



**PCF Questions to SEND Collaborative Forum
3 November 2021**

How we sought questions/feedback from parents:

- Request for information via our specific Newcastle PCF Facebook page
- Shared on several local SEN Facebook pages
- Face to face consultation with some parents
- Dedicated online 'zoom' meeting with open access to all parents/carers in Newcastle

Overall Impression from Parents and Carers:

The LA and Health Services are aware of the main areas that are problematic as parents and carers are frequently asked for their feedback.

Parental engagement, which we appreciate is encouraged, does not appear to be affecting any real improvements in services.

Parents have not seen any progress in key areas.

Parent/Carer morale is very low. Parents report that empathy from staff in frontline services, and from the admin teams that support them is lacking.

Communication from services both with parents, and between each other (which ultimately impacts on parents) **is abysmal.**

Parents feel they are left to be the co-ordinators of their own child's care and support, and those who are comfortable with this believe they are not provided with the necessary tools to be able to do this effectively.

General Comments:

Communication from all services is poor
Timelines are not adhered to across all services
Staff do not return calls to parents when they say they will
Parents feel that the LA, Health Services and Schools are scared to be openly accountable for their wrongdoings. Sometimes an apology and acknowledging there was a problem would count for a lot. This approach should be available without needing to make formal complaints
Staff from the LA and Health seem to 'hide' from parents, who feel they are passed from person to person, and department to department when trying to make contact
No-one dealing directly with parents appears to have decision making powers causing frustration and delays.

PCF's questions are in bold below and the LA/CCG responses are set out underneath.

CROSS SERVICE RESPONSE REQUIRED	
1.	<p>How are services going to work together to decide who, and how, post-diagnostic support to parents and young people with Autism is provided, and by when?</p> <p><i>The current situation is that, unless a child receives medication that requires review, that they are discharged from CYPs immediately after diagnosis.</i></p>
	<p>The SEND Executive Board sees transforming the autism offer and all the therapies offer as a key priority for Newcastle. We are working on a case for change to secure the sponsorship of the Collaborative Newcastle Directors Group and following this will start a programme to completely redesign the system. Jackie Cairns, Director for Newcastle System, will be chairing an Autism Strategy group to consider all aspects of autism provision in the city. Parents/carers who are experts by experience will be involved in all systems redesign projects from the earliest stage. But change will take time.</p> <p>In the meantime, we have the following work underway to help support parents and young people post diagnosis:</p> <ul style="list-style-type: none"> • There has recently been an agreement that staff in the LA will be trained in both Early Bird and Teen Life (post diagnostic parent support groups) which will then be offered to parents / carers. • For parents of children in the Early Years we will be rolling out Early Bird training. A team of specialist Early Years teachers, Communication and Interaction teachers and the specialist Educational Psychologist for Autism are attending training for trainers in December and then there will be a rolling programme for parents / carers. • For parents of older children, we are bringing together teams from the SEND Outreach Service, Thomas Bewick School, Health and Social Care to discuss how to provide a joined-up approach for parent/carer training. The CYGNET training programme and Teen Life are being considered. • Children and Families Newcastle Autism Hubs are currently providing support groups for children under age 7. <p>When children receive an autism diagnosis, In the SALT service offers parents post diagnostic support to help them understand more about how autism affects their child's communication and to teach them strategies they can implement at home. We visit playgroups and nurseries in Newcastle to work with the team around the child with autism in order to provide the best language and communication environment.</p>
2.	<p>How, and by when, will you work together to capture the number of pupils with a private Autism diagnosis?</p> <p><i>This needs to be understood in developing the citywide provision to meet the correct level of need.</i></p>

