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East Sussex
County Council

East Sussex Children and Young People with Special Educational Needs (SEN) or Disabilities (D)

Comprehensive Needs Assessment 2021

APPENDICES

Appendix 1: National examples of best practice for SEND provision

Good practice in early identification

Where a pupil or student is identified as having SEND, to enable them to participate, learn and make progress, schools and colleges should take action to: remove barriers to learning; and put effective special educational provision in place.

Schools and colleges are using a range of methods to identify and assess pupils and students with SEND, including:

1. **Transition processes** (when pupils and students change setting, such as from Primary to Secondary school, or Secondary school to college). Schools and colleges are drawing on information about pupils and students from previous providers, often through formalised transition processes.

CASE STUDIES

Myerscough College *- Transition Advisers link to schools and colleges to gather information on prospective students. Existing SEND support might be identified via student interview and would act as a trigger to involve the Transition Team to obtain more information about what the student night need to help them in college. This is recorded on the Transition Planning Record.*

2. **Staff referral systems**.

Schools and colleges have a clear referral process in place for staff to raise concerns about a child/young person. This often involves following a documented process or formally logging a concern on the school/college monitoring system.

CASE STUDIES

Downside Primary School *- Uses a referral system that enables all staff to raise concerns regarding pupil progress or wellbeing. This is discussed at fortnightly meetings with a member of the Senior Leadership Team.*

Fir Vale *- Takes direct referrals to the Special Needs Team and the Leader of SEND (a member of staff employed to support the SENCO to assess, manage and advise on SEN). A Behaviour Watch System includes mechanisms to log concerns around behaviour, SEN and safeguarding.*

Preston College *- Concerns are logged through a Promonitor system (an online software programme used for logging student progress, marking and feedback, concerns, safeguarding issues across most colleges). Tutors and students can also contact the Transition team.*

3. Involving parents and pupils

Staff try to involve parents and pupils at the earliest opportunity, gathering information from them (through formal and informal routes) about their needs and support that has been found to be helpful at home, or at previous settings.

CASE STUDIES

Low Moor Primary - *Employs a Parent Involvement worker to liaise with parents. Many primary and secondary schools have a mechanism for Parent Forums, with some setting up special groups for parents and carers of pupils with SEND*

4. Student self-declaration

Colleges, in particular, used student self-declaration as a means to identify students with SEND. This is being captured as part of the application, interview and/or enrolment process.

CASE STUDIES

Myerscough College - *Students can self-declare if they have a learning difficulty, disability or medical condition that would affect their learning, and this is followed up to see if they have an EHC plan. Moving to an online system is considered to have helped with self-identification by the option of ticking a box rather than being asked to provide evidence via paper based forms. This is followed up at the interview when students are asked to provide evidence from their previous school or consent for the College to request this. Identification may also occur at enrolment.*

5. Identification of a medical diagnosis

Schools and colleges are collecting information on whether or not a pupil or student has an existing medical diagnosis such as Autistic Spectrum Condition (ASC), Attention deficit hyperactivity disorder (ADHD), hearing or visual impairment, or diagnosis of a condition such as dyslexia, dyspraxia, language delay/disorder.

6. Assessing all pupils' skills and levels of attainment (on entry and throughout the year)

Schools and colleges are assessing pupils' ability and attainment on entry and as part of regular reviews of pupil progress. The information on progress is used to identify pupils that are making less or slower progress than their peers, or not matching previous rates of progress, or not making progress in line with other cohorts (such as those allocated Pupil Premium funding). Colleges tended to be using Basic Key Skills Builder (BKSB) to measure the attainment of all students joining them. Along with more specialist measures where they had concerns about students' progress.

CASE STUDIES

North Ormesby Primary Academy School – *Due to high levels of pupil mobility (a number of families are in temporary accommodation and/or asylum seekers), the school has designed a New Starter Pathway that includes a series of forms and assessments that must be completed within two weeks of a pupil joining the school. The New Starter Form logs assessments for reading, writing and maths. Class teachers carry out the tests. The data is entered onto a central system to enable progress to be tracked. There are also sections on the form for logging any concerns. The process may trigger further assessments for children when a SEN is suspected.*

Millfield secondary School – *Uses CATS scores to baseline students' attainment on entry and from which to assess progress on an on-going basis.*

7. Identifying barriers to learning or identifying the SEND

Where children or young people are identified as not making expected progress, schools and colleges use a range of further assessment tools to assess for SEN and identify barriers to learning. To do this schools and colleges are: using SEN checklists or audits of need - these are often for common conditions (ASC, ADHD, dyslexia) and/or for a broad area of need such as language and communication, or behaviour; and undertaking more formal assessments - including use of screening tools, standardised tests and diagnostic assessments.

CASE STUDIES

Gloucestershire college – *has A4 booklets of common issues to look for which may suggest a student has an underlying SEND. These are used as checklists for teaching staff and cover ASC, mental health issues, dyslexia and other conditions students may present with. If students have already had their SEND identified they are allocated a Journey Manager to work with the student and staff to assess what impact their SEND has, and how best to mitigate it and support learning.*

North Ormesby Primary School – *has a SEN assessment form that may involve further assessments such as: Boxall Profile or SALT Progression Tool.*

Low Moor Primary - *has a range of tools that can be used including: For Cognition and Learning (Vernon graded/single word spelling tests, working memory tests, ELKLAN blank level questioning, dyslexia screener); for communication and interaction (Locally developed Local Authority resource available online); for Social, Emotional and Mental Health (Boxall profile tool, strengths and difficulties questionnaire (SDQ)).*

8. Considering behaviour and attendance

Part of assessment involved monitoring behaviour and attendance data to identify patterns in behaviour and attendance that might help to identify barriers to learning. For example, the data might be used to examine whether the child's/young person's pattern of attendance is related to a particular lesson, day of the week, teacher or a home issue. Schools and colleges did this by: analysing information recorded on monitoring systems; liaising with other departments – including those with responsibility for attendance and behaviour; and examining data on sanction and rewards points accrued.

