



KIDS IN CRISIS: THE TOLL OF OUR COLLAPSING CAMHS



SPECIAL INVESTIGATION

Schools pick up the pieces as suicidal kids turned away

JESS STAUFENBERG & SAMANTHA BOOTH
@SCHOOLSWEEK

Suicidal children are being turned away from overstretched Child and Adolescent Mental Health Services with schools instead told to “keep them safe”.

Many mental health services are also refusing to see children with a diagnosis of autism and other neurodevelopmental differences on the grounds they do not meet the criteria for therapy, Schools Week can reveal.

Instead, families say they are left to “keep children alive” as they either wait or are rejected from tier 3 and 4 CAMHS (see diagram). This leaves schools being left to “plug the gap”.

Suicidal children rejected

One mother in Warwickshire says that her

13-year-old daughter had made four attempts to kill herself in 2018, but CAMHS told the family there was a “two-year wait” for an assessment.

“My husband was sleeping in front of the front door at night, because she’d said she was going to run out in front of a car in the middle of the night,” she says.

Instead, her daughter ended up in A&E five times after suicide attempts. The ward was “half full of teenage girls waiting for CAMHS”, says the mother.

Meanwhile Emily, a mother in the Midlands, says her daughter was referred to CAMHS by a paediatrician in January 2016, but was only seen in August 2017.

However, when CAMHS assessed her daughter, they felt her suicidal feelings “were to do with her autism” and no therapy was offered. In the same week CAMHS wrote to say they intended to discharge her daughter, the girl was taken to A&E for self-harm, says Emily.

“Then they had to keep her on after that, because of the [A&E] admission.”

Schools told to ‘keep kids safe’

Schools corroborate parent stories, reporting that CAMHS thresholds are too high.

Kent Catholic Schools Partnership said CAMHS referrals “are frequently rejected [...] even for some pupils who have attempted to take their own lives”.

Academy Transformation Trust said “if the child is not in crisis at that exact moment but has told us that they want to kill themselves – and tries repeatedly even when in school – [...] the school is told to ‘keep them safe’”.

Caroline Barlow, headteacher at Heathfield Community School in East Sussex, adds schools are expected to “plug that gap but we do not have the expertise at a CAMHS level to be able to do that.”

Our FOI request found of 17 NHS trusts

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who provided data, on average 18 per cent of CAMHS referrals have been rejected or deemed inappropriate so far since April, up from 17 per cent last year.

At Mersey Care NHS Foundation Trust, rejections since April sit at 32 per cent, up from 28 per cent in 2018-19. A spokesperson said they review and signpost parents to services.

The number of referrals to CAMHS last year was 50 per cent higher than in 2020 (409,347 referrals), analysis by the Royal College of Psychiatrists also shows.

CAMHS adds hurdles to access support

To filter referrals, CAMHS are placing extra non-statutory requirements on schools and parents, academy trusts have warned.

An educational psychologist assessment must be completed before CAMHS will see a child, according to the Creative Education Trust. Similarly, Anglian Learning Trust says parents must do “a parenting course before their application is accepted”.

Another common reason for a pupil being rejected for therapy is having a diagnosis of a neurodevelopmental difference. Five out of 12 families Schools Week spoke to had experienced this issue, even if their child self-harmed, was suicidal or had an eating disorder.

One mother in Cheshire, whose 7-year-old daughter is diagnosed with autism, ADHD, and anxiety disorder, was rejected from CAMHS three times in 2019 and 2020 even though her daughter was harming herself.

Only when the mum paid £500 for a private psychiatrist who had previously worked in CAMHS did the referral go through “within weeks”.

Tasha, a parent with a 12-year-old son in Warwickshire, said: “As soon as you have that diagnosis of autism, they say it’s all part of his autism. No it isn’t, not all autistic people are like this.”

A booklet from the Coventry & Warwickshire Partnership NHS Trust lists its ‘exclusionary criteria’ for the home mental health support team, saying it is “less likely to offer a service for the following conditions [...] patients with mental illness secondary to physical, organic or neurological conditions”.

The Community Academies Trust told Schools Week its CAMHS was “only offering a diagnostic service for ASD and ADHD at the moment, which is hard for families”.

Rejections putting more children in hospital

Emily and her husband have had to fight two tribunals in 2020 and 2021 against the local

“ Even when a child repeatedly tries to kill themselves – we’re told to just ‘keep them safe’ ”

authority, eventually getting a special educational needs school placement for their daughter this year.

But Emily says the delay over six years means “the damage has been done”, and her daughter was back in A&E before Christmas after a self-harm incident.

Jon Goldin, a consultant child and adolescent psychiatrist at Great Ormond Street Hospital for Children, said this can end up with children instead being sent to tier 4 inpatient wards later down the line.

This can be “disturbing” for children to witness others unwell, adding there is also a “lack of capacity. It’s often very hard to get a bed.”

Eleven of 12 NHS trusts that answered our FOI saw inpatient admissions increased between 2009 and 2019 – before Covid hit.

