nurse will introduce the social worker to the young adult and their support network near the end of the assessment process.
- The Social Worker will be the named worker who will continue supporting the young person through the transition process. They will be known as the Care Coordinator.
- The Social Worker will look at what is important to the young adult and their assessed needs (from Moving on Assessment) and set measurable outcome to meet the young adult's needs, the support plan will describe how the personal budget will be spent to do this.
- The Occupational Therapist, Community Nurse and Social Worker may also attend education reviews at school/college.

Q: EHCP plans are in place up to the age of 25. Can you advise there are viable, well thought through options available, with clear pathways for young people from 16-25? If there are, can the LA please make it clearer and proactively promote/signpost the options as opposed to parents having to try and find them, alone?

- The transition from childhood to adulthood is known as Moving On. The pathway for Moving On explains what should happen between the ages of [14 to 18 years \(PDF\)](#) and [19 to 25 years \(PDF\)](#).
- For Young people over 14 with an Education Health and Care Plan (EHCP) their school will organise a year nine transition review to help them and their family. They'll give you information and advice on: accessing community activities, further education, independent travel training, Moving On events to support their future, skills to help them get a job and work-related learning
- We continue to work closely with our SEN colleagues to ensure processes are understood and clear.
- If you need more help, your school or social worker will refer you to the Cheviots disability team and help with an early notification form. This will help professionals decide if you need extra support to move to adult services. If you need extra support, you'll get a transition worker to help you complete a Moving On assessment. This lets us know what you want to achieve as an adult, including good health, education, employment and support needs.
- Adult social care work with Cheviots, so they will know about the young person and their needs for the future, as they you move into adulthood. Not all disabled young people require services from adult social care, so it will depend on their needs.
- A personal budget is available for young people over 18 who meet the fair access to care criteria. Money is allocated to meet their needs and help them purchase activities or support.

Q: Does the LA have an appointed/dedicated team to transition young people from children services to adult services? Do young people have an appointed caseworker? If not why not?

A: Each young person will have an allocated Occupational Therapist who will support them through the Moving On Assessment and then will have an allocated Social Worker to continue support planning.

Q: My child meets the criteria for Child Services, but I have been hearing that the threshold for Adult Services is much higher. Is this true and how do you make sure that the young person's needs are met?

- A Moving on Assessment will be completed to capture information around the young adult's needs and what their aspirations for the future are. The young person's needs are assessed according to the Care Act 2014 eligibility criteria.
- If the criteria is met The Occupational Therapist (OT) will work with the young adult and their support network to establish their current needs for care, abilities and aspirations in adult life.
- If the young adult is not eligible for on-going support from Adult Health and Social Care Services, you will be provided with information, advice and signposting to other services and resources that may be able to assist.

Q: How are you supporting and engaging colleges to support children with special needs effectively?

A: At the assessment phase of transition, the Occupational Therapist/Community Nurse will engage with college to ensure all needs are identified, they will continue to support college through referrals to other specialist services within ILDS or social care to ensure ongoing needs and interventions are offered to the young person during their time at college.

Colleges are encouraged to attend wider meetings such as Transition Implementation Group and annual/individual moving on events. Our individual services within ILDS will also work alongside colleges and this maybe with challenging behaviour through positive support plans and/or sensory assessment & intervention.

Enfield's [Local Offer](#) provides help and support to children and young people with Special Educational Needs and Disabilities (SEND), and their families. We offer a wide range of services for parents and carers, as well as young people who want to live as independently as possible.

Q: How do you support independence skills for young people with special needs?

o Independent living:

- We promote supported living where a young person can live in their own home, by themselves or with others. We provide them with the care and support they need to live as independently as possible.
- We have Adult Placement Scheme (APS) where young people leaving home or leaving care may wish to be settled within a family environment. These are usually homeowners who have a room to spare and it is seen as a stepping stone to leaving home and living independently.
- Vincent House-Vincent House gives young people aged 18 to 25 the opportunity to experience living independently and find out if it's something they want. There are 10 one bedroom and ten studio flats. There is a 24-hour concierge service and Outreach who deliver the individual support are on site on an 'as required' basis. Young people living at Vincent House will be supported through Occupational Therapy to develop skills and independence as both the Outreach and Occupational Therapist work together to support young people to do this.

o Getting a Job:

- There are range of different opportunities that are available to help young people with SEND into employment. In the service we have a team [Equals](#) who help young people decide if they want a job, what sort of job they want to do and assist them on their path to work. They'll help with finding vocational training, looking and applying for jobs, interviews, and supporting young people and employers once they have a job.

