

SEND SUB-COMMITTEE

Thursday, 28th September, 2023

2.00 pm

**Council Chamber, Sessions House, County
Hall, Maidstone**





AGENDA

SEND SUB-COMMITTEE

Thursday, 28th September, 2023, at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Gaetano Romagnuolo**
Telephone: **03000 416624**

Membership

- Conservative (7): Mr P Cole (Chairman), Mrs B Bruneau (Vice-Chairman),
Mr M Dendor, Mrs S Hudson, Mr H Rayner, Mr A Sandhu, MBE and
Mr M Whiting
- Labour (1): Dr L Sullivan
- Liberal Democrat (1): Mrs T Dean, MBE
- Green and
Independent (1): Jenni Hawkins
- Church
Representatives (3): John Constanti, Michael Reidy and Quentin Roper
- Parent Governor (2): Rebecca Ainslie-Malik and Holly Carter

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in Items on the Agenda
- 4 Minutes of the meeting held on 25 July 2023 (Pages 1 - 6)
- 5 Kent Local Area Accelerated Progress Plan (Pages 7 - 98)
- 6 Report by the Local Government and Social Care Ombudsman (Pages 99 - 116)
- 7 Future Meeting Dates

All the meetings will be held in the Council Chamber, Sessions House, Maidstone, Kent, ME14 1XQ.

Tuesday 31 October 2023, 2pm
Thursday 7 December 2023, 2pm
Wednesday 7 February 2024, 2pm
Thursday 21 March 2024, 2pm

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Wednesday, 20 September 2023

SEND SUB-COMMITTEE

Tuesday, 25 July 2023, at 2.00 pm

MINUTES of a meeting of the SEND Sub-Committee held in the Council Chamber, Sessions House, County Hall, Maidstone, on Tuesday 25 July 2023.

PRESENT: Mrs B Bruneau (Vice-Chair), Mr M Dendor, Mrs S Hudson, Mr H Rayner, Mr M Reidy, Mr Q Roper, Mr A Sandhu, Dr L Sullivan and Mr M Whiting.

VIRTUAL ATTENDEES: Mr R Lehmann.

ALSO PRESENT: Mr R Love (Cabinet Member for Education and Skills) and Ms B Hannon (Co-Chair Kent PACT).

IN ATTENDANCE: Ms S Hammond (Corporate Director for Children, Young People and Education), Ms A Farmer (Assistant Director/Principal Educational Psychologist), Ms A Gleave (SEND Interim Assistant Director for Operations), Ms E McQueen (Interim Assistant Director for SEND Quality Assurance) and Mr G Romagnuolo (Research Officer - Overview and Scrutiny).

1 Introduction/Webcast announcement

The Vice-Chair welcomed everyone to the meeting. The Vice-Chair welcomed Mr Whiting and Ms Carter who had recently joined the Sub-Committee.

2 Apologies and Substitutes

Apologies for absence were received from Mr Cole, Mrs Dean, Ms Ainslie-Malik, Christine McInnes and Craig Chapman. There were no substitutes.

3 Declarations of Interest by members in items on the agenda

There were no declarations of interest.

4 Minutes of the meeting held on Tuesday, 6 June 2023

RESOLVED that the minutes be approved as a correct record.

5 Improvement Notice and Accelerated Progress Plan (APP) Update

- 1) Mr Love introduced the report.
- 2) Sarah Hammond explained that, following the submission of the Accelerated Progress Plan (APP) on 29 June 2023, there were further requests – predominantly from NHS England – to make further amendments to the APP. KCC officers had recently met DfE and NHS colleagues, and agreed the amendments, which were submitted at the end of last week. The Government had given an assurance that it would provide the final, approved version of Kent’s APP in the next few days. This would be shared with the Sub-Committee as soon as it was received.
- 3) A Member referred to a number of actions that were set out in KCC’s Representation to the DfE to be undertaken in April-May 2023 (p28-29 of the agenda pack). The Member asked whether the Sub-Committee would be given an updated report, or whether this information would be provided in the final, approved version of the APP.
 - a) Mr Love explained that some of the actions – such as *CYPE leadership changes ratified by County Council*, and the *new CYPE leadership model* – had been completed.
 - b) Sarah Hammond confirmed that many of those actions had been completed. She also referred to another set of actions (on p36) and confirmed that most of these had also been completed. She explained that those that had not yet been completed, and that would require further attention, would be included in the APP.
- 4) A Member asked for further details about NHS England’s amendments to the APP.
 - a) Sarah Hammond explained that, although she could not provide specific details until the APP was approved, there were concerns about timescales and waiting lists.
- 5) A Member referred to the 9 areas of significant weakness that had been highlighted by the DfE, including one about the concern of parents that the local area was not able to meet their children’s needs. The Member referred to an action that was planned to be completed in April 2023 – a *dedicated session on voice and lived experience at the Kent SEND Strategic Improvement and Assurance Board* (see agenda pack p24), and asked whether that action had been undertaken.
 - a) Sarah Hammond confirmed that this session had taken place.
- 6) In reply to a question about the most up-to-date *Written Statement of Actions, Measures and Indicators* Sara Hammond explained that, over the past 3-4 months, a new set of key indicators had been developed for the *Kent SEND*

