

Education

Rose attended her local mainstream school. The Class Teacher had not raised any educational needs with the SENCO. On SENDIASS first involvement (March 14), Rose was noted on EMS as having no special provision. Julie (Mum) was concerned non-attendance due to health needs would impact on education and was particularly concerned with regards to literacy needs. Rose was not issued with homework in times when she didn't attend school due to health needs. Julie would have preferred this to be in place. Rose failed the phonics test in Y1 and Y2. Transition was planned between Y1 and Y2 and an agreement made with regards who would administer medication and care. Julie felt this agreement was then changed without further communication. Julie refused to send Rose to school in September as she felt Rose would not be cared for appropriately. During a meeting at the start of Y2 to arrange for Rose to attend school again, Julie reported that the Governor stated they felt Rose's needs were too complex to continue her education there and suggested Julie consider specialist school, Home tuition or another LA. Local Authority representatives became involved at this point and Rose returned to the school soon after. An EHC Assessment was requested and was successful. An EHC Plan was agreed and a Personal Health Budget put in place. Julie had requested Rose's needs be considered holistically. She wanted Rose to have consistent education and for this to be continued in times when Rose was not able to attend school but was able to be educated. The EHC provision accounted for this and a PA was appointed within school. Julie had some input with the role profile but reported she would have felt more involved if she had also been part of the interview process. The same PA was also appointed at home via a direct payment (Health).

Communication

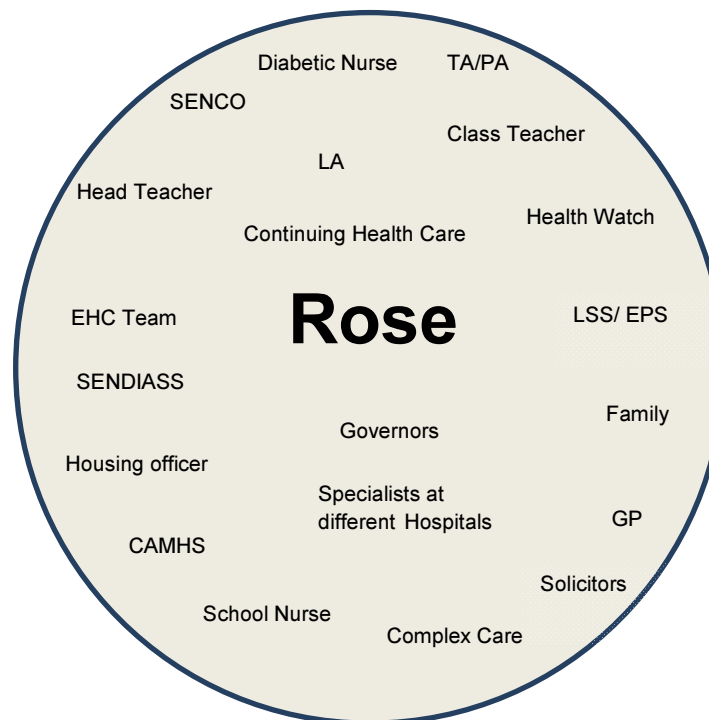
Julie verbally shared information following health appointments however school requested information in written format. Julie was unable to provide this as the hospitals didn't always follow things up in writing. Julie was very proactive and would often follow up actions with a call to the practitioner. However practitioners often felt they were being "chased" and this hindered relationships. The FSW felt Julie's approach was often forthright which could be interpreted as intimidating. Communication in meetings was often clear and honest from all parties. Meetings on the whole were well planned and well attended.

Information

Julie was aware the school had been asked to provide written information to Dr Harrison about how Rose presents in school. Julie had requested a copy of this document but not received it. CAF meetings were held and a lead worker in place, however no minutes were shared with Julie until specifically requested by SENDIASS. Following meetings were shared with all parties.

Relationships

Julie had a positive relationship with the Family Support Worker although this was not a long term offer of support. School felt this hindered their own relationship developing with Julie and on one occasion felt they were "in cahoots" Julie's relationship with the SENCO was variable. There were times when the relationship worked well however it didn't take much to tip the balance. Relationship with SENDIASS was positive. Relationships during the EHC process felt on the whole positive. Julie also sought support from Healthwatch and this was also a positive relationship. Julie reported that she valued when people did what they had promised and kept communication open.



Trust

Julie trusted the TA who delivered care to Rose, but didn't feel that same trust with other staff within school. School staff felt Julie didn't trust anyone to manage Rose's needs. Julie trusted and spoke at length with the diabetic nurse. Trust broke down around transition between year groups following transition plans being changed without Julie's involvement/ agreement. This resulted in Rose being kept off school at the start of a new school year (Y2). Trust was again damaged following the EHC plan and PB being issued. Questions arose with regards to how the funding was being used. This in part led to Julie requesting a change of school for Rose leading up to Y3 transition. Julie reported that the relationship between herself and school staff was irreparable and didn't want to enter into any form of discussion including formal disagreement resolution.

