



Tri-borough SENCOs FORUM

18th October 2017

INCLUSION



- Introduction- AS
- School and parents working together-HA
- Launching SEN Toolkit- KT
- Using standardized tools to measure pupils' emotional wellbeing (taster)-LA



- How to access OT in Tri-borough- KP &SS
- Phase Transfers and Transfer Reviews- KS
- Healthy lifestyle and weight management –EI
- Supporting SEND students with Attachment and Trauma issues- SS
- Evaluation and closing - AS

What's
new?



Training & Outreach
Federation of Westminster Special Schools

SEND Training Offer 2017/2018



Westminster Special Schools Training & Outreach Service

Access & Inclusion Centre

QE2 Jubilee School, Kennet Road, W9 3LG

www.qe2cp.westminster.sch.uk

[CPD](#)

ASD and Girls Projects



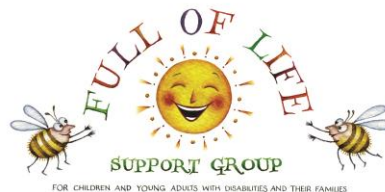
Westminster SENCO Forum

6th Dec 13:30-16:00



A Parents Perspective

Wednesday 18th October
Queen Elizabeth II School. SENCO Forum.
Hend Rahman
Westminster Parent Participation Group
Make IT Happen



realising
our children's
rights
**parents
active**

Who we are





WHO WE ARE and WHAT WE DO

We are a group of parent carer volunteers

Who constructively put forward our concerns to service providers who provide services for our children.

We work in co-production with service directors and commissioners, to ensure our children are provided with the best support.

We sign post parents to services and provide opportunities for parents and families to meet and learn from each other and professionals



OUR CHILDRENS VOICE

We have listened to many parents experiences with different professionals.

We design and provide training to professionals and parents to help them improve their working relationship.

By the end of the session we want you to:

- Have a better understanding of a parents perspective.
- Be more aware of how you engage with individuals and families
- Understand that good communication leads to a trusting relationship
- For Children and young people to be at the heart of all of your actions and decisions

Activity 1 –EMPATHETIC LISTENING

Split into groups of 2.

Decide on who will talk and who will listen.

- Think of a personal experience when you had to be courageous.
- 3 mins to tell the story.
- Listener has to give feed back on what they gained from that story.



We want to know your difficulties

- We want to know about your biggest challenges and help parents understand your role better.
- How can we help you?.
- How can we work together?

Our Contact Details



Nandini Ganesh
Parents active Coordinator
Telephone 02087485168
www.parentsactive.org.uk



Sue Redmond
Full of Life
Tel: 0208 962 9994
www.fulloflifekc.com



Yusra and Hend
Westminster Parents Participation Group
tel: 07586146797
wppg.org.uk
info@wppg.org.uk
vicechair@wppg.org.uk

SEN Toolkit- Keith Tysoe



RBKC:

<https://www.rbkc.gov.uk/kb5/rbkc/fis/advice.page?id=2MLtcpKczNQ&localofferchannel=0>

- WCC:

<https://fisd.westminster.gov.uk/kb5/westminster/fis/advice.page?id=X4jXZpp3wDI>

- LBHF:

<http://search3.openobjects.com/kb5/lbhf/fis/advice.page?id=olxHhcQLZnY&localofferchannel=0>

Measuring and monitoring pupils mental health and wellbeing



Training session:
13th December 2017,
10am-4pm

Lee Atkins
Regional Improvement
Support Officer

Measuring and monitoring pupil's mental health and wellbeing



- Why measure the MH&MWB of pupils (the benefits)
- Different approaches to measuring and monitoring MH&MWB
- How to measure and monitor (the 7 steps involved)
- Understanding and using the data
- Principles and considerations
- Action planning
- Support and resources

The 7 steps to measuring and monitoring:



Training features:

- Suitable for those working in schools
- Evidence and outcomes focused approach
- Practical aspects
- Discussion and shared learning
- Real case examples
- Participants develop plans
- And know how to access support & resources

Take a break.
You deserve it!



<http://www.classtools.net/timer>

<https://goo.gl/1iqykA>



Children and Young People's Occupational Therapy (CYPOT) & Special Educational Needs (SEN) OT Service **SENCO FORUM (Triborough)**

Sasha Smerin (Children and Young People's Occupational Therapist)
Catarina Pinto (SEN OT, Westminster)



Date: 18th October 2017



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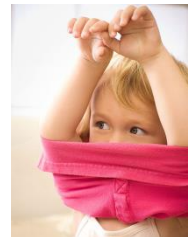
What's Occupational Therapy?



Occupational Therapy enables people to participate in daily activities (occupations) to improve their health, independence and wellbeing.

Occupations for children and young people may include;

- **Self-care activities** – eating & drinking, grooming, washing, dressing and toileting.
- **Productivity** – going to school/nursery - a directed activity a child engages in.
- **Leisure & play** – includes self directed activities a child engages in, generally learning through their own chosen activities and at their own pace.



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Key Skill: Activity Analysis

Analysis of typical demands of an activity and the range of skills involved in its performance

What is involved in a task?

We assess the activity that a child is unable to successfully complete. We then break down the performance components, including the area of occupation, person centred factors, environmental demands, performance skills and context.



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Example: Putting a jumper on



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Example: Putting a jumper on

Following instructions

Sequencing

In-hand manipulation

Body awareness

Proprioception

Coordination

UL RoM

Visual perception

Memory

Attention

Endurance

Balance

Bilateral integration

Motor planning

Problem solving

Perseverance

Posture



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Children and Young People's Occupational Therapy (CYPOT) CLCH NHS

- Provided over 3 boroughs – Hammersmith & Fulham, Kensington & Chelsea and Westminster as a clinic and community based service
- We see children aged 0-18 years in homes, nurseries, schools and clinics
- Children GP'd in the triborough (HF, KC, W)
- We receive referral forms directly to our service or through referrals to Child Development Service (CDS or CCDS).
 - If a child has been seen previously, parents or involved professionals can re-refer.
- The referral form must indicate clearly at least 2 **functional difficulties** (daily activities that they are finding it difficult to perform).

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Referral to CYPOT for functional difficulties

CYPOT will provide Occupational Therapy intervention included in Section G (Health) of a child's EHC plan or the child can be referred to CYPOT without an EHCP for input in school.