	<p>We know that many families have sought private diagnosis but there is no data source to enable us to assess the numbers accurately. We do closely monitor numbers of children with SEND needs as part of our place planning forecasting model. We know that the number pupils with an EHCP who have autism as their primary need increased by 83% between 2016/17 and 2020/21, a total of 528 children. We are forecasting that in 5 years we will have an additional 170 children with autism, a total of 698 children. We are looking to ensure that services meet the needs of this growing population.</p>
<p>3.</p>	<p>How aware of services of the changing narrative in the autistic community, and what are you doing to ensure you capture the voice of this group?</p> <p><i>Our autistic children will grow (very quickly) to be autistic adults, and they need to be able to be a welcomed, well-informed member of their community, with their core values and beliefs aligned to those appropriate to their neurodivergence, not aligned to that which is deemed appropriate to neurotypical professionals.</i></p> <p><i>This involves the language used in describing autism, the rejection of behavioural solutions, the need for true inclusion (changing the environment, not the child) and the absolute embracement of ‘all behaviour is communication’ and ‘children do well if they can’ approaches.</i></p>
	<p>We are reconvening the Autism Strategy Group and we hope that this work will be informed by people who are experts by experience.</p>
<p>4.</p>	<p>Are managers aware that their own staff are encouraging parents to complain to effect change, and are openly acknowledging to parents that the service they work for is not good enough?</p> <p><i>We do not wish to name services where staff who have done this, but it is widespread across several LA and Health departments, and not a comment focused on any one team.</i></p>
	<p>Our staff, like everyone else have had a very difficult 20 months, we acknowledge that services are stretched, and that the pandemic has added to these pressures. Some staff have felt overwhelmed and frustrated, and there may have been occasions where it is entirely appropriate for staff to inform families ‘that their service is not good enough’ but we would hope that they would also inform families about plans to improve. It is also appropriate for staff to signpost parents to the complaints procedure of their specific organisation where families are not satisfied with the service that they have received.</p> <p>We would of course prefer that staff raise their concerns with management. We have structures in place where staff can raise any concerns with management for example at regular one-to-one supervision sessions and team meetings where service improvement is a regular agenda item. We have also set up the SEND Collaborative Forum to provide opportunities for service managers from health, social care and education to report any concerns directly to the CCG and LA.</p>

5.	How are you currently, or can you consider a way of, engaging with your own front-line staff to get their views on how service improvements can be made?
	<p>We always involve front line staff in service development and are committed to involving parents and carers and children and young people. As we said above staff can bring their ideas to supervisions and discuss service improvements at their team meetings.</p> <p>We will look into what other structures we can put in place to ensure that front line staff feel comfortable giving their ideas.</p>
6.	What support is available, and what further developments are planned for, the siblings of children with SEN?
	We are considering including support for the siblings of SEND in a future training package.
7.	<p>Can a 'lead professional' be allocated to a child with SEN, who is responsible for pulling together/co-ordinating all the cross-agency communication and services that child needs?</p> <p><i>This would reduce the burden on parents. It seems this is only available to families who have social services involvement when the social worker becomes this 'lead professional'.</i></p>
	<p>If a child is in the assessment process or has an EHC plan, the SEND Caseworker is the lead professional for matters relating to the child's SEN. If a child is at SEN support the SENCO is the lead professional for SEN related issues.</p> <p>Families may also be able to access support from the new team of Family Partners that have been established under Children and Families Newcastle. This newly developed role will support children, young people and their families to explore what support is available to them, navigate the services on offer and empowering them to make positive changes to their lives. Every school has been allocated a Family Partner.</p>
8.	<p>Why are services reluctant to give parents direct contact details (e.g., email/mobile) of the professionals involved in their child's care?</p> <p><i>It would be so useful for parents/carers to be able to get hold of the person they want to speak to directly, rather than chasing admin staff, leaving voicemails etc. The current way of working is unhelpful and old fashioned, especially as parents are currently left to co-ordinate everything for their child but are not given the tools to be able to communicate directly with the people they need to speak to.</i></p>
	<p>Each individual team has their own standard communication procedure. Clearly though we need to improve how we communicate with families across all services. We will look to include more details about what is expected in our service specifications going forward, and in the interim we will work with staff and families to develop Communication standards for all services.</p> <p>We have recently published contact details of all SEND services on the local offer.</p>

JOINT RESPONSE FROM LA AND LSCB REQUIRED	
9.	<p>How do the LA/LSCB ensure that services purchased by schools are quality assured?</p> <p>The information schools receive from unregulated, external providers directly impacts on children in schools. For example, there is a widespread acknowledgement of issues with a specific, unregulated, private provider, yet schools continue to buy in as the price is competitive.</p>
	<p>It is the responsibility of schools to quality assure the provision that they fund whether it is delivered off site or delivered in house.</p>
10.	<p>What will be done to ensure that the CYP in our schools are protected from poor advice from unregulated external providers?</p>
	<p>Same answer as the above. Schools can contact the LA for advice and guidance if they are unsure, but they should be carrying out robust checks.</p>