Health

Rose had been misdiagnosed historically leading to significant health complications. There is an ongoing court case around this. Several health practitioners were involved which led to communication challenges between them all. (Especially between different authorities.) Training had been provided to school staff. Julie wanted medical care to be signed off by school staff. School refused to action this initially, however later stated they had been doing this and it had been mum's request to speak to the practitioner each day that had been refused. Conversations had taken place between practitioners as it had been questioned if mum's own health needs had an impact on how Rose was seen within a health context. Julie felt Rose's medical needs were unclear and sought other practitioner involvement for further diagnosis (this is ongoing) A diabetic care plan was in place however Julie didn't have a copy of it initially. School felt this had been shared by the diabetic nurse. Ongoing changes to the care plan were needed to include other health needs, however no medical practitioner would sign this off. (Several avenues were pursued including Diabetic Nurse/school nurse/ complex health care team/ lead medical practitioner) Medical needs were being met within school and support was sought from the Diabetic Nurse when needed.

Care

Several referrals have been made by several different practitioners to social care. All felt Children's Disability Team would be supportive for Julie in meeting the needs of Rose. No referrals were actioned. Conversations took place between SENDIASS and the Head of Children's Disability Team who stated that no referrals had been processed. A further referral was made and a social worker met with mum. The outcome was that Julie and Rose didn't meet the criteria. All parties were disappointed in this outcome as it was felt Julie would benefit from support in times when her own needs became a concern with regards to Julie's capacity to emotionally cope with the ongoing medical needs of Rose.

Housing

Julie and her family had had their housing needs assessed. It was felt they needed to move as their current property was not fit for purpose in the longer term to support Rose's medical needs. This issue was brought to the forefront as Julie's relationship with school became very challenging and Julie refused to allow Rose to attend school. A change of school was being considered, however parents didn't want to move the children to a different school to then be eligible for a house move to a different part of the LA which would mean a further change of school. Julie felt this would have too big an impact on all her children. As such Julie wanted the house move to be clear prior to choosing an alternative school. Available school placements was also a factor when looking at housing as the younger sibling was subject to legal class sizes of 30. Julie was unclear on the process around housing especially how she found out if her bids had been successful or where she was in the process with regards to other families. Julie also found her housing officer to be difficult to contact at times. This added further frustration to the situation for the family.

SENDIASS Involvement with Rose and Julie

- Involvement spanned from March 14 – November 16
- Gaining clarity of all parties involvement and views to fully understand the situation from all perspectives
- Support at 19 meetings including family CAF meetings, Care Plan meetings, EHC related meetings, Personal Budget meetings, complaint meetings and meetings with Senior Staff within RMBC following the complaint being escalated.
- Support to put views in writing, including letters of complaint, information towards the EHC plan and information for the EHC team to support discussions with regards to personal budgets and working with multiple health practitioners with commissioners.
- Offer of advice and information based on legislation and statutory guidance including; meeting medical needs in school, EHC process, Personal Budgets including Health PB's, Governor involvement suggesting alternative provision due to medical needs and means of redress/complaints
- Referrals to other services including Social Care
- Signposting to other sources of support including Parent Forum and Health Watch
- Providing school and services with advice based on legislation and statutory guidance including Personal Budgets, EHC, meeting medical needs in school, and meeting educational needs when a child is unable to attend school due to medical needs.
- Gaining a clarity of Julies desired outcomes and sharing these with practitioners involved
- Providing emotional support at times when Julie found the situation and the processes she was engaged in too much (this took place on many occasions over the phone)
- Support to visit other settings due to the break down in relationship and pending house move.
- **Maintaining the service impartiality throughout all involvement including when means of redress were taking place.**

What worked well?

Regular meetings were well attended

Julie was open and honest with regards to how she saw Rose's needs

Julie shared information with any practitioner who asked

The SENCO saw past Julie's approach and understood this was coming from a position of worry and concern

The school tried to engage health and social care practitioners to try to ensure clarity and support was in place for all the family

The school offered support with the younger sibling to help with health appointments

The diabetic nurse was contactable to support both family and school staff

Training was in place for school staff to deliver care

The EHC allocated additional time to the SENCO to help with ongoing communication needs as this was a time consuming task

The EHC process agreed that a holistic approach was going to benefit Rose and didn't question the need for a PA type role

What were the challenges?

Early communication between home and school had an impact on how this moved forward (trust had already been questioned by the time Rose was Y1)

Actions agreed were not always followed up in a timely manner including involvement of educational services

Engaging with social care and referrals "not being processed"

Medical practitioners from different areas unable to provide documents to specify what their outcomes had been

School feeling unable to "take mum's word" around medical needs

Practitioners feeling Julie's own needs could be impacting on Rose's medical involvement. Was Rose being tested for things that weren't apparent?

School gaining a clear picture of all Rose's medical needs, how one impacted on the other and having support from medically trained staff around managing this in the school environment.

Clarity around the personal budget and what it can and can't be used for from the very start.

Maintaining trust between home and school, including the PA who worked within both settings. (This could potentially be a challenging position to be in)

Educational needs being unclear or reported to Julie as being "fine" without recognising that Julie needed more detail and context so she would feel reassured.

Recognising that the family had needs as a whole and that one issue impacted on another.

Information being delivered in a factual way when this may not have been accurate or appropriate (*School Governor involvement*)