Examples of functional difficulties for referral:

- Positioning for posture to support access to everyday activities and play
- Reaching all body parts for bathing or play
- Difficulty with independence in tooth brushing, personal care, toileting, dressing
- Managing fastenings for dressing
- Personal organisation and managing transitions between activities
- Recording work - writing
- Use of tools for school activities e.g. scissors / ruler
- Use of utensils for meal times
- Access to play/ leisure resources



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Children will be eligible if they are experiencing difficulty with two or more of the above or other identified functional everyday tasks which may be as a result of:

- Neurological impairment e.g. cerebral palsy
- Progressive conditions e.g. muscular dystrophy
- Musculoskeletal /orthopaedic issues e.g. juvenile idiopathic arthritis and benign joint hyper mobility syndrome
- Genetic Disorders e.g. downs syndrome
- Idiopathic Conditions e.g. JIA
- Sensory processing issues (touch, sensation, regulation of sensory behaviours e.g. fidgeting, over/under responsiveness)
- Pervasive Developmental Disorders e.g. Autistic Spectrum, Attention Deficit Disorder, Asperger's.
- Co-ordination disorders

The OT Process within CYPOT Assessment

Depending on the referral, children will be seen for an assessment in clinic (Parkview Centre for Health and Wellbeing, CCDS ChelWest or Woodfield Road), in their home or in school.

Children should always be accompanied by their parent/carer or school staff if they are seen in school.

Assessment may include standardised assessments, non-standardised assessments, observations and discussions with the parent/carer, education staff and child where able.



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Intervention



Following the initial assessment and clinical evaluation, an intervention plan will be decided on ...

- Providing advice and training for parent and/or school/nursery
- Providing a programme of activities to be implemented at home and in school setting.
- A block of individual or group OT sessions (maximum of 6 sessions).
- Work with the **person** to develop the skills required to participate/improve performance in the activity e.g. to develop the underlying fine motor skills required.
- Modify/adapt the **environment** to make performing the activity easier e.g. remove distractions or provide specialist seating.
- Adapting the **occupation/activity** e.g. grading or modifying the task e.g. using specialist cutlery.



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Training

Twilight training sessions to support OT input in schools:

E.g.

- Sensory Processing
- Development of Motor Skills + strategies
- Handwriting
- Support in setting up motor skills groups
- Development of self-care skills in school



TRAINING


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What is SEN OT?

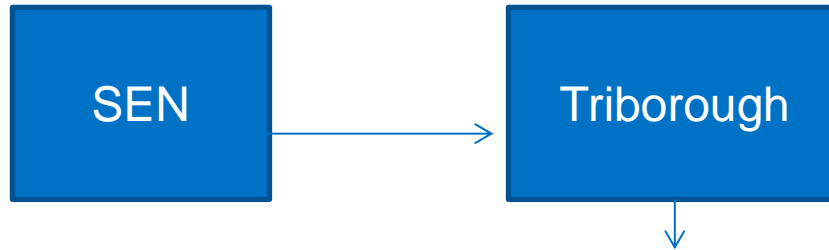


- This OT service is available to children aged 4-25 years in mainstream schools with **OT specified in Pt 3 of their statement, Section E/F of their EHCP.**
- SENCO's will need to contact the SEN OT for your borough to inform them when a child receives a new EHCP with SEN OT specified.
- Provide the SEN OT with a copy of the child's EHCP if possible or request your SEN keyworker to do this
- The SEN OT will see each child in school to support teaching staff to work towards the OT outcomes specified on the EHCP.
- NHS OT will complete a handover via phone/email or a joint session once SEN OT is added to their EHCP or once they start mainstream school.
- SEN OT do not provide assessments. They focus on intervention/ review progress towards EHCP outcomes.



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Occupational Therapy for Statemented Pupils or those with an EHC Plan



London Borough of Hammersmith and Fulham (LBHF) – will be independent from April 2018

Royal Borough of Kensington and Chelsea (RBKC)

For children living in RBKC south – separate SEN OT service – RBKC north – OT is provided by CLCH- CYPOT.

City of Westminster (CoW)

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How Can We Access OT?



Should we contact SEN OT or CYPOT?

