Registered charity number: 1147969

Email: admin@rpcf.co.uk https://www.rpcf.co.uk

SOCIAL, EMOTIONAL AND MENTAL HEALTH EXPERIENCES AMONGST CHILDREN AND YOUNG PEOPLE WITHIN ROTHERHAM

The views and experiences of parent/carers of children and young people (aged 0-25 years) with special educational needs and/or disabilities.

April 2021

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- Sarah Alexander who worked on this project and collated the information into this report.

1. Introduction

Rotherham Metropolitan Borough Council (RMBC) have identified an urgent need for an educational provision that specialises in social, emotional and mental health needs (SEMH). This is due to increasing numbers of local children and young people being assessed as needing specialist SEMH provision resulting in being placed in Pupil Referral Units (PRU) or attending schools outside of Rotherham. Subsequently, RMBC have approved plans to open Rotherham's first specialist education provision for children and young people with SEMH difficulties which will operate as a free school. The process to identify a sponsor is underway and it is anticipated that a sponsor will be in place by the end of May 2021. It is hoped that the new school will improve the education and life chances for local children experiencing SEMH difficulties.

To enable parent/carers to be involved in the development of the new school, we wanted to establish from parent/carers what good looks like in relation to SEMH. We also wanted to gain an overview of the experiences of Rotherham families with regards SEMH to include children and young people who are educated at home or somewhere other than at school. To achieve this, we carried out a focused consultation with parent/carers between January and March 2021 in the form of an online survey and 6 small focus groups.

This report summarises the SEMH national and local picture and the views and experiences of 87 parent/carers of children and young people (aged 0-25 years) with special educational needs and/or disabilities (SEND) in Rotherham. It also explores national best practice and what good looks like to families before detailing the hopes and concerns of parent/carers with regards the opening of the new school provision.

2. Definitions

2.1. Special Educational Needs and/or Disabilities

A child or young person (up to age 25 years) has special educational needs (SEN) if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. SEN is also often used interchangeably with the term SEND which is an acronym for special educational needs and/or disabilities.

A child of compulsory school age or a young person has a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others of the same age, or
- have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Most children and young people with SEN will have their needs met at school or college using a "graduated approach" at SEN Support level. A small number may need an EHC needs assessment which might lead to

an education, health and care (EHC) plan being issued. A very small number of pupils with SEND and an EHC plan have needs that cannot be sufficiently supported by local, maintained mainstream or special schools[1].

2.2. Ethnicity

Language matters when we talk about race. A broadly-accepted principle is that we should try to talk about ethnic difference in a way that makes sense to those that we are talking about – including trying to use the language that people would use about themselves. Less than half of ethnic minority Britons (47%) feel confident that they know what the term "BAME" means, with three in ten (29%) saying that they do not recognise the term at all . Furthermore, across the whole public only approximately 4 out of 10 people think they are confident about what the term "BAME" means. 1 in 3 people say they are unfamiliar with the term.[2]

A further problem with the term BAME is that it is not always associated with White ethnic minorities such as Gypsy, Roma and Traveller of Irish Heritage groups, which are among some of the most marginalised and disadvantaged communities. To leave these communities out of the language we use marginalises them even further.

Zamila Bunglawala (Deputy Head of Unit & Deputy Director Policy and Strategy, Race Disparity Unit, Cabinet Office) states that:

"Personally, I have never referred to my ethnicity using BAME or BME, and I don't like it when they are used to describe me. Like many ethnic minorities, I proudly refer to my specific ethnic identity – my background is Indian" [3]

Research shows that this view is shared by many others therefore, the term "Ethnic Minorities" as suggested by Zamila Bunglawala has been used within this report.

2.3. Autism

As with race, the language used to describe Autism is important as it can construct, reproduce and expose prejudice. It can perpetuate taken-for-granted values and beliefs[4]. The terms used to describe autism varies depending upon an individual's experience of autism with research identifying that autistic adults generally favour the use of identity-first language as autism is an intrinsic part of their identity, not an add

[1] DfE (2015) Special educational needs and disability code of practice: 0 to 25 years https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

[2] BEYOND 'BAME': What does the public think? https://www.britishfuture.org/beyond-bame-what-does-the-public-think/

[3] Please, don't call me BAME or BME! https://civilservice.blog.gov.uk/2019/07/08/please-dont-call-me-bame-or-bme/

[4] Disability, the communication of physical activity and sedentary behaviour, and ableism: a call for inclusive messages https://bjsm.bmj.com/content/early/2021/02/05/bjsports-2020-103780

on. Furthermore, the use of terms like “deficit” or “disorder” imply that they are broken in some way[5]. Consequently, this report will refer to Autism rather than Autism Spectrum Disorder (to include Asperger’s Syndrome/Disorder) and autistic person, as opposed to a person with autism.

3. About Rotherham Parent Carers Forum

Rotherham Parent Carers Forum (RPCF) are a parent-led registered charity which brings together over 1,800 families with disabled children and young people (aged 0-25 years) from across Rotherham. Our primary charitable aims are to reduce isolation for individuals living with SEND and their families by offering opportunities in a range of ways to access mutual support, share experiences, exchange information, access social opportunities and influence policy through the co-production of services. All staff and volunteers have lived experience of SEND, directly or as parent/carers.

RPCF works in partnership with organisations across the public, private and voluntary sector to co-produce services, delivery plans and pathways through lived experience to ensure the development of services that best meet the needs of the community it serves. We use an appreciative method of inquiry in all our engagements, with an emphasis on open and honest communication whilst remaining solution focused.

RPCF are also part of a regional and national network of parent/carer forums. This enables Rotherham families to have a voice at local, regional and national levels to share their experiences and influence services and policies around SEND.

RPCF and RMBC are equal partners in *Genuine Partnerships*, and have a commitment to this joint enterprise which models and promotes co-production, inclusive practice and wellbeing using the Four Cornerstones Approach (Welcome and Care, Value and Include, Communication and Partnership) locally and across the country.

4. SEMH - The National Context

Social, emotional and mental health difficulties (SEMH) is a category of SEN which was implemented as part of the education reforms in 2014 and is therefore a relatively new concept for schools. SEMH categorises a broad range of behaviours that manifest because of social and emotional difficulties. Behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Some children may have attention deficit hyperactive disorder (ADHD) or attachment disorder[6]. Nationally, in the academic year 2019/2020, 233,300 pupils were recorded with a primary need of SEMH equating to approximately 17% of all pupils with SEN; the majority of which have their needs supported at school support[7].

[5] Which terms should be used to describe autism? Perspectives from the UK autism community https://journals.sagepub.com/doi/10.1177/1362361315588200

[6] DfE (2015) Special educational needs and disability code of practice: 0 to 25 years https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

[7] Special educational needs in England academic year 2019/2020 https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

Concerns exist about how well-equipped schools are to respond to the needs of children and young people with SEMH needs[8] and the lack of places in specialist settings for pupils with SEMH needs resulting in pupils being placed in unsuitable schools. This creates pressure on mainstream and other special schools to meet the needs of children when it may be outside their area of expertise [9] with many needs going unidentified. In some cases, these placements end in exclusion. Indeed, pupils with SEMH needs without an Education Health and Care Plan (EHCP) are 3.8 times more likely to be permanently excluded from school compared to children with no SEN[10].

Alternative provision (AP) is a broad term used to refer to a wide variety of types of school or educational settings and can be used by local authorities to arrange education for pupils who are unable to receive suitable education, usually due to exclusion or illness. It is estimated that 50% of pupils who receive education within an alternative provision have SEMH categorised as their primary need. AP does not generally include elective home education however, there is a concerning national increase in the number of pupils who are being encouraged improperly or without the necessary support to be educated at home[11].

5. SEMH - The Local Context

5.1. The Population with Identified SEMH Needs

There were 8049 children and young people from Rotherham identified as having SEND in the academic year 2019/2020 of which 6392 pupils were supported at SEN support level and 1657 were supported by an EHC plan. By further analysis of the data, it has been possible to extrapolate the following information:

- **SEMH needs**: 16.1% of pupils (1031 pupils) from Rotherham at SEN support level were identified as having SEMH needs, compared with 19.4% across England.

- **EHC plans:** 15.7% of pupils (260 pupils) from Rotherham with an EHC plan had SEMH as a primary need, compared with 14.2% across England.

[8] House of Commons (2018) *Forgotten children: alternative provision and the scandal of ever increasing exclusions* https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/34205.htm

[9] Timpson Review of School Exclusion (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

[10] Timpson Review of School Exclusion (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

[11] House of Commons (2018) *Forgotten children: alternative provision and the scandal of ever increasing exclusions* https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/34205.htm

- **Gender:** about 29.3% of all pupils in Rotherham with EHC plans are female; for pupils with SEMH needs this is 26.2%[12].

- **Exclusions:** The most recent data available for exclusions is from the academic year 2018/2019 where there was an average level of permanent exclusions across Rotherham at a rate of 0.09% (39 pupils), compared with 0.10% across England[13]. However, 59% of the pupils permanently excluded in Rotherham were pupils with SEND (mostly without an EHCP), compared with 43.4% across England. Indeed, pupils with an EHCP were out of all Rotherham pupils the least likely to be permanently excluded[14].

5.2. Where Do Pupils with SEMH Needs Attend School

In the academic year 2019/2020 within Rotherham there were 1291 pupils classed as having a primary need of SEMH with the majority attending a mainstream school and receiving support at school support level. The table below provides details of the number of Rotherham children with SEMH needs and where they attend school.

