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Ask for: James Clapson
Date: 1 March 2024

Dear Member

CHILDREN'S, YOUNG PEOPLE AND EDUCATION CABINET COMMITTEE - WEDNESDAY, 6 MARCH 2024.

I am now able to enclose, for consideration at next Wednesday, 6 March 2024 meeting of the Children's, Young People and Education Cabinet Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda Item No

- 8 **Presentation - An Overview of Post-16 Education** (Pages 1 - 12)
- 13 **24/00008 Special Educational Needs - Therapy Contracts** (Pages 13 - 48)
- 15 **24-00016 Extended Early Years Entitlement and Wraparound Childcare - Revenue and Capital Criteria** (Pages 49 - 60)
- 17 **24/00020 - Proposed Revision of Rates Payable and Charges Levied by Kent County Council for Children's Social Care Services in 2024-25** (Pages 61 - 82)

Exempt Item

- 23 **Services Provided by The Education People** (Pages 83 - 98)

Yours sincerely

Benjamin Watts
General Counsel

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An Overview of the Post-16 Education System

Mike Rayner

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Pathways for All - recommendations

1. Improve outcomes through benchmarking
2. Implement a life skills curriculum; improve CEIAG
3. Implement Local collaborative planning of 16+ provision
4. Improve provision below Level 2
5. Support learners' mental health
6. Improve access to provision - travel
7. Learn from Lockdown
8. Improve strategic leadership at 16+

<https://www.kelsi.org.uk/kent-16-to-19-review>

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Pathways for All Local Collaborative Partnership Areas

Area	Chair	Organisation
Ashford	Siobhan Matthews	North School Deputy Head
Cant/Fav/Than	Jon Watson	Canterbury Academies Trust - CEO
Folkestone	Neala Wybrow	EKC - Campus Principal
Dover	Lee Kane	Astor - Head of School
Sittingbourne and Sheppey	Nicki Hodges	Swale Academies Trust - Exec Head
Maidstone and Malling	Jim Mawby	MKC - Executive Director
T'wells, Tunbridge and Sevenoaks	Hilary Birkett	Hillview - Head teacher
Dartford and Gravesham	Rhiannon Hughes	NKC - Deputy Executive Principal – Teaching Learning & Improvement

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Statutory Duties

- To secure sufficient suitable education and training provision for all young people in their area who are over compulsory school age but under 19 or aged 19 to 25 and for whom an Education, Health and Care (EHC) plan is maintained. This is a duty 6 under the Education Act 1996 1. **To fulfil this, local authorities need to have a strategic overview of the provision available in their area and to identify and resolve gaps in provision.**
- To make available to all young people aged 13-19 and to those between 20 and 25 with special educational needs and disabilities (SEND), support that will encourage, enable or assist them to participate in education or training under Section 68 of ESA 20082.

(Participation of young people in education, employment or training Statutory guidance for local authorities September 2016)

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Key stages

Key Stage	Year Groups	Age of Children	Key Assessment
EYFS (Early Years Foundation Stage)	Nursery, Reception Year	0-5	
Key Stage 1	Year 1 - 2	5-7	Phonics test in Year 1 KS1 SATs in Year 2
Key Stage 2	Year 3 - 6	7-11	KS2 Multiplication Tables Check (MTC) in Year 4 KS2 SATs in Year 6
Key Stage 3	Year 7 - 9	11-14	
Key Stage 4	Year 10 - 11	14-16	GCSEs in Year 11
Key Stage 5 / Sixth Form	Year 12 - 13	16-18	A-Levels in Year 13 Or NVQs / BTECs / Apprenticeships / IB

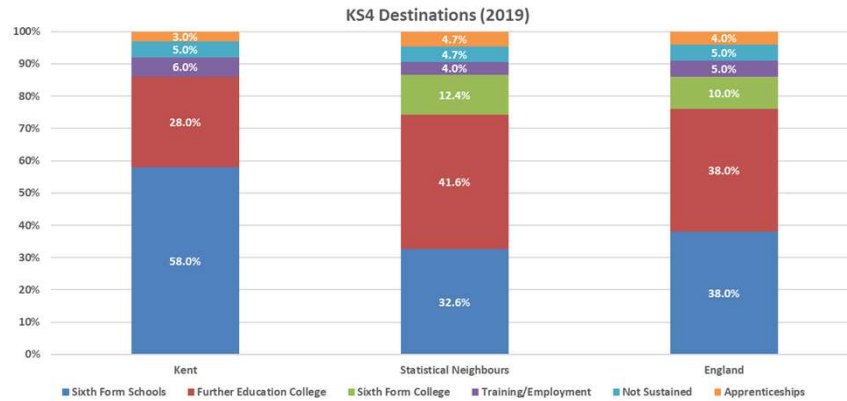
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Qualification levels

- Entry
- Level 1 – GCSE Grades 1-3
- Level 2 – GCSE Grades 4+, BTECs, Apprenticeships (You need 5 GCSEs at this grade or higher to progress on to L3)
- Level 3 – A levels, Applied Generals, T- Levels, International Baccalaureate, Apprenticeships

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The Kent Cohort – Where they study post-16



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Destinations – the detail

	Jan-19		Jan-20		Jan-21		Jan-22		Jan-23		Jan-24	
	Number	%	No.	%	No.	%	No.	%	No.	%	No.	%
Cohort size	32496		32238		33668		33595		34178		36698	
Participating		90.6%		88.6%		90.4%		91.3%		90.9%		90.7%
In education	26816	82.5%	26628	82.5%	28808	85.5%	29102	86.6%	28738	84.1%	31308	85.3%
Sixth form	17965	55.2%	17619	54.6%	18983	56.6%	19286	57.4%	18916	55.3%	20303	55.3%
FE college	8589	26.4%	7986	24.7%	9487	28.1%	9268	27.6%	9439	27.6%	10439	28.4%
Higher Education	16	n/a	9	n/a	12	n/a	13	n/a	9	n/a	3	n/a
Part Time Education	15	n/a	835	2.6%	31	n/a	58	n/a	31	n/a	13	n/a
Gap Year	0	n/a	0	n/a	0	n/a	1	n/a	0	n/a	2	n/a
Full time education - other	213	0.6%	164	0.5%	223	0.6%	361	1.0%	251	0.7%	319	0.8%
Specialist Post 16 Institution	10	n/a	13	n/a	71	n/a	111	0.3%	87	0.2%	225	0.6%
Full Time Ed - Custodial	8	n/a	2	n/a	1	n/a	4	n/a	5	n/a	4	n/a
Employment/Training												
Apprenticeships	1941	6.0%	1390	4.3%	1126	3.3%	1262	3.8%	1605	4.6%	1537	4.2%
Employment no training	1048	3.2%	1098	3.4%	826	2.5%	1119	3.3%	1380	4.0%	1554	4.2%
Training	715	2.2%	535	1.6%	518	1.5%	393	1.2%	498	1.4%	442	1.2%
NEET	888	2.7%	1137	3.5%	1037	3.1%	953	2.8%	1218	3.6%	1257	3.4%
Not Known	1066	3.2%	1444	4.5%	1351	4.0%	754	2.2%	724	2.1%	598	1.6%

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The Kent Cohort – Where they study by attainment level (Source: SCA Cohort Analysis)

Average GCCSE Grade	Destination - February Year 12							Total
	School	College	Apprenticeship	Employment	Training	Unemployed	Other	
1	9.2%	59.3%	5.9%	6.5%	7.9%	7.7%	3.5%	100.0%
2	15.6%	61.3%	7.4%	4.1%	6.1%	3.5%	1.9%	100.0%
3	22.5%	60.5%	8.7%	2.3%	2.8%	1.3%	1.8%	100.0%
4	44.6%	43.4%	7.0%	1.1%	1.4%	0.7%	1.8%	100.0%
5	71.6%	21.8%	3.6%	0.7%	0.6%	0.4%	1.2%	100.0%
6	88.4%	8.7%	1.5%	0.2%	0.1%	0.0%	1.0%	100.0%
7	96.6%	2.0%	0.1%	0.1%	0.1%	0.0%	1.1%	100.0%
8	97.8%	0.8%	0.4%	0.0%	0.0%	0.0%	1.0%	100.0%
9	98.7%	0.8%	0.0%	0.0%	0.0%	0.0%	0.4%	100.0%

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Qualification Reform

- Applied Generals (BTECs etc) – progressively defunded from 2024
- T- levels – new, flagship vocational qualifications – equivalent to 3 A levels.
- Additional Academic Qualifications (AAQs) – where there is no A level or T-level equivalent. Students will only be able to take one of these as part of a programme.
- Advanced British Standard – 5 subjects, 10 years away
- L2 and below qualifications – simplified, reduced in number focussed on employment and progression.
- Some subjects disappearing – gaming, legal secretary, cabin crew...

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6th Form

- Approximately 60% of the cohort
- Selective – almost exclusively A levels
- Non selective – IBCP, A levels, Applied Generals
- Almost exclusively L3
- Mixed careers support
- Mainly judged on qualification outcomes

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College

- Mainly Vocational
- Much higher % of students studying L2 and below
- Very varied offer across the county
- Main deliverers of T-levels.
- 2 campuses out of 12 now offer A levels
- Judged on outcome (less emphasis than schools) but also on how they meet local need.

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Apprenticeships

Under 19	19/20	20/21	21/22	22/23
Immediate (L2)	950	680	770	750
Advanced (L3)	630	660	840	900
Higher (L4+)	90	70	160	210
19 to 24				
Immediate (L2)	590	590	540	470
Advanced (L3)	970	1220	1230	1240
Higher (L4+)	480	510	760	800
25+				
Immediate (L2)	870	800	800	530
Advanced (L3)	1690	1760	1900	1830
Higher (L4+)	1330	1690	1820	2020

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Apprenticeships – National Comparison

Age	Kent	National
Under 19	+5%	+0.003%
19-24	-0.5%	-7%
25+	-4%	-3%

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Apprenticeships - Issues

- Lots of opportunities, but not necessarily in industries of interest for young people
- Not all apprenticeship vacancies are advertised through the national apprenticeship service, as employers can choose where to advertise, which means people could miss out.
- Young people unaware of large employers' recruitment cycles as they are different with each employer.
- Small employer's struggle with providing the right support to an apprentice
- Current apprentice rules confuse employers.
- Government drive is L3 which has the potential to disadvantage anyone with low level qualifications.

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Training providers – by district

District	Number of providers delivering 2 or more places in a district							
	No. providers 18/19	No. Providers 19/20	Difference 18/9-19/20	No. Providers 20/21	Difference 19/20-20/21	No. Providers 21/22	Difference 20/21-21/22	No. Providers 22/23
Canterbury	9	4	-5	3	-1	4	+1	2
Swale	10	4	-6	6	+2	8	+2	7
Thanet	13	5	-8	5	0	3	-2	3
Ashford	5	4	-1	3	-2	1	-1	1
Dover	7	3	-4	2	-1	1	-1	3
Folkestone/Hythe	5	2	-3	4	+2	3	-1	2
Maidstone	10	3	-7	2	-1	2	0	3
Tonbridge and Malling	5	1	-4	1	0	1	0	1
Tunbridge Wells	2	0	-2	0	0	0	0	0
Dartford	8	3	-5	2	-1	2	0	1
Gravesham	7	1	-6	3	+2	2	-1	3
Sevenoaks	2	1	-1	1	0	2	+1	0
Countywide	0	0	0	3	+3	6	+3	3

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Training providers - countywide

Total providers for the county		
	Providers	Difference
18/19	42	
19/20	19	-23
20/21	25	+6
21/22	24	-1
22/23	20	-4

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Training providers - number of places

District	Places			No. Places 20/21	Difference in Places 19/20 - 20/21	No. Places 21/22	Difference in Places 20/21 - 21/22	No. Places 22/23	Difference in Places 21/22 - 22/23
	No. Places 18/19	No. Places 19/20	Difference in Places 18/19 - 19/20						
Canterbury	132	76	-56	54	-22	89	+35	65	-24
Swale	182	89	-93	77	-12	107	+30	155	+48
Thanet	253	104	-149	122	18	65	-57	72	+7
Ashford	101	53	-48	27	-26	16	-11	16	0
Dover	116	63	-53	63	0	25	-38	79	+54
Folkestone/Hythe	108	71	-37	76	5	71	-15	37	-34
Maidstone	177	102	-75	104	2	95	-9	102	+7
Tonbridge and Malling	97	10	-87	21	11	2	-19	0	-2
Tunbridge Wells	22	0	-22	0	0	0	0	0	0
Dartford	146	147	1	81	-66	50	-31	85	+35
Gravesham	98	30	-68	22	-8	27	+5	74	+47
Sevenoaks	19	10	-9	4	-6	33	+29	1	-32
Countywide	0	0	0	148 Online	148	513 F2F	+365	420	-93
Total	1451	755	-696	799	+44	1101	+292	1106	+5

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General issues

- Funding for training providers
 - Training providers can't access enhancements and capital
 - Almost impossible to get direct funding for training providers
- Lack of response from DFE
- Shrinking of lower level offer/raised entry criteria
- Perceived hierarchical nature of provision
- Doesn't work well for those who don't go straight through the system
- Support – transition, mental health...

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Adult Learning

Through DfE Adult Education Budget funding, fully funded learning opportunities for eligible learners aged 19+ include:

- English and maths, up to and including level 2, for individuals aged 19 and over, who have not previously attained a GCSE grade 4 (C), or higher, and/or
- first full qualification at level 2 for individuals aged 19 to 23, and eligible adults aged 23+ who don't hold a full Level 2 and are seeking work, or on a low income presently <£20,319 pa.
- first full qualification at level 3 for individuals aged 19 to 23, and eligible adult aged 23+ who don't hold a full Level 3 and are seeking work, or who hold a level 3 but are unemployed or are on a low wage, are fully funded once, under **NSF Free Courses for Jobs**.
- essential digital skills qualifications, up to and including level 1, for individuals aged 19 and over, who have digital skills assessed at below level 1

Note: A learner can only be fully funded for one vocational qualification from the entitlement qualifications list.

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Adult Learning continued

For 19+, Advanced Learner Loans (ALLs) are available to help with costs of courses at L3 and above, for learners not available for AEB funding.

Sector-based Work Academy Programmes (SWAPs) are designed to help Job Centre Plus claimants build confidence to improve their job prospects and enhance their CV, whilst helping employers in sectors with current local vacancies to fill them.

Other learning opportunities for adults include:

- Apprenticeships
- Skills Bootcamps – courses of up to 16 weeks linked to job outcomes
- Multiply – to improve numeracy confidence and skills for adults who don't hold a L2
- education and training services funded by the Shared Prosperity Fund/ HMT Guarantee

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Adult Learning continued:

Challenges:

- Reduced/reducing range of L2 and L3 courses
- AEB grant funding not increasing for 25+ years despite cost increases
- Limited rates increases for qualifications
- Provider Advanced Learner Loan allocation not matching demand
- ESF funding ceased

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From: **Rory Love, Cabinet Member for Education and Skills**

Sarah Hammond, Corporate Director for Children, Young People and Education

To: **Children, Young People and Education Cabinet Committee – 6 March 2024**

Subject: **24/00008 Special Educational Needs - Therapy Contracts**

Classification: **Unrestricted**

Past Pathway of report: **None**

Future Pathway of report: **None**

Electoral Division: **All**

Summary: This report requests permission to continue with annual contracts, issued by NHS Providers, for the current Special Educational Needs (SEN) Therapy services. The future commissioning intentions are to align with the NHS Kent and Medway timeline to re-procure their Community Services, and specifically jointly commission an Integrated Therapy Contract for 1 September 2025.

The current annual contract values are £752,905 with East Kent Hospital University Foundation Trust (EKHUFT) and £1,526,586 with Kent Community Health Foundation Trust (KCHFT).