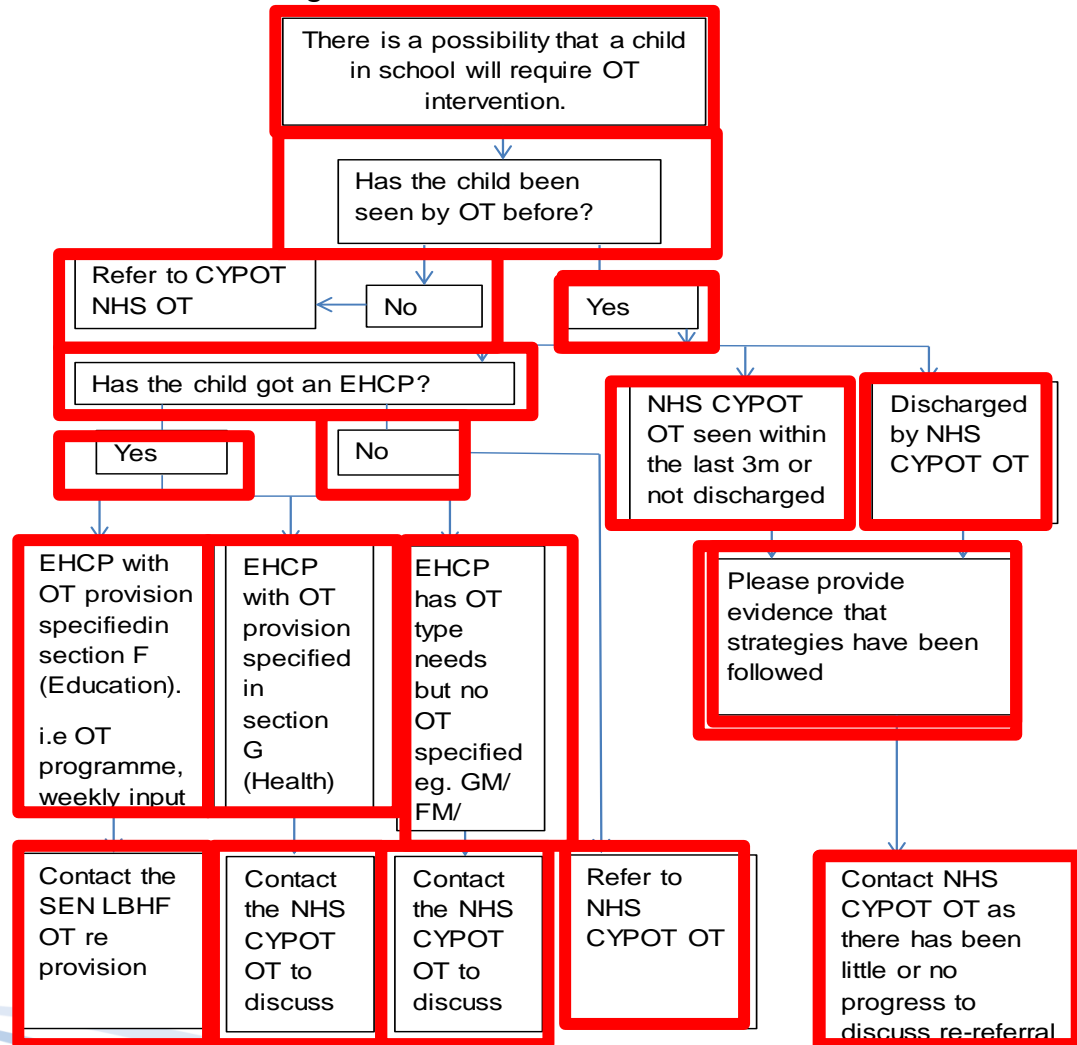


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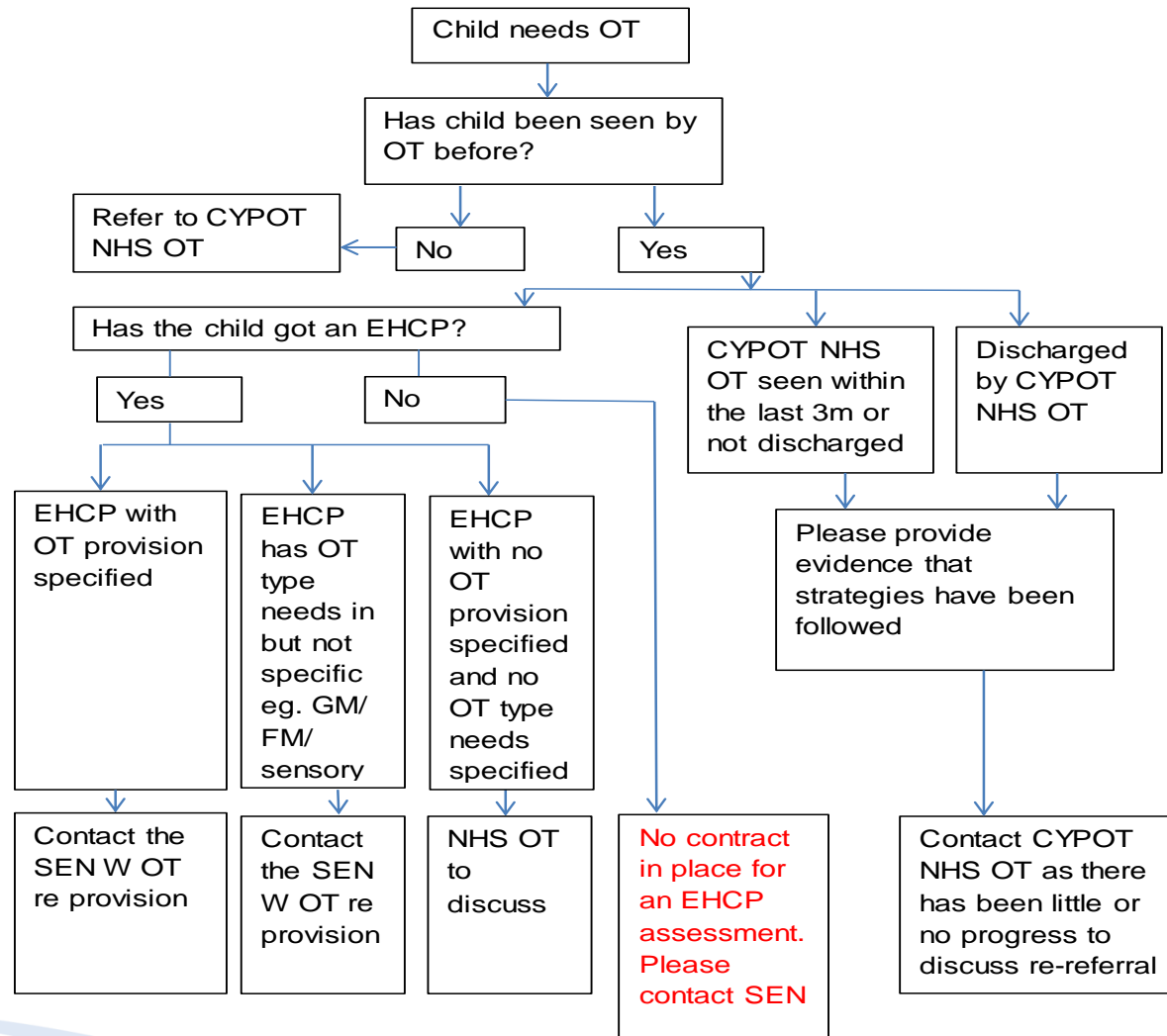
Referring to OT in LBHF for NHS and SEN Services

Flow chart for referring to OT in LBHF for NHS and SEN services



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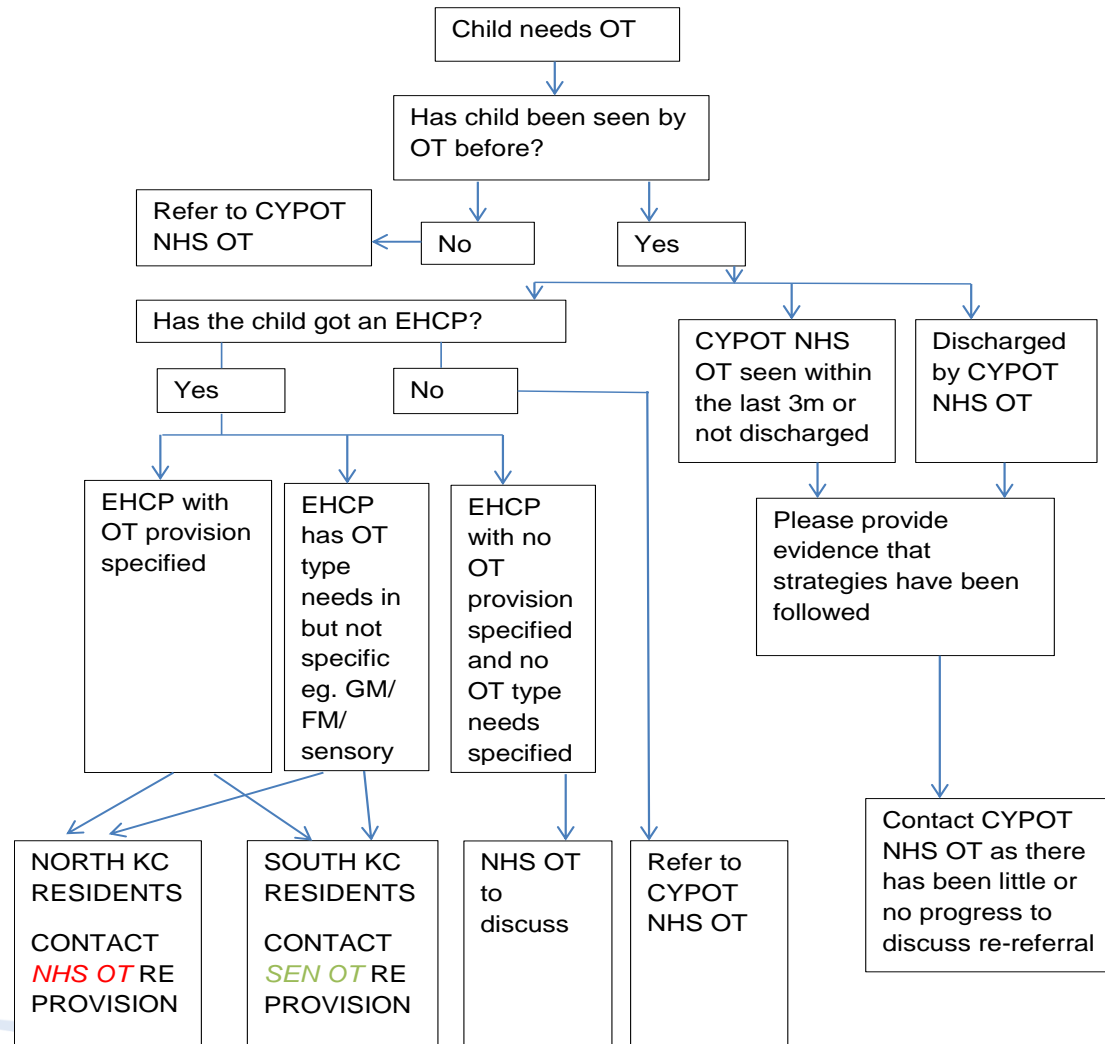
Referring to OT in Westminster