South West London and St George’s Mental Health NHS Trust had 70 more children.

Meanwhile, of the nine trusts with data, eight saw an increase in admissions for 10 to 15-year-olds.

But this rise tailed off after Covid hit, although this could be because pupils are falling through the cracks with fewer referrals – as schools were closed – and the pandemic further stretching services.

For instance, NHS data shows that one in six children now have a probable mental health condition in 2021, up from one in nine in 2017.

Data collected by the children’s commissioner office also shows over a third of children accepted onto waiting lists in 2020-21 are still waiting for treatment to begin.

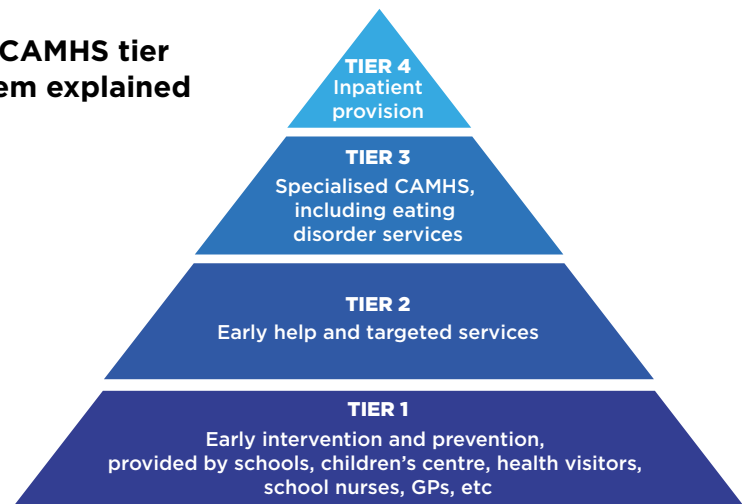
A Department of Health and Social Care spokesperson said it is “expanding and transforming NHS services backed by an extra £2.3 billion per year by 2024, to allow hundreds of thousands more children to access support”.

A Department for Education spokesperson said the government has “made an unprecedented investment in mental health services, both through the NHS and tailored support available in schools”.

Schools Week spoke to 12 families whose children suffered from self-harm, suicidal feelings or eating disorders after contacting groups such as Not Fine in School, Square Peg and Autistic Girls Network. To protect their anonymity we have not included full names as requested by parents.

Samaritans are available 365 days a year. You can reach them on free call number 116 123, email them at jo@samaritans.org or visit www.samaritans.org to find your nearest branch.

The CAMHS tier system explained



SPECIAL INVESTIGATION: KIDS IN CRISIS

Thousands on waiting lists as trusts struggle to foot bill

JESS STAUFENBERG

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Schools have thousands of pupils stuck on waiting lists to access mental health support, with trusts instead funding provision from their own pockets or saying they cannot afford to help.

Schools Week asked the 50 biggest academy trusts for the number of pupils currently on a waiting list to see a mental health or additional needs provision, such as an education psychologist, speech and language therapist or school counsellor.

United Learning – the country’s largest trust – has 1,526 pupils on a waiting list for mental health provision, averaging around 20 pupils at each of its 75 schools.

That’s followed by 512 pupils waiting at Enquire Learning Trust (18 pupils per school), 762 waiting at The Kernnal Academies Trust (17 pupils per school), and 635 pupils waiting at Ormiston Academies (15 pupils per school).

Schools have increasingly sought to fund more support themselves.

Dixons Academies Trust, which has 77 pupils currently on waiting lists across 15 schools, hired an in-house therapist seven years ago. Nicole Dempsey, an assistant principal in Bradford, said this was the “only way” to plug the gap of an “immediate problem”.

Of 19 academy trusts to provide full data to our freedom of information request, 84 per cent have increased the proportion of counsellors they’ve employed over the past five years.

United Learning, which has 51,672 pupils, had 96 counsellors last year – one counsellor to 538 students. The Elliot Foundation, which has 12,047 pupils, had 48 counsellors last year – one for every 250 pupils.

Other schools are turning to online treatments. Mabel Therapy, a firm offering private virtual counseling, treated 83 per cent more children last year than in 2020. But a “credit” with the service starts at £45, and each treatment varies between 4 to 12 Credits.

Meanwhile some schools have paid for training to better understand their most



distressed students.

The Aspire Academy trust, in Cornwall, brought in charity Trauma Informed Schools UK to teach staff how to help children with “adverse childhood experiences” feel safer in school, says its inclusion lead Evelyn Kyne.

All senior leaders received two days of training and a “trauma informed practitioner” in each school got 10 days of training.

Despite these efforts, six of the biggest academy trusts warned they are struggling to afford the required levels of mental health support for pupils.

Anthem Trust said “we would like to employ more counsellors but don’t have the money”, while Anglian Learning said “private counselling is too expensive and the school is not able to fund this”.

Ofsted inspections exposing failing council services found SEND pupils and their families are being left to fall into crisis before getting help.