Strategic Improvement and Assurance Board, which she would share with the Sub-Committee.

- 7) A Member referred to the document *Engagement in and Evaluation of Whole School Approaches to Nurture Inclusive Leadership*. There was a target of a minimum of 300 Kent primary and secondary mainstream schools engaging with the programme *Whole School Approaches to Nurture*. In Kent there were more than 500 schools, and the recent uptake of those engaging with Nurture UK had fallen. Was this a concern?
 - a) Sarah Hammond replied that the aim was for every school in Kent to be a nurturing place. However, seeking the accreditation from Nurture UK was a decision for schools themselves.
 - b) Alison Farmer said that, as of June 2023, 253 Kent schools had engaged with Nurture UK. She also mentioned that 149 Kent schools had taken up the Inclusion Leaders of Education initiative to become inclusive leader schools.
- 8) In answer to a question about concerns with staff recruitment and retention in KCC's SEND service, Elise McQueen said that, as a result of recent recruitment, appointments had been made to 35 posts. Of these, 22 would start in July 2023, 11 in August 2023, and 2 in September 2023.
- 9) A Member asked whether those staff had been recruited to increase the capacity of the SEND case work team to enable delivery of the Education, Health and Care (EHC) needs assessment and review system effectively, as this was a concern highlighted in the Improvement Notice.
 - a) Sarah Hammond replied that the CYPE Directorate was on track for all of the permanent establishment of the service to be in place by September 2023. She recognised that further staff would be required - in addition to the permanent, recruited staff - to address the EHCPs backlog. The Directorate had an in-principle agreement for employing an additional, group of staff on a temporary basis.
- 10) Responding to a question about who in the DfE was responsible for holding Kent schools to account for providing the right SEND support, Sarah Hammond explained that the Regional Department for Education Director was the senior officer accountable for the oversight of non-maintained schools. She explained that the Director and her team had given KCC their support, and a commitment that they would tackle those schools and academies that were not working closely with KCC in implementing the inclusion and improvement agenda. She also pointed out that inclusivity was part of the Ofsted inspection framework.
- 11) Ms Hannon said that local parents and carers of children and young people with SEND were still not seeing improvements in service provision. She explained that one of the expectations of the *Whole School Approaches to Nurture* programme,

which started in 2021, was that there would be a reduction in EHCPs, but this had not materialised. In fact, the number had grown.

a) Mr Love accepted that there had been an increase in EHCPs in Kent, and said that there were a variety of reasons for this.

- 12) A Member said that one item of information that the Sub-Committee had requested at its previous meeting - *Detailed information about the previous and current KCC workforce involved in the provision of SEND services* - had not yet been provided.
- 13) In reply to a question about which parts of Kent the 9 significant areas of weakness identified in the Inspection Revisit report referred to, Mr Love explained that the report referred to Kent as a whole. In Kent a number of parties were taking joint responsibility – namely KCC, relevant sections of the NHS and Education partners.
- 14) In response to a question about whether the action *Assessment tribunals, placement finding teams and case holding teams in place* (p43) was completed, Sarah Hammond said that this referred to the restructuring of the service to create new bespoke teams, and confirmed that the new structure was now in place. However, the recruitment of a permanent workforce for those teams was still underway and would be completed by September 2023.
- 15) In response to a question about the number of Kent children who were still waiting for a placement in September 2023, Alison Farmer said that, out of about 1,600 children with an EHC plan who were transferring to secondary school, and who were the vast majority, 37 were currently without a placement.
- 16) In reply to a question about whether the Authority relied on the SEND Code of Practice to decide which children should have an EHCP, Mr Love explained that the Code was statutory guidance and could not be ignored.
- a) Sarah Hammond added that KCC was currently re-examining, with legal advice, the Authority's position concerning the interpretation of the Code and its compliance with it.
- 17) In reply to a question about the Authority's overall strategy for addressing problems in Kent's SEND provision, Sarah Hammond explained that this included encouraging parents and carers to see Kent mainstream schools as the places for their children to be best educated and cared for; the inclusion agenda was at the heart of this ambition. She said that the proportion of children with EHCPs who were in mainstream schools in Kent was lower than in statistical neighbours and the national average.
- 18) Members of the SEND Sub-Committee requested the following information from the CYPE Directorate:

- a) The approved version of the Accelerated Progress Plan (APP) as soon as it was available.
- b) The most recent Written Statement of Actions, Measures and Indicators of KCC's SEND service provision.
- c) Detailed information about the previous and current KCC workforce involved in the provision of SEND services.
- d) SEND services recruitment, retention and sufficiency capacity. At each meeting the Sub-Committee should be given a snapshot of the number of KCC staff who are involved in providing SEND services, and the number of vacancies.

19) The Vice-Chair thanked all those present for attending the meeting.

RESOLVED – To note the contents of the report.

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From: Rory Love, Cabinet Member for Education and Skills
Sarah Hammond, Corporate Director of Children, Young People and Education

To: Scrutiny SEND Sub-Committee – 28 September 2023

Subject: Accelerated Progress Plan

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Summary:

This report outlines the development and content of the Accelerated Progress Plan which was created in response to the Improvement Notice for SEN services.

Recommendation(s):

The SEND Sub-Committee is asked to note the contents of the report.

1. Introduction

- 1.1 Ofsted and the CQC conducted a re-visit to Kent in September 2022 to assess whether the local area (KCC, NHS Kent and Medway, and local schools and settings) had made progress in addressing the areas of significant weakness identified in their inspection of the local area in 2019. Their findings were published in November 2022, which found that KCC had not made sufficient progress.
- 1.2 In March 2023, KCC received a letter from the Minister for Children, Families and Wellbeing, informing KCC of her decision to issue an Improvement Notice. The letter set out a requirement for KCC and NHS Kent and Medway to develop a rapid improvement plan, called an Accelerated Progress Plan (APP), which was required within 6 weeks of the issuance of this letter. The APP was delivered to the DfE by the required deadline and further representations were undertaken until the DfE's final agreement in late August.

2. Accelerated Progress Plan

- 2.1 The agreed APP can be found on KCC's website, alongside a summary of how each requirement will be addressed (Appendix A)
- 2.2 The APP is focussed on the nine areas of weakness identified in the 2019 inspection, which are:

- A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs
- A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.
- That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.
- An inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.
- Poor standards achieved, and progress made, by too many children and young people with SEND.
- The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.
- Weak governance of SEND arrangements across the EHC system at strategic and operational level and an absence of robust action plans to address known weaknesses.
- Unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service, and ASD and ADHD assessment and review.
- A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.

3. Review and monitoring

3.1 The APP details how the Kent-wide SEN System (comprising Health, Education, and the County Council) is intending to respond to each area of weakness and how evidence of progress will be collected and monitored.

3.2 Oversight of progress to the APP will be monitored by The Partnership Delivery Group (PDG), who will provide monthly reporting to the Strategic Improvement and Assurance Board.

3.3 KCC submitted its first formal response to the Department for Education in July 2023. Future reports are expected to be delivered in late September and November 2023.

4. Recommendations

Recommendation(s):

The SEND Sub-Committee is asked to note the contents of the report.

5. Background Documents

Appendix A – Accelerated Progress Plan and Summary ([Kent improvement plan for special educational needs and disabilities \(SEND\) - Kent County Council](#))

6.Contact details

Report Author:
Christine McInnes

Director of Education and SEN

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Kent Local Area - Accelerated Progress Plan

Accelerated Progress Plan (APP) for a Local Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection.

Introduction

Following the Ofsted/CQC Inspection Revisit in 2022, on 6th April 2023 Kent was issued with an Improvement Notice. This requires the local area to produce an Accelerated Progress Plan (**APP**). The APP is our partnership commitment to work together across the Kent Local Area system to improve the lived experience for children and young people with SEND, and their parents, carers, and families. This is supported by strong political commitment for the APP through both the Leader and the Cabinet Member and there is cross-party overview through the SEND Scrutiny Sub-Committee, to ensure that sufficient priority, resource, and local leadership will be given to ensure the success of the plan.