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Referring to OT in K&C



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EHCP Process for OT



- School or parents can request for their child.
- Yes/No panel – review for a decision
- If the child is known to CYPOT (within a year for over 5's and 6 months for under 5's) they will contribute to the EHCP.
- If you consider a child has functional difficulties/ if you are triggering an EHCP for a child with OT required please call CYPOT if the child is not known to us to discuss. **CYPOT can accept referrals from schools but not directly from SEN if they are not known.** It is important to trigger this referral promptly as there is a waiting list for CYPOT. **We cannot prioritise these children for OT.**
- If an EHCP Annual Review is due, please advise OT as soon as possible so they can provide advice for the AR meeting or attend if appropriate.
- All children with SEN should be under EHCP by April 2018

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Use of private therapies funded by school

- Issues have been raised with expectation for statutory services and NHS to continue when a private service finishes or to work alongside on the same.
- It is important to be clear with parents that this provision is private and therefore the same level cannot be expected to be delivered by NHS/statutory services.
- All OTs should follow the same professional guidance but we do work in different ways and sometimes specialising in one area does not mean the child gets the holistic approach as provided by statutory services
- We have issues re diminishing the efficacy and professional status of OT as the premise OT is based upon is doing what you need to do- this is the role which needs to be fulfilled – participation from the ICF

Over to you - scenarios

- 1) You have a child in year 1 who is unable to sit and focus for longer than 1 minute, is not yet forming letters and cannot undress/dress independently. He has **not got an allocated OT**. He has an EHCP but **OT is not listed as a provision** in section F or G.

What should you do to access OT for this child in your specific borough?

- 2) You have a child who has just transferred from a statement to an EHCP. You have read in the **EHCP that SEN OT is to provide half termly reviews** to address outcomes 1 and 2. He has not yet seen an OT in school.

What should you do to access OT for this child in your specific borough?

Over to you-scenarios

3) A child in year 4 **does not have an EHCP** but he is falling further behind his peers. He still cannot use a knife and fork to cut up his food despite trying to teach him. He also requires help to do up buttons/ zips.

What should you do to access OT for this child in your specific borough?

4) A child has just started in reception with a diagnosis of cerebral palsy. He has come to school with an **EHCP stating SEN OT and NHS OT** as a provision.

What should you do to access OT for this child in your specific borough?

Contact Details for Occupational Therapy (Triborough)

SEN OT (Educational Service) **HAMMERSMITH AND FULHAM**

Jessica Davies (team lead) jdavies68.205@lgflmail.org

SEN OT (Educational Service) **WESTMINSTER**

Catarina Pinto (OT) c.pinto@qe2cp.westminster.sch.uk

SEN OT (Educational Service) **SOUTH KENSINGTON AND CHELSEA**

Deidre (OT) Tel: tbc

SEN OT (Educational Service) **NORTH KENSINGTON AND CHELSEA**

Leah Mauck (NHS OT- CYPOT) l.mauck@nhs.net Tel: 02081023824

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Continued...

CYPOT NHS OT (Health Service):

Sheena Lorusso (team lead) – on a career break between 1st October 2017 and 1st Jan 2018

sheena.lorusso@nhs.net

Adrienne McGhie (acting team lead until 1st Jan 2018)

adrienne.mcghie@nhs.net Tel: 0207 266 8606

(Admin contact: 0208 102 4008)- to be re-directed to allocated OT

Any questions?



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Phase Transfers and Transfer Reviews- Kay Stammers





Introduction to Mytime Active

Amy Chrisp - Service Manager

Emily Ingrams- Programme Manager

mytimeactive
Feel amazing!

Meet the Three Borough Team

A multidisciplinary team made up of:

- Registered Dietitians
- Registered Associate & Registered Nutritionists
- Physical Activity Leaders:
 - Registered Exercise Professionals-Level 2 and 3
 - Ante and post natal exercise certification
- Managers
- Administrators
- Volunteers

Overview of MEND

MEND empowers children and adults to become **fitter, healthier and happier** and to reach or maintain a healthy weight

Group Programme Overview

MEND Mums

- Post-natal programme for new mums (baby up to 2 years)
- Energy boosting workouts and great nutrition tips to help establish healthy habits for life

One to Ones

- Parents with children aged 0-4 years
- Tailored advice from a Dietitian on a range of nutritional topics, working with a Physical Activity Specialist to help with fitness

MEND Mini

- Children aged 2-4 years and parents/carers
- Healthy family habits, portion sizes, reading food labels, reducing screen time

MEND 5-7 & 7-13

- Children aged 5-13 years who are above a healthy weight (85th centile) and their parents/carers
- Learning to read food labels, interactive supermarket tour, goal setting