Some were waiting more than two years for support, with delays exacerbated by the pandemic.

The government has rolled out mental health support

teams (MHST), funded through the NHS. But they will only reach 35 per cent of the country by next year.

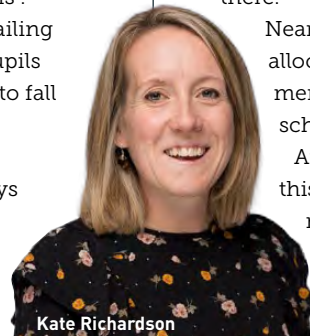
Each team has four education mental health practitioners (EMHPs) who complete one year’s training to provide therapeutic interventions for low to moderate mental health issues in pupils, and signpost staff to services.

Kate Richardson, mental health lead at The Cabot Learning Foundation, says EMHPs are helpful “signposters” who “help us explore other avenues” for support instead of just waiting for CAMHS.

But Jem Shuttleworth, a director at the Elliot Foundation Academies Trust, says “the immediate issue is capacity, not signposting. We all know where to go – the problem is you get there and there’s no one there.”

Nearly £10 million has been allocated to train a senior lead for mental health for more than 8,000 schools since September.

Another £3 million committed this week will speed up reaching more schools by May. All schools have been promised training by 2025.



Kate Richardson

SPECIAL INVESTIGATION: KIDS IN CRISIS

Revealed: The rising costs of education therapy

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Schools are being charged hundreds of pounds a day to access much-needed educational psychologists who were once free, with rising costs leaving children unable to access support.

Before funding cuts from 2010, almost every local authority employed an educational psychologist (EP) team “free at the point of delivery” to schools said Kate Fallon, general secretary of trade union the Association of Educational Psychologists. This covered both statutory assessments and preventative work.

But freedom of information requests by Schools Week show 30 of the 49 councils who responded and once offered EPs for free now charge for their services.

Fallon said slashed budgets led many local authorities to either reduce their EP team or become a “traded” service that schools could pay for. EPs input on Education, Health and Care Plans (ECHPs) for pupils, deliver school interventions and support staff.

In Staffordshire, all 400 schools had used the council’s EP service in 2009-10 until a £100 per hour charge was introduced. By 2019-20, that number had almost halved to just 228 schools.

However, when the council returned to charging nothing for its EP service last year, the number of schools accessing support returned to 400.

Jonathan Price, cabinet member for education,



said the decision “was a direct response to help staff, pupils and parents through the pandemic”, adding “there was strong demand for the support available”.

Staffordshire is one of only two councils that responded to our request that had dropped their fees. Two-thirds of the councils had increased EP charges since 2018-19, with the rest keeping fees the same.

But there are big regional differences.

Nineteen local authorities are offering only daily fees – requiring schools to fork out anywhere from £230 in the Wirral to £605 in Southampton for an EP visit.

Meanwhile, the average hourly charge across councils was £89. But this ranged from £25 per hour in Plymouth to £140 in Birmingham.

Academy trusts are increasingly using bought-in educational psychology time, but some say this is unaffordable with waiting lists too long.

Raquel Avila, an educational psychologist in a non-traded service in south Yorkshire, said some pupils “can fall through the cracks” with private support.

“If I deem it necessary for a member of my team to support a young person, we would not need the permission of the school to do it,” she said. “But if you are in a traded service, you have to wait for the school to request you to go in, because the school pays you.”

Another problem for councils is recruiting psychologists. Rise in demand for statutory EHC assessments – up from 55,000 in 2016 to nearly 76,000 in 2020 – is driving some to private or locum work which can be less stressful and pay more, experts said.

The government pledged £31.6 million in 2019 for an additional 600 EP training places, but this needed to be matched by “more money so local authorities can employ them”, Fallon said.

Our data shows that 78 per cent of 91 LAs who provided figures had at least one EP vacancy in 2020-21.

The Howard Partnership Trust said 20 pupils across its 13 schools were waiting to see an EP.

Jo, an educational psychologist in south London, added: “In areas where we’re just firefighting the top five per cent of emergency cases, it’s just making the other cases worse and worse.”

SPEECH AND LANGUAGE THERAPISTS ‘COMPLETELY BOOKED OUT’

Children are also waiting up to a year for support from speech and language therapists, meaning they come “into school with far more significant need and the system gets more broken”.

Ten per cent of children have a speech and language need. SLT assessments are also important for diagnosing autism, which is strongly linked to communication needs.

The number of people diagnosed with autism has jumped more than 20-fold in the past two decades, University of Exeter researchers revealed this year.

But one in four autistic children are waiting more than three years for a diagnosis, according to the National Autistic Society.

Demand for speech and language therapists is now outstripping supply. Plymouth CAST warned it could “only [get] a few hours free

on the NHS”, while Kent Catholic Schools Partnership said referrals were taking eight months. Many schools across the Oasis academy trust now buy in private SLTs.