This requires agreeing a retrospective contract for the financial year 2023/2024 and a future contract for 17 months from 1 April 2024 to 31 August 2025.

Permission is also sought to review and bring the Kent and Medway Communication and Assistive Technology service into the new jointly commissioned Integrated Therapy Contract, under the NHS Kent and Medway Community Services re-procurement.

Recommendation: The Children, Young People and Education Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

A) Retrospectively contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2023 to 31 March 2024 for the provision of SEN Therapies

B) Contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2024 to 31 August 2025 for the provision of SEN Therapies

C) Agree to the review the Kent and Medway Communication and Assistive Technology service and to incorporate into the wider recommissioning of SEN Therapies

D) Agree for the exploration of joint commissioning with the NHS for the wider provision of SEN Therapies to include in the re-procurement of NHS Community Services

and

E) Delegate authority to the Corporate Director of Children, Young People and Education, in consultation with the Cabinet Member for Education and Skills and the Corporate Director of Finance, to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the decision.

1. Introduction

- 1.1 The 2015 Special Educational Needs and Disability (SEND) Code of Practice, sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned.
- 1.2 KCC is working towards a jointly commissioned Integrated Therapy Service, which will include the Kent and Medway Communication and Assistive Technology Service (KMCAT), to maximise the use of finite resources from local authorities, schools, colleges, and the NHS improving outcomes for 0–25-year-olds with SEND and their parents/carers.
- 1.3 The joint aim is to establish a new jointly commissioned service by September 2025, to fall in line with NHS Kent and Medway's broader recommissioning of a unified Community Service Offer.

2. Therapies Contracts – current context

- 2.1 KCC and NHS Kent and Medway hold separate Therapy contracts with the same two large NHS Trusts;
 - East Kent Hospital University Foundation Trust (EKHUFT) and
 - Kent Community Health Foundation Trust (KCHFT).The total annual value of NHS Kent and Medway contracts is £18.5M and KCC's contracts are £2.28M in addition to the £18.5M.
- 2.2 The contracts held by KCC are for the provision of an Integrated Therapy Service which provides specialist Speech and Language Therapy, Occupational Therapy and Physiotherapy for Special Educational Needs (SEN) and Education Health Care Plans (EHCP) educationally relevant health services. Services are primarily for school aged children, and the majority of the activity for children and young people have significant speech, language and communication needs.
- 2.3 These are legacy contracts, that predate the Special, Educational Needs and Disabilities (SEND) Code of Practice 2015. The original contracts were put in place in 2011, at the time, to formalise already longstanding working arrangements between the Council and the NHS Providers. There is an identified audit trail back to 2018 of the contracts being signed annually, within the SEN service.

2.3.1 The EKHUFT annual contract value of £752,905 provides service coverage for the following districts in East Kent:

- Folkestone and Hythe
- Ashford
- Dover and Deal

2.3.2 The two KCHFT contracts cover East and West Kent. The East Kent annual contract value is £610,037 and service coverage for the following districts:

- Canterbury
- Thanet
- Dartford

2.3.3 The West Kent annual contract value is £916,549 and service coverage for the following districts:

- Gravesham
- Maidstone
- Sevenoaks
- Tonbridge and Malling
- Tunbridge Wells

2.4 The rationale for the geographical coverage of the 2011 contracts is unclear.

2.5 There are known commissioning issues for the west of Swale, part of Teynham, Sittingbourne and the Isle of Sheppey, neither of the above-mentioned providers cover that area. The Therapy provision is provided in the West of Swale by Medway Community Health under contract to NHS Kent and Medway.

2.5 These historic contract arrangements were identified when reviewing the Council's contracts and agreements and with a request from NHS Providers to secure increases.

2.6 Under direction from the Directorate Management Team (DMT), further information has been requested from the NHS Providers. The contracts cover the provision of staffing of Therapists, with no detail of performance information. As the contracts are written by two different NHS providers, they do not have consistency across to identify any meaningful comparison.

2.7 Information that has been provided is detailed in this report. The tables below show for each Provider, the percentage of staff funded by these contract within the total Therapy service and the number of full-time equivalent (FTE) posts.

East Kent Hospital University Foundation Trust		
Type of Therapist	% of post funded by KCC	Whole Service KCC funded FTE
	East Kent (Ashford, Folkestone, and Dover)	
Speech and Language Therapist	17%	8.14
Occupational Therapists	13%	2.56
Physiotherapist	0%	0

Kent Community Health Foundation Trust				
Type of Therapist	% of post funded by KCC			Whole Service KCC funded FTE
	North (Dartford, Gravesham and Swanley)	West (Tunbridge Wells, Tonbridge, Maidstone, and Sevenoaks)	East (Thanet, Canterbury and Coastal)	
Speech and Language Therapist	33%	38%	11%	17.8
Occupational Therapists	0%	5%	0%	2.64
Physiotherapist	13%	5%	0%	0.74
Generic Therapy Assistants	17%	14%	17%	

2.8 The tables below show by Provider the most recent trends of referrals, assessments and waiting lists. It is noted that EKHUFT do not count interventions separately. The KCHF numbers waiting for intervention has been problematic as numbers include those currently receiving intervention as well as waiting so should be interpreted with caution. Again, a lack of consistency in how each organisation records information makes drawing any meaningful conclusions about performance difficult.

East Kent Hospital University Foundation Trust				
Data for Speech and Language Service ONLY				
Average number of referrals per month	May-23	Jul-23	Sep-23	Nov-23
Average number of referrals per month	83	55	67	177
Total no. waiting for assessment	539	259	98	70
No. children on wait list more than 12 weeks (assessment)	407	148	40	16
Total no. waiting for intervention	n/a	n/a	n/a	n/a
No. children on wait list more than 12 weeks (intervention)	n/a	n/a	n/a	n/a

Kent Community Health Foundation Trust				
Data for Speech and Language Service ONLY				
Average number of referrals per month	May-23	Jul-23	Sep-23	Nov-23
Average number of referrals per month	268	230	113	179

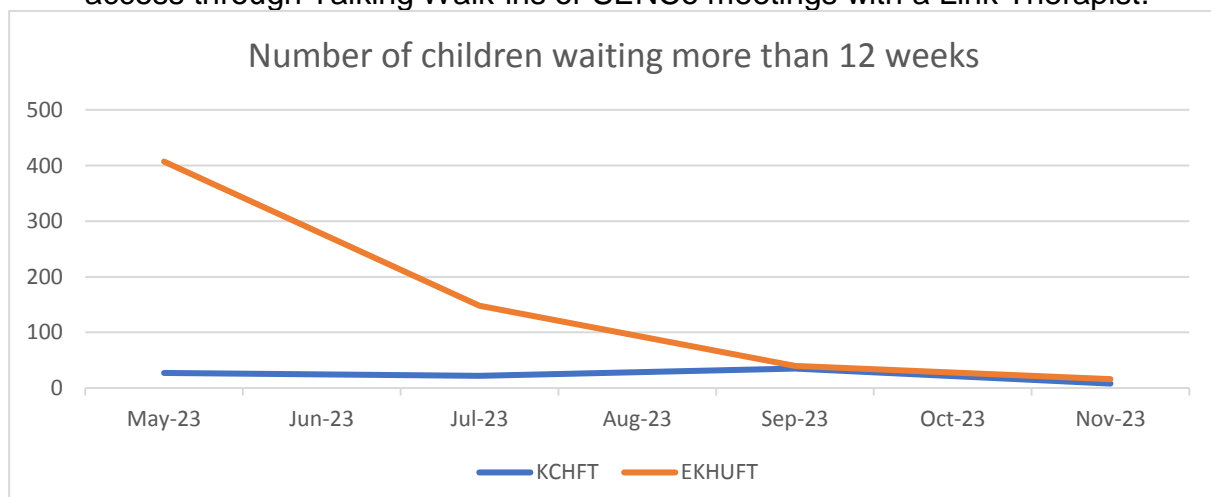
Total no. waiting for assessment	358	368	235	269
No. children on wait list more than 12 weeks (assessment)	27	22	35	8
Total no. waiting for intervention	3646	2822	2778	2409
No. children on wait list more than 12 weeks (intervention)	1663	1337	1257	867

2.9 The tables below show the December 2023 snapshot of the caseloads by type of Therapy. As shown above in 2.9, KCC does not contribute towards Physiotherapy in EKHUFT, however they do deliver this service under their NHS Kent and Medway contact.

East Kent Hospital University Foundation Trust	
Therapy Type	Number of CYP receiving
Occupational therapy	387
Speech and language therapy	783
Physiotherapy	0

Kent Community Health Foundation Trust	
Therapy Type	Number of CYP receiving
Occupational therapy	812
Speech and language therapy	2237
Physiotherapy	925

2.10 The graph below shows the number of children waiting more than 12 weeks for assessment. KCHFT were already mostly meeting their target of seeing referrals in less than 12 weeks, however EKHUFT had long waits. Due to a shift towards Speech, Language and Communication Needs Transformation the Balanced System® way of working this has now dramatically reduced those waiting more than 12 weeks, and most children and young people have quick access through Talking Walk-ins or SENCo meetings with a Link Therapist.



3. The Kent and Medway Communication and Assistive Technology Current Context

- 3.1 The Kent and Medway Communication and Assistive Technology (KM CAT) support service, provides a highly specialist service needed by only a small number of disabled children with complex communication needs, who require augmentative and alternative communication systems for voice output and for access to the curriculum.
- 3.2 The service directly employs staff from KCC, KCHFT and EKHUFT, who work in close conjunction with other local Therapists, most commonly Speech and Language Therapists, and school staff. The team brings expertise about the assessment and provision of specialist communication aids, and offers on-going support in schools, homes, and communities so that the children are empowered to use their communication aids, and their families and school staff are empowered to support them.
- 3.3 KM CAT has an overall annual budget of approximately £2.1M with funding coming from KCC at £870,000, NHS England at £280,000, NHS Kent and Medway at £860,000 and Medway Council at £70,000.
- 3.4 This is an integrated multi-agency service delivered by staff working in KCC, EKHUFT and KCHFT supported by a pooled budget for equipment. NHS England determine the criteria for local hub service for Alternative and Augmentative Communication provisions and the local arrangements cover the spoke levels of support that is locally unique. The budget for voice output equipment comes from NHSE and the budget for curriculum access equipment comes from KCC. This includes equipment prescribed by the Specialist Teaching and Learning Service for Visual Impairment team, as well as the KM CAT team.
- 3.5 The financial flows and task allocation across this multi-agency service model are particularly complex and have grown pragmatically over years. NHS England and NHS Kent and Medway jointly fund the assessment and provision of equipment, and KCC (and Medway) and the NHS Kent and Medway jointly fund the follow-on support in schools, homes, and the community. Bringing these into a joint commissioning approach provides the opportunity to fully review and put in place the right legal arrangements which may or may not include contractual terms. The current arrangements can be seen at Appendix 1.
- 3.6 In 2023, KM CAT received 51 new referrals. Of these, 11 were given a one-off consultation, one was not accepted and the other 39 were accepted onto the caseload for assessment and provision of equipment. The service also completed 20 re-assessments of the current caseload who needed to have their communication aids updated or replaced, making a total of 59 assessments completed. The current caseload is 207 across Kent and Medway.

4. Joint Commissioning

- 4.1 Following a Health Overview and Scrutiny Committee (HOSC) meeting, on 6 September 2023, the NHS Kent and Medway's plan was to extend existing contracts with Community Services providers until 31 March 2025, to allow for a review and re-procurement of the services to be undertaken. One of the main recommendations of the HOSC was that a new specification was designed so that providers were required to develop and adopt new models of care that were sustainable for communities for the following five, 10 and 15 years. We have learnt subsequently that new contracts will not be in place until 1 September 2025, therefore existing contracts between KCC and the NHS providers are required until 31 August 2025.
- 4.2 Commissioning a stand-alone KCC Children and Young People Therapy Service would be at odds with the HOSC decision and leave us unable to fulfil our joint commissioning commitment as published with Ofsted and the Department of Education.
- 4.3 A standalone service would not allow the Council to facilitate the transformational change necessary to manage the market, develop a clear workforce development strategy and the provision for maximum efficiency and clearer pathways for children, young people their families and educational settings.
- 4.4 Both Providers are continuing to deliver services without a signed contract, as the history of these contracts required investigation along with the request for a price increase and the requirement to evidence the effectiveness of the services prior to ascertaining the appropriate governance arrangements for these contracts. KCC has agreed with the Providers that there will be no increase to the contract price for 2023/2024, however, the Providers have stated that this position will not be sustainable for 2024/2025, and therefore negotiations continue.
- 4.5 The contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.

5 Service Transformation to inform the Joint Commissioning Approach

- 5.1 The provision of Therapies was highlighted as an area requiring improvement from the 2019 SEND Inspection and NHS Kent and Medway reviewed a number of pilots prior to agreeing, in hand with KCC, the Balanced System approach was one that could transform services in Kent.
- 5.2 KCC's review of Therapy provision had commenced and was identified as a significant priority when these contracts were identified. The provision of Therapies was also purchased via a spot-purchase arrangement and through Personal Budgets. A Commissioning Approach was quickly established and progress through the commissioning cycle is on track with the completion the Understand phase due by June 2024.
- 5.3 Discovery interviews were held with 33 stakeholders including parents, SEN staff, The Education People (TEP), KCHFT, EKHUFT and NHS Kent and Medway. These interviews established common themes to inform the future

commissioning strategy and reinforce ongoing transformational activity to embed the Balanced System® Framework for SLCN.

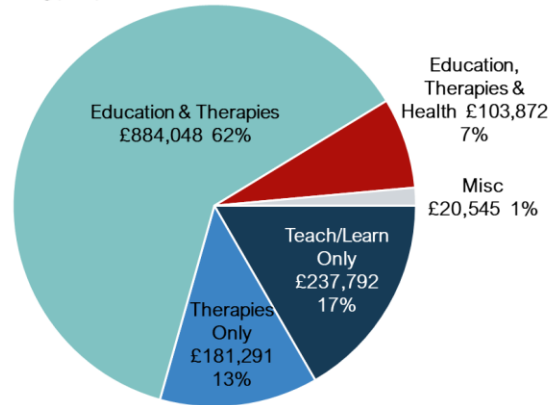
- 5.4 As well as identifying issues with capacity, the lack of clear pathways and the need for a properly articulated tiered approach, those interviewed also varied greatly in their understanding and approach to what was a health need or an educational need for Integrated Therapy and there was inconsistency about when and why Therapies should be considered and written into Section F or G of the EHCP.
- 5.5 This lack of clarity about responsibilities, reinforces the need for future Therapy provision to be jointly commissioned, because of this, if parents find they are on a waiting list for NHS Therapy, then some are using the EHCP process to ensure the need for Therapy is included in Section F of their child’s EHCP. This makes the need for Therapy an educational requirement and places the responsibility on KCC to provide. As evidence of this, in recent years, KCC has seen the number of pupils receiving spot purchased Therapies increase with a corresponding increase in spending. See Table 1 and 2 below.

Table 1			
Pupils receiving spot purchased Therapy			
Year	Total CYP	New	Ended
2019	119		24
2021	273	178	14
2022	392	133	

Year	Spot purchased spend	% change
2019-20	£1,134,984	
2020-21	£1,291,166	+4.6%
2021-22	£1,618,487	+9.2%

- 5.6 Similarly, KCC’s Personal Budget (PB) spend on Therapy related activity, is growing year on year. The pie chart below shows all pupils with an agreed PB for September 2023 to August 2024. The list was collated at the end of August 2023. Though not all PBs are for Therapy, Therapy is present in most PBs as a factor. Many of these are for children and young people’s Educated Other Than at School (EOTAS) packages. Further work is required to understand this spend and the year-on-year growth.