MEND TEENS

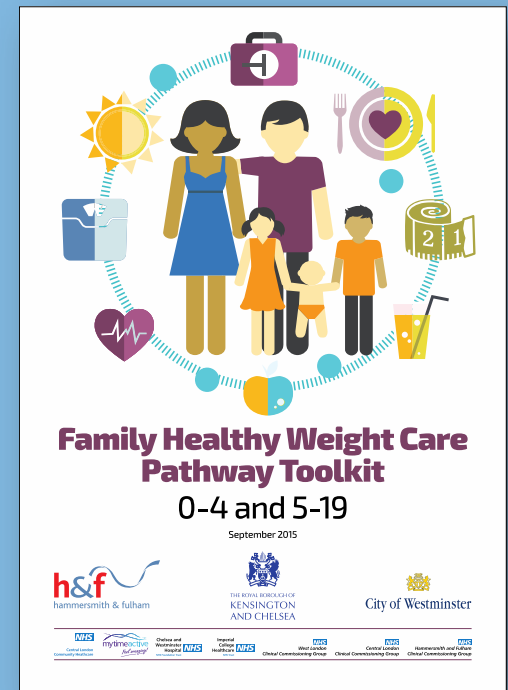
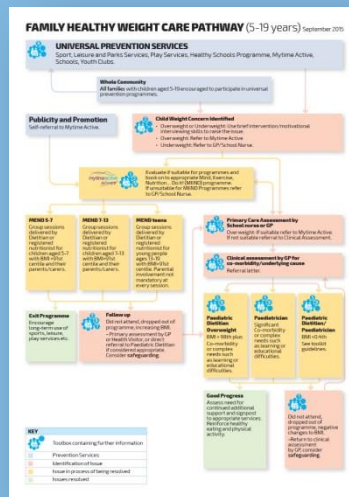
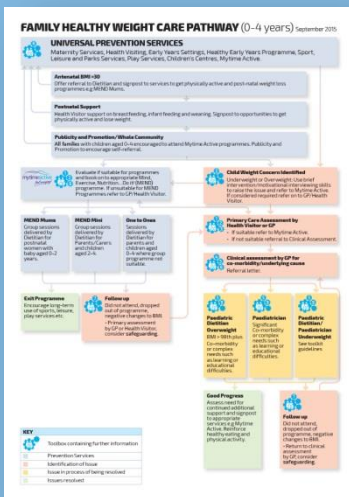
- Young people aged 13-18 years who are above a healthy weight

Family Healthy Weight Care Pathways

Standardised and systematic method of preventing and managing obesity in children and young people across the three boroughs

Who can refer?

- School nurses, GP's, Paediatricians, Health Visitors, Health Trainers, Community Champions, teachers, self referrals



How to refer

MEND (Mind, Exercise, Nutrition... Do It!)

Child and post-natal obesity prevention and weight management services

To refer a family please complete this form and return via:

Post - Mytime Active, Victoria Charity Centre, 11 Belgrave Road, SW1V 1BB

eFax - 0207 117 4294

email - childweighWCC@nhs.net - Westminster

childweighKC@nhs.net - Kensington and Chelsea childweighHF@nhs.net - Hammersmith and Fulham



INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

Family Details

Child or mother's details

Name: _____ DOB: _____ Age: _____ Gender: _____

Child in other's height/length - cm: _____ Child in other's weight - kg: _____ BMI Centile _____ BMI _____
(Child) (Mother)

Parent/carer's details

Parent/carer name: _____ Relationship to child: _____

Home phone no: _____ Mobile phone no: _____

Email: _____ Postcode: _____

Address: _____

NHS no: _____ School name: _____

Comorbidities/Complex Needs (please fill relevant in circle)

- | | | |
|--|--|--|
| Respiratory problems <input type="radio"/> | Type 1 or 2 Diabetes <input type="radio"/> | Significant joint/mobility problem <input type="radio"/> |
| Hypertension <input type="radio"/> | Hyperinsulinaemia <input type="radio"/> | Psychosocial dysfunction <input type="radio"/> |
| Cardiovascular disease <input type="radio"/> | Endocrine problems <input type="radio"/> | Emotional/psychological issues <input type="radio"/> |
| Dyslipidaemia <input type="radio"/> | Metabolic syndrome <input type="radio"/> | Learning/educational difficulties <input type="radio"/> |
| Sleep apnoea <input type="radio"/> | Epilepsy <input type="radio"/> | Not known <input type="radio"/> |

Other Information

Is Child Protection in place: Yes / No English as a first language: Yes / No (please specify): _____

Any other information relevant to be aware of that would impact programme participation: _____

Social worker details (if applicable): _____

PLEASE COMPLETE PAGE TWO

MEND (Mind, Exercise, Nutrition... Do It!)

Child and post-natal obesity prevention and weight management services



Programme Information

Age: 0-2 years* / 2-5 years / 5-7 years / 7-13 years / 13-16 years / 16-18 years

Type of intervention: Group Based / One to One

Child is potentially at risk of becoming overweight (one both parents or sibling overweight) ☐

Child identified as being overweight ($\geq 91^{\text{st}}$ centile) or obese ($\geq 98^{\text{th}}$ centile) ☐

Family would benefit from guidance around eating habits and physical activity ☐

Family is motivated and committed to attending weekly sessions ☐

*Mother would benefit from a post-natal weight management course ☐

Referrer Details

Name: _____ Job title: _____

Organisation: _____ Postcode: _____

Address: _____

Telephone no: _____ Date of referral: _____

GP Details (if different to referrer)

Name: _____ Job title: _____

Organisation: _____ Postcode: _____

Address: _____

Telephone no: _____ Date of referral: _____

Parent/Guardian Consent

I agree to be involved in Mytime Active's weight management service and have received relevant information about the structure of the service and data collected. I agree to be contacted for follow-up purposes for up to 12 months. I understand that my data will be stored confidentially, on paper and digitally on a secure database, and will be held in accordance with the Data Protection Act and NHS Information Governance.

I agree for my data to be shared with the commissioning body for evaluation purposes.

I agree for my anonymised data to be used for audit purposes to inform service development and contribute to research activities.

Signature

Parent/Guardian Signature: _____ Or verbal consent provided: Yes / No

Printed Name: _____

Referrer's Signature: _____ Date completed: _____

THANK YOU



Workforce Training

Training Modules:

- Obesity the Bigger Picture & Raising the Issue of Weight
 - Nutritional Guidelines
 - Cooking on a Budget
 - Delivering Physical Activity
 - Active Playtimes in School
 - Active Health
 - Nutritional Guidelines (online)
 - Health Related Behaviour Change (online)
-
- 1,094 frontline staff in year 2 (eg GP's, School Nurses, Health Visitors, Community Champions, Teachers, Early Years Staff)

Questions?