9. Involving specialists

Schools and colleges were clear that they may need to use specialists for more rigorous diagnostic assessment or advice on intervention/support.

10. Categorising whole school SEND according to the four broad categories of need

Schools and colleges are using assessment to identify the full range of a pupils' and students' needs across the four categories of SEND (Communication and interaction, Cognition and learning, Social, emotional and mental health difficulties, and Sensory and/or physical needs). This is in recognition of the fact that a pupil or student may have a wide range of needs to be provided for. Some schools and colleges are also identifying and categorising children and young people according to primary need. This is in order to determine whether there is need for action to be taken in a specific area of need affecting the whole setting for example communication and interaction.

Good practice in assessment

Schools and colleges are using assessment to identify the full range of a pupils' and students' needs across the four categories of SEND (Communication and interaction, Cognition and learning, Social, emotional and mental health difficulties, and Sensory and/or physical needs). Some schools and colleges are also identifying and categorising children and young people according to primary need to determine whether action is necessary in a specific area of need which affects the whole setting, e.g. communication and interaction. Good practice may involve use of evidence for tracking progress, including: regular data collection to facilitate early identification; holistic assessments providing a full picture of a specific child's needs; progress being collated, monitored and used; clear systems of accountability for progress of pupils and students with SEND; classroom teachers being accountable for the attainment and support of pupils; robust systems in place for data, strategies and accountability processes for supporting pupils.

A 'good outcome' may mean very different things for one pupil or student with SEND compared to another.[1] High aspirations are crucial to success – discussions about longer term goals should start early and ideally well before Year 9 (age 13-14) at school. They should focus on the child or young person's strengths and capabilities and the outcomes they want to achieve.[2]

Good practice in planning

Consulted schools and colleges studied were translating the findings from assessment into strategies for support. This means having in place: mechanisms for agreeing and recording support (including personal/one page profiles and provision mapping); and methods of effective communication.

Good practice in delivering support

Strategies implemented to support pupils and students can be described as: help to take part in class; out of class support via additional provision or interventions; and whole school

[1] ASK Research, Skipp, A. Hopwood V., 2017. *SEN support: Case studies from schools and colleges: Research report*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/636465/DfE_SEN_Support_Case_studies.pdf (Accessed January 2021)

[2] Department for Education, 2015. *Schools: guide to the 0 to 25 SEND code of practice: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf (Accessed January 2021)

provision. Many pupils and students received support through more than one of these strategies. This was resulting in schools and colleges creating bespoke packages of support tailored to individual pupils' and students' needs. Personalisation was often seen as central to the SEND support offer and how this was configured across the setting.

In class support - The main method of supporting pupils and students in class was through Higher Quality Teaching, with adaptation (such as supporting physical and technological access) and differentiation (where content and style of teaching is varied to suit needs). In Additional support - Additional strategies being employed to support pupils and students often took place in addition to, or outside of, main class teaching. This could be in small groups or one to one provision. These strategies were often targeted at addressing particular types of need and included a mixture of additional input (either additional, repeat or pre-teaching) and specifically 'brought in' interventions. Whole setting provision - Settings were making changes across their whole provision in order to better support pupils and students with SEND. These included: organisational and staffing structure changes, introduction of particular approaches to learning, changing the whole school environment, supporting improved attendance and behaviour management, celebrating success and promoting well-being. This was resulting in schools and colleges developing their 'SEND offer' to include provision such as: preparation for transition to a new setting or to adulthood , considering non-taught times (by providing safe spaces and homework clubs), varied curriculum offer (to include more vocational and different level courses), developing resource bases, opportunities for pupil voice to influence provision, and positive representation of SEND.

Good practice in reviewing provision

Schools and colleges use a range of processes to review and refine their provision, through monitoring impact and evaluating effectiveness and quality. This was done via meetings, data scrutiny and analysis, performance assessment and peer reviews. The research found that it was often subtle differences in delivery that was helping to make the practices and strategies used supportive of pupils and students with SEND

What might SEND provision look like

Appendix 2: Ofsted/CQC report into the impact of COVID on children and young people with SEND

In March 2020, all routine Ofsted inspections were suspended due to the COVID-19 pandemic. As part of Ofsted's phased return to routine inspection, the Department for Education (DfE) and the Department of Health and Social Care (DHSC) commissioned Ofsted and the Care Quality Commission (CQC) to carry out a series of 'interim visits' to local areas from autumn 2020 to understand the impact of the pandemic on children and young people with SEND. A report from the first six visits, which involved responses from 92 young people and over 1,400 parents and carers, case studies with 28 families, as well as discussions with education, health and social care leaders, found that overall, children, young people and their families have had mixed experiences through this period. Some families have felt isolated, with limited contact from schools and services. Others shared a huge amount of praise for the health practitioners, social workers, local authority family support workers and school staff who had supported their children:

1. **How children and young people with SEND have experienced the pandemic so far**
   - **The pandemic has been challenging for many children and young people with SEND but some have thrived**. Many families reported the first national restrictions to be challenging, with coping getting harder as time went on. Those relying particularly on established routines, informal and family support networks, and specialist services for their children struggled without them. Challenges include emerging mental health difficulties among parents and carers, difficulties explaining restrictions to children, and concerns about the risks of the virus to children's health.
   - **Education was different even for those attending their usual place of learning.** Those who remained in education benefited from the experience and often flourished with smaller class sizes and more support, while a small number enjoyed being at home and made progress. For some of those who did not attend education, parents and carers noted a regression in learning and communication due to deteriorating mental health and a loss of support. Some form of remote learning was offered in all areas, but the quality varied. For those learning from home, there was anxiety about returning to school, and reports of an increase in challenging behaviour. Some parents and carers also reported that their child had not been offered a place at school despite qualifying under government guidance, while others chose to keep their child home due to concerns about infection transition and risk.