	SEN No Statement or EHC		Statement or EHC		Total	
	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Pupil referral unit	53	49	58	102	111	151
State-funded nursery	1	n/a	n/a	n/a	1	n/a
State-funded primary	532	533	63	55	595	588
State-funded secondary	408	449	46	52	454	501
State-funded special school	n/a	n/a	47	51	47	51
Total	994	1,031	214	260	1,208	1,291

Table 1: Number of Rotherham pupils with a primary need of SEMH by school type[15]

It is evident in table 1 that 39% of pupils with SEMH needs that have an EHC plan in place are registered as attending pupil referral units (PRU) which are an Alternative Provision (AP). A review by Rotherham Local Authority (LA) identified that the use of PRUs as specialist provision for children with SEMH needs was problematic. A need to separate specialist provision from PRUs was identified as this current model does not represent good practice[16].

[12] https://explore-education-statistics.service.gov.uk/data-tables/permalink/6f16c03e-86a1-46bb-9148-038ad750cc8b

[13] https://explore-education-statistics.service.gov.uk/data-tables/permalink/22aecc82-a030-4545-9096-cd077a39460f

[14] https://explore-education-statistics.service.gov.uk/data-tables/permalink/16beca1c-75a7-4f0e-97e5-1d6b91c2d159

[15] https://explore-education-statistics.service.gov.uk/data-tables/permalink/cd432026-5053-443e-b4f5-c874b7f16688

[16] SEND Sufficiency Development Phase 3 (November 2020)
https://moderngov.rotherham.gov.uk/documents/s128577/Final%20Revised%20SEND%20Suffciency%20Phase%203%20Cabinet%20Report%20v3.pdf

5.3. SEMH Strategy

Rotherham's SEMH strategy was published in October 2019 containing the vision that:

> ***"Rotherham meets the social, emotional and mental health needs of all children and young people through seamless access to the right services at the right time and a confident and resilient workforce"***

The strategy also details the following 6 priorities:

- Sufficiency: develop local education provision that responds to need – this will include flexible and specialist provision
- Seamless Pathways: ensure that pathways to support are connected and aligned and develop a clear behaviour pathway that includes responses to attachment and trauma
- Partnerships: develop and sustain robust inclusion partnerships that enable schools to meet need through a collective approach to responding to the needs of individual children
- Evidence-Based Approaches: ensure that the local authority offer (from Early Help and Inclusion services) responds to need and is underpinned by evidence-based approaches and aligned with clear pathways
- Workforce: develop a robust training and support offer, enabling professionals to feel confident in responding to the needs of children and young people with SEMH needs
- Outcomes Focused and Value for Money: ensure that all activity can demonstrate clear outcomes and value for money[17]

5.4. The Proposed SEMH Free School

One of the strategic actions within the SEMH Strategy is to address education sufficiency needs. At present, Rotherham has no designated provision to meet the needs of children who need to attend a specialist SEMH school. Children and young people that need specialist education to meet SEMH needs are currently placed in a PRU or placed out of area. RMBC state that analysis of current data indicates that children and young people with a designated SEMH need require a distinct provision just for Rotherham[18].

RNN Group have ceased using the Dinnington college site. This has provided RMBC with the opportunity to purchase existing and modern educational buildings which require minimal adaptation to enable them to respond to the identified SEN sufficiency issues.

Any new school proposal must be developed under the Department for Education (DfE) free school process. The process requires formal notification to DfE and proposals to be drawn up in the form of a prospectus outlining the need for the new school and context. The prospectus and accompanying

[17] Rotherham SEMH Strategy (2019) https://moderngov.rotherham.gov.uk/documents/s122904/Rotherham%20SEMH%20Strategy%20October%202019.pdf

[18] SEND Sufficiency Development Phase 3 (November 2020) https://moderngov.rotherham.gov.uk/documents/s128577/Final%20Revised%20SEND%20Suffciency%20Phase%203%20Cabinet%20Report%20v3.pdf

submission form invited potential sponsors to formally return the submission as part of the sponsor application process.

Working in partnership with DfE, a panel representing a range of stakeholders is formed to assess the sponsor submissions and shortlist potential sponsors. Potential sponsors are then invited to deliver a presentation to the panel, followed by a series of pre-determined questions focusing on key elements and aspects of the proposals. Panel Members will then grade the applicants individually and agree a preferred sponsor. The Panels preferred sponsor option will be recommended to the Regional Schools Commissioner. Once the preferred sponsor is confirmed and ratified by the Regional Schools Commissioner and DfE, partnership working with RMBC can be established from the outset of the project in relation to the establishment of the new school[19]. RPCF are one of the stakeholders involved in this process and it is expected that a sponsor will be confirmed by the end of May 2021.

6. The Research Project

To enable the voice of Rotherham families to be reflected in the process (as described above) and to understand their experiences around SEMH, RPCF carried out a focused consultation with parent/carers between January and March 2021. The outcomes of this research are detailed within this report and used to establish what good practice looks like for families in relation to SEMH.

Parent/carers were able to provide their views by the following methods:

- An online questionnaire that could also be provided in paper format and support provided to complete if required
- Attend an online video focus group
- By email
- By telephone
- By 1:1 online video call

Despite offering a range of feedback methods, all views were gathered by the online questionnaire and online focus groups as no interest was shown in using the other methods offered. Covid-19 prevented any in-person sessions.

We also facilitated a Q&A session between parent/carers and the LA specifically about the new school provision and have worked with a range of stakeholders. A copy of the Q&A report is available on the RPCF website.

[19] SEND Sufficiency Development Phase 3 (November 2020)
https://moderngov.rotherham.gov.uk/documents/s128577/Final%20Revised%20SEND%20Suffciency%20Phase%203%20Cabinet%20Report%20v3.pdf

6.1. The Questionnaire

Parents/carers' views were sought through an online questionnaire, which was open for 4 weeks (20th January to 18th February 2021). The questionnaire was advertised via RPCF's members email list, website and social media channels. The link to the questionnaire was also circulated to a range of stakeholders for them to publicise. The questionnaire consisted of 25 open and closed questions around SEMH experiences and the proposed school. A total of 70 responses were received.

6.2. The Focus Groups

We held 6 focus group discussions between the 11th and 24th March. A total of 17 parent/carers attended. All attendees were female and had a wide range of educational experiences and placements between them. We specifically targeted the focus groups at parent/carers whose children had been educated in a Rotherham PRU, an independent specialist school and/or educated at home/outside school. We did this due to likelihood that their children and young people would be impacted most by the opening of the new school. Due to the tight timescale of the project, it was not possible to offer focus groups to a wider audience.

The discussions were informal with the aim of putting participants at ease as a formal approach may have reduced the accessibility of the sessions due to some participants previous negative experiences with services. It was designed to gather information from the parent/carers regarding the following:

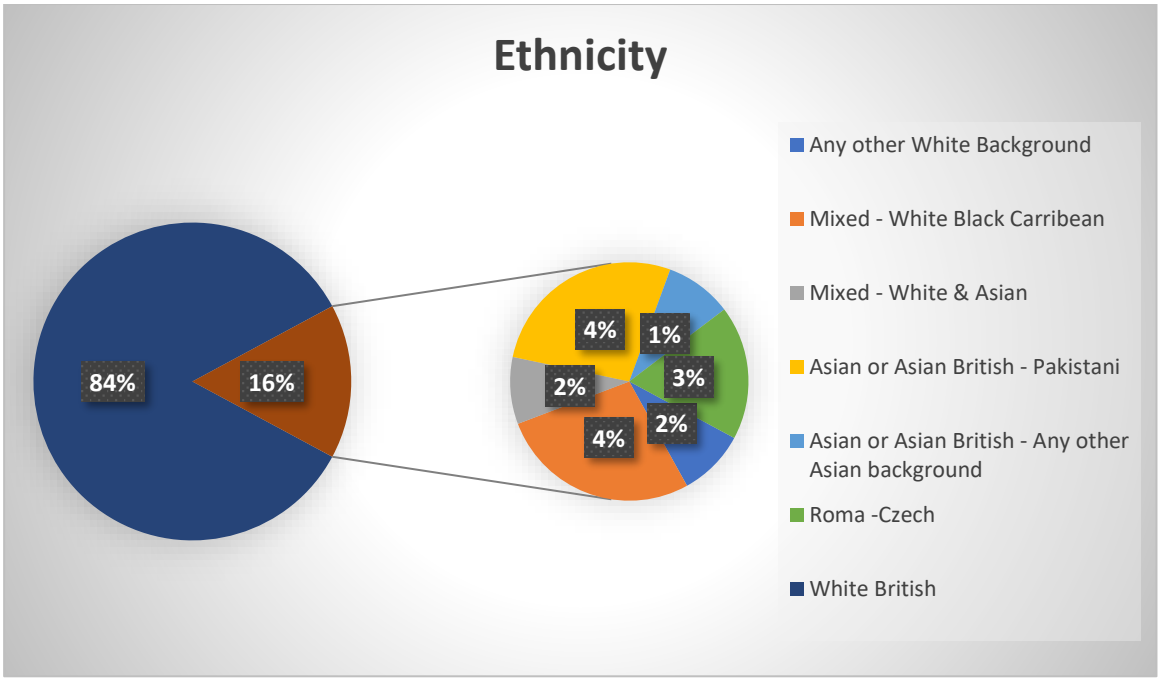
1. What was currently going well/worked well with education for their child or young person
2. What could be/have been better
3. What were their concerns about the new school
4. What were their hopes for the new school

We provided a written overview of the project, what the information would be used for, how to withdraw from the project and what to expect on the day in advance of the sessions. The information gathered from the focus groups has been used within this report to illustrate families' experiences and to enable us to define what good looks like.

7. Questionnaire Results

7.1. Ethnicity

The most recent figures available for Rotherham indicate that ethnic minorities equate to 8.1% of Rotherham's population. However, 16% of questionnaire respondents identified as an ethnic minority which is almost double this rate.