Only nine NHS trusts could confirm their costing arrangements for 2020-21, with five charging schools and the rest free. The highest cost to schools was £26.99 per hour, at North Cumbria Integrated Care.

But of eight NHS trusts to provide the figures, seven confirmed they had waiting lists. The longest was “up to 56 weeks” in Bradford, followed by North Cumbria on 52 weeks, and Herefordshire and Worcestershire on 18 weeks.

Meanwhile vacancies across the system are rife. Of 18 NHS trusts to provide data, 89 per cent had SLT vacancies last year.

The area with the highest number of

vacancies was Bradford, with 17, up from six in 2018.

Kamini Gadhok, chief executive at the Royal College of Speech and Language Therapists, says health policy is too focused on adults and “children need a higher priority”.

“There are children in early years who could be helped, who may be on the autistic spectrum but aren’t being identified. This means they’re coming into schools with far more significant need, so the whole system gets more broken.”

Nor can schools expect to rely on private speech therapists. Sarah Buckley, vice-chair of the Association of Speech and Language Therapists in Independent Practice, says her 1,500 members are “completely booked out. There’s been a big increase in need, especially children entering reception.”

SPECIAL INVESTIGATION: KIDS IN CRISIS

Collapsing support pits parents against schools

JESS STAUFENBERG

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Vulnerable children are being “dreadfully failed” on mental health support as a lack of funding and expert help pits schools and families against one another.

One parent had a stroke she believes was brought on by stress battling for extra support for their children. Others have been reported to the authorities for “fabricating” mental illness.

Huge waiting lists for external support, a lack of highly qualified experts inside schools, external pressures around attendance targets and exam results, and lack of funds to buy in help have contributed to mainstream schools failing to support some families.

Sofie’s son was signed off primary school by a GP last year after he was having “meltdowns” and said “he would rather be dead”.

But in an email from the son’s school three days later, the Lincolnshire mother was advised: “As a parent it is down to you to ensure he does come in on a daily basis.”

The email includes graphs of the boy’s attendance data and adds that “if on occasions [pupil name] is shouting and crying or refusing to dress, he can still be brought to school even in his pyjamas”.

The parent replied she “will categorically not be physically dragging my child to school, as this will only add to his anxiety”. She is now removing her child from the school.

The school, which we are not naming, did not want to comment.

Attendance support should be ‘first port of call’

Darren Northcott, national official for education at teachers’ union NASUWT, said the “first port of call” for improving attendance should be supportive measures to help the family.

Sarah Wild, headteacher of Limpsfield Grange School, a special school for girls with autism in Surrey, said “mainstream schools don’t always understand that everything is about relationships”.

“To get children back through the doors at school, that’s a really slow and gradual process of building the relationship,” she added.

The Department for Education is consulting on more prescriptive measures around school absence, which has risen sharply during Covid.

Evidence shows poorer pupils are more likely to be off school and fall behind.



A mother with a 16-year-old daughter in Surrey said her daughter has been “dreadfully failed” by the system.

The girl had been predicted top grades on leaving primary school but is now “barely in education” after insufficient help with suicidal feelings (see page 6 for full story).

Parents accused of ‘fabricating illness’

Another issue reported by parents is frequently not feeling believed by schools. Two mothers claim they were accused by schools of causing a “fabricated or induced illness” in their child, despite the pupil later getting a diagnosis.

The NHS say this is a “rare form of child abuse”.

One mother had to wait a year until her nine-year-old son was assessed by a Child and Adolescent Mental Health Service (CAMHS) in 2020. During this time she says her son’s behaviour became “really worrying” and he wrote down that he wished to die.

However at a multi-agency meeting, school staff reported her son was “fine in school” and they were concerned about parental fabrication of illness, she says.

The child was diagnosed with autism by CAMHS in May 2020.

“There was no apology for questioning for me, from the professionals in school who just tried to shut me down,” says the mother. *Schools Week* could not contact the school because the parent was not happy to provide consent.

Another parent also claims her school’s headteacher reported her to CAMHS for a fabricated induced illness after she put in a complaint against a classroom teacher.

But she said: “It was so lucky CAMHS took my daughter’s suicidal ideation seriously.” *Schools Week* contacted the school but received no response.

Children’s needs ‘pushed to one side’

Parents also report schools being unwilling to change school rules to accommodate neurodevelopmental differences.

Emily, a mother in the Midlands, says her daughter’s secondary school would not accept a standalone educational psychologist report after the local authority rejected her request for an Education Health and Care Plan (EHCP) assessment.

As a result “the school made my daughter do her top button up, and she felt she was choking.” After the girl seriously self-harmed in year 7 and was taken to A&E, “the school accepted she could undo her button”.

The local authority then conceded ahead of a tribunal and her daughter was diagnosed as autistic in year 8 and given a special school placement. *Schools Week* contacted the school and received no response.

A survey of 1,000 parents with a child on SEN support, published last year by Special Needs Jungle, warned “some parents believe, with good reason, that their children’s needs and education have been pushed to one side for the convenience of the majority”.