Young people with a PB for SEND - Total cost £1,427,549



- 5.7 One of the significant benefits/opportunities with a jointly commissioned service will be to manage access to appropriate and effective specialist service interventions and other related provisions in a unified way. Waiting lists should decrease in a joined-up way to prevent the growth in spend in both the Spot Purchasing and PB budget lines. Embedding a consistent approach to the provision of Therapy support and managing caseloads and waiting lists across agencies will provide greater understanding and transparency.
- 5.8 KCC has also met and held individual discovery interviews with 18 of the 25 Kent Maintained Special Schools to ascertain their impression of current therapy provision and their aspirations for the future commissioned provision. Although these interviews have not been fully analysed and written up, there have been interesting themes emerging that will inform the future commissioning strategy. There is a postcode lottery of provision with schools responding very differently to the therapeutic needs of their pupils. Some schools have invested in their own therapy provision through their own school budgets, whilst others have taken the stance that this is the NHS/Council's role. In the new commissioning strategy using the Balanced System® framework we hope to set out more clearly what should be expected of schools and the whole SEN system to create a more coherent and consistent offer.
- 5.9 KCC is working with the NHS Kent and Medway, both Therapy Providers, schools and other educational settings to embed the Balanced System® Framework. Initially focussing on the transformation of Speech Language and Communication (SLCN) Therapy provision. Further information about the Balanced System® framework is attached as Appendix 2.
- 5.10 The Balanced System® Framework is a proven and copyrighted system which has been endorsed by the Department for Education, which the Kent and Medway Integrated Care System (ICS) have funded and adopted for use. The Balanced System® Framework is organised in five strands across three levels. All these strands and levels are important to get the whole system working to its best, to deliver the outcomes required to meet growing need with finite resources.
- 5.11 The five strands are:
Family: how children develop communication and the role you play in the family support

Environment: how to make a setting or school a place that helps with understanding, talking, and communicating

Workforce: training to develop your skills in supporting children’s speech, language, and communication

Identification: what to expect when and how to identify children’s speech, language, and communication needs

Intervention: Ideas to develop children’s communication skills

5.12 The three levels are:

Universal Level is for all children and young people and has general information and resources about speech, language, and communication.

Targeted Level information and resources are more directly useful for children and young people and their families where there is a likely concern about speech, language and communication or a need has been identified already.

Specialist Level information and resources are either to support more complicated speech, language and communication needs or to provide specialist information and help. Some children and young people and their families will need specialist level support as well as targeted and universal levels for them to make progress with speech, language, and communication.

5.13 Our jointly agreed ambition for the local area is to have a range of provisions that can ensure that outcomes are met in each of the five strand areas and at universal, targeted and specialist levels. The core delivery principles of the framework are designed to produce a consistent service offer to transform service delivery to meet need in a consistent and proportionate approach and has intrinsic qualities and principles to demonstrate evidence of impact at individual, whole school, and local area levels.

5.14 Through interviews with Kent Special Schools, Commissioners have observed positive change in practice and emerging outcomes where schools have adopted the Balanced System® Framework approach. The Framework gives greater clarity to what is the role of a Therapist and what is the school or setting role in the provision of speech, language and communication needs provision.

5.15 Although the Balanced System® can provide a Framework for looking at the transformation of Occupational Therapy and Physiotherapy, the ICS has not yet invested in this.

6 Options Appraisal

6.1 Below are the options considered in continuing service delivery of Therapies prior to jointly commissioning new contracts led by the NHS in September 2025.

Option	Perceived Advantages	Perceived Disadvantages
1. Do nothing	<ul style="list-style-type: none">No perceived advantages identified.	<ul style="list-style-type: none">Non-compliant with SEND Code of Practice.The contracts will naturally end, and services would need to be individually spot purchased and would therefore incur additional costs due to the added pressure of sourcing, invoicing etc.

		<ul style="list-style-type: none"> • Reduces capacity to drive change through new contractual arrangements. • Will not achieve annual savings – no economies of scale or discounts to contracts. • No improvements to contract terms and conditions • No ability to demonstrate social value or value for money.
2.Recommission a KCC only Therapy Contract	<ul style="list-style-type: none"> • Potentially simpler short-term solution • Ability to formalise in the short-term, stronger terms and conditions and a performance framework. 	<ul style="list-style-type: none"> • Delays the requirement of joint commissioning as the SEND Code of Practice sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned. • Considered to be a tactical/short term solution rather than long term/sustainable. • Would not achieve economies of scale. • Lessens ability to demonstrate social value or value for money. • Single agency contract does not allow transparency of whole system Therapy activity and spend. • Non-compliant with SEND Code of Practice.
3. Jointly Commission a new Therapy Contract with NHS Kent and Medway.	<ul style="list-style-type: none"> • Compliant with SEND Code of Practice • Allows for use of total Therapy budget to be used cohesively. • Supports transformation and continuous improvement of therapy support. • Allows for transparent contract management across KCC and NHS Kent and Medway. • Delivers a long-term compliant contract and formalises terms and conditions with providers. • Increased opportunity to both transformation and deliver savings/ value for money over contract term. • Improved performance regime to understand impact of total Therapy spend across health, 	<ul style="list-style-type: none"> • More time and resource required to get right.

- 6.2 The preferred option is Option 3, to jointly commission a new outcome-focused integrated therapy service with NHS Kent and Medway, which will ensure our resources are aligned to activity within the NHS for their 2025 contracts. This would allow for the services to be coproduced with Children, Young People, and their families/carers, which is the requirement of the SEND Code of Practice and our commitment with the SEND Coproduction Charter.

7. Parental Collaboration and Co-design

- 7.1 Ensuring that children, young people, and their families/carers are involved in the development of future delivery models to inform our joint commissioning strategy, we have sought to engage families, initially via a survey which was widely circulated and completed by 109 parents, of which 60% said that they would be willing to participate in future opportunities to shape Therapy provision.
- 7.2 A Therapies Commissioning Co-design Steering Group has been established with five parents, a KCC employed Lived Experience Practitioner, SEN Service and Commissioning representatives.
- 7.4 The Group meets fortnightly to support the engagement of more families in the development of wider collaboration and co-design as this commissioning activity develops.
- 7.5 The NHS service providers, as key responsible implementers of the SLCN Transformation of their Speech and Language Therapy services are also gathering user feedback from their changes and are ready to incorporate those views into co-productive practice from the data drivers they produce from that.

8. Financial implications

- 8.1 KCC has been in negotiation with the Providers for this year's fee increase and have agreed in 2023/2024 there will be no fee increase. This has meant the providers have held vacancies to compensate.
- 8.2 Both Providers have stated that continuing without a fee increase into the new financial year 2024/2025 will not be sustainable, and therefore negotiations continue.
- 8.3 The current contract values are £725,905 for EKHUFT and £1,526,586 for KCHFT, contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.
- 8.4 Looking to the future integrated commissioning strategy, one of the options to explore will be the possibilities and opportunities of pooled budgets.
- 8.5 This contract is funded from the Dedicated Schools Grant: High Needs Block, an annual ring-fenced grant provided by the Department of Education.

9. Future Procurement Strategy and Legal implications

- 9.1 The proposed strategy is to procure KCC's requirement through a joint commissioning arrangement with NHS Kent and Medway, which spends considerably more than KCC on Therapies provisions, so that KCC can benefit from the potential for economies of scale across the system, as well as from the inclusion of the development of the Specification of services.
- 9.2 The procurement strategy is to align existing Therapy services required by KCC, with the service commissioned by the NHS Kent and Medway and to jointly commission the service, with the NHS Kent and Medway as the Lead Commissioner and KCC as a Joint Commissioner.
- 9.3 As a Joint Commissioner, it is expected that KCC will be a full partner of the contract with the provider(s) and will have the ability to participate in performance contract management and monitoring, with NHS Kent and Medway. This will strengthen existing contract performance monitoring and management, given the scale and value of the proposed contract.
- 9.4 The Provider Selection Regime (PRS) came in to force on 1 January 2024. PSR is a set of rules for procuring health care services, by NHS England, Integrated Care Board, NHS Trusts, NHS Foundation Trusts and Local Authorities.
- 9.5 There are three Provider Selection processes:
- Direct Award processes (A, B, and C). These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:
 - the existing provider is the only provider that can deliver the health care services (direct award process A)
 - patients have a choice of providers and the number of providers is not restricted by the relevant authority (direct award process B)
 - the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).
 - Most Suitable Provider
 - Competitive Process
- 9.7 For the 2023/2024 contract, the Public Contract Regulations (PCR) 2015 would have applied, however as PSR is now in force, this is the regulation that covers the provision of Therapy services, and it is therefore recommended that the route followed to sign these contracts is under Direct Award (C).
- 9.8 For any other meaningful commissioning using this Regime would require developing specifications, detailed outcome frameworks and key performance indicators, quality assurance mechanisms and contract management schedule. This would also not allow for the necessary coproduction with Children, Young People, and their Families/Carers, as required by the SEND Code of Practice and our commitment to the SEND Co-production Charter.

9.9 The Options Appraisal at Section 6 shows it would be better to invest resources in aligning activity with the NHS Kent and Medway for their 2025 contract.

9.10 If the NHS Kent and Medway does not continue with the review and re-procurement of the service, KCC will re-procure its own requirements.

9.11 Further Legal Advice will be sought as necessary.

10. Policy Context

10.1 The longer term joint commissioning project will meet the ambitions of Framing Kent's Future as follows:

Priority 4: New models of care and support demand for our social care services has out stripped funding year on year. Our commitment is to seize the opportunity of integrating our planning, commissioning and decision making in adult, children's and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level.

10.2 It meets the aims of Securing Kent's Future by holding Best Value at the centre of all joint commissioning opportunities.

11. Equalities Implications

11.1 A full Equalities Impact Assessment (EqIA) will be completed as part of the Joint Commissioning Strategy, to help us to consider the potential impact of a proposal, and how to make things as fair as possible for anyone who is likely to be affected. The level of detail required for an EqIA depends on how complex the proposal is, and to what extent people are likely to be affected by it. We believe this will have far reaching implications and therefore full EqIA will be required.

12. Other Corporate Implications

12.1 The joint commissioning of new Therapies Contracts and embedding the Balanced System® approach align with the SEN Transformation Programme and success will support the changes and vision for SEN.

12.2 Therapies is included in KCC's SEN Accelerated Performance Plan and therefore reporting to the Department of Education regarding our current implementation plan and joint commissioning aspirations has been ongoing.

13. Governance

13.1 A Cabinet Member decision will allow for the current Special Educational Needs (SEN) Therapy Contracts to align with the NHS Kent and Medway timeline to ensure a future jointly commissioned Integrated Therapy Contract can be in place for 1 September 2025.

14. Conclusion

14.1 A jointly commissioned Integrated Therapy Service with the NHS Kent and Medway will enable the best use of finite resources, better visibility of the total Therapy expenditure across the county, a consistent approach to the on-going transformation of Therapy provision in line with the Balanced System® Framework and better outcomes for children and young people.

15. Recommendation

15.1 The Children, Young People and Education Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

A) Retrospectively contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2023 to 31 March 2024 for the provision of SEN Therapies

B) Contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2024 to 31 August 2025 for the provision of SEN Therapies

C) Agree to the review the Kent and Medway Communication and Assistive Technology service and to incorporate into the wider recommissioning of SEN Therapies

D) Agree for the exploration of joint commissioning with the NHS for the wider provision of SEN Therapies to include in the re-procurement of NHS Community Services.

and

E) Delegate authority to the Corporate Director of Children, Young People and Education, or other appropriate Officer, to implement the decision, in consultation with the Cabinet Member.

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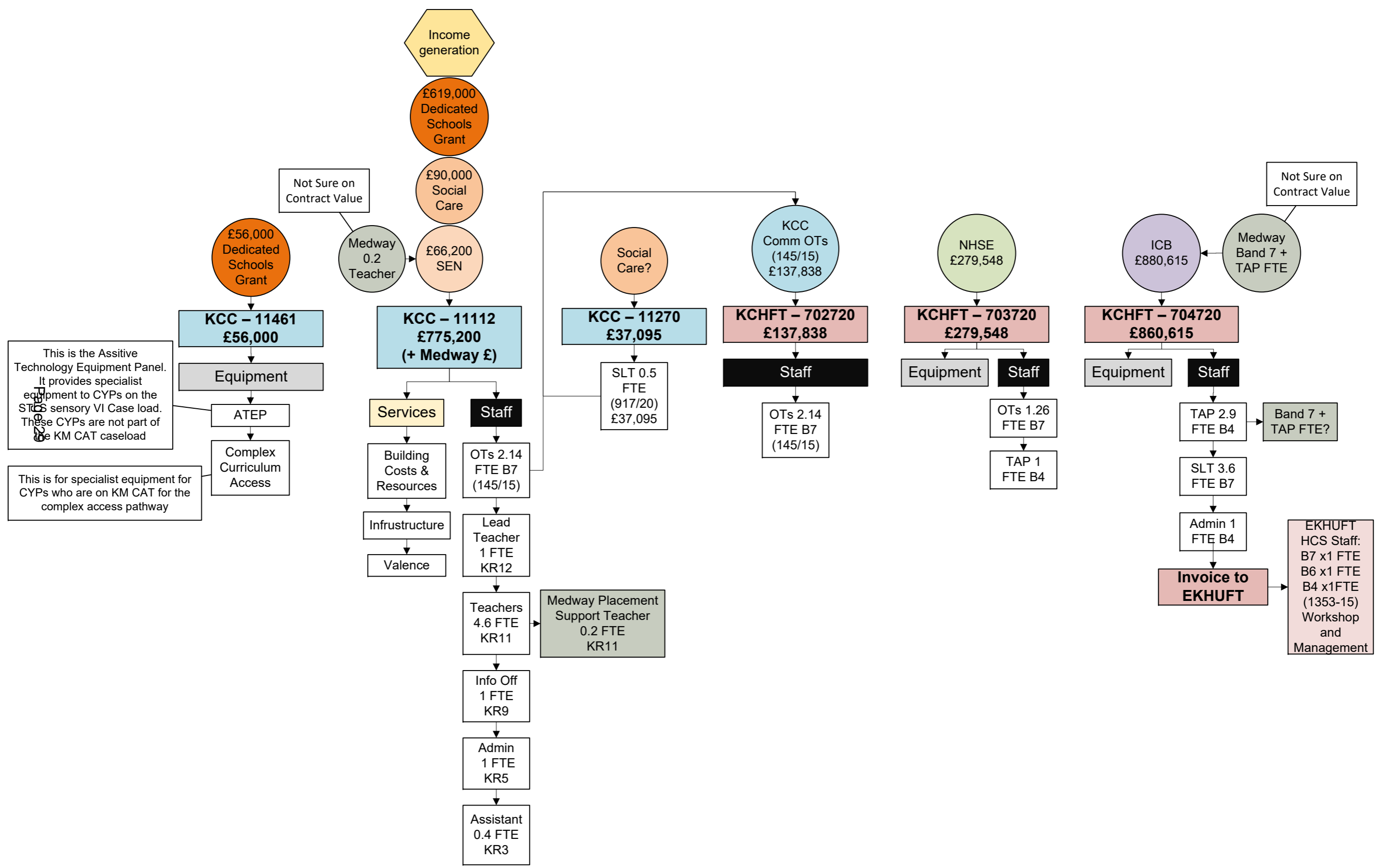
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Balanced System® Service Delivery Framework Speech and Language Therapy Service Delivery¹

Introduction

This document outlines the Service Delivery Framework to for speech and language therapy services for children and young people in the context of whole system transformation towards delivery of the Balanced System® Outcomes Framework².

The Service Delivery Framework has been developed to support joint commissioning and service delivery transformation and can be linked to more formal specifications for service commissioning and contracting as required.

