

Appendix 3 - District Specialist Centres and Portage Consultation Summary

April 2023 – June 2023

Methodology

Surveys

- Parent Carer Survey
- Mainstream Setting Survey
- Professionals Survey
- Follow up targeted questions

Working group / workshops

- Internal Inclusion and outreach session
- External Inclusion and outreach session

Next Steps

- Face to face discussion groups with parent carers organised by WPCCC
- Online session with parent carers
- Online session with mainstream nurseries

Summary

Surveys

1. Parent Carer Survey

Majority of families would prefer to receive specialist support in a specialist setting.

Families with children supported by Portage strongly agree that staff supporting my child understands their needs and that the service is good.

Families with children in a DSC strongly agree that staff supporting my child understands their needs and that the service is good.

Families with children in mainstream nurseries have a large number agreeing that staff supporting my child understand their needs, however there are also families that have responded neutrally and disagreeing and strongly disagreeing.

Families are looking for support for parent carers , shorter waiting times and longer sessions from DSC.

2. Mainstream Setting Survey

The primary needs of the children in mainstream settings are Speech and Language and communication needs, followed by social and communication difficulties.

Secondary needs are also Speech and Language and communication needs, followed by social and communication difficulties, along with Social and Emotional and Mental Health

When asked about what factors were important for your setting to be able to offer more spaces or better quality provision. Additional funding and targeted advice were the most important. DSC and support from Portage were considered the least useful.

There are 63 mainstream settings that have dual placed children with DSC. 95 children in total. Most children receive 2.5 – 5hours a week support in a DSC. Most children do not receive out reach support. If they do the majority of children receive an hour a week. The ways DSC support the child in the setting is through TAC meetings and in reach work. Fewer children were receiving outreach support.

There are 33 settings that have children also receiving support from Portage. 47 children in total. Most children receiving 1 hour a week. Portage provides support by contributing to reports and feedback to settings.

Increased numbers of children with SEND are impacting on hours and provision, through reduced staff numbers especially qualified staff, staffing levels and recruitment challenges.

Mainstream nurseries have feedback that they need 1-1 to meet the needs of children with SEND, and impacting on other children.

Funding issues was raised in particular ISF, referencing it does not cover 1:1 support.

Mainstream settings would like support with recruitment, training and funding and shorter waiting lists for SALT.

3. Childminders Survey

The Primary and Secondary needs reported are Speech, language and communication needs followed by Social communication difficulties along with Social emotional and mental health needs

The majority of support the childminders receive is through the Individual education plan and the SEND support plan

Only 2 children receive support from a District specialist centre and 4 from Portage

4. Professionals Survey

DSC & Portage have a significant role to play in supporting Therapists and Professional in assessments, observations, introducing strategies and reinforcing treatment.

The DSC provide the space for this work to be carried out along with implementing the strategies prescribed by the therapists.

Professionals are accessing children by using the DSC, different professionals will be visiting the centres several times a week.

SALT Feedback

- DSC staff are familiar with the way the SALT Service works and will implement targets with minimal guidance from SALT. DSC can offer support and training to parents and mainstream setting staff on eg Pictures are Powerful, and other strategies. They keep SALT informed of key meetings for specific children so that SALT can offer any additional up to date information. DSC can be flexible in accommodating SALT at sometimes short notice ie to fit in visits when EHCP info is needed.
- Portage work with SALT by Combining SLT targets into their own targets/supporting parents to unpick and model these targets/only service that supports parents with specialist knowledge/detailed developmental profile using Early Support doc/Reciprocal brainstorming and collaborative working around complex children's needs/feeding back on parental capabilities and opportunities e.g., when SLT targets may be proving too difficult to implement in home such as take up of PECs.
- Waiting lists and capacity has been highlighted as a challenge by the SALT team. Also, there is a lack of equity of service levels across the county. Some families find it tricky to get to a DSC (transport/their own work etc) so may take up a place for a term and rarely attend which wastes a coveted place. Meeting deadlines eg for EHCP if a child is absent on allocated day – very few children attend more than once a week

Occupational Therapy Feedback

- OT's carry out regular visits to DSC, the frequency of visits depends on the amount and the needs of the children accessing the DC. For example, there is a cohort of very complex children in Stepping stones therefore Physio and OT will visit 1/month. However, Devizes Opp group has currently very few complex children and therefore has fewer visits (4-8 weeks just physio at present)
- DSC staff support OT's and parents in carrying out treatment programmes with children. DSC help parents understand their child's condition and assists parents understanding about therapy's role in their child's journey.
- Portage: The aim in the future is to work more closely with Portage around the more complex children in their care, as I do think there may be some training need around how therapies are commissioned and therefore how the therapies are provided
- The feedback from OT's is only positive about DSCs and their staff. The feedback from my own perspective as well as that of my team is full of praise.
- OT's highlighted that Portage is a valuable resource but there is work to be done with regards to the overlap in roles.