Contact Details

Call us on 02083231725
info@mytimeactive.co.uk

Amy Chrisp –
amy.chrisp@mytimeactive.co.uk

Emily Ingrams-
emily.ingrams@mytimeactive.co.uk



Supporting SEND students with Attachment and Trauma needs

Sankofa Small
Training & Development Coordinator
Tri-Borough Virtual School
For Looked After Children and Care Leavers
October 2017

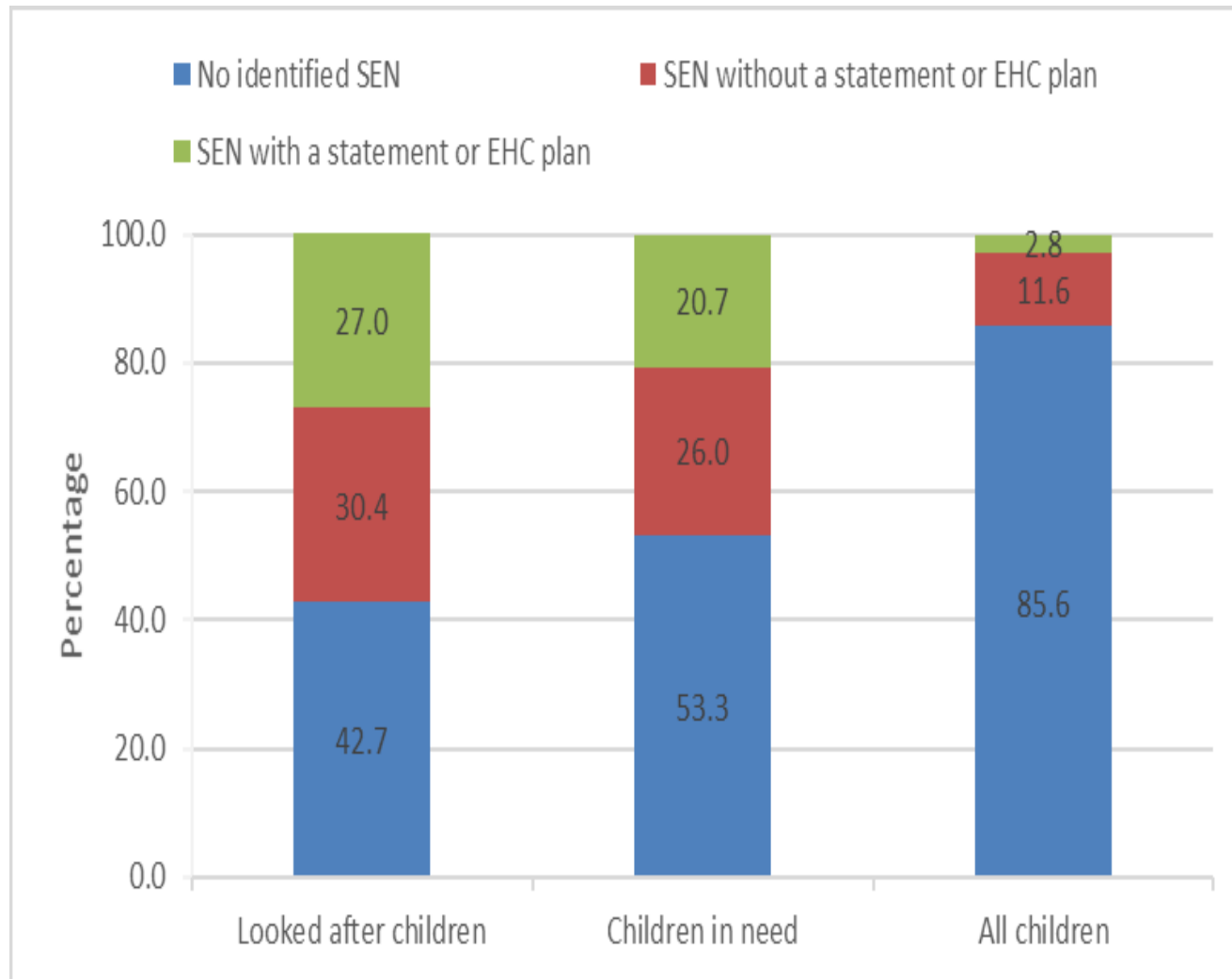
What are the facts about looked after children and special educational needs?

Looked after children are **four times more likely** to have a special educational need (SEN) than all children and are.

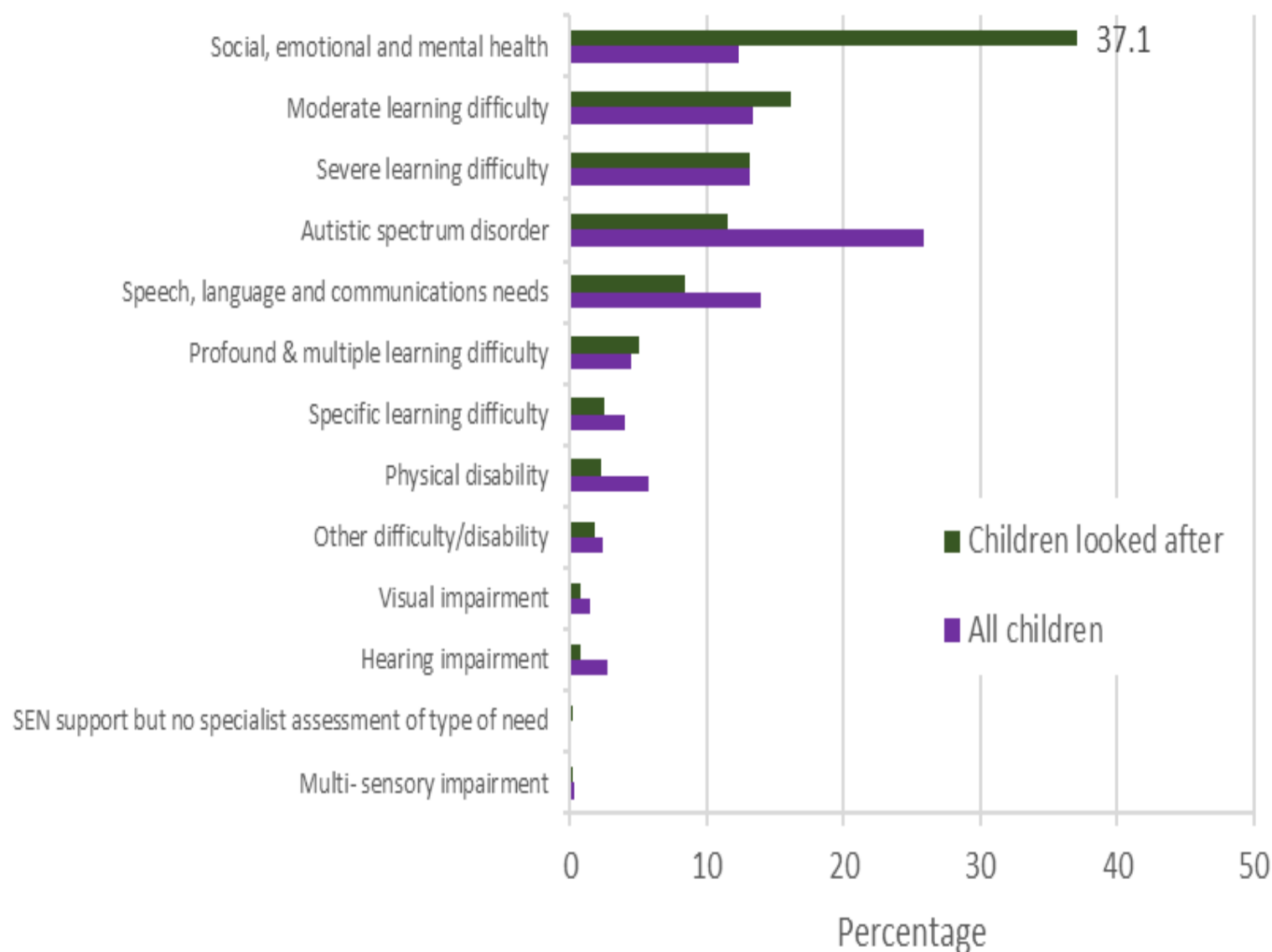
They are almost **10 times as likely** to have a statement of special educational need or an education, health and care plan (EHCP plan).