The Service Delivery Framework has been developed through engagement, consultation and collaboration with parents, professionals and stakeholders. It is an outcomes-based framework that has been developed to ensure that the needs of children and young people with speech and language therapy needs are met in a whole systems approach. The Framework is structured according to the Five Strands and Three Levels of the Balanced System® (Gascoigne, 2008-2023). This approach builds on professional guidance for speech and language therapists and aligns with what is recommended by the Bercow Report (2008) and The Better Communication Research Programme (2012). The Balanced System® is recommended as a framework for speech, language and communication, in the Public Health England guidance issued in 2020³.

This version of the Service Delivery Framework addresses the speech, language and communication needs of children and young people.

Outline of the Service Delivery Framework and Balanced System® Model

The provision for children and young people outlined in this Service Delivery Framework describes the key deliverables from a Speech and Language Therapy (SALT) service perspective within the wider system of service provision for children and young people. The wider system includes colleagues and services across health, social care and education who all contribute to the overall Balanced System® outcomes for children and young people in a given geographical footprint.

The Balanced System® is an outcomes-based approach, integrating systems to support children and young people, which has been developed in line with both national policy and legislation. More detailed information can be found at www.thebalancedsystem.org

The outcomes framework is built around Five Strands of Family and Young Person Support; Enabling Environments; Workforce Development; Early Identification and Effective Intervention and for each of these Five Strands outcomes are identified at universal, targeted and specialist or individualised levels. This results in fifteen high level outcomes against which existing provision can be mapped and areas of development across the therapies and wider system can be identified.

¹ This document should be referenced as follows: Gascoigne, Marie (2023) "The Balanced System Service Delivery Framework for SLCN" Content should not be reproduced without permission of the author

² <https://www.thebalancedsystem.org/what-is-it/>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931310/BSSLC_Guidance.pdf

High level outcome descriptors are available for each of the therapy areas. Figure,1 below provides an example of the integrated high-level outcomes for supporting children and young people with speech, language and communication needs.

Figure 1: Balanced System High Level Outcomes

THE BALANCED SYSTEM INTEGRATED SOLUTION TOOL OUTCOMES

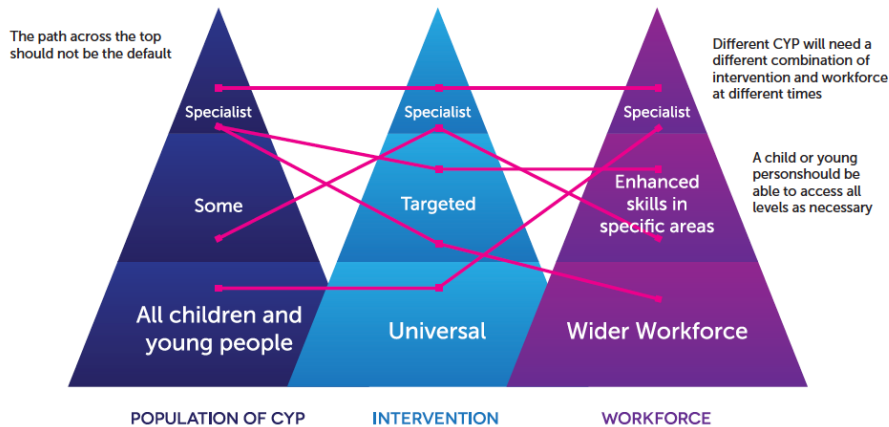
FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - Parents and carers of children with specialist SLCN receive specific specialist support to ensure confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. Young people with SLCN are enabled to be active participants decisions about their support.	EE3. Specialist - Places where children and young people with specialist and complex SLCN spend their time for learning and leisure are communication friendly. The necessary adaptations are in place to maximise access in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist interventions including individual and small group work, support parents, adapt the environment and identify children who need specialist support.	ID3. Specialist - Children with specialist SLCN have their needs identified effectively and quickly. This includes multi-disciplinary assessment where appropriate.	IN3. Specialist - Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.
FS2. Targeted - Parents and carers of children with identified speech, language and communication needs (SLCN) access additional specific support to ensure confidence in their role as a key communication partner and educational support for their child. Families and young people with SLCN are supported to make choices and access services.	EE2. Targeted - Places where children and young people with identified SLCN spend their time for learning and leisure are communication friendly. Appropriate additional enhancements are made that enable children and young people with identified SLCN to more easily understand and to express themselves.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified SLCN. Setting and school staff are confident and competent to deliver targeted interventions, support parents, adapt the environment and identify children who need additional support.	ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.	IN2. Targeted - Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.
FS1. Universal - All parents and carers are supported with information and resources to encourage their role as effective primary communicative partners for their children. Families and young people are able to make proactive choices with respect to their child's or own needs.	EE1. Universal - Places where children and young people spend their time for learning and leisure are communication friendly. Environments have appropriate enhancements that make it easier for all children and young people to understand and express themselves.	WW1. Universal - The wider workforce is supported to have a good basic understanding of speech, language and communication including supportive strategies. Setting and school staff are confident in their role as facilitators of communication. The wider workforce has access to appropriate training around speech, language and communication.	ID1. Universal - Early identification of children and young people whose speech, language and communication needs may require targeted or specialist support is as efficient and accessible as possible. Pre-identification information and advice is available in a given area, school or setting.	IN1. Universal - Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

In order to result in a local system where the Balanced System® high-level outcomes can be achieved and evidenced, it is essential to see the contribution of the therapy workforce alongside that of other practitioners and the contexts of families, settings and schools where children and young people spend their time.

Children and young people should be able to access the range of assessments and/or intervention in the simplest way possible. A range of pathways should be available based on individual need at any given time; this will be based on children and young people's profile of need rather than their setting or even their diagnosis. These pathways should allow flexibility across the levels of service provision at any one time.



RELATIONSHIP BETWEEN POPULATION, INTERVENTION AND WORK FORCE



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When considering the specific role of therapists, a number of important distinctions need to be made:

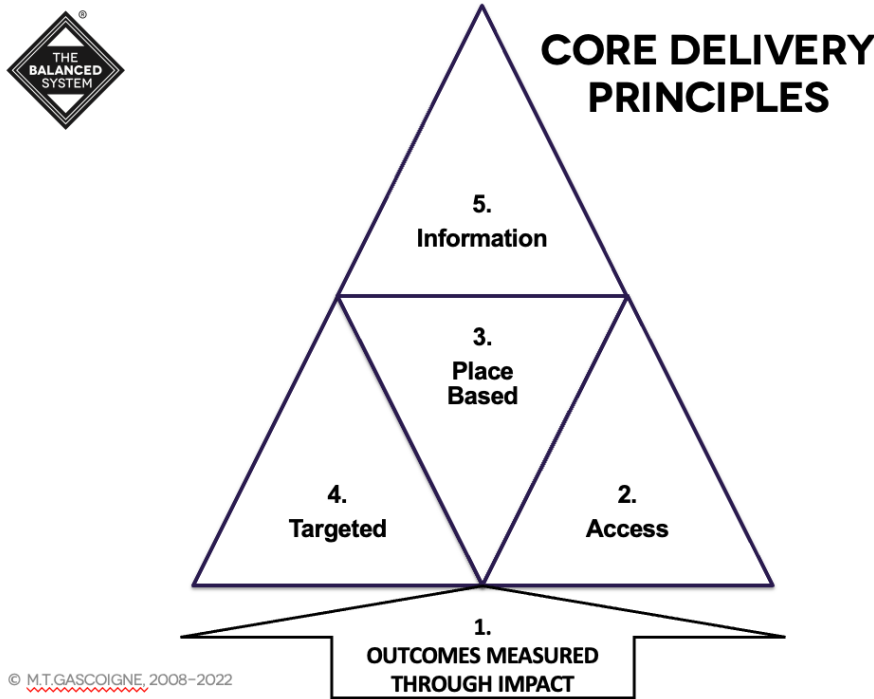
- Not all children and young people with identifiable speech, language and communication needs require direct intervention from a therapist, however, input from the appropriate range of therapists to the training and infrastructure development to allow others to support children at universal and lower-targeted levels is a fundamental part of the model.
- There is no automatic 'read across' between children and young people who might be described as having complex or specialist needs in terms of an Education, Health and Care Plan (EHCP) and the requirement for specialist level therapy support. It is often the case that targeted support is appropriate for children and young people where specific needs exist as part of a wider profile of need.
- Similarly, there will be children and young people with specific needs who may not otherwise be identified at a complex or specialist level who will require specialist interventions in order to maximise their potential.
- Children and young people may be accessing support from all three levels simultaneously.
- The focus of support from the integrated system will vary dependent on the profile of needs of the individual child or young person. For example, emphasis may vary flexibly between impairment, activity, participation and well-being depending on the individual profile.
- Functional outcomes should always be the priority measured through impact measures and not measures of input.
- In some cases where children and young people are not expected to make further progress in an area of need or where parents and educational staff have been equipped with information and strategies sufficient to ensure ongoing functional outcomes, therapeutic intervention may no longer be indicated.

Core delivery principles

In order to achieve the system wide outcomes across the Five Strands and Three Levels, there are five key elements of delivery that underpin the delivery framework.

Figure 2 below presents these graphically.

Figure 2: Balanced System Core Delivery Principles



Measuring Impact

The delivery is underpinned by a drive to measure impact and move away from metrics for monitoring services that rely mainly on measures of activity or input. These traditional measures, such as sessions of 1:1 therapy, are not of themselves useful in evaluating the impact of the intervention. Similarly, evaluating the impact of environmental adaptations in a classroom may be more relevant to a child or young person’s functional outcome than a measure of time spent by a therapist in the school.

Easy Access

The core principles for transforming service delivery have at the centre the need to make access as easy as possible for children, young people and their families, to ensure that when possible provision is in the most functionally relevant place and as a system, to ensure that there is a robust targeted offer available to complement the universal and specialist offers within the system.

Easy access requires services to consider the most appropriate place and process for children and young people and their families to access initial advice and guidance.

Easy access processes are likely to involve community-based sessions where initial therapy advice and guidance can be provided with one of the following outcomes:

1. Reassurance and signposting to generic information that will provide further detail on development and things that parents, carers and families can do to support development at home
2. Additional signposting to targeted opportunities in the community for support around specific areas of concern that are not felt to require further therapy specific assessment or intervention
3. Invitation to participate in further enquiry based investigation to determine whether more specific support may be required
4. Referral to another service based on observations

Ideally, easy access processes will replace the emphasis on traditional referrals and facilitate pro-active and pre-emptive support for families.

Where services are part of specialist multi-disciplinary pathways, the intention is not to replace these but to explore the possibilities for sharing of information and resources with families pending more specialist assessment.

Placed based provision

Placed based provision requires therapy services to aim to provide support in the most functional contexts for children and young people and their families.

Typically, this will require services to seek community based settings in the early years and to work from schools and other educational contexts for older children and young people. The rationale for this approach includes that all therapeutic support should be functional and therefore is best provided in contexts which allow real life experience to drive the application of support. There is also the rationale of ease of access and enabling access to support without placing additional burdens on families to bring children and young people to less functional clinical settings. Finally, there are significant opportunities for integrated working with colleagues across health, education and social care by supporting children and young people in context.

Robust targeted offer as part of the continuum of universal, targeted and specialist support

The Balanced System® has at its core the continuum of provision from the universal offer through a strong targeted level of support to the specialist or individualised offer for a relatively small number of children and young people for a time limited part of their overall support.

The therapy service is required to ensure that there is a robust targeted offer in their geographical area. This will include training, coaching and support for colleagues in the wider system workforce and settings as well as the direct delivery by therapists of targeted interventions, support and adaptations.

The majority of children and young people accessing therapy services will require targeted support. Some may additionally require specialist interventions but these will over and above the universal and targeted support that should be in place.

In some geographical areas, the universal and targeted offer of the wider system partners will be well described and accessed. Therefore the calibration of the targeted offer from a therapy perspective will be co-dependent on the strength of the wider system offer that should merge seamlessly with the therapeutic offer.

Information

Finally, a single information resource for families and system colleagues will enable services to be planned holistically and avoid duplication of effort confusion for families.

The requirements of an information resource include that it should provide a 'one stop shop' for families and practitioners wanting to understand what support is available in a given area for the children and young people they support.

Information should be clearly presented and accessible based on their likely needs or enquiries and therefore integrated to avoid having to access multiple sites online to find different pockets of information.

In some areas, the Local Offer platform has been extended and adapted and in other areas more bespoke solutions are in place. The outcome in either case should be for families to access information that has been curated into one place for them.

Balanced System® Service Delivery Framework in Practice

The framework enables the development of integrated therapy and support services that are outcomes based, needs led and evidence-based, to support children and young people and their families at the earliest opportunity in order to meet their speech, language and communication needs in context.

The Balanced System® encourages integration with colleagues in education and social care and the outcomes framework provides a common point of reference for practitioners from across the children and young people's services in a given geographical area.

The long-term vision is for children and young people and their families to experience a seamless, easy to navigate suite of services, regardless of need, who are considered holistically.

Opportunities for multi-disciplinary working to achieve the systems outcomes should be explored in all service planning in order to provide families with consistent and timely information and support as easily as possible. These opportunities should be significant at the universal level and in planning and delivering some of the targeted offer.

Therapy service contributions to the Service Delivery Framework

Therapists will support children and young people in the development and functional use of their speech, language and communication skills in a way which is appropriate to them and their assessed needs. In relation to the child or young person's education, therapists enhance independent access to the environment and the child or young person's ability to access daily curricular, extra-curricular and other activities and support their participation and development within them.

The Integrated Solution Tool provides both the specification of what should be provided but also the expected contribution from therapists and wider system partners. The Integrated Solution Tool is organised around the Balanced System® Five Strands and Three Levels.

The therapy specific descriptors are available to view [here](#).

SLT requirements and specification downloads to be inserted as links

Core deliverables for any services working to the Balanced System Delivery Framework

Universal level services will:

- Provide a needs-led, primary-prevention service that focuses on early identification of need, to enable the earliest opportunities to access services, and to provide relevant resources and signposting
- Assist in the enhancement of environments which children young people and their families frequent, to promote communication, physical activity and development and participation in every day activities—enabling children to fulfil their potential. Also promoting evidenced based public health messages around healthy life trajectories to support obesity prevention programmes
- Analyse and respond to potential variances in geographical need in order to tailor universal and targeted services delivered by speech and language therapists
- Improve knowledge and understanding of techniques to promote development of speech, language, communication skills of children and young people, with families and carers and the wider children and young people universal workforce. This is to be achieved through offering evidence-based training, advice, resources, and skilling up the worker or parent/carer, signposting, referring into Targeted or Specialist levels or requesting the involvement of another service.
- Work closely and develop effective partnerships with other children and young people’s universal services to enable understanding and recognition of difficulties and appropriate utilisation of services.
- To attend network events within the neighbourhood to build links, understand needs and develop a good understanding of local provision. To promote and signpost typical and relevant community sites or services of those who would benefit
- The service will work with the wider workforce (including specialist colleagues such as health visitors, GPs and school nurses) to increase awareness and ability to identify children with potential speech, language and communication needs to increase competence and confidence in implementing basic strategies to support children and young people, to further develop integration and support the ‘user journey’
- Offer a rolling programme of universal advice sessions. These sessions will deal with general concerns but will also be part of the pre-referral phase of the targeted part of the integrated service and will be open to parents/ carers and professionals. In terms of capacity these would typically be led by the speech and language therapist linked to settings within a locality, with information provided by other therapy colleagues
- Provide and maintain evidence-based universal level resources promoting typical development and advising on typical variance that are easily accessible online and make provision for those requiring the resources who are unable to access the internet.
- The Healthy Child Programme sets out the framework for ensuring that all children receive a comprehensive series of checks and reviews of their health and development. The Speech and Language Therapy Services will link to the Healthy Child Programme to promote early identification by providing training of Health Visitors and simple easy to access support where appropriate.
- The service will support early identification in schools through regular teaching and liaison with Special Educational Needs Co-ordinators (SENCOs) and effective use of allocated resource to schools.