We have an absolute focus on evidencing impact and improving the experience for children, young people, and families. We will use every opportunity to build in the voice and experience of children, young people, and families, to build parental trust and confidence through our communications, engagement framework and how we consistently improve the experience of the way we manage enquiries, education, health, and care plan (**EHCP**) processes and complaints. We are developing our aspirations into a clear vision for what will be different for children, young people, and families.

We recognise that there is much more work to do to make sustainable improvements, we are already making good progress on the actions within the APP and will continue to develop the evidence of our impact for children, young people, parents, carers, and families. We are continuing to develop the whole system leadership from partners to make the significant changes needed. We are also progressing the business case for additional case work capacity through the political decision-making process to enhance resources, provided as an Annex on the draft APP provided to the Department for Education (**DfE**) on 12th May.

The APP captures partnership actions against the 9 areas of significant weakness in the Inspection Revisit and the evidence of impact and key measures of those actions for children, young people, and families. It is our joint commitment across the Kent local area system for partners to come together to work collectively to progress the actions, system and process changes needed to ensure SEND improvement. We are confident that the actions we have committed to are ambitious yet achievable, with the resources in place to deliver them.

As we deliver the APP, we will develop the evidence of impact, so that during our 6-month reviews with the Department for Education (DfE) we can demonstrate a range of evidence about the impact and the difference we are making for children, young people, and families across each area of weakness. This evidence will be from a wide range of sources including quantitative data, qualitative data, evaluations, survey findings,

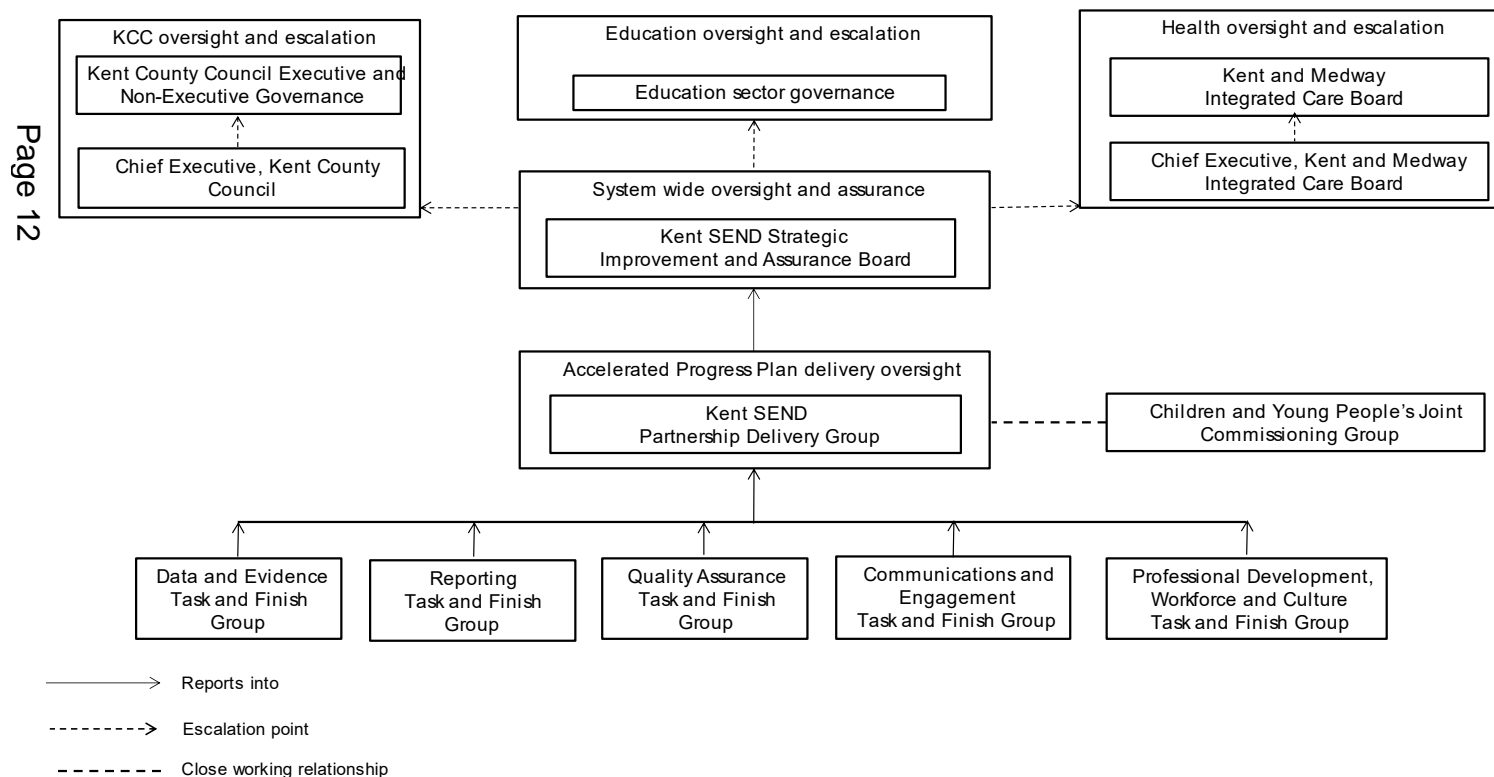
commissioning, and project plans. We will also be developing clear milestones for all actions over the summer, so we know we are on track for the long-term improvement needed.