7.2. Gender

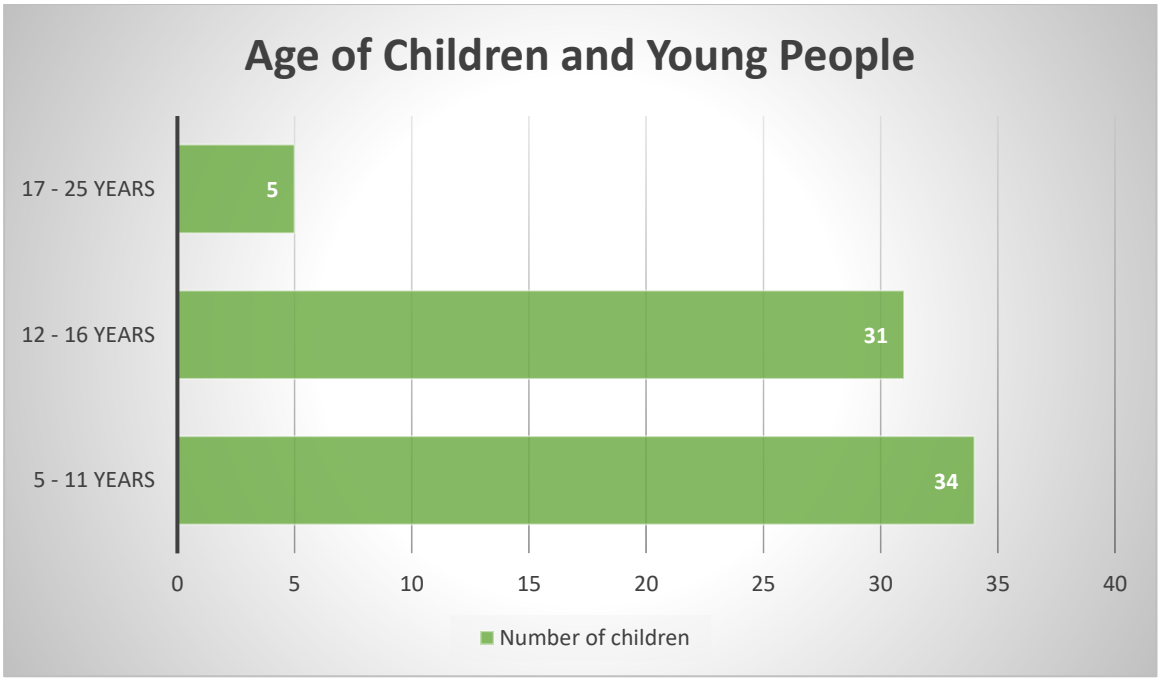
From the families that responded, 61% of the children and young people identified as male, 36% as female and 3% as non-binary. This is broadly in line with the gender split figures for SEND nationally[20].

7.3. Age of Child or Young Person

92.8% of respondents had children/young people that were of primary or secondary school age with 48.5% at age 5-11 years and 44.3% at age 12-16 years. Only 7.2% of respondents had children aged 17-25 years old. These figures could be representative of the fact that the percentage of pupils identified with SEND increases throughout primary years, peaking at age 10. It then declines through secondary school ages[21].

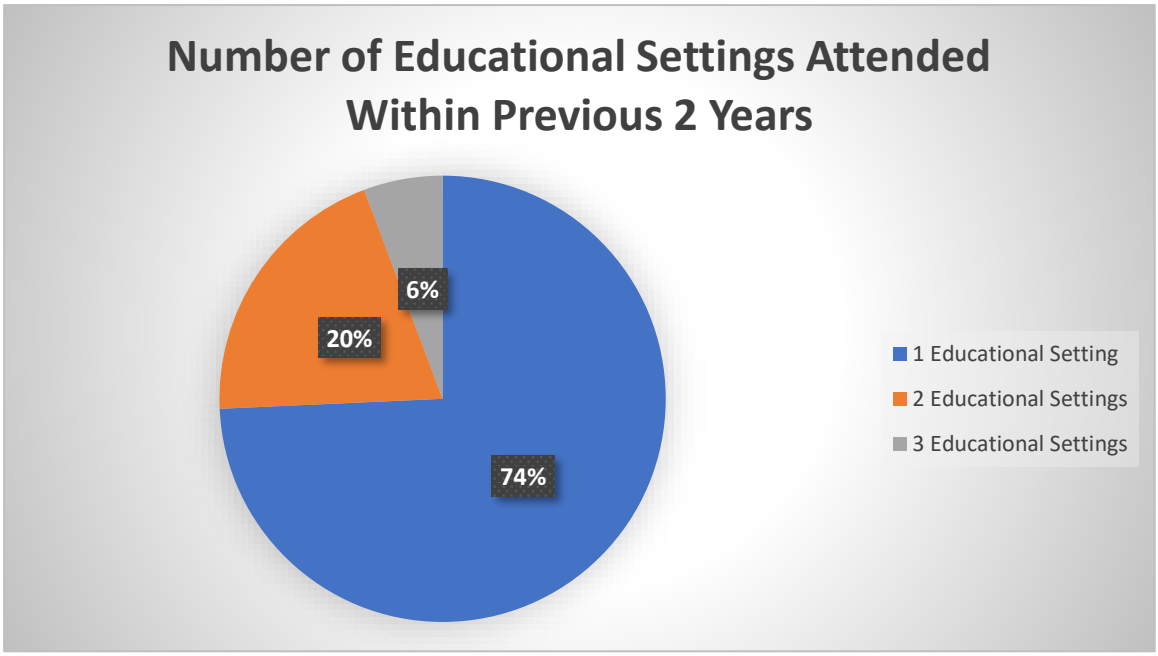
[20] Special educational needs in England academic year 2019/2020 https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

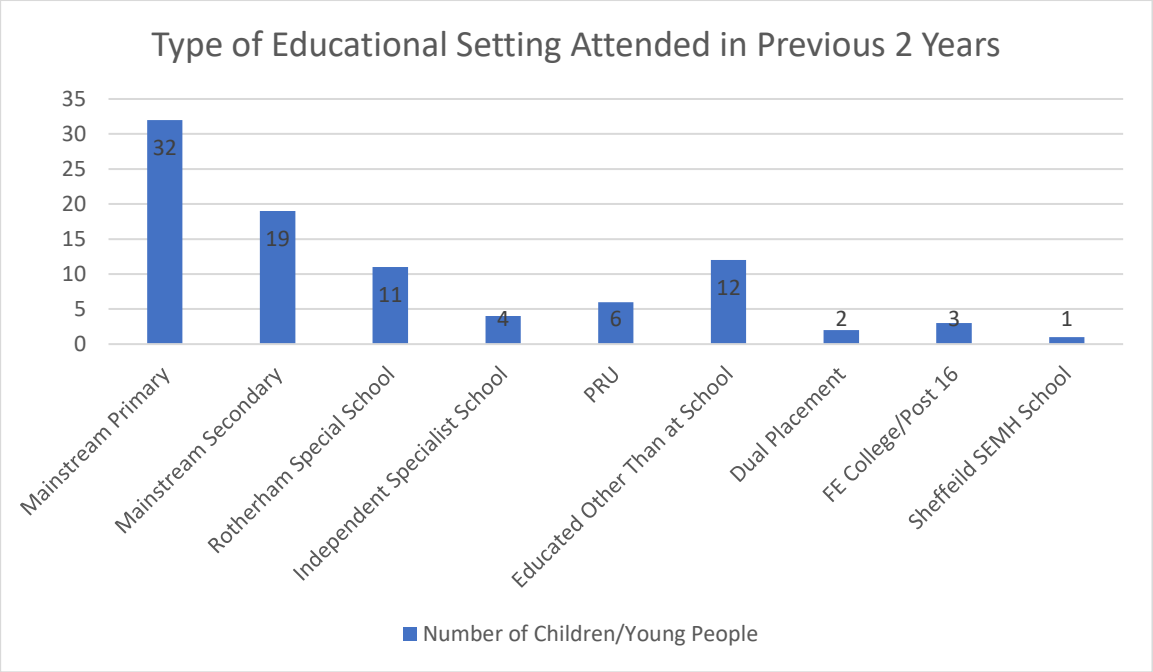
[21] Special educational needs in England academic year 2019/2020 https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england



7.4. Educational Setting

We asked what type of setting the child or young person had received education from within the last 2 years. Of the 70 children and young people, 52 had attended 1 educational setting, 14 had attended 2 educational settings (5 at expected transition points) and 4 had attended 3 educational settings. This equates to 18.5% of the children and young people attending more than one educational setting for reasons other than expected transition.