Targeted level services will:

- Provide culturally responsive therapeutic interventions that are evidenced-based, needs-led and aiming for functional improvement / increased participation for children and young people with and without an Education, Health and Care Plan.
- To offer targeted support and training to community groups or sites where children young people and their families frequent on how to support those with additional needs.
- Operate as part of the integrated model and will play an integral part in providing early intervention functional packages of support to prevent children and young people from developing more complex difficulties and needs, where relevant.
- Offer children and young people and their families support, advice and information and on the best way to support their children and young people during and after the period of intervention.

- Deliver targeted enrichment programmes of activity delivered through local Children's Centres for children and young people aged 0-5 living in areas of identified social deprivation.
- Assess children and young people for therapy as part of the statutory SEND assessment process within 6 weeks unless statutory exceptions apply.
- Provide intervention for children and young people in mainstream education settings with therapeutic input identified on their Statement of SEND or EHC Plan within 6 weeks of the SEND Team issuing the final Statement or Plan.
- Provide a targeted programme of support for children and young people requiring SEND Support to meet their needs, making use of trans-disciplinary working to maximise impact.
- Provide defence of therapeutic provision on Statements or Plans, within professional and ethical guidelines, in SEND tribunals, which could include detailed assessment, report writing and attendance at the tribunal as required by the SEND Team
- Offer a range of evidence based therapeutic interventions that are based on achievement of functional goals relating to identified needs of children and young people. The team will have a professional mix, which is balanced with an appropriate representation of skills.
- Provide resource packs, 'drop ins', workshops or groups in accessible locations to enable and encourage flexible access to the service for new referrals and follow ups of advice and support.
- Respond to local need and have flexibility in what groups are run depending on what needs are presenting.

Specialist level services will:

- Ensure co-ordinated inter-disciplinary or trans-disciplinary plans of intervention, working jointly with clinicians, education, social care and other services as appropriate. Therapists undertaking a lead coordinator role should have appropriate training for this. In recognition of the change required transition to the model has been addressed below.
- Provide assessment, diagnosis, advice, intervention and treatment for children and young people who present with any speech, language, communication difficulty of a severe or complex nature where their needs cannot be fully met within the Targeted based provision although it is likely that these children and young people will also access targeted and universal provision.
- Provide assessment, diagnosis, intervention and treatment for children and young people with a Statement or EHC Plan where the need requires some input at the specialist level of provision.
- Undertake intervention according to the presenting difficulties and in accordance with the needs and outcomes identified by the children, young people and their families and in the children and young people's Statement or Plan if the children and young person has a Statement or Plans

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Rory Love, Cabinet Member for Education and Skills

DECISION NO:

24/00008

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision - Special Educational Needs - Therapy Contracts**Decision:**

As Cabinet Member for Education and Skills, I agree to:

- A) Retrospectively contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2023 to 31 March 2024 for the provision of SEN Therapies
- B) Contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2024 to 31 August 2025 for the provision of SEN Therapies
- C) Agree to the review the Kent and Medway Communication and Assistive Technology service and to incorporate into the wider recommissioning of SEN Therapies
- D) Agree for the exploration of joint commissioning with the NHS for the wider provision of SEN Therapies to include in the re-procurement of NHS Community Services

and

- E) Delegate authority to the Corporate Director of Children, Young People and Education, in consultation with the Cabinet Member for Education and Skills and the Corporate Director of Finance, to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the decision.

Reason(s) for Decision:

- Decision required because total value will exceed £1m and impact across multiple districts of the Local Authority and this introduces significant changes in the way that services are delivered.

Background

To continue with annual contracts, issued by NHS Providers, for the current Special Educational Needs (SEN) Therapy services. The future commissioning intentions are to align with the NHS Kent and Medway timeline to re-procure their Community Services, and specifically jointly commission an Integrated Therapy Contract for 1 September 2025.

The current annual contract values are £752,905 with East Kent Hospital University Foundation Trust (EKHUFT) and £1,526,586 with Kent Community Health Foundation Trust (KCHFT).

This requires agreeing a retrospective contract for the financial year 2023/2024 and a future contract for 17 months from 1 April 2024 to 31 August 2025.

Decision is also sought to review and bring the Kent and Medway Communication and Assistive Technology service into the new jointly commissioned Integrated Therapy Contract, under the NHS Kent and Medway Community Services re-procurement.

The 2015 Special Educational Needs and Disability (SEND) Code of Practice, sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned.

KCC is working towards a jointly commissioned Integrated Therapy Service, which will include the Kent and Medway Communication and Assistive Technology Service (KMCAT), to maximise the use of finite resources from local authorities, schools, colleges and the NHS improving outcomes for 0–25-year-olds with SEND and their parents/carers.

The joint aim is to establish a new jointly commissioned service by September 2025, to fall in line with NHS Kent and Medway's broader recommissioning of a unified Community Service Offer.

Significant transformational activity is underway with the NHS providers who are working in partnership with KCC and NHS Kent and Medway to develop new ways of working. Implementing a more proactive and preventative tiered approach to the provision of therapy support, that will maximise use of finite resources and ensure a more coherent county-wide offer.

Preferred Option

The preferred option is Option 3, to jointly commission a new outcome-focused integrated therapy service with NHS Kent and Medway, which will ensure our resources are aligned to activity within the NHS for their 2025 contracts. This would allow for the services to be coproduced with Children, Young People, and their families/carers, which is the requirement of the SEND Code of Practice and our commitment with the SEND Coproduction Charter.

Securing Kent's Future – Budget Recovery Strategy

KCC has agreed with the Providers that there will be no increase to the contract price for 2023/2024, however, the Providers have stated that this position will not be sustainable for 2024/2025, and therefore negotiations continue.

The contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.

The longer term joint commissioning project will meet the ambitions of Framing Kent's Future as follows:

Priority 4: New models of care and support demand for our social care services has outstripped funding year on year. Our commitment is to seize the opportunity of integrating our planning, commissioning and decision making in adult, children's and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level.

It meets the aims of Securing Kent's Future by holding Best Value at the centre of all joint commissioning opportunities.

Consultation

No formal public consultation has been undertaken as we are not proposing any changes to this statutory service. However, local consultation was undertaken with key partners including the VSK, Area Directors, Service Managers and Providers.

Equalities Assessment

A full Equalities Impact Assessment (EqIA) will be completed as part of the Joint Commissioning Strategy, to help us to consider the potential impact of a proposal, and how to make things as fair as possible for anyone who is likely to be affected. The level of detail required for an EqIA depends on how complex the proposal is, and to what extent people are likely to be affected by it. We believe this will have far reaching implications and therefore full EqIA will be required.

Financial Implications

These contracts are for the provision of Therapy staff and are only a proportion of the overall Therapy services purchased by the Council. A high-level reconciliation has been undertaken to be able to justify the level of spend in commensurate with the level of service provided, given that vacancies have been held to compensate for the lack of inflationary uplift.

KCC has been in negotiation with the Providers for this year's fee increase and have agreed in 2023/2024 there will be no fee increase, this has meant the providers have held frozen vacancies.

Both Providers have stated that continuing without a fee increase into the new financial year 2024/2025 will not be sustainable, and therefore negotiations continue.

The current contract values are £725,905 for EKHUFT and £1,526,586 for KCHFT, contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.

This contract is funded from the Dedicated Schools Grant: High Needs Block, and annual grant provided by the Department of Education.

DPIA

A DPIA checklist will be completed in due course as part of the commissioning plan, to ensure KCC and partners ability identify and minimise the data protection risks within this commissioned activity. As this is a major project which requires the processing of personal data, the DPIA Assessment will therefore:

- describe the nature, scope, context and purposes of the processing;
- assess necessity, proportionality and compliance measures;
- identify and assess risks to individuals; and
- identify any additional measures to mitigate those risks.

Cabinet Committee Recommendations and Other Consultation:

This decision will be considered at the meeting of the Children's, Young People and Education Cabinet Committee on 6 March 2024

Any Alternatives Considered and Rejected:

Do nothing – no perceived advantages identified.

Recommission a KCC only Therapy Contract – economies of scale not achieved, would not be jointly commissioned.

Any interest declared when the decision was taken, and any dispensation granted by the Proper Officer: None

.....
Signed

.....
date

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EQIA Submission – ID Number

Section A

EQIA Title

Special Educational Needs Integrated Therapies Joint Commissioning Strategy

Responsible Officer

Emma Hanson - CED SC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Children Young People and Education

Responsible Service

Special Educational Needs and Disabilities (SEND)

Responsible Head of Service

Christy Holden - CED SC

Responsible Director

Christine McInnes - CY EPA

Aims and Objectives

The 2015 Special Educational Needs and Disability (SEND) Code of Practice, sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned.

KCC is working towards a jointly commissioned Integrated Therapy Service, which will include the Kent and Medway Communication and Assistive Technology Service (KMCAT), to maximise the use of finite resources from local authorities, schools, colleges, and the NHS improving outcomes for 0–25-year-olds with SEND and their parents/carers.

The joint aim is to establish a new jointly commissioned service by September 2025, to fall in line with NHS Kent and Medway’s broader recommissioning of a unified Community Service Offer.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?
Yes
Who have you involved, consulted and engaged with?
<p>Discovery interviews were held with 33 stakeholders including parents, SEN staff, The Education People (TEP), KCHFT, EKHUFT and NHS Kent and Medway. These interviews established common themes to inform the future commissioning strategy and reinforce ongoing transformational activity to embed the Balanced System® Framework for SLCN.</p> <p>As well as identifying issues with capacity, the lack of clear pathways and the need for a properly articulated tiered approach, those interviewed also varied greatly in their understanding and approach to what was a health need or an educational need for Integrated Therapy and there was inconsistency about when and why Therapies should be considered and written into Section F or G of the EHCP.</p> <p>This lack of clarity about responsibilities, reinforces the need for future Therapy provision to be jointly commissioned, because of this, if parents find they are on a waiting list for NHS Therapy, then some are using the EHCP process to ensure the need for Therapy is included in Section F of their child’s EHCP, this makes the need for Therapy an educational requirement and placing the responsibility on KCC to provide. As evidence of this, in recent years, KCC has seen the number of pupils receiving spot purchased Therapies increase and therefore the budget.</p> <p>KCC has also met and held individual discovery interviews with 18 of the 25 Kent Maintained Special Schools to ascertain their impression of current therapy provision and their aspirations for the future commissioned provision. Although these interviews have not been fully analysed and written up, there have been interest themes emerging that will inform the future commissioning strategy. There is a postcode lottery of provision with schools responding very differently to the therapeutic needs of their pupils. Some schools have invested in their own therapy provision using High Needs Funding, whilst others have taken the stance that this is the NHS/Council’s role. In the new commissioning strategy using the Balanced System® framework we hope to set out more clearly what should be expected of schools and the whole SEN system to create a more coherent and consistent offer.</p> <p>Ensuring that children, young people, and their families/carers are involved in the development of future delivery models to inform our joint commissioning strategy, we have sought to engage families, initially via a survey which was widely circulated and completed by 109 parents, of which 60% said that they would be willing to participate in future opportunities to shape Therapy provision.</p> <p>Following up with willing parents a Therapies Commissioning Co-design Steering Group has been established with five parents, a KCC employed Lived Experience Practitioner, SEN Service and Commissioning representatives.</p> <p>The Group now meets fortnightly to support the engagement of more families in the development of wider collaboration and co-design as this commissioning activity develops.</p>
Has there been a previous Equality Analysis (EQIA) in the last 3 years?
No
Do you have evidence that can help you understand the potential impact of your activity?
Yes

Section C – Impact
Who may be impacted by the activity?
Service Users/clients Service users/clients
Staff Staff/Volunteers
Residents/Communities/Citizens Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?
Yes
Details of Positive Impacts
Extending the existing Contracts providers stability whilst we work with a range of stakeholders on what the new contract post 2025 will look like.
Negative impacts and Mitigating Actions
19. Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
No
Details of negative impacts for Age
Not Applicable
Mitigating Actions for Age
Not Applicable
Responsible Officer for Mitigating Actions – Age
Not Applicable
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender

Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities

Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable

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From: Rory Love, Cabinet Member for Education and Skills
Sue Chandler, Cabinet Member for Integrated Children's Services
Sarah Hammond, Corporate Director of Children, Young People and Education

To: Children's, Young People and Education Cabinet Committee – 6 March 2024

Subject: Funding Process for Free Entitlements Capital Funding and Wraparound Provision Capital and Programme Funding

Decision Number: **24/00016**

Key decision - This decision affects all electoral divisions and involves expenditure over £1m

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: Decision by Cabinet Member for Education and Skills

Electoral Division: All

Summary: The report follows on from that presented to Children's, Young People and Education Cabinet Committee on 16 January 2024. It sets out the proposed process for managing and awarding the capital funding the Authority is to receive to support the extension of the funded Early Years entitlements, and similarly that which will apply to both the capital and revenue funding for Wraparound childcare provision. It seeks approval of the proposed processes, which will then be implemented under the delegated authority granted to the Director of Education and SEND in key decision 23/00127 - *The extension of funded early years entitlement and wraparound childcare, and KCC's local funding formula for early years providers funded entitlement payments for 2024-25.*

Recommendation(s):

The Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

1. approve the process set out in paragraphs 2.1 to 2.4 of this report for the management and awarding of capital funding related to delivery of the extended early years funded entitlements;
2. approve the process set out in paragraph 2.5 of this report for the management and awarding of capital funding and revenue monies related to delivery of the wraparound childcare aspiration;
3. authorise the Director of Education and Skills to adapt these processes, in consultation with the Cabinet Members for Education and Skills and Integrated Children's Services, as necessary to ensure effective delivery.

1. Introduction

- 1.1 In the Government's Spring 2023 budget, the Chancellor introduced and announced funding for two new initiatives: New Early Years Funded Entitlements and Wraparound Provision. These are intended to support working parents with the cost of childcare and help parents to return to work.
- 1.2 The new entitlements are being introduced in phases:
 1. From April 2024, eligible working parents of 2-year-olds can access up to 15 hours per week for 38 weeks of the year.
 2. From Sept 2024, eligible working parents of children aged 9 months up to 3-year-olds can access up to 15 hours per week for 38 weeks of the year.
 3. From Sept 2025, eligible working parents of children aged 9 months up to 3-year-olds can access up to 30 hours per week for 38 weeks of the year.
- 1.3 Parents working the equivalent of 16 hrs a week (earning the national minimum wage or living wage) will be able to benefit from this offer. HMRC will continue to confirm eligibility. Eligible low-income families in receipt of certain benefits will continue to be entitled to 15 hours of funded childcare for 2-year-old children. Key decision 23/00127 outlines the revenue payment rates to early years providers to deliver these entitlements.
- 1.4 In addition, the Government announced its ambition that, by 2026, all parents and carers of primary school-aged children who need it will be able to access term time childcare in their local area from 8:00am - 6:00pm. This is known as wrap-around provision or childcare. To support this, the DfE is issuing a separate revenue grant, over the next three financial years (2024-25 to 2025-26) called "Wraparound Childcare grant" to support with set up costs. The County Council is to receive a maximum of £52k in 2023-24, £4.1m in 2024-25 and an indicative allocation of £1.9m in 2025-26. The Government is expecting all provision to be financially sustainable by 2026. *Please note throughout this report the term Wraparound Provision can mean that provided by schools, academies, private, voluntary and independent provisions and childminders.*
- 1.5 To support the expansion of the funded entitlement for working age parents and to achieve the ambitions of the wraparound childcare programme, the DfE is also making available some capital funding to support place development. The County Council has been allocated a total of £2.66m capital funding. The DfE is expecting approximately 80% to be spent on expanding funded entitlements and 20% on wraparound childcare provision.
- 1.6 The Wraparound Childcare grant (Guidance attached in Background Documents below) can be used to fund new and expanded provision, either to meet current demand or guarantee supply to build future demand by covering running costs. It can be used to cover costs, including as staffing, training, and transport (eg minibus hire) and resources. It cannot be used to subsidise an individual place. 11% can be retained by the local authority to cover its capacity costs.
- 1.7 The guidance (see Background Documents below) on how capital funding can be spent includes building modifications to adapt space for use to deliver inclusive wraparound childcare, improvements to storage, new physical assets such as minibus purchase (to support a hub model of wraparound provision),

play equipment (including outdoor play equipment), or tables and chairs. To be considered capital expenditure the asset must bring an economic benefit, and able to be depreciated, over more than one financial year.