LOCAL AUTHORITY RESPONSE REQUIRED AUTISM AND SCHOOL RELATED (INCLUDING, BUT NOT LIMITED TO: SEN OUTREACH – E EAST, SENDIASS, SCHOOL IMPROVEMENT SERVICE, EDUCATION PSYCHOLOGY)	
11.	What is the current take up of the Autism training offered to schools?
	<p>SEND Outreach Service</p> <p>The Communication and & Interaction (C&I) teachers are seeking funding to become trained trainers for the delivery of parent training. We are looking at joining up strategic thinking about parent training between C&I teachers and speech & language therapy. We offer needs-based training for Additionally Resourced Provisions (ARPs) which is mostly taken up by staff. 30 Early Years settings and 65 schools have accessed Autism Education Trust (AET) training of some kind between Sept 2020 and Oct 2021. This includes training sessions delivered to whole staff in the school/setting.</p> <p>School Effectiveness</p> <p>The training offered by School Effectiveness is usually bespoke to schools and around the implementation of whole school systems such as: using assessment tools; the mainstream guidance; completing SEN Support plans, rather than around a specific need. Details of the training offered are set out below:</p> <ul style="list-style-type: none"> • The ‘SEND Mainstream Guidance’ training includes a section around good practice when supporting children with the communication and interaction area of need at a SEN support level. This training was introduced in 2018-19 and all schools (all staff) have had the training either by their or by the School Effectiveness team and lead SENCOs. This training is to be offered again to schools that buy into the School effectiveness services or where we consider there is a need for training. • The team also offer New SENCO training for new SENCOs. Last year there was an 80% take up and 100% attendance in the first session this year. • The team are working with SEND Outreach Service to develop a training package: ‘High Quality Teaching for all pupils’ which they hope to deliver in the summer term. <p>Education Psychology Service (EPS)</p> <p>All Autism training by the EPS would be requested by schools and be bespoke to their needs. Over the last three academic years:</p> <ul style="list-style-type: none"> • One EP delivered ‘Introduction to Autism’ training for whole staff teams at two schools. She also facilitated 2 rounds of ‘parent workshops’, for parents of children with a diagnosis or who were on the pathway, at one school– one round delivered in 2019 and one in 2020. • One EP delivered training to one school on Autism in 2021. • On EP has used a reflecting teams approach to discuss how staff at one school best support children with autism. • In May 2019, two EPs delivered a training session called 'An Introduction to Autism' to the Teaching Assistants at one school.

	<ul style="list-style-type: none"> The Senior Specialist EP for Autism has supported the development of good practice through network meetings with the Communication Disorder (CD) ARPS. <p>You asked for a local authority response but the Speech and Language Service, at Newcastle Hospitals (NUTH) also provides training as follows: Uptake of Understanding autism:</p> <ul style="list-style-type: none"> 2020/21: 31/57 schools, 43/104 parents 2021/22: 18/59 schools, 16/62 parents The team is investigating the reasons for the relatively low parental uptake.
<p>12.</p>	<p>As a PCF, can we see/experience the content of the autism training to schools' package offered by the LA?</p> <p><i>It is important that training sessions don't offer blanket recommendations of ways to work based on an autistic stereotype. Every autistic person is an individual and needs to be treated as such. So, while autism awareness and absolute acceptance needs to be promoted in every school, this needs to be done under the banner of true inclusion.</i></p> <p><i>In working with schools, we would ask that the LA acknowledge that training in autism is inherently problematic as it can never cover the nuances of every autistic child's neurodivergent personality. We would like this expressed to schools strongly during training.</i></p> <p><i>If this is not understood, schools may become dangerously complacent. They may feel they understand autistic/neurodivergent pupils as they have 'successfully' had a child with an autism diagnosis in school before. However, this doesn't mean they have any idea about the next autistic child that follows. This belief and lack of a wider perspective can, and does, causes harm. It also ignores the complexity of the individual by making assumptions about their own provision and complacency based on historic success.</i></p>
	<p>The AET has a young person panel of 12 YP to support co-production of materials. This issue has been raised during feedback sessions with AET who have recognised that there is a need to consider involvement of adults with autism. The materials are very much presented as supporting 'difference' not 'deficit' model.</p> <p>Training is strongly based on an understanding of neuro-diversity and young person's autistic viewpoint. All specialist teachers for Communication and Interaction have a very flexible approach when delivering the training and provide a range of materials to provide a more bespoke approach responsive to needs of schools and the individual pupils within the school. Autistic voice is very well understood, and differences are promoted.</p> <p>Autism training and support around individuals delivered by the EPS includes the message that all individuals with Autism are unique with their own pattern of strengths and needs.</p> <p>The city's approach to training for autism will be discussed as part of the Autism Strategy Group and the PCF will be invited to be part of this group.</p>