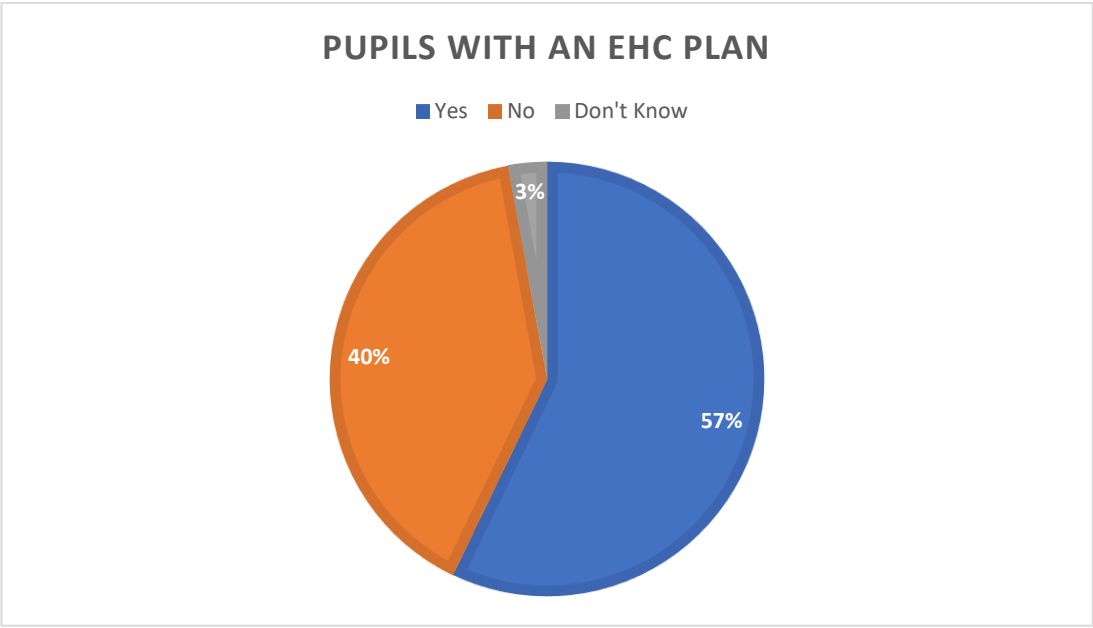




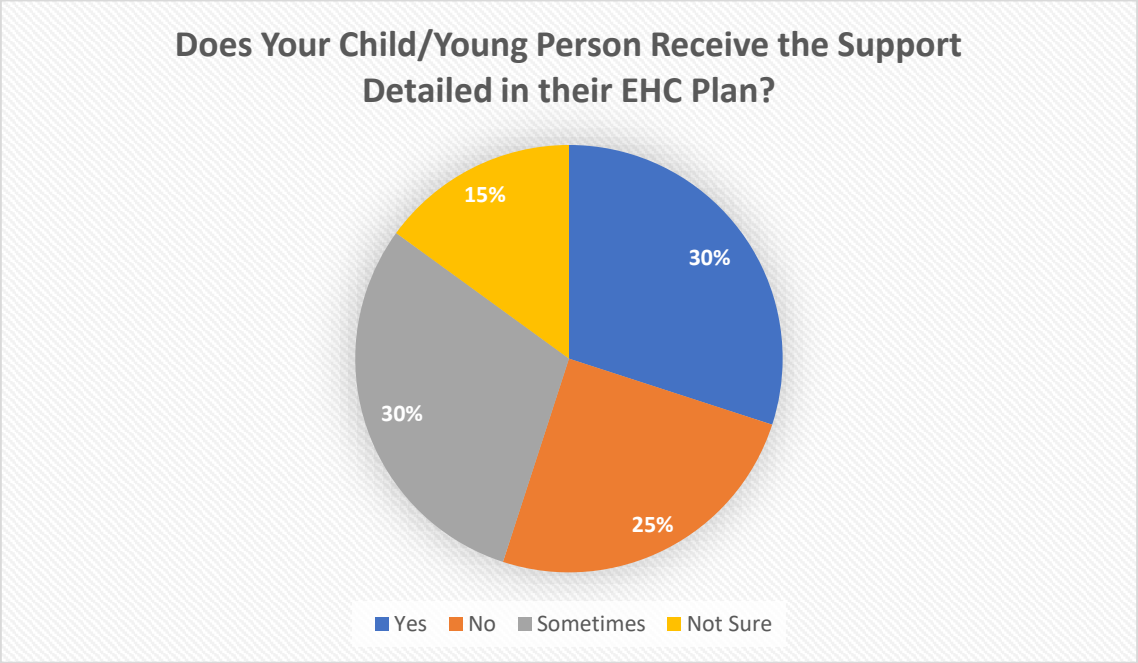
The figures show that most respondents' children and young people had been educated within mainstream schools which is broadly in line with national figures. However, educated other than at school (which includes home education) was the most mentioned educational provision stated by respondents after mainstream. Home education will be explored later in this report.

7.5. EHC Plans

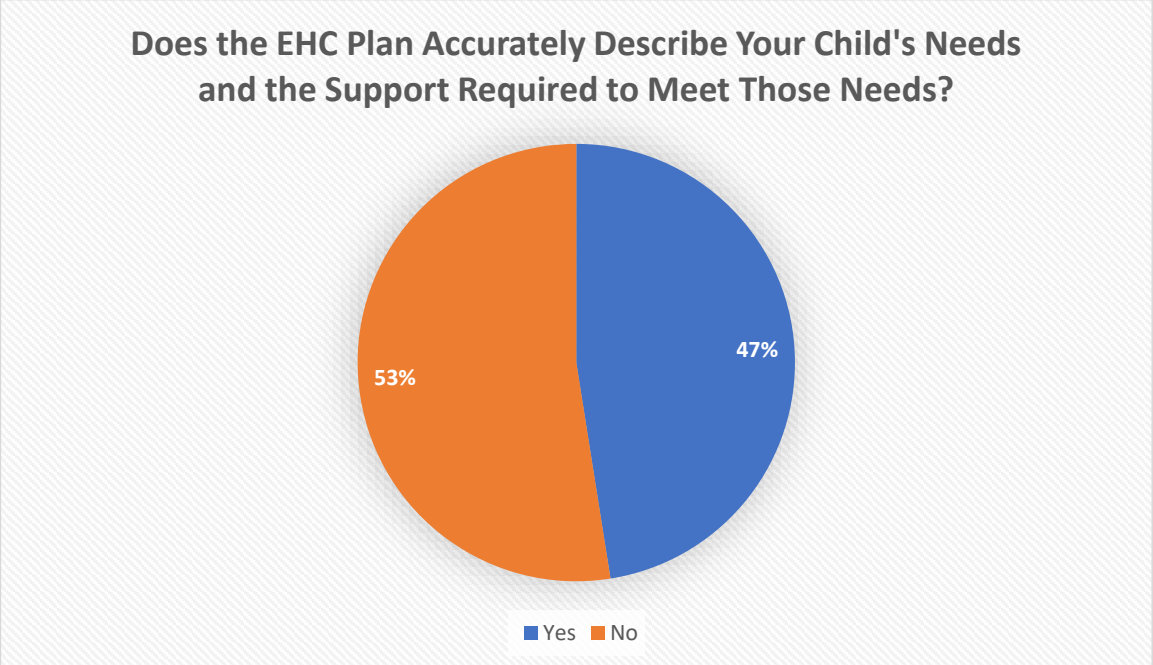
We asked parent/carers if their child received support via an EHC plan and 57% (40) of respondents stated that their child or young person had an EHC plan of which 95% (35) had SEMH needs.



We also asked whether their child or young person was receiving the help and support detailed in their EHCP.



And whether the plan accurately described their child's needs and support.



EHC plans are statutory, which means there is a legal duty on the local authority (LA) to arrange the special educational provision described in the plan, and on the clinical commission group (CCG) to make the health provision. Despite this, only 30% of respondents stated that their child or young person received the support in EHC plan. Additionally, 53% of respondents felt that the EHC plan did not accurately describe their child or young person's needs and the support required to meet those needs, despite the statutory duty for EHC plans to do so.

Exploration around EHC plans revealed that 92.5% (37) of the children and young people with EHC plans had an autism diagnosis. Furthermore, 97.3% (36) of the autistic children and young people with EHC plans also had SEMH needs.

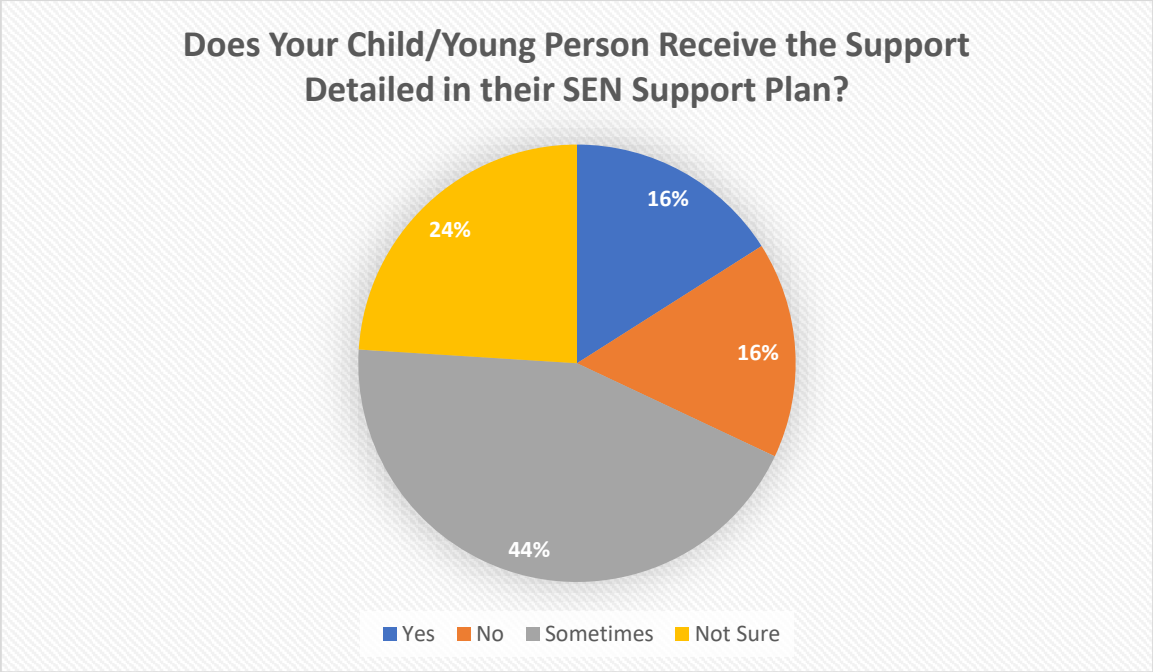
"Totally out of date. Old paperwork. Not reflective of her current needs. Provision written in the plan is very poor"