- 1.8 It is important the Authority has a transparent process in place setting out how this revenue and capital funding will be allocated. This paper seeks to provide this transparency and secure agreement to the proposed processes.

2. Proposed Processes

- 2.1 The Education People (TEP) already has a robust system in place for funding applications based on previous early years funding streams from Government to support the development of free early education places for disadvantaged two year olds, the extended three and four year old entitlement, School Nursery Capital Funding, Neighbourhood Nurseries, New Opportunities Funding and Extended Schools. KCC officers and TEP reviewed this system to ensure its suitability for use in respect of the extended early years entitlement and wraparound provision initiatives. The process was confirmed as appropriate, subsequent to which the proposed funding criteria below was considered by the New Entitlements Steering Group, which comprises KCC Education and Finance services and TEP's Early Years Service. The Steering Group endorsed the proposed criteria be recommended to this Cabinet Committee and the Cabinet Member for approval.

2.2 Process Governance

1. Application process will be run by the Sufficiency & Sustainability Team in TEP. A funding panel will be set up by TEP chaired by the Senior Sufficiency Officer responsible for funding applications who is a qualified accountant and including the Sufficiency & Sustainability Manager, the Senior Sufficiency Officer responsible for Sufficiency of Free Entitlement Places and the Senior Sufficiency Officer responsible for Wraparound Provision.
2. The Funding Panel will seek approval from the Steering Group, Chaired by the Sufficiency & Sustainability Manager and including Assistant Directors of Education and KCC Finance, of recommended applications including amount of money and number and type of places to be developed. The Funding Panel will effectively be a sub group of the Steering Group.
3. Once approved, a spreadsheet detailing funding sums will be sent to KCC Finance for payment.
4. A Summary Report will be provided for KCC's Education Asset Board which oversees all CYPE capital streams.

2.3 Application Process

5. A pre-application form to be completed by Childcare Sufficiency Officer (CSO) using Childcare Sufficiency Assessment data and local knowledge.
6. CSO guides and supports providers through the application process.
7. CSO quality assures documentation before submitting to a funding panel.
8. Funding Panel meets, reviews application and recommends, rejects or holds application for future consideration.
9. Once approved by the Steering Group, Sufficiency and Sustainability Manager letter and contract sent to provider to accept and sign.

10. On return of the fully signed and witnessed contract details of the required amounts sent to KCC finance to release funds.
11. CSO monitors the funds to ensure they are spent in line with application.
12. Any unspent sums are reclaimed.
13. Application added to a liability spreadsheet. This ensures monies can be recovered in the event the provider ceases to operate.

2.4 *Funding Criteria New Free Entitlements (capital)*

1. Place Deficit - Priority will be given to planning areas with the highest deficit of places however, consideration will be given to the size of the planning area, the number of surplus places in neighbouring planning areas within easy access for parents and any vacancies with neighbouring providers.
2. Baby Places - Once data has been supplied from the DfE and mapped by Kent Analytics we will have a better idea of the number of places needed for babies from 9 months of age. Consideration will be given to the continuity of places through the age ranges to ensure that the correct number of places are developed for each age to prevent place blockage. Consideration will also be given for two year old places where demand exceeds supply.
3. Cost per Place - To ensure value for money, consideration will be given to the amount of funding requested and the number of places being developed.
4. Ofsted Judgement - For existing provision, an Ofsted judgement of Good or Outstanding is required however, consideration will be given to Ofsted history if an application is received from a setting currently below this. Any new provision would obviously be without an Ofsted judgement.

For each of the above criteria consideration will also be given to future pressure in an area where families are moving into new housing developments. The application process will ensure that providers evidence places will be DDA compliant and that equal access will be granted to children with SEND.

2.5 *Funding Criteria Wraparound provision (capital)*

The Wraparound Provision programme is fundamentally designed to support parents to work. Whilst there is no requirement to focus on areas of deprivation, by implication it will include these.

1. No provision - Priority will be given to where no wraparound provision (i.e. either breakfast and/or afterschool) of any kind exists in an area and demand for places can be evidenced.
2. Part provision - Where either breakfast or afterschool provision is offered but not both and demand for places can be evidenced.
3. Expansion to meet demand from waiting lists - Where provision has a waiting list for existing provision and needs to expand to meet demand.
4. Expansion of hours - Where a breakfast club and/or afterschool club is not running for the prescribed hours per day.

The application process will ensure that providers evidence places will be DDA compliant and that equal access will be granted to children with SEND.

2.6 For both the new Free Early Education Entitlements and Wraparound Provision we would consider a weighting approach based on identified gaps and any presenting need in each district. For example, should the need for places be equal in two locations, a weighting may be applied to reflect relative disadvantage.

2.7 *Funding Criteria Wraparound provision (revenue)*

Similarly to capital funding, the Wraparound revenue programme funding will be prioritised as follows:

1. No provision - Priority will be given to where no wraparound provision of any kind exists in an area and demand for places can be evidenced. Consideration will be given to where a previous provision has closed and the reasons for closure.
2. Part provision - Where either breakfast or afterschool provision is offered but not both and demand for places can be evidenced. Consideration will be given to where a previous provision has closed and the reasons for closure.
3. Expansion to meet demand from waiting lists - Where provision has a waiting list and needs to expand to meet demand
4. Expansion of hours - Where a breakfast club and/or afterschool club is not running for the prescribed hours per day
5. Childminders - Groups of Childminders who want to offer provision on a school site or where group provision is not a viable option and demand is better met through childminders e.g. in rural areas

2.8 All Wraparound Provision must be sustainable by 2026 when funding ceases. The Department for Education Guidance recommends reducing revenue funding support as programmes move towards sustainability. It is proposed that revenue programme funding is front loaded, for example:

Terms 1 & 2 – 100%
Terms 3 & 4 – 50%
Terms 5 & 6 – 25%

2.9 The agreed percentages will be reviewed each term based on a written return from the provider to show how numbers have increased against expectations. Providers will have to evidence what efforts have been made to increase demand for example, marketing to parents, in order to continue to receive funding.

2.10 Providers receiving Wraparound revenue funding will need to sign to confirm they understand funding is time limited and will end when grant period ends.

2.11 From September 2025 an assessment of each provision will be made to determine what funding is required.

2.12 Joint applications will be considered where a school needs capital funding to allow a private provider to offer the wraparound care and the private provider needs programme funding to set up the provision.

2.13 To ensure geographical spread across the County, the funding pots will be broken down to give indicative district allocations. This is not intended to create hard and fast budgets for each location, but to help the Funding Panel avoid disproportionate amounts of funding being drawn to certain locations because providers in these more quickly submit applications than those in other areas.

3. How the proposed decision supports Framing Kent's Future 2022-2026

3.1 The proposed decision supports the key priority "Levelling up Kent" within the 'Framing Kent's Future (2022-26)'. Supporting the Kent economy to be resilient and successful depends upon having a flexible, adaptable, talented workforce. Enabling parents to be active in the workforce is an essential component of this.

4. How the proposed decision supports Securing Kent's Future.

4.1 The proposed decision supports "Securing Kent's Future – budget recovery strategy". The additional activity is funded by Government Grant, with allowances within these for the County Council's delivery costs. No additional funds from KCC are required. Supporting families to work and be independent of state support assists the County Council's budget position.

5. Financial Implications

5.1 The revenue and capital funding referenced in 1.4 and 1.5 above are grant allocations to the Authority and must be spent in accordance with the grant conditions. The processes set out above will ensure these grants are spent accordingly, and are not overspent to ensure there is no financial pressure on the Authority.

5.2 The Authority's delivery costs were covered in the paper presented to this Cabinet Committee on 26 January 2024. For ease of reference these are:

- the Authority's cost of delivering the current and new entitlements are expected to be fully covered by the early years block funding in 2024-25 through retention of up to 5% of the grant. For 2023-24, the DfE has provided a separate one-off grant of £233,579 to support the Local Authority's activities required ahead of the 1st April to deliver the new entitlement offer.
- The 2023-24 Wraparound provision grant allocation is expected to fund the Authority's central delivery costs for this initiative, and 11% of future year grant allocations can be used for this purpose in subsequent years.

6. Legal implications

6.1 The LA has a duty to ensure families can access their funded early years entitlements, and as far as is practicable to access childcare for 0-14 year olds to enable them to work or access education and training. Delivering the extended funded entitlements and wraparound childcare ambition is necessary to discharge these duties.

- 6.2 The existing provider agreement provides the revenue contracts required for the new entitlement. It will be refreshed with legal support to ensure the new entitlements are covered.
- 6.3 Contracts/funding agreements will need to be entered in to for capital awards, and for wraparound revenue grant funding.

7. Equalities implications

- 7.1 An equalities impact assessment was completed previously for the paper of 26 January 2024 to this Cabinet Committee. There is no change related to the proposals above.
- 7.2 No data protection implications have been identified.

8. Other corporate implications

- 8.1 None.

9. Governance

- 9.1 A key decision is required to approve the proposed processes for managing and spending these grants. As these are implemented it may be necessary to adapt to ensure these work effectively. Authority will be delegated to the Director for Education and SEND to implement and adjust these processes as necessary, in consultation with the Cabinet members for Education and Skills and Integrated Children’s Services.

10. Conclusions

- 10.1 The proposed processes should ensure that the grant funding is effectively targeted to deliver the new early years funded entitlements and wraparound childcare aspirations in a fair and transparent manner.

11. Recommendation(s):

The Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

- 1. approve the process set out in paragraphs 2.1 to 2.4 of this report for the management and awarding of capital funding related to delivery of the extended early years funded entitlements;
- 2. approve the process set out in paragraph 2.5 of this report for the management and awarding of capital funding and revenue monies related to delivery of the wraparound childcare aspiration;
- 3. authorise the Director of Education and Skills to adapt these processes, in consultation with the Cabinet Members for Education and Skills and Integrated Children’s Services, as necessary to ensure effective delivery.

Background Documents

[Childcare Expansion Capital Grant - Allocations Guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[National wraparound childcare programme handbook: a guide for local authorities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Rory Love, Cabinet Member for Education and Skills

DECISION NO:

24/00016

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision

Funding Process for Free Entitlements Capital Funding and Wraparound Provision Capital and Programme Funding

Decision:

As Cabinet Member for Education and Skills in consultation with Cabinet Member for Integrated Children's Services, I agree to

1. approve the proposed process for the management and awarding of capital funding related to deliver of the extended early years funded entitlements;
2. approve the proposed process for the management and awarding of capital funding and revenue monies related to deliver of the wraparound childcare aspiration;
3. authorise the Director of Education and Skills to adapt these processes, in consultation with the Cabinet Members for Education and Skills and Integrated Children's Services, as necessary to ensure effective delivery.

1. Reason(s) for Decision:

- 1.1 The Spring Budget announced a range of measures to support early education and help parents with childcare so they can return to work more easily. This included new funded entitlements:
 1. From April 2024, eligible working parents of 2-year-olds can access up to 15 hours per week for 38 weeks of the year.
 2. From Sept 2024, eligible working parents of children aged 9 months up to 3-year-olds can access up to 15 hours per week for 38 weeks of the year.
 3. From Sept 2025, eligible working parents of children aged 9 months up to 3-year-olds can access up to 30 hours per week for 38 weeks of the year.
- 1.2 The Government also announced its ambition that, by 2026, all parents and carers of primary school-aged children who need it will be able to access term time childcare in their local area from 8:00 AM- 6:00 PM. This is known as wrap-around childcare.
- 1.3 Funding, of approximately £40m, is being made available to the County Council via the Early Years Funding Block of the Dedicated Schools Grant to deliver the new entitlements from 1 April 2024, this includes payments to the early years providers and council services to deliver the entitlements and support early years providers. .
- 1.4 Additionally, a Wraparound Childcare grant is being provided by the Department of Education (DfE), during the three financial years of 2023-24 to 2025-26 to support delivery of this priority. The County Council is to receive a maximum of £52k in 2023-24, £4.1m in 2024-25 and £1.9m (provisional) in 2025-26.

- 1.5 The County Council has also been allocated £2.6m capital funding to help ensure the new entitlements and wraparound childcare ambition can be secured. The DfE are expecting approximately 80% of this grant to be spent on supporting delivering of the new entitlements and 20% is to be spent on extending wraparound childcare.
- 1.6 The processes and criteria for awarding capital funding to providers to enable them to deliver these services, and the revenue funding to help set up sustainable wraparound childcare provision need to be approved. This is to ensure consistency, transparency and fairness.
- 1.7 The proposed decision supports the key priority “Levelling up Kent” within the ‘Framing Kent’s Future (2022-26)’. Supporting the Kent economy to be resilient and successful depends upon having a flexible, adaptable, talented workforce. Enabling parents to be active in the workforce is an essential component of this.
- 1.8 The proposed decision supports “Securing Kent’s Future – budget recovery strategy”. The additional activity is funded by Government Grant, with allowances within these for the County Council’s delivery costs. No additional funds from KCC are required. Supporting families to work and be independent of state support assists the County Council’s budget position.

2. Financial Implications

- 2.1 The revenue and capital funding referenced in 1.4 and 1.5 above are grant allocations to the Authority and must be spent in accordance with the grant conditions. The processes set out above will ensure these grants are spent accordingly, and are not overspent to ensure there is no financial pressure on the Authority.
- 2.2 The Authority’s delivery costs were covered in the paper presented to this Cabinet Committee on 26 January 2024. For ease of reference these are:
 - the Authority’s cost of delivering the current and new entitlements are expected to be fully covered by the early years block funding in 2024-25 through retention of up to 5% of the grant. For 2023-24, the DfE has provided a separate one-off grant of £233,579 to support the Local Authority’s activities required ahead of the 1st April to deliver the new entitlement offer.
 - The 2023-24 Wraparound provision grant allocation is expected to fund the Authority’s central delivery costs for this initiative, and 11% of future year grant allocations can be used for this purpose in subsequent years.

3.. Legal implications

- 3.1 The LA has a duty to ensure families can access their funded early years entitlements, and as far as is practicable to access childcare for 0-14 year olds to enable them to work or access education and training. Delivering the extended funded entitlements and wraparound childcare ambition is necessary to discharge these duties.
- 3.2 The existing provider agreement provides the revenue contracts required for the new entitlement. It will be refreshed with legal support to ensure the new entitlements are covered.
- 3.3 Contracts/funding agreements will need to be entered in to for capital awards, and for wraparound revenue grant funding.

4. Equalities implications

- 4.1 An equalities impact assessment was completed previously for the paper of 26 January 2024 to this Cabinet Committee. There is no change related to the proposals above.

4.2 No data protection implications have been identified.

5. Governance

5.1 A key decision is required to approve the proposed processes for managing and spending these grants. As these are implemented it may be necessary to adapt to ensure these work effectively. Authority will be delegated to the Director for Education and SEND to implement and adjust these processes as necessary, in consultation with the Cabinet members for Education and Skills and Integrated Children’s Services.