2. **What has worked well in supporting children and young people with SEND?**
   - **Many education, health and social care practitioners stayed in touch with families and worked with them to find ways of providing support.** Most of the case study families felt their child was generally well supported by education providers, and that school staff had kept in touch, Many providers supplied tailored learning activities to families, and some sent laptops and tablets or paper copies of work to families who did not have access to necessary IT equipment. Outside of schools, some local areas employed flexible practices to continue to offer therapeutic

services, for example, holding therapy sessions in public areas where social distancing could be maintained, with risk assessments to identify those most in need of face-to-face support. Social care practitioners in some local areas also used responsive practice. Many of the case-study families also spoke positively about their family support workers, and the support for the whole family rather than just the child/young person.

- **Existing good relationships between practitioners and families were strengthened.** Good levels of contact with families has been important to ensure that support was adapted to meet changing requirements. Already positive relationships between families and a multiagency group of practitioners were more likely to strengthen further during the pandemic, with families appreciating being able to get in touch through phone calls, texts, emails and conferencing software. There was also evidence that new relationships between practitioners and families had been more difficult to establish during the pandemic, with pre-existing relationships proving critical to engaging with some children and families.
- **Multi-agency working continued and improved for some and was vital for ensuring families were supported.** Most practitioners felt meeting virtually was easier, with some health workers such as paediatricians, GPs and psychiatrists, noting that moving meetings online had meant they had been able to attend more regularly than previously. Strong multi-agency working was important to families' well-being, with some describing it as a lifeline. Work to encourage multi-agency approaches and discussion with families was mentioned as a priority in some local areas
- **Face-to-face appointments have become more widely available recently.** There was evidence that services are moving towards returning to pre-pandemic provision, with risk assessments enabling face-to-face appointments to be offered to more families.
- **Local areas focused on service continuity as well as adapting provision.** As well as continuing to provide existing services, local leaders also described ensuring that services adapted once restrictions began in March 2020. One of the principal impacts on the SEND system was the immediate need to rethink provision that had previously been delivered face to face, with use of video-conferencing and messaging platforms to maintain and increase communications between agencies, practitioners and families. Families and practitioners generally described the move online as a positive change and said they felt they had been able to stay in contact more effectively

3. What have the challenges been and what has not worked so well?

- **Not all families had contact with practitioners.** Maintained contact with practitioners as described above was not a universal experience, with 5% parents and carers reporting they had received no educational support despite their child attending an education setting before March. Some had coped without the support, but for others it had caused g isolation and anxiety, as well children's worsening physical or mental health. Such examples were found in all areas.
- **Families were not always included in discussions about how best to support them, which meant that some did not get access to support they needed.** Although risk assessments for children and young people with EHCPs continued in many cases, around 80% of both parents and carers, and young people with an EHCP, stated they were unaware that risk assessments had taken place, or they had not been involved.

I in some local areas, there was evidence that support was missed out on because the young person did not come under the highest rating in providers' risk assessments, or their high COVID-19 risk meant that non-pandemic related risks were side-lined. Where there was ineffective partnership working between practitioners, this was exacerbated, and families were more likely to fall through the gaps if not listened to.

- **The availability of services across the six areas was variable.** Social care provision and contact were particularly variable, with practitioners and families talked about challenges for social workers to try and keep in touch, mainly via video and phone calls. 59% those who received a short break before March said access had stopped, with many families who needed social care support unable to access it. Some families reported that local and national charities had partially filled this gap, providing therapeutic interventions as well as respite care which they were very grateful for. Young people were most negatively affected where they needed particular services that were more likely to be absent (such as NHS healthcare services) or support packages that could not be provided virtually with the same degree of effectiveness.
- **Not all services could switch to online provision effectively.** In several local areas, access and waiting lists for CAMHS were a particular concern. Practitioners and leaders felt this was partly due a greater demand from families for face-to-face appointments, which were not possible. There were also challenges implementing some therapies and exercises at home without professional guidance. There were also delays in referrals, sometime indefinite, and in hospital appointments.
- **Support was partly determined by family resources.** In some local areas, some support was reduced or absent because families had varying access to IT equipment, the extent to which families proactively sought support, and they time they could spend supporting their child. Some practitioners described quality of online interactions being better if families had access to a PC or laptop as opposed to a smartphone. Language was also mentioned as a potential barrier to effective online appointments. Local leaders and practitioners across all of the areas expressed concerns about the way family resources affected access to support.
- **Leaders and practitioners had difficulties interpreting and adapting to 'ever-changing government guidance**. This caused confusion for leaders, practitioners and families as to what could be implemented and how, particularly when restrictions began, and in some areas led to inconsistent provision due to differing interpretation.