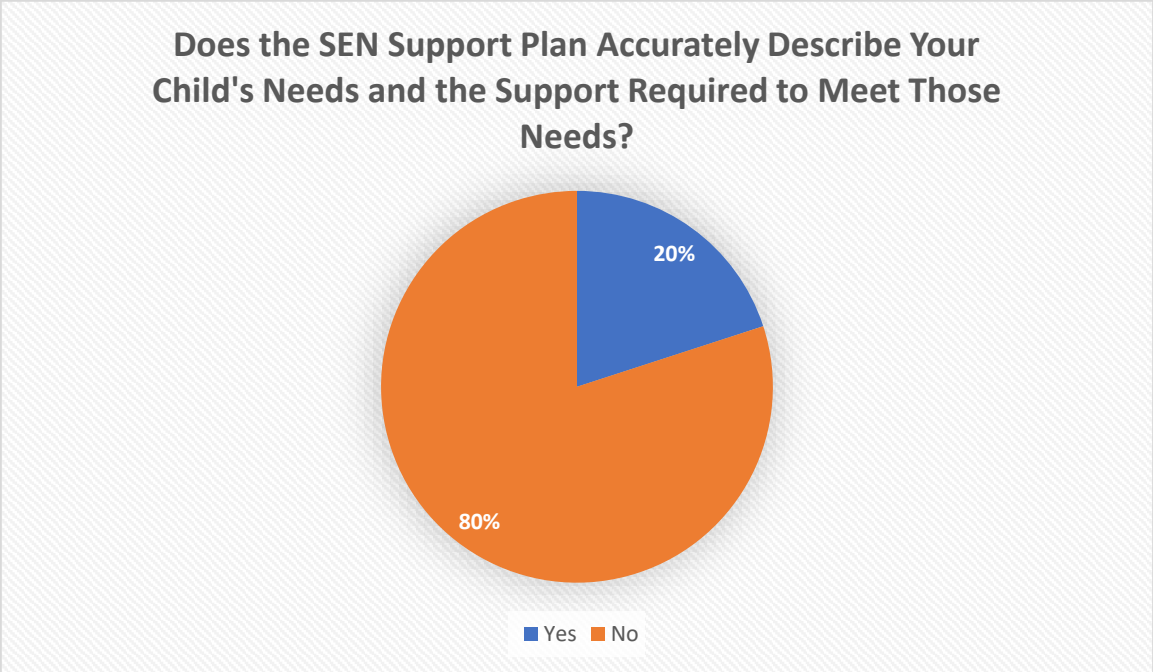
"Lots of work and pre assessments were done by a range of professionals prior to the finalisation of the EHCP"

"At the time of the EHCP the local authority did not place enough emphasis on the SEMH issues our young person had possibly due to lack of provision available had they put the full issues in the plan We did request additional input but never received"

7.6. SEN Support

We also explored the experiences of the 43% (30) of respondents who said that their child or young person does not receive support via an EHC plan, or they did not know. We asked the same questions that we asked those with EHC plans.





As illustrated above, 80% (24) of respondents without an EHC plan stated that they felt that the SEN support plan did not accurately reflect their child's needs and only 16% (4) stated that their child or young person received the support detailed in their plan.

"It says he has semh but not how this affects him"

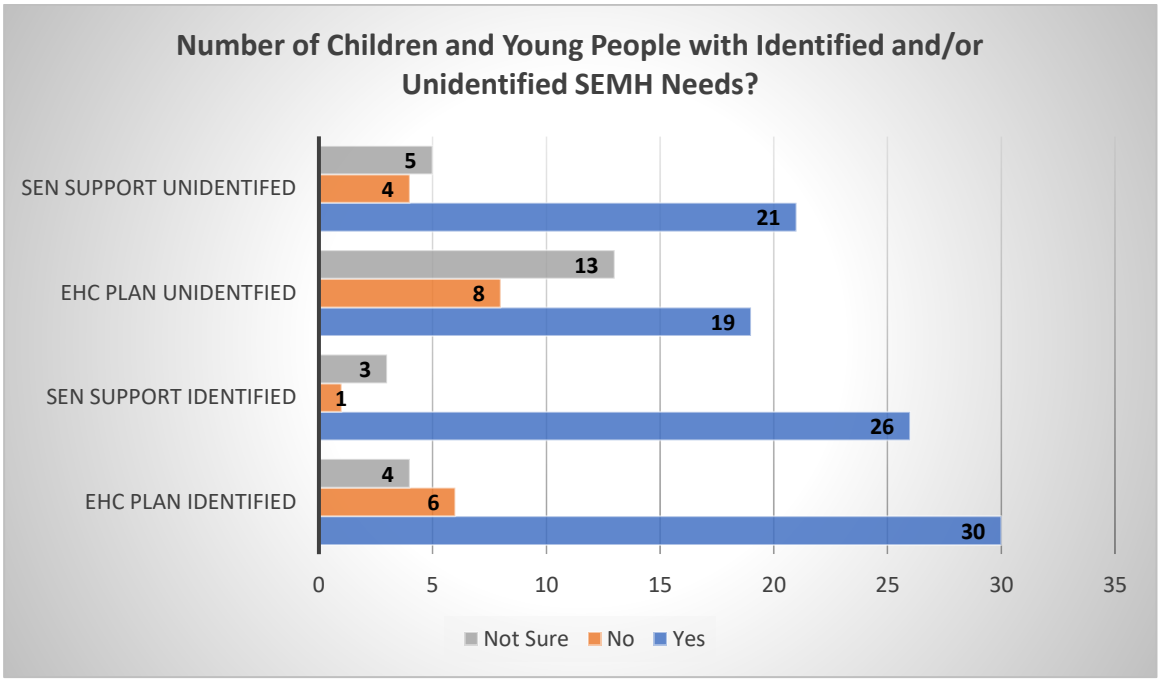
"These plans very often only reflect my son's academic/educational needs"

"School dont recognise him as SEN. They are monitoring. I am challenging this with them. They have a copy of his diagnosis and have additional support in place. Teacher identifies his SEN but the SEN lead doesnt nor does the head. Huge lack of knowledge"

"The school are supportive and proactive with my child needs"

7.7. SEMH Needs

We sought information from all respondents about the SEMH needs of their children. First, we asked whether parent/carers felt that their child or young person had identified or unidentified needs. We were able to break the data down to differentiate between children and young people with and without EHC plans. Those respondents that had stated they were unsure if their child or young person had an EHC plan have been included in the SEN support category. As can be seen in the graph below, most respondents replied that their child or young person had identified and unidentified SEMH needs for both EHC plans and SEN support.



Some respondents mentioned that their child or young person masks in school and therefore this caused issues around schools accepting that their child was experiencing SEMH difficulties.

"My sons main issue is anxiety related to environment, people and sensory issues (undiagnosed). My son masks a lot of his behaviour in an effort to fit in mainstream school. Even when he does display anxiety outwardly, school say they dont see it. They dont see the anxiety so why does it need to be reflected in a SEN plan".

We also asked parent/carers to identify which category of SEMH needs applied to their child or young person.

Answer Choices	Responses	
	Number of Children & Young People	Percentage
Anxiety	62	88.6%
Behaviour that challenges	41	58.6%
Depression	27	38.6%
Attachment Disorder	23	32.8%
Withdrawn	21	30%
Self-harm	20	28.6%
PTSD/Trauma	14	20%
Eating Disorder	12	17.1%
Other	8	11.4%
Substance Misuse	2	2.9%

Of those that responded “other”, 1 child or young person experienced suicidal thoughts and 1 explained that the Covid-19 lockdown had been responsible for the SEMH needs. Out of the other 6 respondents, only 3 felt that SEMH needs were not applicable or were unsure.

Out of all the children and young people:

- 11.4% (8) experienced 1 type of SEMH difficulty
- 18.6% (13) experienced 2 types of SEMH difficulties
- 65.7% (46) experienced 3 or more types of SEMH difficulties

Of the 8 children and young people who experienced 1 type of SEMH difficulty, 6 experienced anxiety and 2 displayed behaviour that challenges.

Given the high percentage (88.6%) of children and young people reported as experiencing anxiety, it was not surprising that there was also a high correlation between anxiety and all other SEMH difficulties. Anxiety occurred in 80% of children and young people who also experienced other SEMH difficulties. However, anxiety showed a 100% correlation with eating disorders, depression, self-harm, attachment disorder and being withdrawn.

7.8. Other Identified Needs

We asked respondents to indicate whether their child or young person had any other identified besides SEMH needs.