Educational Psychologist Feedback

- EPs and APs interact with DSC frequently. And visit at least once a week for 1-3 hours.
- EP's highlight that most DSC have are very welcoming and have good links with parents and the mainstream settings the children jointly attend. They are proactive in ascertaining children's individual needs. DSC make referrals to other professionals and hold referral clinics with paediatricians. They have good quality and informative referral paperwork and knowledgeable staff.
- EP's would like to see DSC working together and sharing best practice and more flexibility in practice. They would like to see DSC continuing with their good practice examples, and the philosophy of settings. Child led practice/ flexibility/free flow and staff responsiveness to children's emotional needs. EPS would like to see DSC develop individual techniques and practice/ interventions/ knowledge/training opportunities from EPS.

Health Visitor

- DSC and Portage support Health Visitors with DLA and all the admin/benefit side of having a child with additional needs. They support with ongoing Paediatric assessment. Intensive early support for families and ongoing specialised support.
- Health Visitors highlight that DSC and Portage are an excellent resource, they provide lots of support for the whole family. Families feedback is positive.
- Challenges include long waiting lists, Portage's waiting list is currently closed. The support of deferred school entry then is resulting in increased waiting. Capacity in offering additional sessions to child

5. Working Groups

Outreach

It is important to observe the child in their mainstream environment and helps with strategies for that environment. It supports interaction between DSC and mainstream nursery and reinforces partnership working.

There was an acknowledgement that there needs to be more outreach. It supports the practitioner and improves their confidence.

Face to face outreach is important for those families that cannot drive and cannot get to a DSC, and the support can be provided through their mainstream nursery

Outreach is approached differently in different areas, nurseries are receiving different types of outreach. We currently do not monitor the quality of our outreach advice and do not know how effective it is.

Funding was raised and if we are funding outreach enough? Do we consider all the costs involved, for example costs for travel and releasing a member of DSC staff. We do need to acknowledge the cost of travel.

It was raised that additional expertise is needed for outreach work, and it is difficult to recruit highly experience staff on low pay.

Mainstream settings need more frequent outreach / currently there is a long time between visits so how do we know the strategies we have been taught are being delivered right/working.

There needs to be a confirmed entry and exit criteria, for example Dingley's promise. There needs to be CPD for outreach to ensure credibility.

In reach

It is beneficial to observe the children in the specialist setting / useful to see the PECs communication and mirror it. Its increases confidence for mainstream practitioners. Provides time away from the mainstream nursery to focus on the child, and learn the strategies needed

Mainstream settings are often unable to release staff for in-reach sessions, and recruitment is a real issue. Outreach can burden mainstream practitioners with unrealistic expectations on how to work with a child. As a mainstream nursery is very different to DSC setting.

6. Internal Working group

Out-reach and In-reach DSC

Strengths

Expertise of the DSC are recognised and appreciate they provide Support for the individual child with hand on knowledge, they are implementing the strategies and not advising on what to do. They support transition into schools and help with HCNA requests.

They provide expertise in meetings; this can be beneficial particularly when transitioning child in to mainstream.

DSC provide inhouse support for professionals such as salt, results in children receiving quick support.

Challenges

There is recognition that there are regional differences. One DSC does not offer outreach, there are difference in assessment sessions, referral admission criteria. Pathways are not clear. There is inconsistency of the number of weeks a child should be in service.

It is felt internally that DSC do not follow the rules and move through processes more quickly for example around ISF, although there needs to be more clarification on this. They don't follow council policy around training for example, Dingley's promise and Five to thrive. There is reluctance to use the new support plan.

Relationships with mainstream settings vary and communication between them is sometimes poor.