4. What are the plans for supporting these children and young people in the future?

Future plans are affected by ongoing threat from the pandemic and likelihood of further restrictions. Increases in infection rates were affecting staffing levels as well as the availability of services and commissioning. Leaders in all areas were concerned for staff well-being and the risk of 'burnout' if the level of activity continued at unusually high levels. Leaders also recognised the toll the pandemic had taken on families, and identified priorities to focus on including access to assessment and support, creating systems to ensure that feedback was collected from families and encouraging multi-agency collaboration to try and improve support for children and young people with SEND in the future. Specific priorities identified include:

- the mental health of families with children and young people with SEND
- reassessing the needs of children and young people to ensure changing needs during the pandemic are identified and supported. Some areas were focussing on those receiving SEN support who were felt to have been at more risk than those on ECHPs of missing out on support
- continuing existing work to improve families involvement with services and cooperation between different agencies. Some areas plan to introduce approaches that other areas found effective such as integrated casefiles or spreadsheets that could be accessed by all practitioners working with the family
- development of home-learning tools and processes to meet the educational needs of children during another lockdown (this research was conducted pre January 2021)
- continuing with virtual provision and practices that had proved effective
- ensuring effective communication with families
- developing training for staff to use virtual tools effectively.

The report noted that representation was not equal across all areas and these findings may not be generalisable.

Appendix 3: Summary of key themes from Stakeholder/Provider engagement 2021

The following tables summarise the key themes raised in the consultation with providers and professionals in East Sussex and detail the subthemes for each question. Please note that the count of the theme and the counts of the sub-themes will not always be equivalent. This is due to items raised with less than two counts being removed, as these are not themes, and also some individuals outlined multiple sub-themes within a theme.

Q1:WORKING WELL				
Theme	**Count**	**Sub-theme**	**Count**	**summary**
Service provision	27	ISEND services	18	ISEND(generally); CLASS; EP; ESBAS; EALS; SNS
		Health services	10	Comm paediatric team; CITES; CAMHS LD team
		Special schools	5	- Some good special schools locally (Glyne Gap, South Field Trus) -Better support at special schools -Some examples of use of high level specialist provision (eg hearing impaired) initially and then returning to more local provision
		VCS	4	-AMAZE; -Blind mentor provision; -Sorrel drive home for LAC with severe disabilities; -EY volunteer led groups
Partnerships	24	Multiagency working (operational)	20	Across system, and Community paediatrics and EP; Across ISEND
		Working relationshi	7	-Good working relationships with schools -Key contacts to support continuity -Good working relationships between different providers (including ISEND, CITES, respite) and commissioners (LA, CCG)
		Joint working (strategic)	5	-A number of forums provide opportunity for joint working at a strategic level for key priorities/issues - Role that sits across teams to ensure joined up thinking -Across border comms
		With parents/CYP	2	- Parental involvement in transition to school - Direct payment for service users
Mainstream education	11	Special facilities/support within MS	5	- Special facilities in mainstream schools and colleges have improved and increased since the High needs review - Nurture provision continues to grow and develop -C/YP with EHCPs often receive the support they need
		Inclusion	4	-Increased focus on inclusion -Tools such as ES Quality mark for inclusion provides support for schools - Front loaded packages of support on transition to help keep children local where possible
		SENCOs	4	- SENCOs are proactive and work well with comm paeds -SENCO development work is excellent -Provides a good forum for working together and sharing practice
		Positive approach	2	-Strengths based approach - Desire to understand and provide support to the CYP and use outside expertise well
Strategic approach	10	Processes	6	-EHCP process -Clear process for High Needs funding - Decision making around statutory assessments, placements -Movement to Liquid logic
		Resourcing	6	-Value resourcing of non-statutory functions in ISEND
		Commissioning	4	- Good relationships with large providers -Responding to need -Use of intelligence
Staff	4	Management	3	-Good working relationships between teams and managers -Good mngmt structures
Access to services	4	Referral routes	2	- Good referral routes -Clear pathwats into ISEND
		Front door system	2	- Front door system works well -Supports schools in earlier identification
Mental Health and Emotional Wellbeing	2	Resourcing	2	-Increased funding for MH initiatives (national and local) - Countywide package of support for MH/EWB in development
		Support for schools	2	-Increased support for schools to support MHEWB
Preparation for adulthood	2	Lifeskills	2	-Preparing YP to be independent and function in society

Q2:WORKING TOGETHER				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Operational approach	40	Multiagency /MDTworking	28	-Good joint working within ISEND services; -Some good joint working between ISEND services and CITES; -Some good examples of multiagency working with schools (eg MH initiatives) but some schools felt joint working was not always good -Some professionals felt multi-agency working was not generally good and there was room for improvement, for example, services working in isolation and note aware of other services also supporting a child, a lack of sharing of information with the correct teams, and duplication
		Barriers to joint working	9	- Turnover of staff; -So many professionals involved, logistically difficult to have joined up conversation; - Service capacity and workloads -Being part of different trusts on different IT platforms -Silo working due to budget cuts and protectionism
		Relationships	6	-Good relationships between staff on the ground
		Processes	6	- Joint working under EHCP and IMARP processes works well
Strategic approach	17	Knowledge	3	- Knowledge of other services and local provision could be better
		Commissioning	11	-Historical commissioning and move to trade/part traded services has led to some duplication within ISEND services; - Willingness is there but need further work on joint commissioning between H and SC -Community paediatrics and CITES commissioned with different providers -Alignment of timelines on commissioned services (especially at 16-19 ages)
		Technology	7	-Technology has really hindered joint working (eg between services at diff organisations) but this should improve with introduction of Liquid logic
		Recent improvemer	4	- Joint working has improved a lot over the last few years
Communication	7	Organisational change	2	- Restructures have improved joint working but more attention needs to be given to impact on different services and professionals (eg since trade/part traded)
		Pathways	2	-Disjointed and a lack of clear pathways for some groups (eg YP with intellectual disabilities)
		Leadership	2	Shared leadership across different priority areas through focus groups. Some leadership development work for ISEND through ASPIRE
		General	7	-Lack of clarity sometimes for schools on roles and responsibilities of services.
Service Users	2	Joint working with P	2	- Could work more closely with new PCF - Over last year focus on processes (EHCPs) and ensuring the voice of the child and theior parents is woven throughout the plan.