Battles are having severe impacts on some families. Tasha, a mum in Warwickshire, says she had a stroke brought on by stress in 2020 after “battling” for therapeutic support for her autistic son for eight years.

She says a psychiatrist who assessed her before she had a stroke had warned her social worker she had “carer’s burnout” (see page 6 for full story).

The levelling up white paper promised £30 million over three years for councils to fund 10,000 more respite placements for disabled children to “give family carers a break”.

SPECIAL INVESTIGATION: KIDS IN CRISIS

'I had a stroke from all the stress'

Tasha, a mother with a 12-year-old son in Warwickshire

My son is 12 and he has a diagnosis of autism, ADHD and anxiety disorder. He got the diagnosis of autism aged four, after his pre-school referred him. When he went to primary school, he couldn't cope, but CAMHS would not get onboard, because they said it was his autism. That's the thing with CAMHS – they say "we deal with mental health, not with autism". But then there is no other support. There was no signposting to something else.

At this time my son was trying to gouge his eyes out and had even tried to set himself on fire. The primary school could not handle him, so I removed him and kept him at home. It felt like all the onus was on me to make sure he got an education. I had no comprehension of home schooling, I'm a single mum and I had no support. I was told at one point he should be admitted to an autism training unit, but I refused for him to be taken away from family and me, that's horrific. I was saying, "he doesn't need to leave the community, he needs

therapeutic intervention". But CAMHS, no one, will come to your home. You have to go to the clinic. My son had started refusing to go to the clinic, so they took him off Prozac. They say "he's ambivalent to therapy". No, he just can't come to where CAMHS want him to go. After that he had a complete breakdown.

I was really struggling and in 2018, one psychiatrist instructed the social worker to take me to hospital for a psychiatric review. But at the hospital, the psychiatrist there took one look at me and said to the social worker, "you're at fault – she's got carer's burnout".

My battle had been going on for almost eight and a half years when I had a stroke from the stress, in 2020. I was in hospital and I left after four nights. Then I was at home, still really unwell, trying to take care of my son. That's when I got my own social worker and a live-in carer. However, the council wouldn't pay for home tutors for my son, so I had to pay for them myself.



Now I'm taking the LA to tribunal and it's absolutely killing me. I'm fighting them on their position that he should be in a mainstream school. They have this "inclusion" idea that everyone should be in mainstream. It doesn't work, it just doesn't work.

If you're left to rot from a really young age, you get to a really bad place. I always say, if he'd had cancer, he'd have been given all the help, but because it's deemed "neurodivergent", it's a constant battle to get help.

'It took my MP and two years to get help'

A mother with a 16-year-old daughter in Surrey

I started feeling concerned in year 7. My daughter was being bullied by a girl, and she didn't seem to be able to manage it. She didn't want to go to school, which was odd, because she had loved primary school. Her behaviour deteriorated further, and the only way I can describe it is she was terrified. I took her to the doctor, and it was there she said she wanted to kill herself.

The doctor wanted to refer her to CAMHS, and the school referred her too. But my daughter was now not going into school, and she was starting to hurt herself in really strange ways, like hitting herself. So we were put in touch with children's services at the council. They had a contract with this amazing charity who gave us a mentor for my daughter. It was brilliant, my daughter really engaged. But then the council ended the contract with that charity, and it was really wobbly for a bit. Amazingly the school had the foresight to employ the mentor for my daughter

themselves. I was so relieved. That was so important, because with CAMHS it's always been so many different support workers. My daughter just can't stand them, because they change so regularly.

But then when she was 15, she told her mentor she had a plan to kill herself, and that she had everything she needed to do it. She was assessed by a mental health nurse, who told me I had to keep her safe and remove all the sharps from her room. I found the stuff hidden in her bedroom.

A CAMHS support worker said "she needs anti-depressants, but I'm not a psychiatrist so I can't prescribe them". But it turned out there was no available psychiatrist for children in CAMHS.

So I contacted everybody. It was my MP who rang CAMHS to ask why their constituent couldn't see a psychiatrist. Eventually CAMHS employed a locum psychiatrist, and then they saw my daughter. It took my MP ringing for my



daughter to see the right person. She's getting help now she should have got over two years ago.

Today my daughter isn't really in education. School hasn't offered her proper one-to-one teaching because she's still waiting for an EHCP. She was predicted a grade 8 on leaving primary school, but now it will be a miracle if she gets GCSEs in core subjects. It has all been too little, too late. She's been failed.

SPECIAL INVESTIGATION: KIDS IN CRISIS

Special schools ‘bursting at seams’ - but DfE doesn’t collect the data

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Special school heads say their classrooms are “bursting at the seams”, but government does not collect data to monitor how the sector is coping with rising demand for places.

The number of pupils with an education, health and care plan (EHCP) has risen from 237,000 in 2015-16 (2.8 per cent of all pupils) to 326,000 this year (3.7 per cent).