6. DPIA

No data protection implications have been identified.

Cabinet Committee Recommendations and Other Consultation:

This decision will be considered at the meeting of the Children’s, Young People and Education Cabinet Committee on 6 March 2024.

Any Alternatives Considered and Rejected:

Delivery of these new entitlements and widening access to wraparound childcare is important to supporting working families in the County. It will not only help them financially by covering childcare costs, but open opportunities to extend working hours, return to work, or take on new roles. The LA has a statutory duty to enable families to access their entitlement, thus this activity must be undertaken.

Any interest declared when the decision was taken, and any dispensation granted by the Proper Officer: None

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signed

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date

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From: Sue Chandler, Cabinet Member for Integrated Children's Services

Sarah Hammond, Corporate Director for Children, Young People and Education

To: Children's, Young People and Education Cabinet Committee - 6 March 2024

Subject: **24/00020 - PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR CHILDREN'S SERVICES IN 2024-25**

Classification: Unrestricted

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

This paper sets out the proposed revision to the rates payable by children's services within Kent for the 2024-25 financial year.

Recommendation(s):

The Children, Young People and Education Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member covering proposals to:

- (i) Change the rates payable by Children's Services in 2024-25 as detailed in section 2 and Appendix 2 of this report.
- (ii) **NOTE** the changes to the rates that are set by the Government/external agencies: including inter-agency charges and Essential Living Allowance
- (iii) **DELEGATE** authority to the Corporate Director of Children, Young People and Education, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 This report is produced annually and seeks approval for the Council's proposed rates for Children Social Services for the forthcoming financial year.
- 1.2 The report distinguishes between these rates over which Members can exercise their discretion and those which are set by the Government/external agencies.
- 1.3 In relation to those rates where Members can exercise their discretion, we have traditionally increased these annually in line with either the annual Consumer Price Index (CPI) increase or more recently, when CPI has been low, the average percentage increase for KCC pay performance. For 2024-

25, we are proposing a general inflationary increase of 6.3% for most rates. This inflationary increase is in line with the CPIH increase between September 2022 and September 2023. CPIH is considered an appropriate measure of inflation and is used by the Government as its headline measure of inflation.

- 1.4 These proposals include applying an uplift to the maintenance element of the foster carer weekly payment in line with the uplift applied to the DfE published rates (known as the National Minimum Allowance or NMA). The DfE have increased the NMA for Local Authorities in the South-East by an average of 6.8% in 2024-25. In addition, last year, the DfE recommended an above inflation uplift to NMA. In Kent, this increase was split between an increase to the weekly rate and an additional one-off payment of £500 to each of our foster carers during 2023-24. In 2024-25, it is proposed the one-off payment is no longer made and the equivalent uplift is added to the maintenance payment weekly rate, this equates approximately to an additional uplift of 3.8%. Therefore, the total uplift for the maintenance payment will be approximately 10.6%.
- 1.5 The security of an annual uplift continues to form part of Kent Fostering's approach to improving the recruitment and retention of foster carers by enabling the service to provide a more competitive package in the carer's marketplace.
- 1.6 Further explanations of individual price uplifts are given in Appendix 2.
- 1.7 The effective date for all proposed rate changes is 1 April 2024 and they will apply until 31 March 2025 or until a decision is taken to revise these rates further, whichever is sooner.
- 1.8 In addition, two additional rates have been added: Step across to Fostering and UASC e-bed scheme.

2. Rates payable by Children's Services

- 2.1 Appendix 1 provides a list of all rates proposed for 2024-25 compared to the approved 2023-24 rates. The methodology for each proposed rate increase is outlined in Appendix 2.
- 2.2 All payments will continue to be made in line with the prevailing policy including the Fostering Payment Policy shared with this Cabinet Committee on 11th March 2020. This is due to be reviewed during 2024 and will include any proposed changes from the initiatives adopted as part of the Fostering Recruitment & Retention Programme (for example: the Mockingbird Programme which involves the creation of satellite families to provide additional support networks for children & their foster families).

3. Step across to fostering

- 3.1 An initiative has been implemented to support our most vulnerable children to successfully transition from residential placement to an in-house foster carer placement. Appendix 3 sets out the policy. In addition, to a

combination of the current foster carer rates, this includes the introduction of a new payment for settling in of £5,000 along with 4 further retention payments of £2,500 over an 18-month period.

- 3.2 A retainer for the bed is also paid once a match is agreed to the point the child moves into the placement, and if a carer has other vacant beds a further payment covering a period up to 4 weeks is also paid during the settling in period. Both are an equivalent to the e-bed scheme and are therefore paid on the same basis (see section 4).

4. E-Bed schemes

- 4.1 The Emergency bed (E-bed) scheme is used to ensure that there are immediate places of safety for children. This has recently been expanded to include an offer for UASC under the age of 16 who are newly arrived in Kent to provide an immediate place of safety until they can move to a different Local Authorities care permanently, under the National Transfer Scheme. When the e-bed scheme was originally introduced the weekly rate was set at a higher level than the reward rate to encourage carers to take part in the scheme, this has remained at a fixed rate since 2020 (at £250 per week) during which time the reward rate has continued to increase and now surpasses this rate. Recruitment is secure for this scheme therefore it is proposed all e-bed scheme rates (along with the retention/vacant payments for Step across to Fostering Scheme) are aligned to the reward rate in future.

5. Financial Implications

- 5.1 In relation to the proposed increases to the rates we pay, additional funding has been included within the Directorate's 2024-25 budget proposals, under the heading "Prices - Children's Social Care Disabled & Non-Disabled Children" at just over £6.6m, and "Base Budget Changes – Children's Social Care". This calculation includes an assumed uplift for all in-house fostering and associated payments.
- 5.2 The "Base Budget Changes – Children's Social Care" also included £0.6m to cover the above inflationary rate the DFE implemented for the National Minimum Allowance (NMA) for foster carer payments in 2023-24 which is allowing the ongoing increase to be included in the maintenance rate on a permanent basis (as explained in 1.4). This is used to set the maintenance element of the foster carer payment (which is also used to set the adoption and special guardianship payments). Consideration was given to not permanently increase the rate, but providing incentives to support recruitment and retention of foster carers continues to be a priority. Our in-house foster carers continue to provide the most cost-effective provision for our looked after children.
- 5.3 Payments relating to UASC are funded from the Home Office Grants and not a cost to the Council.
- 5.4 The Step across to Fostering Scheme is one initiative to reduce the Council's reliance on externally commissioned residential placements

savings relating to this scheme are included within the MTFP for 2023-27 under the heading “Implement strategies to reduce the cost of packages for Looked After Children, including working with Health” of £1.0m saving for 2024-25 .

6. Legal Implications

The national minimum standards, together with regulations on the placement of children in foster care, such as the Fostering Services (England) Regulations 2011, form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services. The report distinguishes between those rates over which Members can exercise their discretion, and those set by Government or external agencies.

7. Equalities Impact Assessment

We have not assessed any adverse impact within these proposals to increase funding rates for children’s services.

8. Recommendation(s):

The Children, Young People and Education Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member covering proposals to:

- (i) Change the rates payable by Children’s Services in 2024-25 as detailed in section 2 and Appendix 2 of this report.
- (ii) **NOTE** the changes to the rates that are set by the Government/external agencies: including inter-agency charges and Essential Living Allowance
- (iii) **DELEGATE** authority to the Corporate Director of Children, Young People and Education, or other nominated officer, to undertake the necessary actions to implement the decision.

9. Background Documents (plus links to document)

The Fostering Payment Policy presented to CYPE Cabinet Committee on 11th March 2020:

<https://democracy.kent.gov.uk/documents/s96325/Item%208%20-%20Kent%20Fostering%20Payments%20Policy%20App%203.pdf>

10. Contact details

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Relevant Directors:

- Sarah Hammond, Corporate Director for Children, Young People and Education. 03000 411488. sarah.hammond@kent.gov.uk

Appendix 1: Children's Social Care – Comparison between approved 2023-24 and proposed 2024-25 rates and charges

Description of Payment/Charge	Basis	2023-24	2024-25	Movement in Rate	
		Rate	Proposed Rate	£	%
		£	£	£	%
Adoption Service Charges (administered through Regional Adoption Agency)					
<i>Local Authority (NOT YET CONFIRMED)</i>					
One child	per child	£27,000	£27,000	£TBC	TBC%
2 Siblings	per child	£43,000	£43,000	£TBC	TBC%
3 Siblings	per child	£60,000	£60,000	£TBC	TBC%
4 Siblings	per child	£68,000	£68,000	£TBC	TBC%
5 Siblings	per child	£80,000	£80,000	£TBC	TBC%
<i>Voluntary Adoption Agencies</i>					
One child	per child	£35,565	£37,059	£1,494	4.2%
2 Siblings	per child	£57,362	£59,771	£2,409	4.2%
3 Siblings	per child	£78,012	£81,289	£3,277	4.2%
4 Siblings	per child	£89,483	£93,241	£3,758	4.2%
5 Siblings	per child	negotiated	negotiated	n/a	n/a
Ongoing supervision	per child	£986.00	£1,027.00	£41.00	4.2%
Foster Care – Maintenance					
All placements under 2 years old	Weekly	£178.09	£197.08	£18.99	10.7%
All placements 2 to 4 years old	Weekly	£183.96	£203.54	£19.58	10.7%
All placements 5 to 10 years old	Weekly	£202.71	£224.00	£21.29	10.5%
All placements 11 to 15 years old	Weekly	£231.99	£256.31	£24.32	10.5%
All placements over 16 years old	Weekly	£270.66	£299.38	£28.72	10.6%
One-off payment	Per foster carer	£500.00	£0.00	-£500.00	-100%

Description of Payment/Charge	Basis	2023-24 Rate	2024-25 Proposed Rate	Movement in Rate	
Foster Care – Reward					
Non-related placements for 0 to 8 years old	Weekly	£136.16	£144.74	£8.58	6.3%
Non-related placement for 9 to 18 years old	Weekly	£258.63	£274.92	£16.29	6.3%
Foster Care - Disability Enhancement					
Standard	Weekly	£77.59	£82.48	£4.89	6.3%
Enhanced	Weekly	£103.45	£109.97	£6.52	6.3%
Foster Care Skills Based Payments					
Skilled (Level 2)	Weekly	£24.71	£26.27	£1.56	6.3%
Advanced (Level 3)	Weekly	£61.73	£65.62	£3.89	6.3%
Foster Carer Mileage Rate					
Rate per mile	Mile	45p	45p	0p	0%
Emergency Foster Carer Payment					
Retainer	Weekly	£250.00	£274.92	£24.92	10.0%
Foster Care - Sessional & Day Care Rates					
Sessional Work	Hourly	£10.92	£11.94	£1.02	9.3%
Day Care	Hourly	£10.92	£11.94	£1.02	9.3%
Step Across to Fostering Scheme (additional payments)					
Settling In Payment	One-Off		£5,000	NEW	NEW
Retention Payment (up to 4 payments)	One-off		£2,500	NEW	NEW
Retainer	Weekly		£274.92	NEW	NEW
Vacant Bed Supplement	Weekly		£274.92	NEW	NEW

Description of Payment/Charge	Basis	2023-24 Rate	2024-25 Proposed Rate	Movement in Rate	
Foster Carer – Parent & Child (Rate adjustment)					
Income Support personal allowance for a lone parent over 18	Weekly	£84.00	£90.50	£5.70	6.7%
Foster Carer – Savings adjustment					
Savings (from week 14 onwards)	Weekly	£10.00	£10.00	0p	0%
Kent Supported Homes (Host payments)					
Standard Support	Weekly	£168.10	£178.69	£10.59	6.3%
Enhanced Support	Weekly	£280.16	£297.81	£17.65	6.3%
Complex Support (legacy cases only)	Weekly	£200.00	£200.00	£0.00	0%
Mother and Baby Arrangement Support	Weekly	£336.19	£357.37	£21.18	6.3%
Outreach support	Hourly	£10.92	£11.94	£1.02	9.3%
Rent (16/17 year old and 18+ who are not eligible to claim benefits)	Weekly	£78.44	£83.38	£4.94	6.3%
Rent (University non-term time)	Weekly	LHA** rate	LHA** rate	n/a	n/a
Staying Put Extended Foster Care Rate	Weekly	various	Various	n/a	n/a
Essential Living Allowance					
Job Seekers Allowance rate for single adult aged under 25	Weekly	£67.20	£71.70	£4.50	6.7%

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Please note: The table above lists the component parts the fostering rate only. The total amount paid to a foster carer will be a combination of the payments listed above dependent on both the foster carer and type of placement. Further details on the different type of payment structure can be found in the Kent Fostering Payments Policy presented to Cabinet Committee on 11th March 2020 (please see [background documents](#)).

**LHA Rate – Local Housing Authority Rate

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Appendix 2: Methodology for each proposed rate increase set out in Appendix 1.

To aid understanding each charge as been labelled as either “to be noted” or “to be approved” in line with the recommendations. Where a charge is to “to be noted” these relate to charges that are set by or in line with the Government or external agencies.

1.1 Adoption Service Charges (to be noted)

Inter-Agency Charges – Voluntary Adoption Agencies and Local Authorities

The inter-agency fee for adoption was first introduced in 1992 to reflect the expenditure incurred in family finding, preparation and placement of children. These charges are agreed by the following; Local Government Agency (LGA), Consortium of Voluntary Agencies (CVAA), Association of Directors of Children Services (ADCS) and Society of Local Authority Chief Executive (SOLACE) and therefore are not within our discretion to alter. The rates between Local Authorities remain unchanged since 2014-15.

In 2018, the CVAA announced the decision to link the interagency rate for Voluntary Adoption Agencies (VAA) to the CPIH measure (including owner occupier’s house costs) for the preceding financial year. This is to reflect the upward pressure on staff salaries and the complexity of work involved in the adoption placements. For 2024-25 they have confirmed the increase will be on the CPIH measure for 12 months to December 2023 of 4.2%.

The interagency charges between Local Authorities are set by the Association of Directors of Children’s Services. This is yet to be confirmed but has remained static for a number of years.

From 2024-25 all inter-agency charges will be co-ordinated and incurred by the Adoption Partnership on behalf of Kent.

1.2 Foster Care Payments

Further details on the different types of Foster Care Payments can be found in Kent Fostering Payments Policy (please see [background documents](#)).

a) Maintenance (to be proposed)

The Council has traditionally maintained a link to the Department for Education (DfE) published fostering rates known as the National Minimum Allowance (NMA). This reflects the minimum payment foster carers should expect to receive to help cover the cost of caring for a child. In 23-24, in response to the above inflation increases applied to the NMA, a different approach was taken in calculating the Maintenance weekly payment (as the uplift was split between an increased rate & one-off payment) however for 2024-25 we are proposing to revert to the historic policy. The rate is proposed to be calculated by taking the DfE published rates, divided by 52 and multiplied by 56. This provides an additional four weeks of funding to

Kent foster carers to cover holidays, birthdays, religious observations & Christmas.

Please note the weekly rates also apply to Permanency Arrangement Orders payments within Children's Services e.g. Adoption and Special Guardianship Orders.

b) Reward Element (to be proposed)

An inflationary increase of +6.3% is proposed.

c) Disability Enhancement (to be proposed)

There are currently two rates:

Standard – Carers will receive an enhancement payment of 30% uplift of the higher reward element.

Enhanced – Carers will receive an enhancement payment of 40% uplift of the higher reward element.