It is felt that DSC can influence parents to make decisions around deferring school entry and choice on settings. DSC often make decisions on the child's pathway very early and without formal assessment.

Portage

What works well?

The service is received well by families, there is good engagement with professionals including Wiltshire Council and they will go to Tac meetings. There are good examples of multi-agency working.

There are assumed good outcomes for children, but this does need to be evidenced. Portage fills the gap between mainstream and home.

Inexpensive service, it is good value for money Wiltshire Council provides funding for 75 places –Portage are supporting 101 children.

What are the challenges?

Portage is weak at collating and evidencing their data, Portage provides little information on session plans. They are paper based, and pen based which means time is spent on admin and report notes, data should be recorded digitally.

It is difficult to understand the Pathways through the service, e.g. how waiting lists work? Criteria for referrals isn't clear and it seems inconsistent. Criteria of the Assessment process e.g. barriers for portage include – attending tumble tots etc

It is felt that Portage practitioners are supporting outside of the home sessions – are they attending more than they should? Eg schools etc Interventions and strategies at home, should not be parenting support.

Low paid staff, what are the qualifications and experience level? We should specify the qualifications needed – level 2 -3.

Consultation Reports

Surveys

7. Parent Carer survey

Communication channels used to distribute the survey

- WPCCC newsletter
- WC SEND newsletter
- WC Schools Newsletter
- Right Choice
- WC social media
- Local Offer
- Community Area Boards / Our Community Matters Newsletter
- Early Years Newsletter

There were 91 respondents and 36 parent carers have expressed an interest in attending a workshop discussion.

Results and Themes

- Children attend mainstream setting and DSC equally, none of the children attend a childminder.
- 86 % of the children receive specialist support with the majority receiving support through a dual placement with DSC and Mainstream, only two children attend a mainstream nursery.
- 50% of Children are not attending a mainstream nursery because they are unable to meet the needs of their child, and 44% due to family choice.
- Majority of families would prefer to receive specialist support in a specialist setting.
- 66% of children in a mainstream nursery receive support from a DSC
- 46% of children in a mainstream nursery receive support from Portage
- 74% of Children receive between 4-10 hours of specialist support
- 92% of children could attend the hours requested
- The most important factor when looking for childcare is 'Being able to meet and support the needs of my child'
- Families with children in a DSC strongly agree that staff supporting my child understands their needs and that the service is good.
- Families with children supported by Portage strongly agree that staff supporting my child understands their needs and that the service is good.
- Families with children in mainstream nurseries have a large number agreeing that staff supporting my child understand their needs,

however there are also families that have responded neutrally and disagreeing and strongly disagreeing.

- Majority of Families use DSC to get support if they have a query regarding the needs of their child.
- When asked about the support available to families they found that improved communication from other professionals, guidance on the types of early years support is very important.

Key Themes

Other factors considered when looking for childcare / an early years setting for your child.

- Families need good communication between staff and parents
- SEN experienced and knowledgeable staff
- Good indoor floor space and outside space
- Access to therapies in the setting
- Personal feeling of the staff and setting (patience, care, security, family environment)

If your child has accessed a District Specialist Setting, what further support would you like your child to receive?

- Support for parent carers
- Shorter waiting times
- Longer sessions

If your child has accessed Wiltshire Portage, what further support would you like your child to receive?

- Shorter waiting times to get support

If your child has attended a mainstream setting, what further support would you like your child to receive?

- To be better equipped to deal with sensory issues
- Improved transition to mainstream at the right time
- Training

Where is the first place you would go to for support and advice if you had a query regarding the needs of your child with SEND?

- SALT
- Autistic led online forums
- Health visitor

When thinking about the support available to parent carers of children with SEND, what other factors do you consider to be the most important?

- Clear communication
- Including parent carers in decisions about their child
- Information about schools / transitions
- Guidance on EHCPs

Other comments about how we can improve the care and support for the child:

- Long waiting lists for specialist support (DSC & portage)
- More funding for the DSCs so that more sessions / hours can be offered for a child
- Increase funding for Portage
- Challenging to find out what support is available for SEND children and their parent carers
- Improved communication with SEND lead workers
- Parent carers being present with child when accessing SALT / timely reports
- Improved knowledge and understanding in mainstream settings
- A central portal where parent carers can request support

8. Mainstream Nursery Survey

557 settings received the survey and 356 completed the survey with 62% completion rate. 167 Mainstream nursery settings responded. 56 early years providers expressed an interest in attending a further workshop to discuss support SEND children

154 Mainstream settings have children an 13 reporting they did not have any. In total these settings have 1118 children with SEND. This is an average of 7 per setting and one setting reporting they have 32 children with SEND. 567 children are open to the inclusion team.