<p>13.</p>	<p>How aware are services of the changing narrative in the autistic community, and how do you engage with the autistic community to get this understanding?</p> <p><i>The change in narrative involves the language used in describing autism, the rejection of behavioural solutions (even those promoted as ‘Positive Behaviour Solutions’ and not just the more well-known and problematic Applied Behaviour Analysis approaches) and the acknowledgement of the trauma they cause, and the absolute embracement of ‘all behaviour is communication’ and ‘children do well if they can’ approaches.</i></p>
	<p>All specialist teachers for C&I are very aware of this and keep their professional development up to date with current thinking. The team have wide ranging and lived experience of autism as well as professional interest</p>
<p>14.</p>	<p>Would the LA be prepared to openly acknowledge that behaviour modification approaches are inappropriate, traumatising and invalidating for neurodivergent children and use your influence to seek to have this widely understood?</p>
	<p>The training provided and advice provided to schools by the LA specialist teachers does not usually recommended highly systematic approaches. Reward systems might be recommended that are bespoke to the individual pupil to encourage focus on a task. Reward systems are discussed with pupils and schools are encouraged to consult with parent/carers when implementing a personalised reward system. It is recommended to schools that behaviour policies are used flexibly to have a positive approach rather than using sanctions. In addition, school might be advised to take an approach that stops and redirects a pupil to a different more purposeful activity. It is recognised that all behaviour is communication. Terminology is chosen carefully, for example, behaviour is ‘distressed’ rather than ‘challenging’; it is usually the case that the child cannot do the task rather than ‘won’t’ do it.</p> <p>Advice is provided from a neurodivergent point of view. Specialist teachers for C and I would never encourage a child to be neuro-typical or to suppress or mask needs. Rather a range of personalised approaches are required to meet the needs of individual children.</p> <p>The city’s approach to autism will be discussed as part of the Autism Strategy Group and the PCF will be invited to be part of this group.</p>
<p>15.</p>	<p>How have autistic advocates/adults been involved in the overseeing the development of training for children specifically in Newcastle schools?</p> <p>The Autism Education Trust may well be approved by the DfE, but it is not without controversy in the autistic community. It is a joint venture ‘hosted’ by the National Autistic Society (NAS) but a collaboration between the NAS, Autism Alliance and Ambitious about Autism. The NAS is not without its issues in the autistic community, and Ambitious about Autism is a charity that raises money to fund ABA research and ABA schools. Autism does not need to be cured or trained out of</p>