Answer Choices	Responses	
	Number of Children & Young People	Percentage
Autism	59	84.3%
Specific Learning Difficulties	18	25.7%
Learning Disability	16	22.9%
ADHD	15	21.4%
Other	13	18.6%
Physical Disability	4	5.7%
Genetic/Chromosome	3	4.3%
Hearing Impairment	3	4.3%
Visual Impairment	2	2.86%
Cerebral Palsy	2	2.86%
Syndrome Without a Name (SWAN)	1	1.4%
Downs Syndrome	0	0%
None	4	5.7%

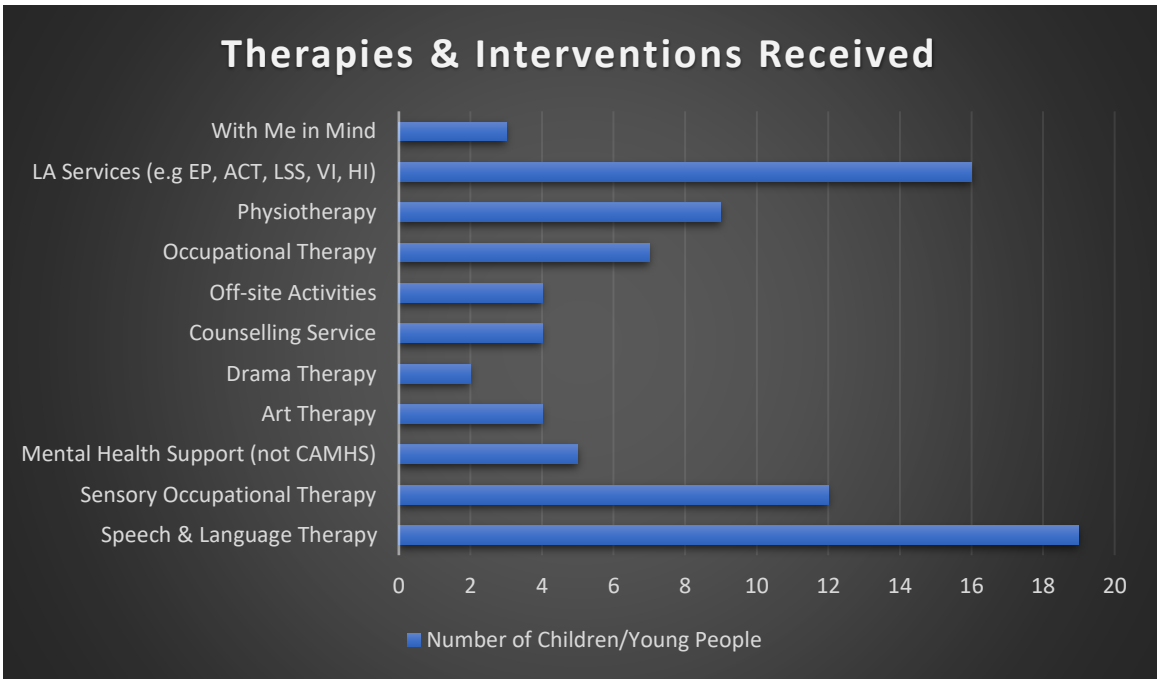
As "other" was the 5th largest category it was analysed further and there were commonalities in the diagnoses detailed. Therefore, we grouped them into the table below.

Answers to "other"	Responses	
	Number of Children & Young People	Percentage
PDA/Demand Avoidance	4	5.7%
Hypermobility	4	5.7%
Speech and Language Disorders	3	4.3%
Sensory Processing Disorder	3	4.3%
Allergies	2	2.86%
Waiting for Autism assessment	2	2.86%
Foetal Alcohol Spectrum Disorder	1	1.4%
Selective Mutism	1	1.4%
OCD	1	1.4%

84.3% of respondents reported children and young people as being autistic identifying a high correlation between autism and SEMH difficulties. 89.8% of respondents indicated that their autistic child or young person also experienced anxiety.

7.9. Therapies and Interventions

We asked parent/carers to tell us what therapies/interventions their child received. 14.3% (10) respondents stated that their child or young person does not have any therapies or interventions despite half (5) stating that there is an EHC plan in place.



The most accessed therapy was speech and language therapy with 27.1% of respondents stating that their child or young person received it. The Royal College of Speech and Language Therapists state that 81% of children with SEMH difficulties have significant unidentified language deficits[22] which indicates that a much higher percentage of the respondent's children and young people could benefit from speech and language therapy than currently do.

Only 21.4% of respondents indicated that their child or young person was receiving support from the Rotherham CAMHS service despite the high levels of children and young people experiencing SEMH difficulties.

"The school has a counsellor who comes into school. He sees that person when he comes in. The counsellor told us to contact CAMHS who say it is not their department and told us to contact Early Help who say it is not them either. We have been given websites and links but he needs someone to talk to and listen to him"

"No other FASD specific support available within Rotherham borough educational or other"

[22] Promoting social, emotional and mental health https://www.rcslt.org/wp-content/uploads/media/docs/RCSLT_SEMH_A4_2019_Web_Singles.pdf?la=en&hash=1DDE04F06D86CCA9C3A4E537EEA96468A5632767

"Non offered. CAMHS diagnose & then no help after for him, just advice for parents"

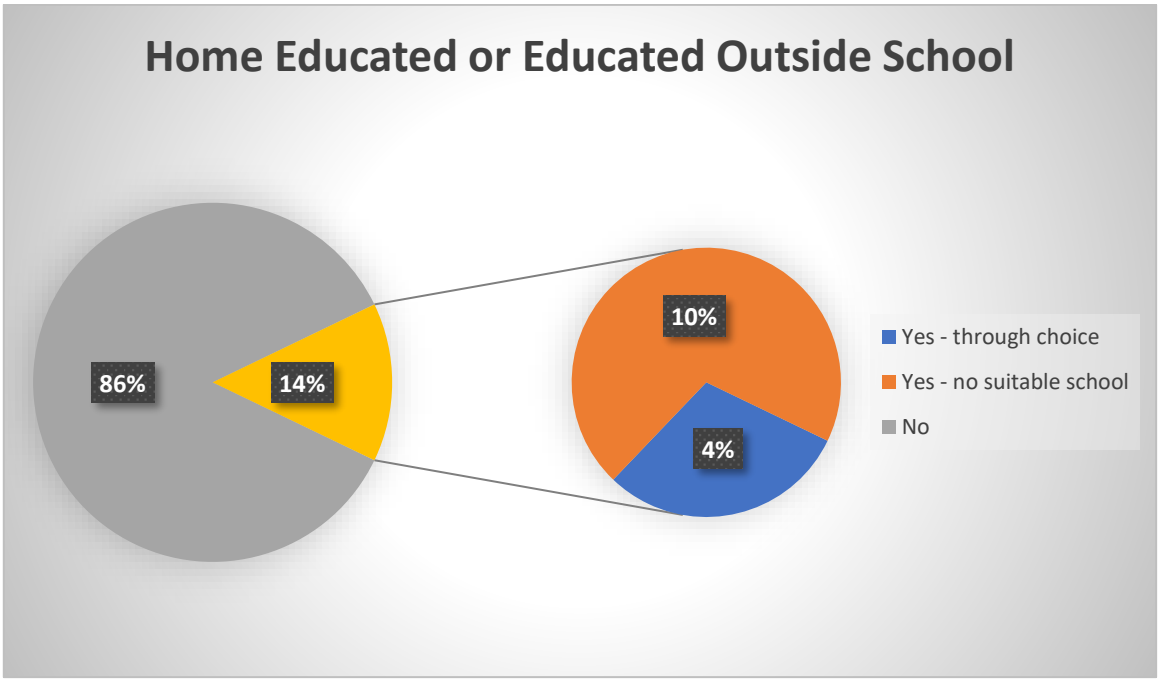
"Had to provide private support"

"My son has had access to a range of therapies throughout his diagnosis journey and since starting at his special needs school where he also has continued access the therapies".

7.10. Home Education

Respondents indicated that 17% (12) of children and young people received education other than at school and that 58% of these children and young people have an EHC plan. However, from the information gathered, it is not possible to deduce whether the EHC plan was issued before or after being educated other than at school.

As mentioned earlier in this report, there is a growing national trend of children with SEMH being home educated not by choice. Taking this into account, we asked respondents whether their child was educated at home or other than at school outside of COVID-19 and whether this was a lifestyle choice. 14% (10) of respondents said that their child or young person is currently educated at home (outside COVID-19) and that 10% (7) of respondents were home educating due to the lack of a suitable school as illustrated in the pie chart below.



We invited respondents to tell us more about the reasons as to why their child or young person does not access school. All 10 respondents provided further information with clear themes around difficulties with

school environments, the availability of specialist provisions and the suitability of specialist provisions locally, particularly for children and young people of mainstream academic ability.

Further exploration of the data around the children and young people educated at home tells us that:

- 100% experience anxiety
- 100% experience 2 or more SEMH difficulties with 80% experiencing 3 or more
- 80% are autistic with a further 10% waiting for an autism assessment
- 80% felt that the EHC plan or SEN support plan did not accurately reflect needs and provision required
- 70% have an EHC plan

We asked respondents if they would like to tell us more information. The responses have been collated into the following table and are verbatim apart from the removal of any details that could compromise respondents' anonymity.

She was EHE prior to getting an EHC because no school within our borough felt able to Meet needs even with an EHC. We were forced to a school out of area. She is still at that school but it is becoming glaringly obvious that she needs a specialist school for mainstream ability kids which is pretty non-existent. And not typical classroom environments.
he is enrolled though offsite provison but does not engage in this, it has been specified that the provider can not meet needs but there is no advice around what provison would engage him and meet his needs.
She refuses to go to her named school due to high anxiety and the trauma she suffered from certain staff. She has been offered outreach support as there aren't any places at specialist provisions.
Her anxiety around school and all her sensory processing difficulties, having her needs not met due to being so complex.
My daughter was in a mainstream school and it was agreed that her anxiety and depression were due to her ASD not being managed in school. We applied for other schools that we felt may be more positive however they didn't have space for her. She does well academically and we made the decision to home educate rather than spend yr10 of her education fighting for an EHCP. I did look at other provisions for her however the academic results of the providers made me realise they weren't appropriate for her
Does not meet her needs class size too big. Too noisy. Cannot relate to peers. Teachers unable to allow processing time and cannot relate to Autistic needs. Perceived bullying peers make fun of her noises and rigid views
for the most part- goes into school one day a week for interventions
Anxiety
Anxiety makes it impossible for him to leave the home and home tutors failed to understand and meet needs adding to his Anxiety
Anxiety has increased to an extreme level preventing leaving the home or accessing formal learning

8. What Good Looks Like

In the questionnaire, we asked parent/carers what they felt were important to them in a school setting. The questions and responses are detailed in the table below.