83 settings report that the number of SEND children are impacting on the provision the they are able to offer.

The primary needs of the children in mainstream settings are Speech and Language and communication needs, followed by social and communication difficulties.

Secondary needs are also Speech and Language and communication needs, followed by social and communication difficulties, along with Social and Emotional and Mental Health.

When asked what support is in place most children have Individual education plans and Send support plan. 89 children re supported by outreach from DSC and 74 through Portage.

182 Mainstream nurseries receive Inclusion Support funding and 52 DAF funding.

When asked about what factors were important for your setting to be able to offer more spaces or better quality provision. Additional funding and targeted advice were the most important. DSC and support from Portage were considered the least useful.

Mainstream settings used the Early Years page on right choice for resources. DSC training was the least used.

There 63 mainstream settings that have dual placed children with DSC. 95 children in total. The majority of children receive 2.5 – 5hours a week. Most children do not receive out reach support. If they do the majority of children receive an hour a week. The ways DSC support the child in the setting is through TAC meetings and in reach work. Fewer children were receiving outreach support.

There are 33 settings that have children also receiving support from Portage. 47 children in total. The majority of children receiving 1 hour a week. Portage provides support by contributing to reports and feedback to settings.

Themes

Please explain how the numbers of children with SEND are impacting on hours/provision

- Reduced staff numbers and especially qualified staff
- Staffing levels
- Recruitment Challenges
- Mainstream nurseries have feedback that they need 1-1 to meet the needs of children with SEND, and thus this impacts on other children
- Increased levels of high needs
- There is a lack of space and resource to support children with SEND
- Funding issues in particular ISF, again they reference it does not cover 1:1 support

Other examples of support the children with SEND in your setting have in place

- Majority of support comes from Health, SALT, Health Visitors. Childrens Centres were also highlighted. DSC and Portage were mentioned in the context of being on a waiting list.
- The use of BLAST – Boosting Language Auditory Skills and Talking system was used along with Makaton.
- SEND Support Plan and individual action plan was quoted as used.
- Resources to support the child with their needs e.g. ear defenders, toys / games

Other suggestions on what you might like support with

- Support with recruitment, training and funding was highlighted
- Shorter waiting lists for SALT
- Outreach was mentioned, specifically for under 2s (one mention)

Where do you go for resources and toolkits to support children with SEND?

- Some settings are accessing private SALT
- If part of a MAT – they use their resources
- Springfield has been used
- One comment of waiting for DSC support

Other comments received

- Funding
- Increased communication between professionals/collaborative work needed.
- Settings finding delays in assessments and referrals.
- Settings want more specialist placements.
- Some settings feel supported, and some feel they lack this.
- Further training and support from professionals/workshops etc.
- Positive feedback on support EYIA provide.
- Seeing increased numbers of children with SEN In
- Inconsistency on the admissions criteria for Portage
- 1:1 care is referenced
- Increased numbers of children with SEND
- Rural locations mean difficult to access DSC

9. Childminders Survey

557 settings Childminders and Mainstream received the survey

356 completed

62% completion rate

179 Childminders

9 Childminders expressed an interest in attending a further workshop to discuss support SEND children

18 out of the 179 child minders care for children with SEND. There are a total of 24 children with send form this survey with the maximum 4 children in one setting. 12 children are open to the Early Years inclusion team.

3 Childminders report that the numbers are impacting on hours/provision offered. One Childminder said 'Child requires 1-1 care, another child with behaviour concerns but no identified SEND also requires a lower ratio'.

The Primary and Secondary needs reported are Speech, language and communication needs followed by Social communication difficulties along with Social emotional and mental health needs.

The majority of support the childminders receive is through the Individual education plan and the SEND support plan.

Only 2 children receive support from a District specialist centre and 4 from Portage.

Specific training and targeted advice are seen as the most important factors to increase more spaces and better quality of provision.