o Internships:

- There are supported internships for young people aged 16 to 25 years who are able to work but need extra support to do so. Equals currently work with a special school; to provide a supported internship programme for Interns who have an [Education, Health and Care Plan \(EHCP\)](#) and are committed to work. Young people will be assigned a job coach who will help them find the right job, support during the internship and be offered independent travel training.

o Occupational Therapy

- Assessments are carried out in a range settings relevant to the young person (e.g. home, day services, school, work, college etc...) & include information from a range of sources such as direct observation, liaison with service user, staff and families. OT will use assessment to identify strategies to reduce risk &/or improve a person's quality of life helping them to do more for themselves. Examples of these types of assessment could include feeding equipment, trackers to stay safe in the community, sequencing apps to help remember dressing routines or cooking a meal. Environmental assessments particularly for those with challenging behaviour and sensory issues may result in adapting

the environment to reduce triggers therefore allowing the environment to be a much calmer space.

Q: We hear about Moving On events through Our Voice, but others don't know about them. How do they find out, especially if they are currently in a mainstream school?

A: It can be a worrying time when young people move from childhood to adulthood. The way they access support and services will change and it is important to be prepared for these changes. We aim to provide young people and their families with as much information as possible to ensure they make the right choices about their future. At our annual Moving On event you can meet providers who offer support for young people and their parents or carers once they become 18. Information can be found on Mylife in [Moving On – Preparing for Adulthood](#)

We hold the following yearly events to give you more information:

- Money matters
- Health services and keeping healthy
- Getting a home
- Moving On
- Getting a job
- Mental capacity - what happens when young people become 16

Due to the COVID-19 crisis, this year's Moving On programme will be delivered online. For more details of the events, and information on how to book, you can view the [Moving On events information booklet 20-21 \(PDF\)](#) on the [Enfield Mylife webpage](#).

Short breaks and social care:

Q: I have heard that families can access 'Short Breaks' but I don't really understand what these are or how I can access them. I have looked at the council's website but I am none the wiser really! Is there a simple explanation of how it works and who is eligible?

A: We are currently working with Our Voice and other voluntary organisations to review the local Offer and update the short break statement so that the information about how you can access services and support is clearer.

The SENCO at your child's school should be able to advise you, but if you are still unclear please contact Cheviots and we will arrange for someone from the team to contact you.

Short breaks are an opportunity for your child to take part in play and leisure activities. Some children will be able to access activities in the community, some will need some additional support and some will require specialist services.

Referrals need to be made by a professional that knows your child and the referral should be completed with you so that we know that you agree to a referral being made and that the information about your child and your needs are agreed with you.

A panel will then look at the information provided and agree a level of short breaks that should meet your child's needs and provide information about services to contact.

Q: When parents are really struggling to get something, they get told they need to have an assigned social worker, but parents often have worries about that and feel that there is a stigma attached. Is there anything that can be done by the Local Authority to reassure parents and raise awareness that Social workers are there to help them and not to catch them out? Can more be done to train Social Workers to help them to directly address this perception?

In Enfield you do not need a social worker to access short breaks.

There are two pathways for referrals:

- if there are safeguarding concerns about a child
- is for referrals for short breaks and family support.

Referrals need to be made by a professional that knows your child and the referral should be completed with you so that we know that you agree to a referral being made and that the information about your child and your needs are agreed with you.

There may be times when it is felt that an assessment by a social worker would be helpful, this is usually when the child has complex needs, there are a number of children or family members with disabilities or additional health needs or where a high level of specialist support is needed to meet needs.

A social worker may also undertake a review of the short breaks package to ensure that it continues to meet your needs when needs have changed or where a high level of specialist support is needed to meet needs.

Social workers do have a role to ensure that children are safe and must complete assessments where concerns are received, but in situations their role is to support children and families.

We have 9 specialist social workers in our team at Cheviots, so we do not want all families to request a social worker and we do not feel that all families need a social worker.

We are planning to add information to the Local Offer about the role of a social worker and the different types of assessments that may be undertaken.

We want families to be able to access the services and support they need without the need for a social work assessment.

If you ever have concerns about the role of a social worker, please contact Cheviots by email cheviots@enfield.gov.uk or call on 0208 363 4047 and ask to speak to the Duty manager.

Q: Sometimes it seems that commitments made by Heads of Departments are not communicated down to everyone in their teams properly, meaning that when parents call the team responsible for implementation, they are given a different response. What can be done to improve this and ensure that parents are given consistent responses?