Answer Choices	Responses	
	Number of Children & Young People	Percentage
Staffing approach	66	94.3%
Class sizes	60	85.7%
Preparation for adulthood	55	78.6%
Curriculum	52	74.3%
Physical environment	52	74.3%
Relationship with peers	51	72.9%
On site therapy provision	49	70%
Outdoor space	46	65.1%
Hopes and aspirations	44	62.9%
On site interventions	42	60%
Recreational spaces	38	54.3%
Location	24	34.3%
Transport	20	28.6%
Other	6	8.6%

We invited questionnaire respondents to tell us more about was important to them in a school setting. Focus group attendees were asked to share with us what worked well for their children with regards education and what could be better. We have collated the responses from both the questionnaire and the focus groups to reflect what good looks like for the families involved in this research project.

Also, in February 2021, Public Health England (PHE) and the Children and Young People's Mental Health Coalition (a coalition of 14 charities) published a document called "Promoting children and young people's emotional health and wellbeing. A whole school and college approach[23]" This document details 8 principles to promote a whole school and college approach to emotional health and wellbeing. We have combined the responses and themes from the questionnaire and focus groups and analysed them under the 8 principles good practice.

[23] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

8.1. The Eight Principles

The following diagram presents 8 principles to promote emotional health and wellbeing in schools and colleges. Each of these principles will be outlined in the following section along with parent/carers experiences of local practice relating to each principle.

8.2. Leadership and Management

This is the principle at the core of the model as support from the senior leadership team is essential to ensure that efforts to promote emotional health and wellbeing are accepted and embedded[24].

Responses to the questionnaire, detailed in the table above, indicate that staffing approach was the most important aspect within a school setting. Within the focus group discussions, consistency of approach by staff was the highlighted by all attendees as essential to the success of a school setting. Most attendees detailed inconsistency as being the overarching norm in their educational experiences. Parent/carers detailed how lack of consistency in staff approaches causes great anxiety for their children and young people. Indeed, we even heard about the lack of consistency with regards exclusions and punishments from the same teacher and education setting.

[24] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

We also heard of children and young people being excluded (often unofficially) because of them displaying behaviours connected to their disability and other discriminatory practice that parent/carers did not always recognise as being so.

However, we also heard some amazing practice where not only consistency of approach was experienced within the same educational setting, but it was also experienced across the organisation's multiple sites. Parent/carers told us what a huge difference this made. Consistency and practice is reliant on the leadership and management of individual educational settings.

8.3. School Ethos and Environment

The physical, social and emotional environment in which students spend a high proportion of every weekday has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on attainment. Relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to and liking of school or college[25].

The questionnaire responses and focus group discussions placed high priority on staff/pupil relationships and peer relationships and the importance of their child or young person feeling safe and accepted within education settings. Parent/Carers also placed great importance of hopes and aspirations for their child or young person.

The physical environment, class sizes, recreational spaces and outdoor space was also important. Most parent/carers mentioned about how critical the sensory aspects of the environment are and having a range of learning spaces available (including forest school style). However, it is also vital that these spaces are not to be used as punishment or to avoid teaching children and young people that may be deemed as challenging. The overarching theme was for their children and young people to be fully included within the whole school, accepted for who they are and that they feel safe and happy.

We heard how the environment can prevent some children and young people from even accessing the building and we also heard how enabling the right environment can be.

"Having different learning spaces available rather than a typical setting would be a winner for us. Outside space to learn and explore in freely. To not be dominated at every turn and to have your child not to feel oppressed"

[25] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

8.4. Curriculum, Teaching and Learning

School-based programmes of social and emotional learning have the potential to help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing[26].

Parent/carers, through the questionnaire and focus groups, talked about having to decide between academic learning and SEMH needs because SEMH practice is not embedded within the school curriculum and practice. There was also discussion and references to the importance of preparing children and young people for adulthood to include functional life skills and skills to understand, manage and regulate emotions.

Some parent/carers shared with us how their child is unable to access individual programmes due to the fear of being different and that the only way that they can access support is through a whole school approach.

Although the focus here is about embedding SEMH learning in the school curriculum, for the families involved in this research project the curriculum was also important for other reasons. Parent/carers shared that a broad curriculum with flexibility to be person centred was essential. However, they also shared that for children and young people of mainstream academic ability who need to attend a special school or AP, there is a distinct lack of a broad academic offer.

"The preparation for post 16 is vital and teaching life skills alongside the curriculum"

8.5. Student Voice

Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks[27].

There was a strong theme throughout the questionnaire responses and the focus groups of the importance of student voice and listening to children and young people. Parent/carers talked of children and young people being judged by staff with an expectation to conform to normalised behaviours and communication. These pressures often resulted in children hiding their true selves within educational

[26] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

[27] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

settings (known as masking) to achieve a level of normalcy, but this had a negative impact on mental wellbeing. Often their children and young people felt they were not valued, unimportant and invisible.

However, where children and young people had been given the opportunity to be included in decisions, such as staff recruitment, we heard how beneficial this had been for both the pupil and the school.

Some parent/carers mentioned that their child or young person had been given the opportunity to be part of a voice and influence group run by SENDIASS. This was felt to be overall a positive experience however, it was reported that some young people felt that their views were taken to represent all local children and young people as opposed to them as an individual which often made them feel uncomfortable. There was also discussion around how children and young people get the opportunity to be involved in this work as most focus group attendees were unaware of it.

8.6. Staff Development, Health and Wellbeing

It is important for staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their students. This includes being able to refer them to relevant support either within the school or from external services[28].

We heard from families via the questionnaire and focus groups about the importance of staff understanding their child or young person. It was important that staff had training and knowledge about any SEMH needs and disabilities but also saw the individual and not a stereotype. A person-centred approach was of high importance to parent/carers.

We also heard about the importance of therapies and of therapists working in partnership with staff to provide holistic support and consistency of approach. Many parent/carers felt that this worked better when therapists worked on site at the educational setting.

Unfortunately, we also heard of a lack of staff knowledge, lack of available therapies and extremely long waiting lists with children and young people waiting years in some cases. We heard examples of therapists' advice being ignored by education settings and diagnoses challenged by staff. Lack of staff knowledge and training was also a blocker to getting a referral to a relevant service as well as funding.

However, we also heard how life changing the right therapies, right support and the right staff can be and examples of outstanding practice often from unexpected sources. For example, a parent/carer attending a focus group spoke of how referrals to CAMHS had been refused several times and that social care had blamed her for her child's difficulties and behaviour. She experienced no support until her child was

[28] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

permanently excluded from school and then the exclusions officer became involved. The exclusions officer was extremely supportive and facilitated services to work together and facilitate an expedited CAMHS referral where her child received multiple diagnoses.

8.7. Identifying Need and Monitoring Impact

There are a variety of tools that education settings can use as the basis for understanding and planning a response to pupils' emotional health and wellbeing needs. The tools range from simple feedback forms to validated measures which can focus on both wellbeing and mental health.

Defining pupil need on a more formal basis can help to inform commissioning decisions at school level, across clusters of schools or at a local authority level. It is equally important to be able to record and monitor the impact of any support that is put in place[29].

The SEND Code of Practice talks about the legal duty of CCGs, LAs and other partner agencies to work together to assess the health needs of the local children and young people with SEND. It also details the importance of schools identifying needs early and then making provision to meet the needs. Reviews should take place at a minimum of annually for students with an EHC plan and regularly as agreed for pupils in receipt of SEN support[30].

However, as discussed earlier in this report, 80% of children and young people who receive support via a SEN support plan and 53% of those that receive support via an EHC plan stated in their response to the questionnaire that the plans do not accurately reflect needs and the support required.

Some parent/carers shared with us how the SEN support plan for their child is rarely reviewed and some shared how they have not even seen the plan.

"As school have never shared the plan I have no idea whether they are actually meeting it"

Parent/carers felt that being able to identify needs was of vital importance and felt that many schools, particularly mainstream schools, struggled to do so for a variety of reasons. Consequently, not identifying their child's needs had a huge negative impact on the child or young person's wellbeing.

[29] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

[30] DfE (2015) Special educational needs and disability code of practice: 0 to 25 years https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

8.8. Working with Parents/Carers

The family plays a key role in influencing children and young people's emotional health and wellbeing. There is strong evidence that well implemented universal and targeted interventions supporting parenting and family life that offer a combination of emotional, parenting and practical life circumstances (combining drug, alcohol and sex education, for example) have the potential to yield social as well as economic benefits[31].

The SEND code of practice[32] also refers to the importance of working with parents stating that they should be listened too and fully involved in assessing, planning and reviewing their child's support. As illustrated earlier in this report, 15% of questionnaire respondents did not know if their child received the support in their EHCP and 24% did not know if their child or young person received the support in their SEND support plan. Furthermore, we heard reports of parents being accused of fabricating and/or inducing their child's difficulties with some consequently facing social care investigations which resulted in the allegations being unfounded. We also heard of experiences of schools using social care referrals as intimidation tactics when a parent/carer challenged their practice.

However, we also heard of some outstanding practice where parents reported that they never felt judged and had a positive open and honest relationship with their school. For example, the school would contact the family the night before if any changes (no matter how small) would be occurring in the school the following day. We also heard how some parents had gone from being blamed and shamed in some schools to a setting that they felt were supportive and non-judgmental facilitating holistic support of their child or young person. Indeed, a parent/carer shared with us about how she had struggled with her child's behaviour connected to his ADHD and she had felt able to discuss this with the school who supported her to use a similar approach to the one the school used. The parent said that this had worked well.

Staff relationships with families was felt by parent/carers to be extremely important.