Childminders use the Early Years page on right choice and the WC local offer page for resources and toolkits. DSC training was rated as an important factor.

There are currently no children dual placed with a DSC. There is 1 child dual placed with Portage.

Additional comments

'The whole system is so confusing. I want to be able to speak to a person who can tell me where I need to go to get support '

'I understand there is a high need for portage so spaces are limited but it's such a fantastic service and unfortunately the child that attends here has lost portage due to the number of hours they attend. I know the parents valued the service a lot '

10. Professionals Survey

SALT Feedback

SALT therapists visit DSC regularly to assess, observe, discuss and advise staff/parents re. children. They Liaise closely with the staff there especially the SLCN TA and Manager to manage children.

DSC staff are familiar with the way the SALT Service works and will implement targets with minimal guidance from SALT. DSC can offer support and training to parents and mainstream setting staff on eg Pictures are Powerful, and other strategies. They keep SALT informed of key meetings for specific children so that SALT can offer any additional up to date information. DSC can be flexible in accommodating SALT at sometimes short notice ie to fit in visits when EHCP info is needed.

Portage work with SALT by Combining SLT targets into their own targets/supporting parents to unpick and model these targets/only service that **supports parents** with specialist knowledge/detailed developmental profile using Early Support doc/Reciprocal brainstorming and collaborative working around complex children's needs/feeding back on parental capabilities and opportunities e.g., when SLT targets may be proving too difficult to implement in home such as take up of PECs.

SALT reply on specialist knowledge and skills of the DSC and Portage to implement therapy targets which doesn't happen in mainstream settings. DSC will also work with parents for training and ongoing support.

DSC practitioners are skilled in several key practices eg PECS, Attention Autism, TEACCH, total communication, communication friendly environments, which makes a huge difference to this cohort of children, plus they support parents and mainstream settings with incorporating targets into home/Preschool environments.

SALT practitioners can be visiting a DSC setting 2-3 times a week. Visits can last an hour.

Waiting lists and capacity has been highlighted as a challenge by the SALT team. Also, there is a lack of equity of service levels across the county. Some families find it tricky to get to a DSC (transport/their own work etc) so may take up a place for a term and rarely attend which wastes a coveted place. Meeting deadlines eg for EHCP if a child is absent on allocated day – very few children attend more than once a week

Mainstream nurseries are unable to establish the level of support DSC are able to do. DSC are able to offer higher child to adult ratio, smaller group sizes, consistent approach to CFE strategies.

ALT are seeing more more complex children in mainstream with limited specialist skills in workforce. Complexities : Nonverbal /severe ASD/severe SLCN/ SEMH and behaviour/attention/poor self help/sensory/complex home environments.

SALT would like to see better communication from DSC and increased outreach into mainstream nurseries.

More sessions available so that children can attend more often/more children can attend. More SLT time allocated so that early intervention can be pushed even more.

SALT would like to see more specialist training to be run by DSCs for mainstream EYs staff. Possibility of satellite centres which can be accessed more locally for families and increased opportunity for outreach

Transport difficulties prevent families from further away accessing the support. IT would be great if something around this could be developed.

Increase time for outreach/in reach for mainstream settings, potentially supporting transition to school with outreach depending on school selected and level of need ie severe SLCN and PECs user in mainstream

SALT & Tidworth

High levels of EYs children with complex needs exacerbated by : being army families, increased levels of parental poor mental health, family isolation/EAL, domestic violence, lack of transport.

These families do not understand education or health systems and cannot access the DSCs (DDOC/John McNeill) as no transport available for this age.

By not being in specialist environments they are not accessing specialist support, the broader parental incidental information sharing and support, the early applications for EHCPs that tend to happen in DSCs, raised awareness for parents of specialist provision that might be available to their children at school age etc.

This means that children in Tidworth/Ludgershall have inequitable access to the provision that they need.

Occupational Therapy Feedback

OT's carry out regular visits to DSC, the frequency of visits depends on the amount and the needs of the children accessing the DC. For example, there is a cohort of very complex children in Stepping stones therefore Physio and OT will visit 1/month. However, Devizes Opp group has currently very few complex children and therefore has fewer visits (4-8 weeks just physio at present)

DSC staff support OT's and parents in carrying out treatment programmes with children. DSC help parents understand their child's condition and assists parents understanding about therapy's role in their child's journey.