	children, but this is how they make their money, and if they simply prompted acceptance and inclusivity, their business model would be unviable.
	Cognition and Interaction teachers are advocates for people with autism and are central to the development of training in Newcastle. The city's approach to autism will be discussed as part of the Autism Strategy Group and the PCF will be invited to be part of this group.
16.	Have Newcastle simply adopted an 'off the shelf approach' to training in Autism based on DfE recommendations, or has it been personalised to our city and the needs of our neurodivergent learners?
	The AET training is the primary tool used for training, but teachers adapt and enhance the materials with their own examples and experience from working with families and across Newcastle schools and settings. All training delivered by the EPS is adapted to and responds to the needs of those schools that are requesting it.
17.	Is the LA prepared to challenge schools for inappropriate approaches to handling neurodivergent behaviours? If so, how will this be done? <i>The acceptance of neurodivergence is currently a lottery, depending on the school and individual members of staff. Empathy, kindness and acceptance should be practiced by all members of staff.</i>
	The LA works with schools to achieve the best outcomes for all pupils with SEND. This work could be on an individual, small group or whole school basis. All schools are actively encouraged to take part in any Neurodivergent training that is offered through the Local Authority. Empathy, kindness and acceptance should be practised by all.
18.	Will the LA consider providing schools with training on the low arousal approach? <i>Encouraging teachers to reflect upon their own emotional state and the impact this has on the child is incredibly important, and would benefit all children, not just those with SEN.</i>
	Co-regulation is promoted and modelled within schools. Specialist teachers for C and I have attended training from Gareth Morwood, the expert in this area. Schools are encouraged to reflect on their own practice and the school environment. However, we acknowledge that there is ongoing work to do in this area.
19.	What provision is planned for autistic children who don't have a moderate to severe learning disability but whose needs cannot be met in mainstream settings or ARPs? <i>There are a significant number of children that fall into this category of 'not fitting' the systems in place currently.</i>
	The approach that works best for children is flexible provision that is bespoke and responsive to each child's needs. Often children need key members of staff to

	understand individual needs and facilitate learning in a large, busy environment. The LA should consider how this approach could be more widespread.
20.	Are SENDCO roles protected in Newcastle schools?
	The role of the SENCO is set out in the SEND Code of Practice, which states the SENCO should have 'sufficient time and resources to carry out these functions'. As every school is different the SENCO role varies across Newcastle schools. Schools can be sensitively challenged by the School Effectiveness team where there is concern about the role of the SENCO.

LOCAL AUTHORITY RESPONSE REQUIRED	
SEN TRANSPORT	
21.	<p>What improvements are planned, and by when, in SEN Transport?</p> <p><i>PCF feedback has been given on this area separately following a specific consultation with parents. The PCF have been waiting 3 weeks for a response. NB: Since the SEND Collaborative Forum meeting, we have received a response that we will be challenging in due course. It is underwhelming and lacks honesty and transparency.</i></p>
	<p>Investment is being made in the SEND home to school transport service to develop independent travel training. We are experiencing significant and unprecedented difficulties in commissioning providers for some of our transport routes. This is due to a number of factors e.g., staff illness, a shortage of drivers etc, and we are working to resolve these problems. However, where possible we will always offer a Personal Travel Budget to enable families to make their own arrangements.</p>
22.	<p>Can the LA arrange an alert system with schools to ensure that parents whose children who are transported by the LA and who do not arrive at their educational establishment on time and as expected, receive timely notification, as happens elsewhere?</p>
	<p>Drivers are asked to alert the SEND travel team if there is a hold up or delay and the team keep parents and schools informed. The following information is part of the mandatory briefing for SEND transport drivers and is also in the driver escort handbook that all contractor staff receive. We provide copies for each person working on our routes and ask that they should be kept on the vehicle. It says the following:</p> <p>Alert your provider and the SEND travel support team of any delays i.e. heavy traffic, weather conditions etc. This will enable them to keep parents and schools informed that the children may be late in arriving at their destination and reduce any anxieties this might incur.</p> <p>If this has not happened please could parents and schools let us know and we will address this with the companies directly.</p>