8.9. Targeted Support

Some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence. Delays

[31] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

[32] DfE (2015) Special educational needs and disability code of practice: 0 to 25 years https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

in identifying and meeting emotional wellbeing and mental health needs can have far reaching effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults[33]. An efficient system to identify common symptoms of mental health, followed by precise and targeted care by appropriate health care professionals, should be the aspiration for every school.[34]

We heard good examples of support provided by schools and settings that had onsite therapists, generally funded by the school. In these examples there was generally a more holistic approach adopted as the therapists and staff worked as a team to collaboratively support the child or young person. Parent/carers were able to speak direct to the therapists and raise any concerns directly enabling the support to be flexible and person centred. However, these experiences were unfortunately in the main experienced within independent specialist schools where a wide range of therapies were provided. Some Rotherham special schools and PRUs provided a scaled down version of this.

Many parent/carers recounted the great difficulties with the availability and quality of local services that has meant that identification of needs and targeted care has not been possible. Most questionnaire respondents and focus group attendees reported that their child or young person was autistic or under assessment for autism. Consequently, they talked of the poor knowledge of autism at CAMHS and of diagnostic overshadowing with mental health difficulties being wrongly attributed to being autistic. Therefore, mental health support was refused stating that CAMHS do not provide an autism post diagnostic service. National figures show that approximately 70% of autistic people also have co-occurring mental health difficulties.

We also heard of the disjointed offer within Rotherham mainstream schools with some schools being part of local projects, such as With Me in Mind, some schools buying in counsellors from Mind and other schools providing nothing. Access to specialist services such as Educational Psychology and Learning Support Services is also sporadic as they are traded services and reliant on schools to fund them. Therefore, it depends on the school's individual funding and priorities whether they were able to be accessed with school's often having to prioritise some children over others.

The importance of targeted, timely and good quality support was deemed as vital by parent/carers, yet they felt that they were overlooked and undervalued by the purse string holders. This quote from a parent summed it up well.

"therapies are very important for my child and many other young people as I do not feel that teachers and other school staff will be able to identify and know how to support in depth around SALT OT/sensory, and may need guidance from an educational psychologist around adapting to meet learning needs. In addition CAMHS waiting lists are long and the staff don't necessarily have the right experience to adapt their approaches. If a psychologist worked in the school they could advise staff more closely and this would maybe increase their confidence in addressing SEMH needs through the school day and not just when a therapist is there to work directly with the child. It would also mean that regular reviews

[33] Promoting children and young people's emotional health and wellbeing A whole school and college approach (2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf#page32

[34] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

could be held with all relevant team members present to contribute and adjust approaches in a cohesive way and not offer contradictory approaches for strategies which can be confusing for staff and parents who are supporting the child every day"

9. Hopes for the New School

We asked questionnaire respondents (via the use of a free text box) and focus group attendees whether they had any hopes for the new school. There was a very strong correlation amongst the 63 questionnaire answers and the 17 focus group attendees. Therefore, it has been possible to summarise the answers in to 19 responses. In no specific order, parent/carers hope that the school:

- Supports the diverse needs of SEMH
- Has flexible, onsite provision of therapies – including psychological, speech and language and sensory OT
- Uses good practice that will be rolled out across all schools
- Is person centred
- Has a happy, relaxed, nurturing and sensory aware environment
- Can support medical needs
- Staff have up to date knowledge, understanding and training in a wide variety of needs including SEMH needs, Autism, Foetal Alcohol Spectrum Disorder and Dyslexia
- Uses a variety of learning methods, including outdoor/physical/forest school
- Works in partnership with parent/carers – good communication and transparency
- Does not use a behaviourist approach and looks for the underlying cause of behaviours
- Have staff that are aware of how their behaviour can impact the behaviour of children and use a range of approaches, such as a low arousal approach
- Offers support and workshops for parent/carers
- Has a post 16 provision
- Supports children and young people to develop skills and strategies for independent living that considers the use of technology
- Enables children to develop a positive self-identity, to understand themselves and to thrive rather than just coping
- Provides extra-curricular and social activities
- Has small class sizes and space for individual learning if required to meet the pupil's needs
- Has a wide offer of qualifications for differing needs and abilities
- Good pastoral support

10. Concerns About the New School

We also asked questionnaire respondents (via the use of a free text box) and focus group attendees whether they had any concerns about the new school. 66 parent/carers responded to this question on the questionnaire of which approximately a quarter (16) stated they had no concerns. This is different to the focus group attendees who all shared concerns. This difference could be because of the method used to

gather feedback or because of the specific experiences of the focus group attendees who may be immediately impacted as the first cohort for the school.

However, there was a very strong correlation amongst the 50 questionnaire responses that did have concerns and the 17 focus group attendees. Therefore, it has been possible to summarise the answers in to 22 responses. In no specific order, parent/carers are concerned about:

- It will be just more of the same provision that already exists within Rotherham
- The building is too big
- SEMH is a broad category to describe a wide range of differing needs which could result in the placing of children and young people with different profiles causing adverse effects
- It will only meet the needs of a small number of children
- The transition of pupils from different educational settings
- That local resources, especially from outside agencies, are inadequate
- The location
- That it will have a behaviourist approach and try to normalise children and young people
- No input from therapists
- A lack of funding
- That families are being sold a dream and it will be a “dumping” ground for any children and young people where there is no suitable local provision
- That staff will not have good quality training and expertise in SEMH, Autism, PDA and other often co-occurring needs and disabilities and consequently cause trauma for the child or young person
- Will have a narrow curriculum offer
- It is only for children with EHC plans
- That it does not offer a range of learning methods and environments
- Stigma attached to attending a special school
- That autistic children and young people experiencing distress due to their needs as an autistic person not being met will be placed in a setting that only focuses on the observable distressed behaviours and not on supporting the underlying cause
- Children and young people with SEMH difficulties being segregated from others
- It not being person centred
- Poor communication with parent/carers
- The physical environment and school ethos
- Lengthy application processes

11. Conclusion

This consultation investigated the views and experiences of Rotherham families with children and young people with SEND (aged 0-25 years) via an online questionnaire and small online focus groups. The aim of this consultation was to establish what good looks like for families with regards SEMH education provision and to gain an understanding of their SEMH experiences within Rotherham. It was important that the views and experiences of parent/carers whose child or young person is educated somewhere other than at school were also included.

We found that:

- Most children and young people within Rotherham with SEMH difficulties attend mainstream schools
- EHC plans and SEN support plans are not working as intended with significant issues around the quality and implementation of these plans
- The most prevalent SEMH difficulty experienced by the respondents' child or young person is anxiety with the majority experiencing 3 or more types of difficulty
- 84.3% of respondents had autistic children and young people with an overwhelming majority (89.8%) of their autistic children and young people experiencing anxiety
- Despite the high percentage of children and young people that experience SEMH difficulties, only 21.4% indicated that they were involved with the CAMHS service
- Of the respondents whose children and young people were educated at home or outside school, 100% were reported to experience anxiety and 1 other SEMH difficulty. 80% reported that child or young person was also autistic with an additional 10% reporting that they were on a waiting list for an autism assessment. 30% of respondents stated that they home educate through choice.

Parent /carers shared their journeys and experiences openly and honestly and many of the personal accounts were difficult to hear. Parent/carers also shared with us what good looks like for their family and we heard many stories of how families felt failed by schools and services. However, we also heard some positive experiences and the impact on their young person and wider family, although often after many difficult experiences and a considerable length of time. By combining families' views and experiences, it has been possible to illustrate what good SEMH practice for educational settings looks like for families along with their hopes and concerns for the new SEMH school.

RPCF note that at the time of this research there is considerable investment and work happening around the ND pathway, EHC assessment, Autism education training and SEN toolkit. The impact of this work on the experiences of families alongside the ongoing implementation of the SEND strategic action plan and SEMH board through ongoing monitoring and evaluation will be realised over time.

11.1. Recommendations

Given the findings of this consultation, it is recommended for further exploration around:

- EHC/SEN needs assessments and reports
- The quality of EHC/SEN support plans (monthly audit data is one source)
- Annual Review process and EHC plans being up to date
- Whether the challenges in implementing EHC and SEN support plans is endemic across Rotherham
- The experiences of autistic people within Rotherham
- The quality and availability of local mental health services
- The quality and availability of autism diagnostic services

- Whether the traded services model is causing barriers to children and young people accessing them
- Knowledge and understanding of disability amongst social care staff
- Clarity and understanding of pathways and access to SEMH services
- How many children and young people within Rotherham who have a primary need of SEMH are autistic, waiting for an autism assessment or are unidentified autistic people.
- Embedding of the 4 Cornerstones approach across all settings in working with families as equal partners

The above recommendations are important as the findings could significantly impact the direction of future commissioning. For example, if the findings of this report were found to be representative of all children and young people with SEMH within Rotherham, it would indicate that most of the children and young people with SEMH needs are autistic people in distress due to unmet autism needs. Therefore, indicating that a focus and investment in autism specialist school settings and services would impact on a significant cohort and the settings and services currently working on addressing their needs.

RPCF objectives are aligned with the SEND strategic Board outcomes, coproduced and deriving from the lived experience of families and their priorities. All activity is monitored against these objectives in our delivery plan.

- For all individuals living in Rotherham with SEND and their families to be less isolated through engagement with RPCF
- For all individuals living in Rotherham with SEND and their families to increase in resilience and confidence in both daily life and interactions with services
- For all individuals living in Rotherham with SEND and their families to impact the strategic direction of services through lived experience and in equal partnership

These recommendations will inform our priorities and we welcome the opportunity to continue to work in partnership with colleagues to ensure that the voice and lived experience of families is central to developments and initiatives for better outcomes.

Together we make a difference!