An EHCP is a legal document that sets out the extra support a pupil must receive.

However there are just 32 more special schools now than in 2015.

New Bridge School in Oldham, one of the largest special schools in the country, has 530 on its roll, against a local authority-commissioned figure of 419. The school has nearly doubled in size in eight years.

Graham Quinn, chair of Special Schools’ Voice and chief executive of New Bridge Multi Academy Trust, said the pressure is “here and now”.

“We’ve been able to manage teaching spaces - it’s the communal spaces that have started to be more challenging like dining rooms, toilets and corridors.”

Non-statutory government guidelines suggest how much space is required depending on pupil need.

For example, children with autism may need more personal space so are usually taught in groups of six to eight.

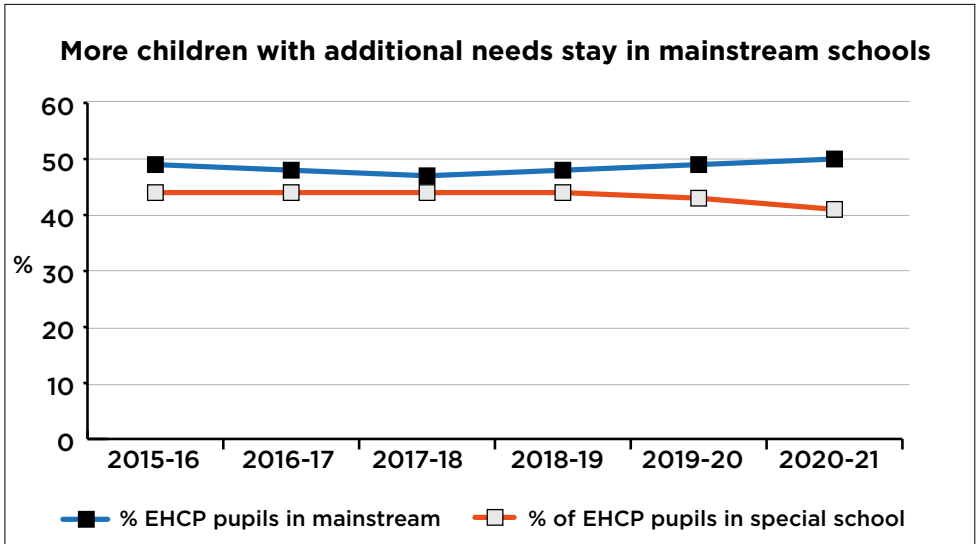
At The Willows, a school for children with moderate learning difficulties in Rotherham, the smallest classroom should have 10 children, but it now has between 12 to 14.



It had a capacity of 120 last year, but took on 164 children.

Headteacher

Rachael Booth said they are “bursting at the



seams ...It’s not the local authority’s fault, it’s the whole system.”

Market Field School in Essex has 320 Children this year, despite a capacity of 250 which had recently been increased following a building extension. It has up to 16 children in classes where there should be 12, said headteacher Gary Smith.

Michael Merrick, executive headteacher of two primary schools in Cumbria, said more children needing specialist support are having to stay in mainstream classrooms for longer.

“The system is completely overwhelmed,” he said. “Schools are doing their best, but more and more children are missing out on the specialist provision they need.”

The percentage of pupils with an EHCP in mainstream schools increased from 48.7 per cent in 2019-20, to 50.4 per cent last year.

Publicly available national data on the Get Information About Schools website (GIAS) suggests 330 out of 806 special schools had more students on their rolls last year than their capacity. Five per cent (38 schools) had more than 40 pupils extra.

However *Schools Week* has established this



Graham Quinn

data likely far underplays the outlook as while the DfE does collect headcount data through the census, special schools do not have to supply capacity information.

For instance, the capacity listed for New Bridge School on GIAS is 300 – a figure six years out of date that is nearly a third short of the actual capacity.

The DfE said councils, who sign-off special school capacity numbers, are “best placed” to say how many spaces are available.

But Jo Hutchinson, a director at the Education Policy Institute, said government “needs to make sure that it is able to offer maximum support where needed, and having the right data that offers a full picture on the provision of places is an important part of that”.

The DfE spokesperson added they are working with councils to “better understand demand for SEND provision as we consider how we can best support the sector going forwards”.

Government has committed £2.6 billion of capacity funding for new school places for children with SEND over the next three years.



Gary Smith

SPECIAL INVESTIGATION: KIDS IN CRISIS

The wasted millions: Parents use life insurance and savings to fight for support

SAMANTHA BOOTH
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A parent diagnosed with cancer used her life insurance to challenge a council over its refusal to provide the support her vulnerable child was entitled to, while another spent £10,000 pursuing 14 tribunals.

Parents can appeal against council refusals to assess a child's needs or issue an education, health and care plans (EHCP).

Data published in December shows 96 per cent of the 4,825 SEND tribunals were won by the appellant – almost always parents – last year. This is up from 86 per cent in 2014.

Only 3.6 per cent of the decisions by councils were upheld last year – the lowest on record.