Therefore, an inflationary increase of +6.3% is proposed.

d) Foster Care Skills Based Payments (to be proposed)

This rate has historically been uplifted in line with the CPIH rate +6.3%.

e) Foster Carer Mileage Rate (to be proposed)

The mileage rates paid to foster carers is proposed to remain unchanged at 45p per mile in line with KCC staff.

f) Emergency Foster Carer Retainer – Citizen and Unaccompanied Asylum Seeking Children (UASC) Schemes (to be proposed)

Historically this was not subject to a standard inflationary uplift however for 24-25 it is proposed this rate is aligned to the higher level reward rate in future. An additional scheme for UASC children has been introduced.

g) Sessional & Day Care Rates (to be proposed)

The rate is aligned with changes to the National Living Wage where the daycare/sessional rate proposed each year, will be set as 50p above the National Living Wage.

h) Foster Carer Parent & Child – Rate adjustment (to be noted)

Where a foster carer is in receipt of an enhanced parent and child payment, a reduction in the foster carer's maintenance fee equivalent to the income support personal allowance for a lone parent over 18, is made. The Income

Support Personal Allowance for a lone parent over 18 is proposed by the DWP to be £90.50 from 1 April 2024.

i) Foster Carer – Savings adjustment (to be noted)

It is expected that all carers/providers save a minimum of £10.00 a week for any child in care from the maintenance payment starting at week 14 of a child or young person coming into care. When the child or young person has been in care for a year, it is expected that this amount (a minimum of £10.00 a week) for any child or young person in care, is paid into either a Child Trust Fund or a Junior ISA. The £10.00 per week will be automatically deducted from the maintenance payment and paid into a Child Trust Fund or a Junior ISA directly by KCC.

j) Step across to Fostering additional payments:

This is a new scheme for 2024 and includes the following new payments unique to the scheme:

- Settling in payment of £5,000. This will be a fixed amount and is not expected to be subject to standard annual uplifts.
- Up to four Retention payments of £2,500 made over an 18-month period. These are fixed amounts and are not expected to be subject to standard annual uplifts.
- Step across to fostering retainer: This will align to the payment rate for e-bed scheme (linked to the higher rate of reward element).
- Step across to fostering vacant bed supplement (maximum of 4 weeks during settling in period): This will align to the payment rate for e-bed scheme (linked to the higher rate of reward element).

1.3 **Kent Supported Homes** (to be proposed)

The payment to hosts is split into 2 parts: a support payment and a rent payment. The support payment is proposed to increase in line with foster carers reward rate of 6.3% inflation. The rent payment is applicable where the host is supporting a young person who is under 18 years old or over 18 years old and not eligible for Housing Benefit/Universal Credit. The rent payment will vary depending on the circumstances of young person. The hourly rate for outreach support is aligned with the foster carer sessional/daycare work.

The Staying Put Extended Foster Care Rate may be applicable where the young person is in further education (this is subject to the Staying Put policy and the rate will vary dependent on circumstances).

1.4 **Essential Living Allowance** (to be noted)

This is the weekly payment to Care Leavers including Unaccompanied Asylum-Seeking Children (UASC). The rate payable is in line with the Job Seeking Allowance for a single adult aged under 25 which has been proposed by the DWP as £71.70 from 1 April 2024.

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Appendix 3:
Kent County Council



Step Across to Fostering

Kent Fostering Service



Document Owner	Maria Cordrey & Mark Vening, Heads of Fostering
Version 2	January 2024
Approval Date:	To be presented by Caroline Smith, Assistant Director for Corporate Parenting and Stephen Fitzgerald, Assistant Director East Kent Integrated Children's Services to: Divmt 9 th January 2024 DMT 10 th January 2024
Review Date	January 2025

Introduction

A small number of our children and young people in care, are placed within a residential children's home due to the complexity of their needs during a specific period in their childhood. For some, past adverse trauma and their family experiences may lead to poor emotional and mental health expressed through their behaviour. They are often highly vulnerable children who may exhibit behaviours that carers will require additional support with, such as placing themselves or others at risk. Our ethos is that wherever possible and if it is safe to do so, children should be cared for within a family environment. Therapeutic care provided by the residential setting, should form the basis of a care plan that works towards preparing the child to transition to a family home. Once a child is ready to be cared for within a family and all options for a kinship carer have been explored, then a referral will be made for an in house foster carer. In Kent we call this **Step Across to Fostering**.

Eligibility

The child must be under the age of 16 with agreement from the professional network that their needs can be met safely within a family home. There must be an updated detailed referral and positive profile completed for the child. For young people over the age of 16, that continue to have care needs that need to be met within a family, a referral will be made for a Kent Supported Homes host.

Care and Support Plan

Carers will need to be resilient, patient and child centred but above all, will need to understand the importance of stability and permanence and be willing to stick with the child, to achieve this. We recognise that the transition for these children and the families who care for them is important if the long-term ambition of a permanent family home is to be achieved. The suggested stages for a 4-6 week transition plan and elements of the support that will need to be available are:

Matching: Effective matching is crucial. This will be initiated through the sharing of a comprehensive referral and a positive profile of the child. This will be followed by discussion with those in the professional network to obtain a wide range of information before proceeding with the match. A profile of the foster family must be shared with the child/young person as part of the transition planning.

Joint Planning with the residential setting: This will include discussion and observation of the child prior to proceeding with meeting the child and staff. The foster carer will be able to observe the child's relationships with both staff and other children. This will support the carer to understand routines, sharing of behavioural management techniques, getting to know the child's triggers to behaviours, what makes them happy, sad, angry, what they like to eat etc. This will require an ability by the foster carer to travel to the residential setting¹.

¹ See financial summary for rates

Planned move: It is anticipated that there will be several visits to and from the child prior to the child moving home. This may include overnight visits and possibly contact with the child and their birth family or those that they have significant relationships with. The liaison between the residential staff and the carer(s) will enable a positive ending, to lead on to a new beginning and maximise stability going forward.

Fee: The carer will be paid a retainer payment equivalent to the higher-rate reward payment once the match is confirmed. If the carer has any vacant beds once the child is placed, the higher-level rate retainer payment will be made for one bed only for a four-week period to help support the child settle into the home and avoid another child being placed at the same time. Mileage/travel costs² will be paid during the liaison with the residential setting at 45p per mile or the cost of public transport. From the date the child moves into the home, the carer(s) will be paid the complex enhanced rate for the first 18 months. The complex rate will then be reviewed by the area Access to Resources Panel every three months.

Professional Network: The carer(s) will be a valued member of the professional network and will be required to work with all members of the network; Social Workers, Children's & Adolescent Mental Health services, Independent Reviewing Officer (IRO), Education, Placement Stability Team, and the Virtual School Kent (VSK). We recognise the importance of ensuring education for our children both in terms of learning, socialisation, and routine. Where education is not in place VSK will support to prioritise identifying an appropriate educational setting and must be included in the early transition planning, to include liaising with SEND for children with an EHCP. If a change of school will be required due to the location of the foster carer, consideration must be given around the timing of this for the child.

Summary of Support

- For the first 8 weeks, the carer(s) will have regular minimum two weekly visits or contact from the Child's Social Worker and/or the allocated Fostering Social Worker (FSW) or Independent Reviewing Officer (IRO). A Social Work Assistant will be linked to the foster carers to provide additional support and advice at key times.
- A therapist from the Placement Stability Team will be available to support the carers to better understand the young person's behaviour, what drives it and to think about how to best manage the presenting behaviour. Where a child requires direct therapy sessions, there will need to be a referral made to Children's Mental Health Services.
- Specific support groups and training in working with teenagers are available for the carer(s) to attend to provide additional support and learning.
- An experienced Foster Carer Sessional Worker will be identified to offer up to 15 hours a week support to work with the child and support the main carer. There will need to be flexibility regarding when this support is accessed, dependent on the education offer to the child.

² See financial section

- Kent Fostering Out of Hours and County Out of Hours will prioritise calls from carers in the Step Across Scheme.
- The main foster carer(s) will be able to access 3 days respite support per month. This will be provided through the Mockingbird scheme which will be launched in 2024. This could include overnight stays where appropriate for the child.
- For disabled children, dependent on their needs, there will be agreement that respite of 3 days respite support per month will be available through the Short Breaks Units. This could include overnight stays where appropriate for the child and will need to be part of the child's transition planning to ensure this respite offer can be achieved.
- All respite support offered via the Step Across to Fostering Scheme is additional to the standard holiday entitlement offered to all KCC Foster Carers.
- The role of all KCC staff within the child's network is to work together to support the carer(s) in providing security and stability for the child to enable them to live within a family home.

Summary of Fostering Payments (2023 Rates)

At point of match

1. **£258.63 per week** retainer (equivalent to the higher rate reward) paid from point of match, throughout introductory period, up until child moves into the foster home.
2. If carers have any vacancies within their current terms of approval **£258.63 per week** paid for a maximum of 4 weeks for one vacant bed only to support the settling in period.
3. **45p per mile** for all travel incurred during the introductory period.

At point of moving in:

1. **£258.63 per week** higher rate reward regardless of the age of the child paid from the point the child moves into the foster home.
2. Age related maintenance paid from the point the child moves into the foster home.
3. **£258.63 per week** complex payment for the first eighteen months, this will then be reviewed by the Access to Resource Panel.
4. **45p per mile** for all travel in accordance with the mileage policy for foster carers.

Tax Implications for Foster Carers

As the scheme offers foster carers retention payments alongside their reward fee and maintenance, carers will be required to seek advice on any tax implications this may have.

Weekly summary of foster payments for Step Across to Fostering 2023 Rates
(without retainers or vacancy payments).

Foundation Level Carer			
Age	9-10 years	11-15 years	16-18 years
Maintenance Payment	£202.71	£231.99	£270.66
Reward Payment	£258.63		
Complex Payment	£258.63		
Total Per Week	£719.97	£749.25	£787.92
Skilled Level Carer			
Maintenance	£202.71	£231.99	£270.66
Reward Payment	£283.34		
Complex Payment	£258.63		
Total Per Week	£744.68	£773.96	£812.63
Advanced Level Carer			
Maintenance	£202.71	£231.99	£270.66
Reward Payment	£320.36		
Complex Payment	£258.63		
Total Per Week	£781.70	£810.98	£849.65

Settling in and Retention Payments

Foster Carers will receive:

Timescale	Amount
Paid at end of month one: One off "Settling-In Payment"	£5,000
4th Month Retention Reward Payment	£2,500
8th Month Retention Reward Payment	£2,500
12th Month Retention Reward Payment	£2,500
18th Month Retention Reward Payment	£2,500
Additional payments at end of 18th	£15,000

month TOTAL	
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What happens if a child moves from the foster carer(s) during the 18 months?

The scheme is based on an 18-month commitment from the foster carer to care for the child and if appropriate that this will then be extended to offer them a longer-term home. It is acknowledged that in exceptional circumstances a child may have to be moved, where they can no longer be safely cared for within a family home. In these circumstances, payments to the carer will be ended on the date of moving on. No further retention payments will be made. Foster carers are requested to give 28 days' notice to end the child's care, to facilitate a planned move. A Placement Stability meeting should be convened if there is any suggestion that the child's placement is becoming fragile.

There will be no expectation for foster carers to repay any of the retention payments that they have already received for the care of the child.

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Integrated Children’s Services

DECISION NO:

24/00020

For publication [Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]

Key decision: YES

Key decision criteria. The decision will:

- a) result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or
- b) be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:
 - the adoption or significant amendment of major strategies or frameworks;
 - significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.

Subject Matter / Title of Decision

Proposed Revisions of Rates Payable by Kent County Council for Children’s Social Care Services in 2024-25

Decision:

As Cabinet Member for Integrated Children’s Services, I agree to:

- a)
 - i. The weekly Foster Care Maintenance allowance is increased to:

All placements under 2 years old	£197.08
All placements 2 to 4 years old	£203.54
All placements 5 to 10 years old	£224.00
All placements 11 to 15 years old	£256.31
All placements over 16 years old	£299.38

- ii. The weekly Foster Care Reward element is increased to:

Non-related placements 0 to 8 years old	£144.74
Non-related placements 9 to 18 years old	£274.92

- iii. The weekly Foster Care Disability Enhancement is increased to:

Standard	£82.48
Enhanced	£109.97

- iv. The weekly Foster Care Skills Based Payment is increased to:

Skilled (Level 2)	£26.27
Advanced (Level 3)	£65.62

v. The weekly Emergency Foster Carer Retainer payment is increased to:

Retainer	£274.92
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vi. The hourly Sessional & Day Care payments increase to:

Sessional Work	£11.94
Day Care	£11.94

vii. The Foster Carer Mileage Rate will remain at 45p per mile in line with KCC staff.

viii. The additional rates for the Step Across to Fostering Scheme to be set at:

Settling in Period (one-off payment)	£5,000
Retention Payment (4 th Month one-off payment)	£2,500
Retention Payment (8 th Month one-off payment)	£2,500
Retention Payment (12 th Month one-off payment)	£2,500
Retention Payment (18 th Month one-off payment)	£2,500
Retainer (weekly payment)	£274.92
Vacant Bed (weekly payment max. 4 weeks)	£274.92

ix. The Kent Supported Homes (Supporting Lodging payments to hosts) is increased to:

Standard Support (per week)	£178.69
Enhanced Support (per week)	£297.81
Complex Support (legacy cases only) (per week)	£200.00
Mother and Baby Arrangement Support (per week)	£357.37
Outreach support (per hour)	£11.94
Rent (16/17 year old and 18+ who are not eligible to claim benefits) (per week)	£83.38
Rent (University non-term time)	LHA** rate
Staying Put Extended Foster Care Rate	Various**

*LHA – Local Housing Authority

**Various – the rate will depend on circumstances and agreed in line with the Staying Put policy.

b) NOTE:

x. The rates which are dictated by external agencies i.e. Inter-agency charges and Essential Living Allowance

c) DELEGATE:

xi. Authority to the Corporate Director of Children, Young People and Education, or other nominated officers, to undertake the necessary actions to implement the decision.

Reason(s) for decision:

Background

The rates payable by Children's Services are reviewed annually, with any revisions normally

introduced from the start of the new financial year.

Some of the increases are directly linked to the published Department for Education fostering rates, which are reviewed by the Department annually.

Financial Implications

The increase in payments and income have been reflected in the Council's budget plans presented to County Council on 19 February 2024 under the heading "Prices - Children's Social Care Disabled & Non-Disabled Children" at just over £6.6m, and "Base Budget Changes – Children's Social Care". This calculation includes an assumed uplift for all in-house fostering and associated payments.

Legal implications

The national minimum standards, together with regulations on the placement of children in foster care, such as the Fostering Services (England) Regulations 2011, form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services. The report distinguishes between those rates over which Members can exercise their discretion, and those set by Government or external agencies.

Equalities implications

We have not assessed any adverse impact within these proposals to increase funding rates for children's services.

Cabinet Committee recommendations and other consultation:

The Children's and Young People Cabinet Committee considered the decision on 6th March 2024.

Any alternatives considered and rejected:

The alternatives would be to either:

- Freeze the rates at 2023-24 level or apply a lower percentage increase than proposed. This was rejected on the basis that the security of an annual uplift continues to form part of Kent Fostering's approach to improving the recruitment and retention of foster carers by enabling the service to provide a more competitive package in the carer's marketplace and by not applying a reasonable uplift could put at risk this strategy.
- Apply a higher percentage uplift than propose. This was rejected on the basis that this would be unaffordable within the allocated budget.
- Continue to provide a separate one-off payment to foster carers in relation to maintenance allowance or cease the payment and not compensate with a further increase to the weekly rate. Both options were rejected. The use of the one-off payment in 2023-24 was partly driven by unexpected higher than inflationary increase applied by the DfE to the maintenance rate, therefore by incorporating it into the weekly rate aligns it to the DfE published rates. Consideration was given to not permanently increase the rate, but providing incentives to support recruitment and retention of foster carers continues to be a priority.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date

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