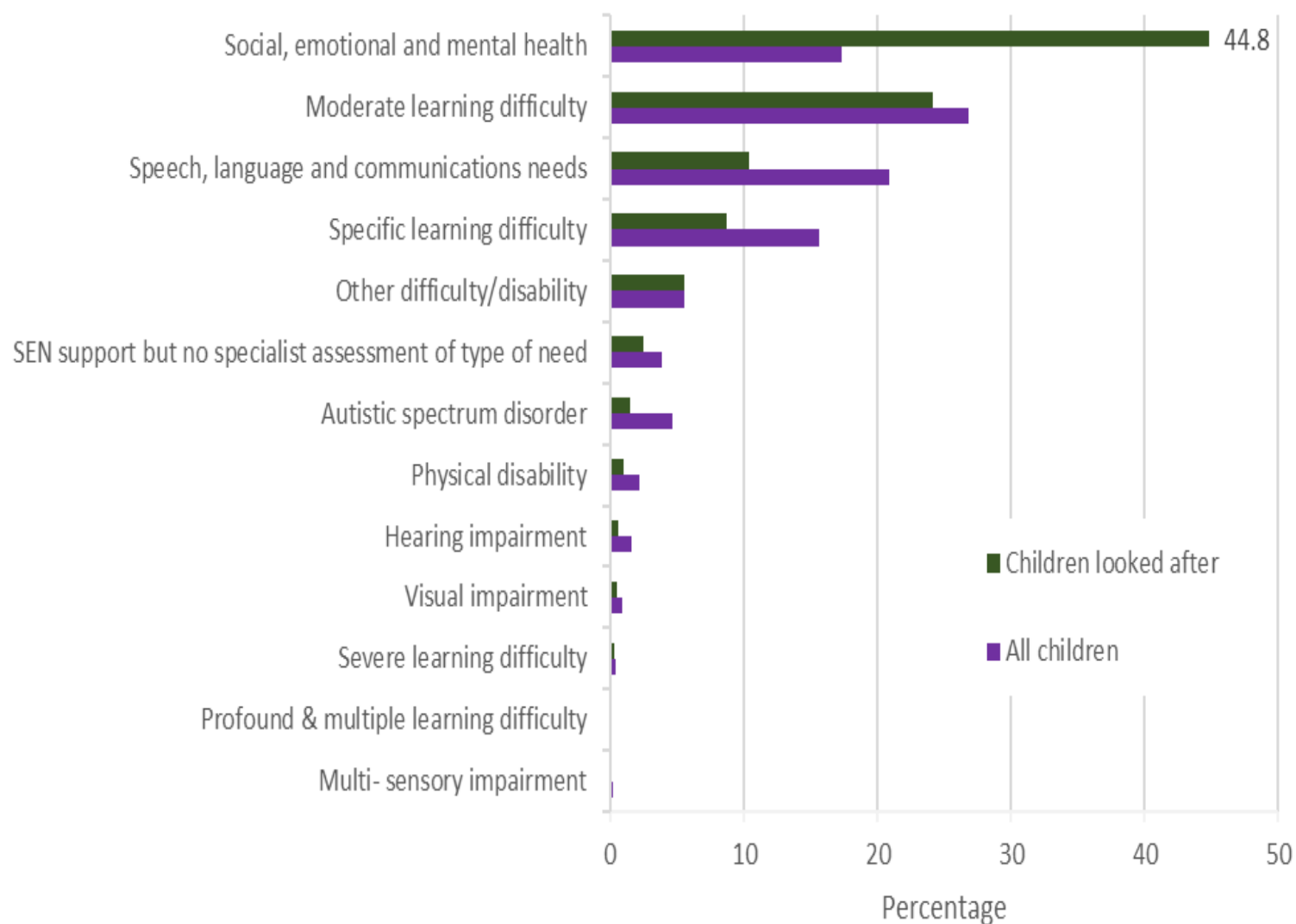
In 2016, 57.3% of children looked after had a special educational need, compared to 46.7% of children in need and 14.4% of all children.