Government claims tribunals should not need "expensive legal representation".

But Ruth, from Suffolk, won two tribunals for her autistic son, in 2015 and 2020.

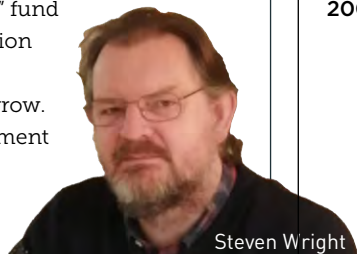
Rather than pay off the mortgage, she used £40,000 of a £100,000 life insurance claim after being diagnosed with breast cancer to fund a barrister and expert reports. She won both tribunals.

"We are still very angry about it, if they had met their legal duties in relation to our son we wouldn't have been forced to do that. [His] mental health and self-esteem had been shredded."

Steven Wright has spent about £10,000 on at least 14 tribunals against Suffolk County Council for his two children. Without it "my children just simply would not have education," he said, adding without "credible evidence" such as costly independent reports "you won't be able to make your case".

Parents are entitled to means tested legal help, a form of legal aid from the government, but only for preparatory work. An "exceptional case" fund can offer representation in court, but the requirements are narrow.

In 2020-21, government funded legal help for 1,653 "education matters" linked to



Steven Wright



SEND tribunals.

A survey by Let Us Learn Too and the Disabled Children's Partnership found a third of parents said they could not afford expert help. Nearly half spent between £1,000 and £5,000. Six per cent forked out more than £10,000.

In St Albans in Hertfordshire, Jenna has been successful in two tribunal hearings for her young son since 2016. She was eligible for about £5,000 government legal funding.

But she said: "Parents can face an arsenal of a full legal team at hearings. What a waste of resources and money for everyone."

Hugh Greenway, chief executive at the Elliot Foundation Academies Trust, said the poorest families are "more likely to be left unsupported and also less likely to seek a tribunal".

While councils have seen swingeing funding cuts, they are finding millions to fight parents.

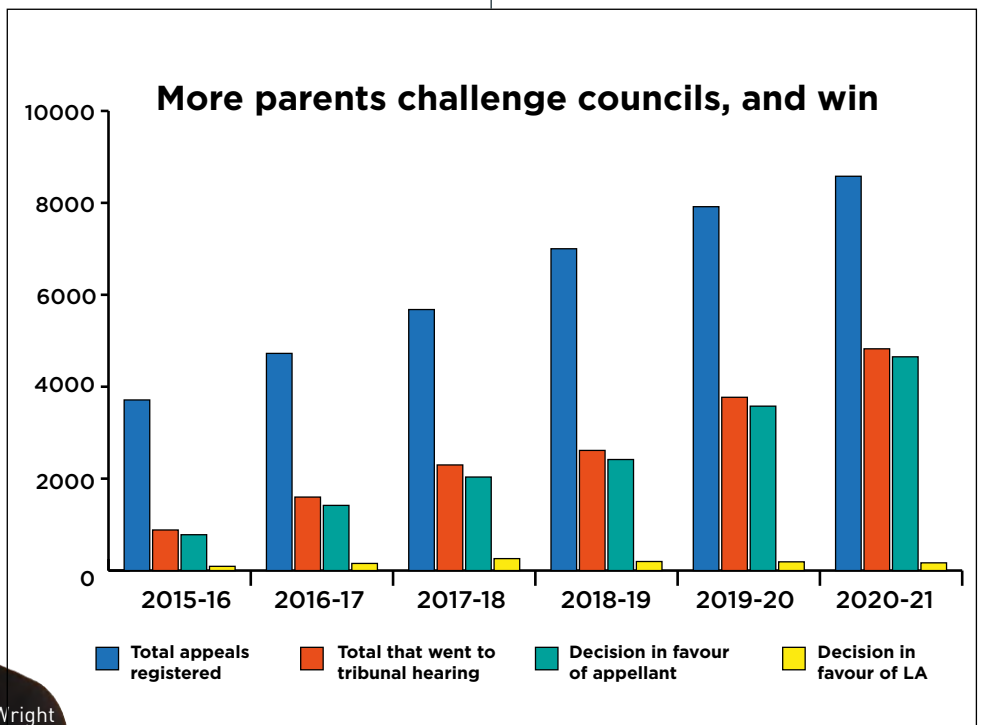
Data from 40 of 153 councils who responded to a freedom of information request show at least £6.4 million was spent on defending EHCP claims since 2014. Experts say the true costs could run into the hundreds of millions.

East Riding council spent an average of £6,682 for each of its 27 tribunals since 2018.

The Local Government Association said "finite resources" means councils are having to make "difficult decisions" which is "symptomatic of a system under extreme stress".

Suffolk Council said they will "always work with families and schools to find another solution".

Hertfordshire County Council said they have taken on "considerable work" with a 47 per cent rise in pupils with EHCPs since 2019.