If you feel that you have been given different advice, I would welcome parents contacting the team managers, Service Manager or me to discuss this with us so that we can resolve these issues. Parents can also email Cheviots and we will get back to them.

Q: The pandemic has meant that many parents have not had any respite for a very long time and some are seriously struggling as a result. Will the LA be reviewing eligibility rules to make sure that families can access support when they need it, and will there be sufficient funding to allow this to happen?

A: We understand the impact that the pandemic has had on families.

We have continued to review new referrals to the service and requests for additional support.

All the commissioned playschemes have been running but with limited places and we are already in discussions with them about the services they will be able to offer during the summer.

There has not been the progress that we would have hoped, due to the pandemic, on progressing two new playscheme providers but we are hoping that they will be able to start this summer.

We have been in discussions with an organisation about delivering sports activities this summer and are working to plan taster sessions in May.

The play and leisure survey will also inform our commissioning priorities, we have received over 300 responses.

We are delighted that ALWA is now registered with Ofsted so can accommodate children aged 6 yrs +

The Government is providing funding specifically for children in receipt of free school meals, I have met with the coordinator of the project to ensure that organisations that bid for funding to deliver schemes , can ensure that they can accommodate children and young people with SEND.

The Youth Service will also be delivering the summer university programme.

As we move into a recover phase in this pandemic, we will be reviewing our risk assessments to consider how we can increase the number of children accessing schemes and as the weather improves the use of outdoor areas will enable us to increase numbers on the schemes.

Parents who receive a short break grant will soon be able to access the activities that their child enjoys as more venues open.

We will continue to advertise activities on the local offer and in the parent newsletters.

Q: Please can you let me know about any funding being set aside to provide safe fun environment for our children to access. Particularly when Covid restrictions have been lifted. E.g. soft play, access to adventure playgrounds, swimming pools etc.

The Government is providing funding specifically for children in receipt of free school meals, organisations that bid for funding to deliver schemes, will ensure that they can accommodate children and young people with SEND. Information about these schemes will be available via schools, the local offer and Our voice.

The play and leisure survey will help us to focus our resources on the activities that children want to do.

There is information about activities that are available in Enfield on the Local Offer website.

If you are looking for a specific activity you can contact Cheviots by email cheviots@enfield.gov.uk or call on 0208 363 4047 and we will try to help.

Transport and Travel Brokers

Q: What is the process for bus transport for secondary school? Is it the same as primary? Do we need to reapply or wait to be contacted?

A: It would be a change in circumstances, so therefore the Travel Brokers should carry out a review to ensure the child still meets the criteria for travel assistance and also see if alternatives should be offered e.g. travel training and Personal Budget options. The Broker will then make the necessary arrangements.

Q: Last year I decided to take a personal budget to get my son to school, because I didn't feel it was safe for him to be on the bus. I am now finding this difficult as it is quite a time-consuming journey. We would like to go back to using the school bus soon (as soon as I feel confident that the Covid risk has reduced). Can I go back to my old arrangements and what do I need to do?

A: In these cases, we would need to organise a review to see if we can look at providing an alternative personal travel budget. If an alternative cannot be found, the option of your son can return to using School transport.

Q: How are escorts being trained to support the children on their routes, particularly those with challenging behaviour? Have all staff now received Positive Behaviour Support training?

A: All LBE employed passenger assistants undertook this training in January 2020. We do endeavour to match more experienced passenger assistants with pupils with challenging behaviour however there may be occasions when we are unable to do this.

Q: My daughter has recently gone back to school but I am worried about how she can be kept safe when she goes back to using the bus. Are transport sure that the current Covid-safety measures are effective? I notice that the driver doesn't wear a mask, and my daughter is unable to.

We will do our utmost to keep pupils and staff travelling on our vehicles safe and safety guidelines i.e. PPE to be worn at all times (unless medical condition does not permit), hand sanitiser to be available in the vehicles and a daily clean of the vehicles are conducted in house with a deep clean undertaken at the weekends. Also, staff are instructed to take regular COVID lateral flow testing and results to be submitted to transport.

Q: What is the process for bus transport for secondary school. Is it the same as primary? Do we need to reapply or wait to be contacted?

A: It would be a change in circumstances, so therefore the Travel Brokers should carry out a review to ensure the child still meets the criteria for travel assistance and also see if alternatives should be offered i.e. travel training, PTB options. The Broker will then make the necessary arrangements.