LOCAL AUTHORITY RESPONSE REQUIRED SEN DEVELOPMENT AND ADMINISTRATION EHCP SPECIFIC	
23.	<p>What is the current data for the EHCP process?</p> <ol style="list-style-type: none"> 1. How many applications were received last year (2020-2021)? 2. How many were completed in time? 3. How many went to appeal at tribunal? 4. How many were conceded ahead of tribunal? 5. How many cases were won at tribunal by parents?
	<p>This data below is from the published SEN2 for the calendar year 2020-21:</p> <ol style="list-style-type: none"> 1. How many EHCPs applications were received last year (2020-2021)? 351 2. How many were completed in time? 148 3. How many went to appeal at tribunal? 5 in 2020 and 2 in 2021. 4. How many were conceded ahead of tribunal? 1 5. How many cases were won at tribunal by parents? 0 went to tribunal <p>It is an absolute priority that we improve the timeliness of EHC assessments. We have invested heavily in additional staffing and training for the team to ensure that we can mee the deadline and this is a key part of our Accelerated Progress Plan.</p>
24.	<p>What action is the LA prepared to take to ensure that schools/SENDCO's make parents aware of their legal rights in, for example, making a parental request for EHC Needs Assessment?</p> <p><i>The current understanding of the EHCP process in some schools and the advice that they give to parents is often inaccurate, unlawful, and inappropriate.</i></p>
	<p>It is very disappointing to hear that the PCF feel that understanding about the EHCP process in some schools is lacking. If the PCF has any particular issues, we would be keen to hear about them and will take issues up with the specific schools. As you know the local authority has an advisory role in respect of most schools and we have put structures in place to help raise understanding about the EHC process in schools, some examples are set out below:</p> <ul style="list-style-type: none"> • A SENCO Network, led by a SEND Adviser from the School Effectiveness Service, is held every half term, and is an opportunity to share good practice, provide updates and training. • A SENCO Drop-in with the SEND SAR services is also available to schools on a termly basis to provide advice and support. • SEND Caseworkers have regularly termly meetings with SENCO's. • Each school has an allocated SEND caseworker. • The LA work closely with schools when any particular concerns are raised. This may highlight a need for intervention, action or training. • The SEND Information Advice Support Service is promoted by the LA.

- We are currently looking at our 20-week assessment process and schools are involved in the work
- We always consult with schools when making any improvements e.g., we have recently updated the EHC referral form following comments by SENCOs, so that referrals can be made on the SEND Portal.
- SENCOs are invited to be observers on the EHC Inclusion panel.
- We are relaunching our local offer website in November and services have been asked to ensure that all information up to date.
- The SEND sub group of the Promise Board is in place to ensure collaboration and opportunities for SENCOs and School Leaders to meet, share, identify priorities and then consider innovations.

Please pass on any further suggestions that you may have to raise the level of understanding in schools.

LOCAL AUTHORITY RESPONSE REQUIRED CHILDREN'S SOCIAL CARE	
25.	Why are social care not actively involved in assessing need in all EHCP's?
	<p>This was a gap but now Social Care are actively involved in assessing need in all EHCP's:</p> <ul style="list-style-type: none"> • The SEND SAR Team inform Social Care of when a request for a statutory assessment has been received. • If the LA agree to undertake a full EHC assessment Social Care are routinely asked to contribute to the assessment. It is not a requirement to undertake a full social care assessment, but they will consider the information submitted as part of the request and if they are not currently involved, will contact parents to discuss social care needs and offer advice as appropriate. A report is then submitted outlining the discussion and any actions. • Social Care are represented at the SEND Inclusion Panel and feed into the discussion to support decision making
26.	What is the current waiting time for the allocation of a social worker in the Disabled Children's Team?
	<p>As far as we are aware there is no current wait time for the allocation of a social worker in the disabled children's team. However, is there are particular cases that require further discussion please contact Bill Pottinger Team Manager 0191 2774700.</p>

LOCAL AUTHORITY RESPONSE REQUIRED
SCHOOL EXCLUSIONS

- 27. What is the current data on exclusions for Newcastle?**
- 1. What are the current permanent exclusion rates for children with SEN in Newcastle, compared to non-SEN?**
 - 2. What are the fixed term exclusion rates for children with SEN in Newcastle, compared to non-SEN?**
 - 3. Why is the current target to get in line with the national SEN rates? The fact that they are far higher than the non-SEN rates is a clear indication of unmet need/lack of support.**
 - 4. Can we aim for better (or far better) than the national average?**
 - 5. If a child with SEN is permanently excluded this is currently scrutinised by the LA. What is the LA's view that fixed term exclusions of SEN children should also be scrutinised in this way? Numerous fixed term exclusions often lead to permanent exclusions, and it would be better to help schools to better understand the needs of the child before permanent exclusions occur.**
 - 6. If we don't address issues around the fixed term and permanent exclusions of SEN children in Newcastle the message to them, and parents, is that the LA condone SEN children being punished for behaviour associated with their condition. How would you respond to this belief?**