Portage: The aim in the future is to work more closely with Portage around the more complex children in their care, as I do think there may be some training need around

how therapies are commissioned and therefore how the therapies are provided.

The feedback from OT's is only positive about DSCs and their staff. The feedback from my own perspective as well as that of my team is full of praise.

OT's highlighted that Portage is a valuable resource but there is work to be done with regards to the overlap in roles.

OT's work with mainstream nurseries and highlighted that Knowledge of conditions and treatment approaches is much higher in DSC. DSC can provide very good outreach to mainstream settings.

There is nothing the OT's would like to change with DSC. With Portage they would like a closer working-relationship, basic level of training required for Portage as my understanding is that no qualification necessary and they can work with some very complex children

Educational Psychologist Feedback

EPs and APs interact with DSC frequently. And visit at least once a week for 1-3 hours.

EP's highlight that most DSC have are very welcoming and have good links with parents and the mainstream settings the children jointly attend. They are proactive in ascertaining children's individual needs. DSC make referrals to other professionals and hold referral clinics with paediatricians. They have good quality and informative referral paperwork and knowledgeable staff.

DSC visit mainstream settings and mainstream settings can visit and contact for advice. They provide child led activities and are responsive to the children's emotional needs. DSC can manage transitions effectively.

EP's report that Some of the approaches used are not necessarily ones EP's would advise, this can be hard to challenge. They would like to see more flexibility and to be less rigid in what they offer, this does not reflect all settings.

EP's visit mainstream settings, staff generally less experienced. Children with complex needs usually have a 1:1 member of staff attached to them. It is often seen that the perspective/expectations of staff is different within a mainstream setting compared to a DSC. In a DSC staff often have higher expectations of the children and can provide more educationally challenging activities and be more confident in pushing children. It was felt that mainstream staff don't want to do the wrong thing and may not challenge children enough.

EP's see more complex cases including C&I, Social communication and Speech and Language needs.

EP's would like to see DSC working together and sharing best practice and more flexibility in practice. They would like to see DSC continuing with their good practice examples, and the philosophy of settings. Child led practice/ flexibility/free flow and staff responsiveness to children's emotional needs. EPS would like to see DSC develop individual techniques and practice/ interventions/ knowledge/training opportunities from EPS.

Health Visitor Feedback

Health visitors interact with DSC and Portage through email and phone and through the Early Support Assessment. They currently do not receive acknowledgement of referral from Portage.

DSC and Portage support Health Visitors with DLA and all the admin/benefit side of having a child with additional needs. They support with ongoing Paediatric assessment. Intensive early support for families and ongoing specialised support.

Health Visitors highlight that DSC and Portage are an excellent resource, they provide lots of support for the whole family. Families feedback is positive.

Challenges include long waiting lists, Portage's waiting list is currently closed. The support of deferred school entry then is resulting in increased waiting. Capacity in offering additional sessions to child.

Health Visitors are seeing an increase in children with Social /emotional and communication skills: Interpersonal skills; General developmental delay. Challenging behaviour.

Health visitors would like to see acknowledgment of referrals from DSC and Portage, reduced waiting lists and increased availability.

Health visitors highlighted they value the specialist service offered. Health Visitors would like to develop the communication between Health visiting and DSC & Portage.

11. Working Groups

External Inclusion, In reach and Outreach workshops 4th May and 9th May

Inclusion Discussion

One setting has changed the way their provision is run - their core service meets the needs of children with SEND and children that are 'overachieving' will receive further support.

High level of need in Tidworth – DSC supporting setting with outreach.

Settings seeing increase in children with additional needs

Variable across the county

Positive experience

Based on how many hours they are told their child can attend / lack of choice re days/times etc.

Some withdrawing hours after offering them

Degree of discrimination for children with disabilities

Sometimes inclusion can turn into an element of exclusion because they are unable to keep up with their peers (what they enjoy/how they engage/social element/developmentally not at the same level)

Creating a way the parents feel included and have a sense of belonging / confidence in the staff (particularly in the early years stages - this helps them move on from specialist settings - creating a positive experience).

Out – Reach

Out reach is important to observe the child in their mainstream environment and helps with strategies for that environment. Supports interaction between DSC and mainstream nursery and reinforces partnership working.

