**Q’s and comments for LA discussion re JPC designation and future**

**March 2024**

1. Is the LA actually aware of the difference we make here at JPC? Not just to children’s lives, but to the wider economic situation in helping children moving away from needing life-long support? Being totally honest and frank about it, does the LA actually understand and value the role JPC plays? Have senior managers discussed with the Chair of our admissions panel, his view on the role we play? Or with CAMHS managers? Or with mainstream school referrers?
2. Simone recently informed me that students are only placed at JPC when the tribunal system places them with us, or the DfE guide the LA to do so. That is incorrect. James then added that it’s also when parents request it. That is also incorrect. Numerous parents are telling me that it is the LA who suggest JPC and/or that the LA are trying to name JPC against their wishes, including two in the last two weeks. Either LA’s SLT are not being totally honest with me, or you are being lied to by those who report to you.
3. Tell me honestly what the LA’s stance is in relation to the designation of JPC. Does the LA see our current designation as a barrier that is stopping us from saving the school for its intended cohort, or a useful way in which children can be placed at JPC here via the EHCP process?
4. If the LA are going to continue to view JPC as a special school, rather than helping protect our status as a hospital school, why is the LA not acting in compliance with the SEND COP and initiating EHCNA processes for every child upon admission?
5. If the LA do want to protect JPC for its intended cohort, why aren’t parents being told no upon request and allowing the cases to go to tribunal, especially now that we have the clear guidance from an educational specialist KC that using hospital schools in this way is wrong?
6. James has stated that the reason not to go to tribunal is the low success rate nationally. What is the specific success rate nationally for parents trying to get a hospital school named on a plan?
7. In addition, are LA SLT members being deliberately misleading, or are they genuinely unaware of the officially published statistics around tribunal outcomes, when stating these figures as the reason not to proceed to tribunal?
8. If Wirral do want to protect JPC as a hospital school, and don’t see the tribunal system as a way forwards, will the LA help me in changing our designation within the DfE to a medical AP?
9. Adrian Leach met with me, learned about our cohort, then asked me to provide the evidence that we are oversubscribed each year, saying that if the evidence was clear, he would try to protect JPC from the EHCP process. This was sent in the next day. I never got a reply and since then the number of consultation requests has increased.
10. Adrian has informed me that JPC will continue to be named on plans, regardless of how full we are. Is this a view shared by all SLT of Wirral LA?
11. Does the LA view the students who are placed here via EHCP as part of our JPC cohort of 80, or in addition to this cohort?
12. How will the LA recompense the school for these children, given that we lose our ability to claim their funding and this is lost from the entire Wirral pot all together? Each child placed here via EHCP is costing the school (and the LA!) thousands of pounds in lost funding.
13. The LA have recently downgraded the school as a result of our lower attendance since before the pandemic. In addition, the LA have raised concerns about our lack of mainstream reintegration at KS3. How can I improve these things if the LA continue to name children here via the EHCP process, given that they don’t have a school to return to and are the school’s lowest attenders? For JPC children, we move them onto HCES if they are unable to sustain full-time, bringing them back when they are well enough. We can’t do this with EHCP children who are single rolled.
14. Linked to the above, what does the LA suggest that we do when a child is named to JPC on a plan but then has exceptionally poor attendance which we are unable to overcome despite our best efforts?
15. Why is it better for a child with attachment and/or severe autism to transition into a short-term placement, then have to make an additional transition, rather than straight into the correct long-term placement? What is the research that guides this approach?

**Moving forward**

1. I have discussed with the current, and the previous three, SEND managers, my willingness to support the LA in terms of opening a specific provision for EBSA/ASC mainstream children, in order to provide the places whilst protecting JPC. What has happened to this idea? Is it the LA’s view that it won’t be needed in the long-term, so it’s not the right time to proceed with this? If so, how do we meet needs between now and then?
2. I have also discussed numerous times the benefits of separating CYP’s acute health needs from the long-term SEND needs, both in terms of immediately responding to EHCNA requests and in writing the plans. Does the LA have a view on how/if they wish to proceed with this?
3. What is the LA’s plan for education for students who are self-harming, suicidal, and/or requiring discharge from Tier 4 CAMHS units if and when JPC becomes full, especially given the fact that the LA won’t take capacity into account when naming JPC on plans?