1.and 2. Permanent and fixed term exclusions published data

	Permanent Exclusion			
	Newcastle		National	
	SEND	No-SEND	SEND	No-SEND
2019-20	0.31	0.10	0.18	0.04
2018-19	0.39	0.09	0.29	0.06
2017-18	0.30	0.12	0.30	0.06
	Fixed Term exclusions			
	Newcastle		National	
	SEND	No-SEND	SEND	No-SEND
2019-20	11.0	2.5	11.2	2.4
2018-19	13.9	4.0	15.7	3.6
2017-18	11.3	3.8	15.3	3.4

3. and 4. We have committed to reduce exclusions to levels in line with the national picture within 12 months in our Accelerated Progress Plan agreed with the DfE. However, we are much more ambitious than this and want to see levels reduce significantly. We will set targets with individual schools where appropriate.

5. and 6. We agree fixed term exclusions are often a sign of unmet need and often escalate to permanent exclusions. We have recently agreed a proposal to support children with SEMH needs in school to help reduce exclusions. Profiles of exclusions data have been produced for every school and the SEND Sub group of the Promise Board has recommended that schools publish their data allowing challenge.

HEALTH RESPONSE REQUIRED	
28.	<p>What are the current waiting list times for the following?</p> <ul style="list-style-type: none"> • CYPs • OT • Physio • SALT • Wheelchair Services • Continence Service • Disabled Facilities Grant
	<p>It is acknowledged that waiting times for all services are too long. We have already carried out a review of the SALT services provided by NUTH and they are mobilising the new system/service.</p> <p>Occupational Therapy services, including equipment services, are currently undergoing a review which is being done by the CCG/LA. In response to the SEND revisit the accelerated progress plan contains areas pertaining to OT services highlighting the urgent need to address waiting lists.</p> <p>The specific data that you have requested is set out below:</p> <p>CYPs</p> <p>Average client waiting time from referral to start of treatment (weeks - All Pathways) – 14 weeks (source: CNTW Client data set).</p> <p>OT</p> <p>Average client waiting time from referral to start of occupational therapy (weeks) – 81 weeks (source: CSDS).</p> <p>Physio</p> <p>Average client waiting time from referral to start of physiotherapy (weeks) – 11 weeks (source: CSDS).</p> <p>SALT</p> <p>Average client waiting time from referral to start of SALT (weeks) – 23 weeks (source: CSDS).</p> <p>The CYPs figures are derived from current clients plus those discharged this financial year. The CSDS figures are derived from patients who have had a contact this financial year. We are not able to provide waiting times for children who have not been seen yet from the CSDS.</p> <p>Wheelchair Services</p>

The waiting times vary depending on how the referrals are triaged by the service. For example, if a child was referred for standard equipment that the referrer could prescribe themselves from the referral form, then the equipment would be supplied within a week. However, it is worth bearing in mind there are national supply issues with equipment, so this has caused some recent delays which are not usual for our service.

Depending on the information and detail on the referral form, this determines how the service proceeds with the referral. There are a number of options:

1. Chair and cushion clinic (run weekly) - around 6/8 week wait

This would be for standard provision - basic buggies and wheelchairs etc.

2. Buggy clinic (held once every 8 weeks) - can be 16 week wait

This is for more specialist assessment from a therapist and visiting rep from company outside the trust.

3. Special Seating Clinic (held once a week) - can be 5/6 week wait

This is for our most complex referrals adults and children. There is a full team including a senior therapist, a rehabilitation engineer and a seating specialist/rep from a visiting company.

4. Domiciliary visit completed by one of the therapy team

Priority is always given to palliative clients, those with highlighted urgent needs or to complete hand overs of previously assessed for equipment and seating. These patients then move the top of the list. In light of the pandemic our waiting times have appeared longer in some instances. For example, appointments have been offered but declined by families due to the pandemic and shielding.

Continence Service

Please see response to question 34 below.

Disabled Facilities Grant

Wait for an OT assessment to be completed and referred to Fairer Housing Unit

- Up to 3 years, depending on clinical needs

Once referrals received by the Fairer Housing Unit:

- Priority cases are currently dealt with within a waiting time of 2 months (the majority of cases being referred are priorities).
- Routine cases have a current waiting time of approximately 4 months.