Q3: VALUED BY CYP & PARENTS & CARERS				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
ISEND	25	CLASS +	14	-Valued -Highly regarded -Well received -Parents utilise a lot -Is valued but doesn't meet all needs -Works with parents direcrtly, fab offer -Highly valued -Valuable service -Welcomed by parents -Really helpful for families -Well received by families -Valuable resource for families, positive feedback
		CLASS	6	-Valued -Highly regarded -Highly valued -Is valued -Valued -Valued
		ESBAS	6	-Impact is enormous, and children get back into school -Are valued - Good feedback, especially during first lockdown -valued -Valued by some but others feel targetted -Valued
		EPs	6	-Very strong - Good feedback on EPs, service is held in high regard, highly qualified, skilled staff… also valued as seen as route to EHCP - parents find EP assessment a supportive process usually -Is valued
		Generally ISEND	4	-Generally ISEND services are evaluated well -All ISEND services valued -ELSA, VIG, nurture work, virtual school -ISEND is valued
		EYS	3	- School readiness sessions are very well attended and comments suggest are valued - Value drop in groups like small beginnings, meeting other parents. -Value support of smalll beginnings group
		EALS	2	-Fantastic work in lockdown - Is valued, especially over lockdown
		SNS	2	-Great support in transition to post 16, although parents wish there was more of it -Key stage days for hearing impaired children, coffee meetings, provision of BSL course for families for free
		A&P	2	-Are valued
		SPECTRUM	2	-Highly valued -Parents utilise this a lot.
		TLP	2	-Parents value as it provides a last chance to get things right and get children back to school -Detailed parent/pupil voice in home settings - also medical needs bit of TLP - appreciate flexible approach

Q3: VALUED BY CYP & PARENTS & CARERS				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
CVS	12	AMAZE	9	-SENDIASS valued -Is valued -Is valued -Is highly valued -A valuable service -Amazing futures program - Avery useful tool -Value amaze and SENDIASS -Well supported by AMAZE eg when needed advocacy
		PCF	3	-Is valued -Helps with peer support - New PCF has been good
Other	12	EHCPs	3	-Those families and young people that have gained EHCPs have found that this helps them to get the support they need -Where parents/yp get to directly input through co-production meetings -Good support in colleges for those with EHCPs and project search within eastbourne hospital that offers work experience
		Respite/short breaks	3	-Difficult to access, but highly valued -Value short breaks -Short breaks receive postive feedback (but more would be better)
		I-Go card	2	-Is valued -Very popular with families
		Direct payments	2	-Is valued -Value direct payments to employ a PA
		Opportunities for peer support	2	-Groups like small beginnings, reduces isolation and misunderstandings -Parent offered services such as PDA workshops and support groups. These have been very helpful for parents.
		Communication	2	-Parents and carers value clarity and honesty, even if this is not bringing the message they would ideally like to hear. Therefore, even if you haven't got the answer at that time for a parent, tell them this but assure you will get back to them when you have -Any service where parents feel they can have direct contact by phone is very much appreciated
Education	10	Special schools	5	-some people are extremely positive about these and feel well supported. Schools go beyond their remit to support parents with issues at home as well… excellent pastoral care - Support delivered by school (eg therapeutic, emotional, behavioural) is valued - Good relationships with parents and are well thought of - Good FE provision eg in Hazel Court
		Mainstream schools	5	-Some strong mainstream schools -After school and holiday activities -After school clubs used to be valued and the provisions that some have put in place to replace these work well. -Family support workers employed by schools -In school service such as Listen-Hear! for MH support
Health	9	CAMHS	5	-Get positive feedback from families and schools - Really important but hard to access - FISS team is valued greatly -CAMHS LD and FISS -Valued, but thresholds and ways of working are quite inaccessible often
		CITES	4	- Fantastic leads for each service and consummate professionals -They contribute to EHCP plans and help re specialist equipment. - Valued but some parents feel that they don't get level of support expected after fighting hard to get the support - Valued
		Community paediatrics	3	- Really important but long waiting list before full assessment - Value input of nursing colleagues in team (eg re behavioural support, sleep service) and LAC team are well thought of -Team are advocates for children and families … feedback from families is usuaully good
		Children's community nursing team	2	-Supporting children with very complex needs - Value support of children's comm nurses… small team, get to know them, don't have to keep repeating their story

Q4:VALUED BY PROFESSIONALS				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
ISEND	65	Education psychology	13	-The EPs are highly valued
		ISEND (General)	12	-A number of ISEND services are valued
		ESBAS	11	- ESBAS- the service doesn't always get credited for good work, but impact is enormous, and children get back into school. they are valued by schools. -Other services receive great input from ESBAS
		CLASS (and CLASS+)	9	-CLASS and CLASS+ are gighly valued and provide a fantastic service. -They support in upskilling and sharing their knowledge around autism
		ISEND Teaching and Learning provison	7	-TLP are highly valued
		SNS	4	-The sensory needs service is valued because it is an absolute specialism
		EALS	3	-EALS are highly valued, and even more so during lockdown
		A&P	2	-A& P are valued for their support and expertise
Health Services	42	CITES	11	- CITES is highly valued by professionals
		Community paediatrics	5	- Professional relationships with the Community Paediatrics team have improved
		CAMHS	4	-CAMHS is highly valued, especially FISS (although more capacity needed)
		Continuing Care	3	-The continuing care team are highly valued
		Health Visiting	3	-Health visitors are highly valued
		Epilepsy	2	-The epilepsy team are valued
Social Care	13	Childrens Homes/respite	4	- Two of the children's homes and respite services are excellent
		Children's services (general)	3	-Children's services are highly valued
		Children's services - Early Help/ Intervention	3	-The Early help service and key workers are highly valued
Education	11	Schools	7	- Special education settings provide good support and expertise -Many mainstream schools are strong and highly valued, especially where there are inclusive support services within schools
		SENCO	3	-The SENCOs and SENCO network are valued
VCS	10	AMAZE	8	-AMAZE are highly valued by professionals
		Parent Support	2	-The parent carer forum and various parent/carer groups are highly valued
Partnership working	5	Partnership working	5	- Multiple working relationships notable as highly valued