SPECIAL INVESTIGATION: KIDS IN CRISIS

Solutions? Early intervention and more support in schools

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In a collapsing system, experts have urgently called for two actions: early intervention, and more services placed in schools.

Cathy Wassell, chief executive at Autistic Girls Network, said all pupils should undergo a “sensory audit” in reception to identify autism sooner.

Similar initiatives are already happening in some schools in the north west through a toolkit called WellComm, which screens speech and language needs, according to Fiona, a speech therapist in the region.

Early years support such as Sure Start centres also need to be reinstated, said Jon Goldin, a consultant child and adolescent psychiatrist at Great Ormond Street Hospital for Children. Another consultant psychiatrist, Anna Lund, said clinical psychologists and psychiatrists like herself should be involved with pupils sooner: “I should be much earlier in the system.”

Such early intervention is in the sights of the SEND review, according to Charlotte Ramsden, president of the Association of Directors of Children’s Services, who sits on the SEND review steering group.

The DfE is placing “a lot of emphasis” on early identification of needs “which is what we all want”, she said.

The wording of laws setting out what support organisations like schools have to provide also need clarifying, said Tina Emery, also on the steering group. “It’s full of ‘shoulds’ and ‘mays’ but it’s not clear to some people what should happen and the expectations.”

One of the stipulations in the SEND Code of Practice is SENCOs must achieve a national qualification within three years of appointment.

Darren Northcott, national official for education, teachers’ union NASUWT, said, “It’s worth exploring” whether SENCOs should get training before they start their roles – adding this would need “clear commitments from schools to support that”.

Meanwhile, more specialist school placements are needed, said Sarah Wild, at autism specialist school Limpsfield Grange. Attending special schools “needs to be de-stigmatised”, she said.

Training for staff in mainstream schools also needs to be “more practical, like how to set up a

classroom” not just “theoretical SEND”, said Clare, a speech therapist in London.

Meanwhile, parents are clear that a national specialist CAMHS service for children with neurodevelopmental differences is urgently needed, rather than only a CAMHS for anxiety and depression based on trauma.

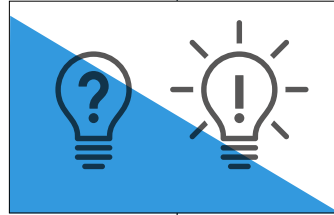
The SEND review is “weeks rather than months” away from being published, according to a health minister on Wednesday.

Some government pledges are also promising. For example, in 2019 the NHS Long-Term Plan

said children with “a learning disability or who are autistic with the most complex needs” will have a “designated keyworker” by 2023-24, to secure “the right support at the right time”.

But Sir Alan Wood, who undertook a review of multi-agency safeguarding arrangements last year, said the “dreadful referral-on culture” must end. A “complete rethink” is needed, he added.

“At the moment, we just seem to look at what provision is in place, and say ‘we need more of this’,” he said. “We should be placing more services in schools working alongside teachers and support staff.”



5 tips for schools on mental health support

Hannah Kinsey, head of training at mental health charity YoungMinds, provides five tips for schools on how to best support students in need of mental health provision ...

1. ALWAYS REFER

First of all, always refer a pupil for mental health support as quickly as possible. The sooner a child is referred, the better. But ensure they have other sources of support during the referral process.

2. TRUSTED ADULTS

Schools can also make sure their whole staff team know what their role can be for young people in terms of mental health support. Our research shows the role of a “trusted adult” is critical. A trusted adult for a young person is someone they choose to speak to about what they’re struggling with. It won’t always be the designated SENCO or mental health lead, and they could choose to speak to anyone who works at the school, if they feel comfortable with them. It’s important to encourage all school staff

to look at the reasons behind a change in behaviour and for everyone to be looking out for these changes.

3. INCLUDE PUPILS

It’s important that schools work in partnership with parents and ensure the pupils’ voices are heard. For example, when developing schools’ policies around behaviour, bring young people into that process and make them part of it. Mental health issues can be about feeling a lack of control, so giving young people a voice and opportunity to contribute is important.

4. BE FLEXIBLE AND CREATIVE ON ATTENDANCE

We get so many calls on our parents’ helpline about anxiety-related absences. We have heard of situations where pupils have travelled to school but were too anxious to leave the car when they got there. In one instance a teacher got into the car with them, had a chat and arranged for some work they could do at home instead.

Other options in cases like this could be to ask a friend to meet them at the school gates, or to encourage the pupil to do as much as they can in school, letting them know they can go home whenever they need to. Working with the pupil and understanding how they are feeling can help to manage non-attendance with the family and reduce anxiety for the pupil and the parents.

5. HELP PARENTS FEEL THEY AREN’T FAILURES

It can be especially hard for parents when young people are very unwell. We often hear from parents that they feel as though they’re failing as a parent. It’s important for schools to adopt a non-judgmental approach, working with parents as much as possible. Even if schools don’t have anything concrete to update parents on, regular conversations and check-ins can help to reassure parents that the school are prioritising their child.