29. What is planned, and what action has already been taken, to reduce waiting times across key services (e.g., OT, CYPS)?

	<p>Waiting times for the SALT, OT and Autism services are currently under review and form a key part of the Accelerated Progress Plan. Following the last SEND Executive Board in October, a Case for Change for therapies is being prepared, to look at ways to urgently tackle waiting times and transform the services in the longer term.</p>
30.	<p>CYPS</p> <p>Why does the ASD pathway at CYPS take so long when the face-to-face contact with the child/young person is minimal after the initial forms/assessment paperwork have been completed?</p>
	<p>The diagnostic assessment involves corroboration from multiple sources – but the delay is primarily related to the increased demand from referrals over time and the effect this has on capacity.</p>
31.	<p>CYPS</p> <p>Why are autistic children with mental health needs not prioritised in Newcastle?</p> <p><i>In other areas (e.g., Teesside) CYPS prioritise autistic children who are re-referred for mental health problems, clearly acknowledging that the suicide rates among autistic people are far higher than the general population.</i></p>
	<p>If a child needs urgent mental health support, they will be picked up within the mental health pathway and supported through their mental health issues. We are unable to comment on other areas. If parents wish to raise any individual concerns these need to be addressed to the service provider.</p>
32.	<p>OT/Physio Services</p> <p>Are any changes to the commissioning of OT and Physio planned?</p> <p><i>The current arrangements are not sufficient to meet the needs of CYP. They simply assess, diagnose, provide strategies and discharge. What happens if the child has problems? What if their needs change? What if school needs support? Who monitors the progress of these children's OT and physio needs?</i></p>
	<p>The CCG and LA are in the process of doing a service review of OT provided by NUTH. A review of children's Physio and community nursing will follow.</p> <p>Paediatric Physiotherapy - NuTH</p> <p>The Community Children's Physiotherapy service is currently commissioned to provide specialist assessment, intervention and monitoring based on clinical need. Patients are only discharged if the problem is resolving or has resolved / patient moves out of area / after assessment physio is not the most appropriate service to be involved or inappropriate referral / transition to adult services. We work closely with families and education, supporting schools and monitoring the progress of CYP, contributing heavily to the EHCP process.</p> <p>If any parents have examples of where they feel this is not the case, we would be happy to investigate this on a case-by-case basis.</p>

	<p>What happens if the child has problems? What if their needs change?</p> <p>Children with active therapeutic service intervention are routinely monitored and reviewed. Children and Young People who have been discharged with changing needs would be rereferred to the service.</p>
<p>33.</p>	<p>Wheelchair Services</p> <p>Why is it difficult to get the equipment necessary for a child with complex needs from Wheelchair Services?</p> <p><i>For example, a child with complex physical needs requires more than one piece of the same equipment in different settings (home/school) but the system only allows the allocation of one to the child.</i></p>
	<p>In response to the above question, assuming the child meets the criteria for provision of wheelchair and seating as required there should be no difficulty accessing equipment. In the North East, there is an agreed supply list of manufacturers for the services to order from to ensure fairness and access for the repair agents to get spare parts etc. However, if clinical needs deem the child needs something 'off that list' then the therapist can look at alternative provision. If parents/carers are not satisfied with the NHS provision they can access the Personal Wheelchair Budget to explore other options with support from their local service.</p> <p>Provision of a wheelchair or specialist buggy would go everywhere a child can access i.e., home, school and community etc. The exception would be if a child has provision of a powered wheelchair, they would always have provision of a manual back up too.</p>
<p>34.</p>	<p>Continence Service</p> <p>What is the current wait time for referrals?</p> <p>What percentage of applications have been refused and what is the primary reason?</p> <p>For rejected applications how many of these have been appealed and had their appeal upheld?</p> <p>Parents report the support of nappies is inadequate to meet child needs and of poor quality. Will this be reviewed and by when?</p>
	<p>Following feedback from parents carers we have carried out a review of the continence service. A draft specification has been produced and the PCF will be consulted on the specification in January 2022.</p>