Q5:IMPROVED				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Strategic approach	30	Early intervention/ prevention	10	- Early identification should be an area of focus, especially in schools - More resources for prevention/early intervention services, would also release capacity in specialist services such as comm paeds.
		Resourcing	8	- More resources are needed in particular areas, especially around increasing capacity for services with long wait times and in schools
		CYP voice	7	-CYP voices need to become central to service development and strategic decision making
		Processes	5	- A number of different processes were outlined as requiring improvement, including tribunals, phase transfer and placements from outside of ESCC
		Commissioning	5	- A more joined up approach to commissioning is required, involving all relevant services -A particular issue currently is the commissioning approach to neurodevelopmental assessments
		Technology	2	-Technology is currently letting us down in terms of enabling joint working (should change with EYES)
Service provision	22	Mainstream education	9	- Post 16 providers tend to focus on high needs learners but the universal offer is less clear. (eg FE YP generally aren't getting much SNS support unless an EHCP is in place.) -Some gaps noted in mainstream schools- lack of specialist school nurse provision, continence support, more facilities required to support C/YP to stay in their local communities, therapists working in schools - Access to alternative teaching provision would be beneficial
		Specialist education	7	- Inequality in access within specialist education to SNS and through not having a school nurse onsite. - Polarised mainstream to special provision outlined as not working but situations where children have bounced between the two also outlined as unsatisfactory -Need increased capacity in special schools to enable multiprofessional neurodisability provision and special school nursing for those with complex needs
		Parent/carer/ family support	6	-More support and guidance needed for parents/carers- e.g central list of all services/resources available, CLASS+ type service for other disabilities, whole family support - Should be equal access for carers of looked after children
		CAMHS	5	-Long wait times for CAMHS -The offer is limited
		EP	5	-Inequality of access to EP services following changes to traded services
		Respite services/short breaks	4	-Budget cuts led to a reduction or respire and short breaks, which has had a massive impact on parents
		Post-diasnostic support	3	-No formal pathway for post autism diagnosis, children can escalate into crisis
		Community paediatrics	3	-Long wait times for community paediatrics
		CVS	3	-Seems to be a lack of third sector provision in ES compared to other areas
		Therapies	3	-Lack of capacity in CITES
		CLASS	2	-Restricted capacity leads to not as indepth intervention as would like and would like some more training but capacity appears to be limited
		After school clubs	2	-After school provision has experienced large cuts

Q5:IMPROVED				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Partnerships	11	Multiagency working (operational)	8	- Joint working has worsened over the years -More joined up approach needed eith particular groups, such as those with moderate disabilities, neurodiversity (eg ASC, ADHD, intellectual disability)
		Relationships	3	-Relationships between various services could be improved (Community paediatrics/LA, caseworkers/schools, CAMHS/ISEND)
		Joint working (strategic)	3	- Recognised that joint working needs to improve at a strategic level but that there has been recent recognition of this and that the merging of the CCGs and ICS may improve this
Access to services/support	10	Thresholds	6	-A number of criteria/referral thresholds appear to be too high eg CAMHS, EHCP, social care, CHC funding
		EHCPs	5	-EHCP process is very time consuming and takes a long time to reach a conclusion.
		Front door	2	-Front door process is lengthy
		Referral pathways	2	- Confusion about pathway into CAMHS and suggestion that children should be referred into ISEND when referring to a long wait service such as community paediatrics, so their needs are being managed whilst waiting assessment
Preparation for adulthood	8	Transition	8	-Preparation should start earlier eg linking in with GP as early as 14 years old, and for those who require specialist placements -More information needed for parents to help understand transition… there is the perception that there isn't anything out there for young adults
Staff	5	Training	3	-More comprehensive training required, especially for post 16 providers, training around equality issues, and inclusive teaching
		Knowledge	3	-There could be better understanding of each others roles across the system -More knowledge of particular conditions may be needed now in adult services as life expectancy for those conditions improves