Acknowledgement that there needs to be more outreach. It supports the practitioner and improves confidence.

The most positive experience of outreach is when settings have asked for outreach and when they are more prepared for the visit there is better engagement.

Tidworth outreach model works really well – almost due to the fact that there isn't a DSC there, the nurseries have had to work together.

It is thought that outreach can include other forms of support, teams and phone calls.

Face to face outreach is important for those families that can not drive and can not get to a DSC, and the support can be provided through their mainstream nursery.

Out reach isn't provided regularly when a child is well established.

Barriers to Outreach

Outreach is approached differently in different areas, nurseries are receiving different types of outreach. We currently do not monitor the quality of our outreach advice and do not know how effective it is.

Are we funding outreach enough? Do we consider all the cost involved for example costs for travel and releasing a member of staff. We do need to acknowledge the cost of travel, time and resources.

Additional expertise is needed for outreach work, and it is difficult to recruit highly experience staff on low pay.

Mainstream settings need more frequent outreach / currently there is a long time between visits so how do we know the strategies we have been taught are being delivered right/working.

There is some confusion around what an inclusion officer does and DSC outreach.

There needs to be a confirmed entry and exit criteria, for example Dingley's promise. There needs to be CPD for outreach to ensure credibility.

We need to align with the objectives of the LA & SEND strategy

DSC need to understand their boundaries on what fits within the contract and outside of the contract. They need to know what we are asking them to do.

In - reach

Beneficial to observe the children in the specialist setting / useful to see the PECs communication and mirror it. Increases confidence for mainstream practitioners.

Provides time away from the mainstream nursery to focus on the child, and learn the strategies needed.

Barriers

Unable to release staff for in-reach sessions, recruitment is a real issue.

It burdens the mainstream practitioners with unrealistic expectations on how to work with a child. As a mainstream nursery is very different to DSC setting

We need to be clear on the purpose of in reach.

12. Internal Working group

Strengths

Expertise of the DSC are recognised and appreciated they provide Support for individual child with hand on knowledge, they are implementing the strategies and not advising on what to do. They support transition into schools and help with HCNA requests.

They provide expertise in meetings, having their expertise in meeting can be beneficial particularly when transitioning child in to mainstream.

DSC provide inhouse support from professionals such as salt, results in children receiving quick support.

Challenges

There is recognition that there are regional differences. One DSC does not offer outreach, there are difference in assessment sessions, referral admission criteria. Pathways are not clear. There is inconsistency of the number of weeks a child should be in service.

Each DSC building is different which means each service can support different numbers of children attending.

It is felt internally that DSC do not follow the rules and move through processes more quickly for example around ISF, although there needs to be more clarification on this. They don't follow council policy around training for example, Dingley's promise and Five to thrive. There is reluctance to use the new support plan.

Relationships with mainstream settings vary and communication between them is sometimes poor.

It is felt that DSC can influence parents to make decisions around deferring school entry and choice on settings. DSC often make decisions on the child's pathway very early and without formal assessment.

Suggested Service Plan

For the majority of SEND Children

- Defined number of sessions and length and review points
- Clear and agreed in-reach and outreach for the child
- A needs led plan for the child over the period of time – so can go into mainstream
- Entry and Exit pathway
- Expectation on a fully support plan

For the most complex children

Criteria of what is a complex child –

- Life limiting, not safe to be in a mainstream – pathway and agreed through local authority.
- Health & LA – next steps
- Entry and Exit pathways and review points – agree an enhanced package
- Discuss next steps access to services

Portage

What works well

The service is received well by families, there is good engagement with professionals including Wiltshire Council and they will go to Tac meetings. There are good examples of multi agency working.

There are assumed good outcomes for children but this does need to be evidenced. Portage fills the gap between mainstream and home.

Inexpensive service – good value for money Wiltshire Council provides funding for 75 places – Portage are supporting 101 children.