Primary need of children with a statement of SEN or EHC plan



Primary need of children with SEN support

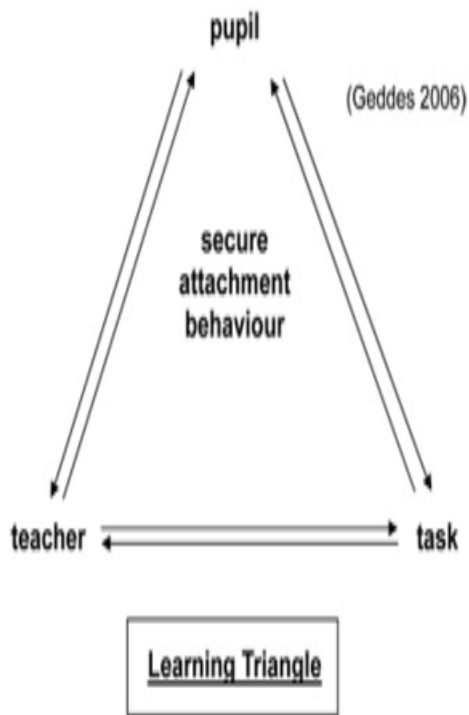


Recovery and Resilience

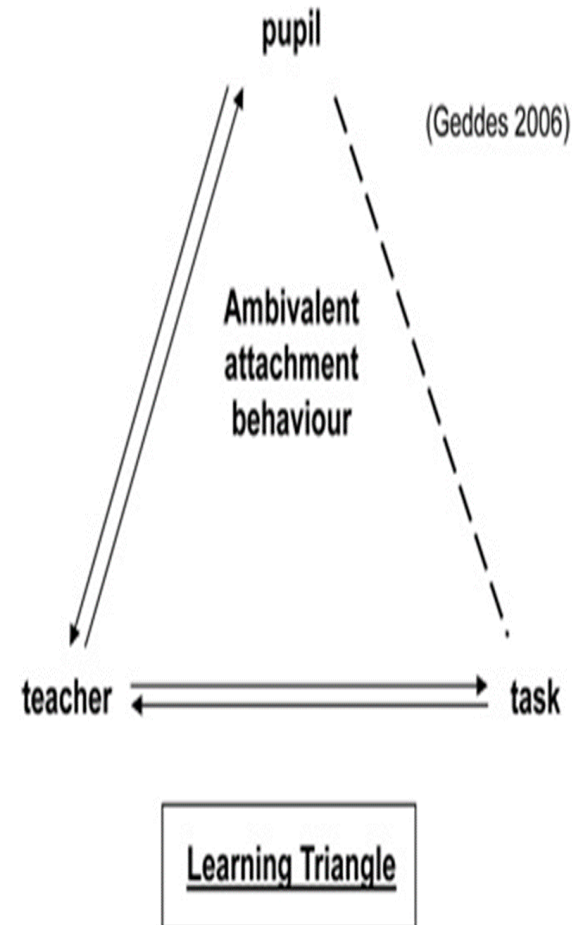
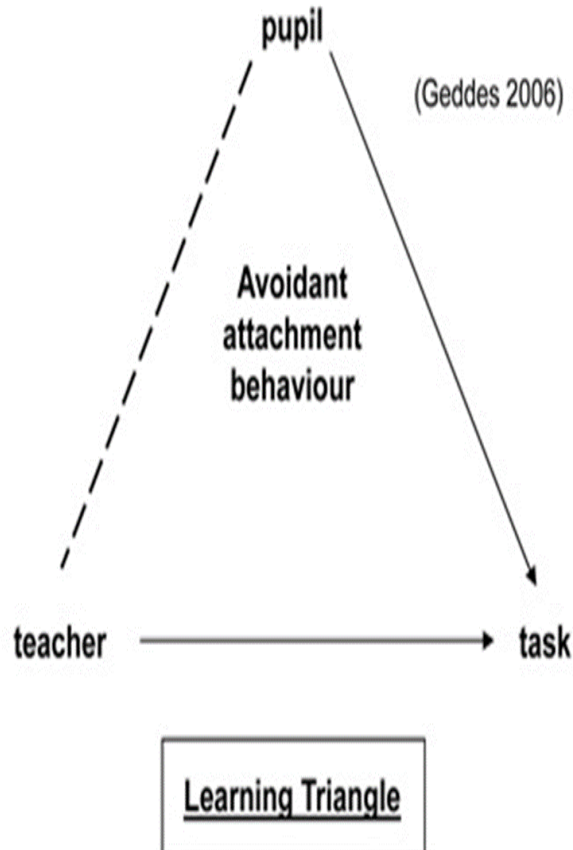
- Children recover and develop resilience through building and strengthening new connections in the brain
- Brain connections develop through:
 - Relationship – mindful co-regulation and mindful co-learning
 - Iteration – experience repeated over and over again
- Relationship – attachment aware settings
 - Safe and trusted adults are emotionally available and reliable
- Iteration – three cyclical phases of recovery – nine outcomes
 - Stabilisation – feeling safe/feeling supported/feeling understood
 - Integration – self-regulation/emotional processing/narrative
 - Adaptation – social skills/joy in living/self-esteem

Attachment Styles in the Classroom

What does secure attachment look like in the classroom?

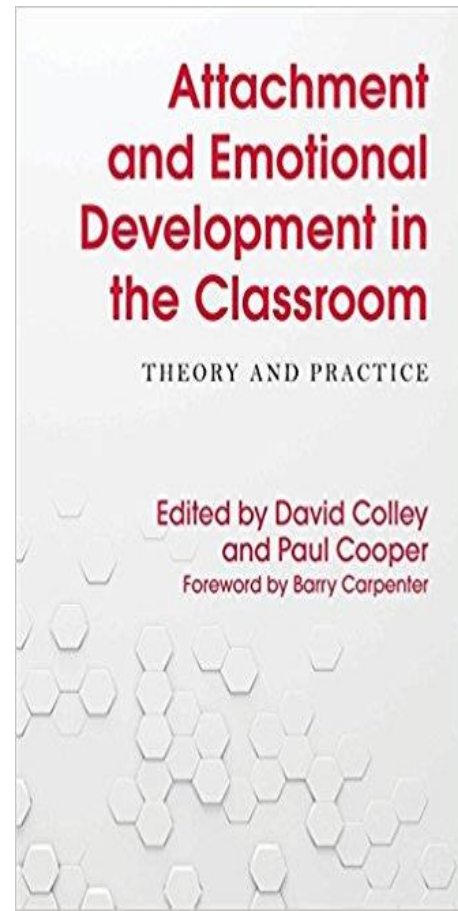


Able to work independently / able to ask for help / able to learn new skills without feeling threatened / able to share special adults and other objects.



“Attachment & Emotional Development in the Classroom”

(SEBDA, in association with Jessica Kingsley publishers)





ADOPTED & PREVIOUSLY LOOKED AFTER CHILDREN – WHAT NEEDS DO THEY HAVE?

Research findings are as follows:

- Sturges and Selwyn 2007 found that adopted children are much more likely than their peers to have a statement or EHCP and to attend specialist provision.
- 50% of adopted children had educational psychologist involvement and 55% received support from CAMHS.
- Biehal et al in 2010 found that approximately 40% of adopted children experience significant behavioural, social and emotional difficulties.
- They are also excluded at the same rate as their peers in stable foster placements or just as likely to refuse to attend school .

(Taken from “Becoming an Adoption Friendly School – A whole school

Tri-Borough Virtual School Training & Resources



- ❖ Introduction to Attachment & Trauma – whole school or staff cohorts
- ❖ Emotion Coaching – whole school
- ❖ Annual conference
- ❖ Whole school 1 year programme delivered by Kate Cairns Associates on Attachment & Trauma (theory and practice) – 1 day INSET for all staff , followed by 3 twilight and consultancy sessions
- ❖ E Learning Modules



Contact Details

Training & Development Coordinator

- Sankofa Small
- Sankofa.small@lbhf.gov.uk
- 07500102588

Tri-Borough Virtual School Headteacher

- Lauren Fernback
- laurenfernback@lbhf.gov.uk
- 07493864819

Thank you for your attention