Q6:NEEDS NOT BEING MET				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Service provision	22	SEMH	11	-No service to support people with autism and mental health issues -Lots of children can't attend school due to anxiety and not enough support in working with those CYP at home
		Respite/short breaks	6	-Respite care and short breaks need greater resource
		School placements	5	- Greater need for specialist placements for CYP and work to ensure those places go to the children with the greatest need
		Nutrition/support around eating/drinking problems	3	-No local service for CYP with behvaioural eating/drinking issues and they can end up having a long term invasive procedure -Difficulty accessing dietician in CYP with autism -Lack of accommodation for children with peg fed/gastro feeds
		Therapy	3	-Theapy needs aren't being addressed properly and families experience fragmentation in therapy delivery
		Support for parents	3	-More support and peer support opportuntiies needed for parent/carers
		Out of school activities	3	- Limited opportunity for out of school activities for CYP with SEND
		Community paediatrics	2	-Long waiting times for assessment due to lack of capacity which can cause anxiety in the family
		Post diagnostic support	2	-Lack of postdiagnostic support for CYP with autism
Groups	8	CYP with underlying intellectual disabilities	3	-CYP with intellectual disabilities aren't always being identified and so their needs aren’t being met. Assessment and diagnosis of ID is under-resourced in ES.
		CYP with more moderate needs	2	- Needs of CYP with more moderate needs aren't being met due to underfunding
Access	5	Geographic gaps	2	- Equal access to provision is a challenge in ES due to rural areas
		Thresholds	2	-Stricter thresholds over last few years has limited access -Clarity of criteria for specialist nurseries needed
Mainstream education	5	Flexibility	2	- Better provision for children on part time timetables needed -Coding changes needed so those on part time timetables aren't marked as absent
		Academic focus	2	-Strong academic focus and lack of vocational/alternative qualifications is unfit for a lot of CYP
Preparation for adulthood	5	Life skills	2	-Earlier opportunities needed to develop lifeskills and functional literacy
		Transition	2	-Smoother preparation for YP and their parents needed
Staff	2	Training	2	-Need to upskill FE lecturures to support the needs of this group as many won't be teachers

Q7:GROUPS NEEDS NOT BEING MET				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
CYP with SEMH (not condition specific)	12	General	12	- There is a lack of access to services and support for children with SEMH and a SEND diagnosis -Children who are out of school due to high anxiety are very difficult to reach- more provision needed in the home
CYP with ASD	11	SEMH	6	-It is difficult to find provision for CYP with autism that have challenging behaviour, especially if with complex health needs too -CYP with anxiety and other MH conditions require more support
		Lower level of need	3	-Children with ASD that are high functioning and can manage the mainstream curriculum but not the social/behavioural expectations of a mainstream - Children with ASD with LD that are not severe enough for a special school get left behind in MS
		Girls	2	- There is a lack of provision for girls with ASD, it doesn't seem they are being assessed and diagnosed
Families/Carers less able to access services/support	5	General	5	-Parents who are less able to access support and resources- either because they don't have financial opportunities to access, or they may have own cognitive needs
Rurality	4	General	4	-Provision isn't equitable, the more rural the fewer the services are
Intellectual disability	4	General	4	-No formal pathway for assessing ID, so this is often being missed and there is limited provision for their wellbeing (mild ID is more common than autism.)
Complex medical needs	4	General	4	-Difficult to source local providers for CYP with complex health needs - Need improved transition for CYP with complex medical needs
Children with mild SEN	4	General	4	-There is little provision for CYP with milder SEN
Ethnic and cultural minorities	3	General	3	-Increased support needed for children/families with English as a second language and appropriate provision for different ethnic groups
Children with sensory impairment	3	General	3	- Limited funding (from NHSE) for important technology for children who are long term alternative augmented communication users -Lack of local provision for CYP who need BSL -CYP with lower need visual/hearing impairment need additional support often not made available to them
Foetal Alcohol Spectrum Disorder	3	General	3	- Need more commissioning support regarding identification and support for CYP with FASD
ADHD	2	General	2	-ADHD assessment pathway takes too long and there is a lack of support in the interim
Children with physical disabilities	2	General	2	-More provision needed for CYP with physical dsiability
Early years	2	General	2	-Limited MH provision in early years and provision of SaL
Gypsy Roma Traveller	2	General	2	-GRT CYP are over represented in SEN groups and would suggest that their needs are not being met -Standard curriculum doesn't suit their learning needs and motivation

Q8:COMMISSIONING PRIORITIES				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Service provision	40	Mental Health and Wellbeing	9	-The current CAMHS service is not adequately resourced- currently many CYP with SEND do not receive appropriate support
		Therapy Services	6	-There is a lack of therapy provision resulting in demand and capacity issues -We need to think about how therapy is provided in schools
		Transition	5	-A greater focus on transition points are required when commissioning, especially around 16-18 years for transition into adult services
		Behaviour	4	-An increased commissioning focus and resource to support CYP with challenging behaviour is needed
		EHCPs	3	- Swifter access to EHCPs are needed and more education in terms of what EHCPs aim to achieve
		ASD	2	-Increased commissioning of ASD post diagnostic support
		Respite	2	-Increased provision of respite provision needed
		Girls with Autism	2	-Focus needed on ensuring services meet the needs of girls with autism
		Social Care	2	-Increased social care provision for level 2 needs where most of the volume is
		Thresholds	2	- There are a growing number of CYP who can't access services due to high thresholds
Education	21	Mainstream schools	5	- Mainstream schools should be better funded/resourced to meet the needs of CYP with SEND -There needs to be more flexibility in schools meeting the needs of CYP with SEND (eg managing sensory overload for CYP with autism
		Special schools	4	-Increase special school placements are required, many special schools currently are over numbers
		Mental health in schools	4	-Increased provision in schools is needed to support CYP with mental health -CYP with autism shouldn't be discriminated against if there is in-school MH support
		Training	3	-Improved training and support for education providers should be a priority
Partnerships	19	Integrated services and pathways	11	- A more joined up assessment pathway should be commissioned for CYP with neurodevelopmental conditions, such as ASC, ADHD and intellectual disabilities -An integrated pathway for young people with motor disabilities such as cerebral palsy, other long term neurological conditions and genetic syndromes is needed and this would mean closer collaboration with an MDT approach
		Joint working/ communication	7	- Communication and cohesion between health and education and ISEND should be improved