What are the challenges

- Portage weak at collating and evidencing their data,
- It is difficult to understand the Pathways through the service, e.g. how waiting lists work?
- Portage provide little information on session plans
- Portage are paper based and pen based which means time is spent on admin and report notes– data should be recorded digitally.
- Criteria for referrals isn't clear and it seems inconsistent
- Referrals to link in with panel HELM
- Criteria of the Assessment process e.g. barriers for portage include – attending tumble tots etc
- Length of time for support, could working parents accessing the service
- What does the offer from birth look like are we duplicating with health?
- Need to understand where Portage partitioners are supporting outside of home sessions – are they attending more than they should? Eg schools etc
- Who are we supporting through portage is it the Child or Family?
- Interventions and strategies at home, should not be parenting support
- Low paid staff, what are the qualifications and experience level?
- We should specify the qualifications needed – level 2 -3 – to discuss
- Safeguarding – compliance – this needs to be reviewed

WPCC Parent Carer Face to Face discussions

Session 1, Salisbury (6 parents - 1 husband and wife)

- Wonderful support from Portage. Parent will remain on the waiting list for further support
- SALT received via John McNeill but found them to be 'clueless'
- There is good parental support groups on Facebook
- DSC and Portage are invaluable resources
- Portage has been a lifeline for the majority of parents
- Health visitor referred to portage and this was when support started for child and family
- Portage support has impacted families positively – especially for those where extended family live abroad
- Military families do not feel supported
- 50/50 split feeling for parents wanting their child to go to mainstream vs specialist school.
- Need more support with transitions. Parent wants their child to attend the right school where they can be happy and get the right support. Feel professionals need to help parents make an informed choice.
- Happy with their child attending the mainstream nursery but feels they lack the skills and experience to support the child's development
- Parent started the EHCP independently – no support from professionals at all. Frustrating experience.
- Parent feels practices used in John McNeill are not right for her child (attention bucket too prescriptive) – has done lots of research through social media on other practices. Felt John McNeill was not supportive of parents view of using different practices
- Parent on waiting list for Portage and still not been seen.
- Parent went privately to get a diagnosis for ASD
- All felt they would benefit from early signposting from professionals
- No one was aware of the Local Offer or what it is

Session 2 – Calne (5 parents)

- DSC have helped with referrals – parents feel this helps make the process quicker
- Parents are referring to DSC to help with getting a diagnosis for their child
- One parent was told their child would be taken off the Wiltshire Autism Assessment List due to private diagnosis. Parent carer says this is illegal and had to fight hard to get them to review the private diagnosis.
- Portage have been a godsend, helped family through referral processes / attended all meetings
- Nursery (Tiny Bubbles, Calne) did not pick up on the needs of the child and now he is significantly behind other children in reception class and struggling.

School (Cherill Primary School) working hard to get EHCP and funding. Health visitor did not pick up on needs and did not support the parent carer. Parents first child so was not aware of any needs/concerns – there is reliance on professionals having the skills/experience and understanding of SEND and supporting parents with next steps

- Nothing happens after a child has been diagnosed through the Wiltshire Autism Assessment Service (WASS). Lack of support for parent carers after diagnosis.
- DSC and Portage give parents a management plan setting out what they can and can't apply for and support available. Without this, parent carers would be lost.
- Those parents who don't send their child to nursery until 3 years old when they get 15 hours free funding are reliant on health visitors/Drs to pick up on potential needs prior to starting nursery – without this there is little to no support for first time parents.
- Health visitors saying young children 18 months etc. too young to pick up on needs and should wait until the child is 2 before being assessed. Parent did not feel listened to when raising concerns to the health visitor.
- More sessions at a DSC and Portage are needed for all children with SEND.
- Portage have a long waiting list.
- One parent experienced a lack of information given to them from a DSC on EHCPs and transitions. This made the transition period unclear, stressful and difficult. All DSC should have a parent information evening focussed around transitions and the EHCP process. Stepping stones organise one.
- Experience of dual placements have been very good for DSC and mainstream but more outreach to nurseries needed and highly valued.
- Often parents feeling like mainstream nurseries working hard to keep the child and other children safe, not working with them developmentally. What benefit is the child getting attending a nursery? It was recognised that it does provide respite to the parent carer.
- Terminology of EHCPs unclear – often referred to as complex needs. What does this mean for transitioning into a resource base / mainstream school or specialist school?
- Parents feel the DSC should be more involved in placement decisions e.g. telling parent carers what school setting would be potentially suitable. Parents unsure what is best for their child and want more support from professions to make informed decisions.
- Nurseries need more SEND training. They do not have the skills and experience to support children with SEND.
- No one was aware of the Local Offer