Q8:COMMISSIONING PRIORITIES				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Commissioning	16	Understanding need	7	- Understanding need is key to appropriate commissioning and we should have a whole population based approach. -We need to continue to identify cohorts ahead of time
		Joint commissioning	5	- An increased focus on joint commissioning is required
		Engagement	2	- Increased engagement with CYP and parents/carers in commissioning decisions
Parent/Carer/Family Engagement	15	Parent/Carer/ Family Support	8	-Increased involvement of parents/carers in commissioning and service development needed - Wider support for parents and families of CYP with SEND is required to support to enable opportunities for peer support
		Service relationships with parents/carer/ families	7	-Early engagement with parents and carers should be a priority to build a working relationship based on trust

Q9:IMPACT OF COVID				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Impact on working practices	37	Remote working - positive experiences	21	- Good adaptation from services to work remotely and it has been easier to hold multiagency meetings -Some parents and carers have benefited
		Remote working- Challenges	19	- Parents/carers of CYP with SEND have found it very challenging in terms of managing their work and their child's home schooling -For some services there is no substitute for face to face appointments -There are some issues with technology, for instance around poor connections and digital poverty
		Face 2 Face provison	16	-Most intervention work with CYP is much better face to face -Even when schools went back, professionals were restricted in terms of visiting schools for appointments
		Adaptability	14	-ISEND has been very flexible and adapted rapidly
		BAU	8	-Most ISEND services were maintaining BAU throughout the pandemic but when schools returned there were some restrictions on visitors still which limited our ability to deliver services
		Facilities	8	-Community paediatrics had reduced capacity for face to face appointments as part of the development unit at Eastbourne were taken over by other teams
		Remote working General comments	6	-Whilst there was a shift to online delivery for many services, some are now back face to face, with a small remote element remaining
		Future practice	6	-The pandemic has shown us that some services and work can be undertaken differently, and there are pros and cons to that. These should be considered for future practice
		communication	4	-Communication since the pandemic has been worse from the County Council, smetimes there is no acknowledgment of emails -Some relationships have improved through more regular phone contact and good engagement with a variety of settings
		Redeployment	3	-The redeployment of some staff has impacted provision. For instance, school nurses were moved to Kent.
		workforce	3	-The pressures on service staff has never been so high.
		Resources	2	-Online resources developed during the pandemic will continue to be useful
Impact on Parent/Carers and Children and Families	33	Negative Impacts	15	- Significant pressure on the families of CYP with SEND during the home schooling period -Families have been disadvantaged from being isolated and not being able to access support groups
		Positive Impacts	9	-Some CYP have benefited from being at home during the pandemic, as there may be fewer demands they find difficult to cope with
		Respite	3	-The loss of respite put additional pressure on some families
		Fostering	2	-Less support during the pandemic for CYP in foster families
		Adaptability	2	-Many CYP adated well with alternative provision and digital tools/appointments
Impacts on Education	31	Return to school	8	-There was a positive response regarding return to school, with most parents and pupils happy to come back
		EHCP	6	-Education was less disrupted for CYP with EHCPs as school places were still available
		Continuation of delivery	6	-Several local special schools provided excellent provision throughout the lockdown
		Impact of school contact	3	-Many schools kept ISEND and other services out of school which has resulted in a deficit for individual children
		Technology	3	-The lack of laptops/devices to support home learning has disadvantaged some CYP
		Reduction in schooling	2	-Limited places at school for CYP with SEND during some of the pandemic
Impact on Service provision	27	Delays to service	9	-Already long waiting times for some services, such as ADOS, have increased due to the pandemic
		Capacity	5	- Redployment of staff and space and changes to practices have resulted in capacity reductions in a number of services
		Demand	4	-An increase in demand for some services may reflect additional challenges parents and carers have faced over the pandemic -There has been an increase in safeguarding cases
		COVID Guidance	4	-The differing Covid-19 guidance for education and health professionals presented a challenge -Government guidance was often inconsistent
		Access	2	n/a- two quite different things so not really a theme
Other	10	General comments	5	-Covid-19 has had a huge impact on the way that services could be delivered and on the experiences of CYP and their Parents and carers
		Uncertainty	3	-The future feels uncertain and there was concern that CYP will miss out again if schools have to close
Mental Health and Wellbeing	8	Impact on MH and W	6	-Referrals for mental health issues are increasing and there has also been a mental health impact on the families of CYP with SEND over the pandemic
		Wellbeing Resources	2	-Online resources were created to support MHEW

Q10: OTHER				
Theme	**Count**	**Sub-theme**	**Count**	**Count or summary**
Partnerships	13	Multiagency working	8	-Improvements in multi-agency working due to new/broadened forums -Improved communications between agencies could prevent duplication and improve care
		With parent/carers	3	-PCF is new but doing well -More work could be done to help parents understand what provision is available
Strategic approach	11	Commissioning	7	-H and SC need to focus on more joined up commissioning -Commissioning is Evidence based and forward thinking in terms of how needs are changing
		Lifecourse approach	2	-Consider commissioning for LD across lifecourse -Increased focus on preparation for adulthood
		Transition	2	- Commitment to focus on transition in ES, but more support needed
		Culture	2	- Focus on shifting the culture in schools, upskilling and raising thresholds so children can stay in their local communities -Innovation and culture of learning in ISEND
Service Provision	7	Staff	4	-Staff are skilled and highly dedicated -Need to ensure teams have the right skills -HV numbers are low which may restrict early identification
		Specialist provision	2	-Increased specialist provision locally
Resource	4	Budget	2	-Budget doesn't cover provision required in education -Budget doesn't allow for changing technology
Voice of children and young people	3	Service development/ commissioning	3	-Needs to be more of a focus on engaging C/YP in ES and how we do this