The APP is our system wide plan for the DfE and all key stakeholders to demonstrate we are actively addressing all our areas of weakness. The APP is a high-level, strategic plan which is published in the public domain so that we can be fully transparent about the range of actions we are delivering and keep people informed about our progress. We will also create a short, easily accessible guide to what difference the APP will make for children, young people (CYP), families and residents.

Governance and accountability

Since the Ofsted/CQC Inspection Revisit we have transformed Kent's governance and accountability structures and processes. The SEND Transformation governance arrangements for the Kent local area system are summarised below through the diagram or table.

Kent Local Area SEND system/partnership governance overview



Oversight and assurance of the Accelerated Progress Plan (**APP**) will be through the Kent SEND Strategic Improvement and Assurance Board (**SIAB**). The Kent SEND Partnership Delivery Group (**PDG**) will be collectively responsible for providing detailed oversight of progress and impact on the plan and co-ordinate the mapping, tracking, and planning of partnership actions. This will be reflected in a monthly assurance report to SIAB. This strengthens our governance arrangements to work together as a system towards shared strategy, direction, planning and communication. Escalation points are set out in the diagram above - escalation of education related issues will be through the KCC Corporate Director of Children's Services to the Director of Education, Ofsted and or DfE as appropriate.

The Partnership Delivery Group is supported by 5 Task and Finish Groups:

- Data and Evidence Reporting
- Quality Assurance
- Communication and Engagement
- Professional Development
- Workforce and Culture.

The Children and Young People's Joint Commissioning Group, which plays a key role in the delivery of many APP actions will also report into the Partnership Delivery Group (**PDG**). There are also area leads for each area of weakness.

APP actions

Kent's APP sets out the partnership actions we are progressing across the 9 areas of significant weakness to improve outcomes for children, young people and families with SEND.

Each action within the APP has a responsible officer, who will be responsible for delivering the action, reporting on this on a monthly basis and providing the evidence of impact for their action.

The Partnership Delivery Group (**PDG**) is responsible for oversight of the delivery of the actions within the APP, reviewing the monthly monitoring information to provide challenge and escalations on any areas of concern to the Strategic Improvement and Assurance Board (**SIAB**) on a monthly basis.

We have identified a Lead for each area of weakness who will provide professional expertise and challenge for their Areas, including leading commentary in assurance reporting and working with responsible officers for individual actions.

For each area of weakness the plan identifies:

- The sub-themes which address key parts of the findings given in the Inspection Revisit letter on this area of weakness
- The actions we are taking to achieve improvement.
- The timescales for completing actions.
- How we intend to capture the evidence of our impact for children, young people, and families – this will be further developed as we deliver the APP and shared with DfE as part of our 6-month review process.
- The Key Performance Indicators (**KPIs**) we are using to measure the success/impact of the actions.

We use two BRAG ratings (Blue, Red, Amber, Green) to demonstrate progress on the action and impact of the action on children and young people (**CYP**).

We are doing further work on our definitions, to ensure responsible officers report against these consistently:

Red	Red	Actions delayed and impact not being delivered
Amber	Amber	Actions on track and expected impact on track
Green	Green	Action completed and early evidence of impact
Blue	Blue	Change is embedded, sustainable and ongoing evidence of impact

We will be developing clear milestones for our actions, so we know we are on track, particularly for those with longer term end dates.

Area of weakness identified in the original inspection.

1. A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs.

1a) Parental confidence is very low.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (measuring progress on action)	Impact BRAG (measuring impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>1A1: Implementation of the integrated SEND Communications and engagement strategy for the local area, including reviewing and developing communication channels to support the implementation of the strategy to distribute news, information, advice and guidance to children, young people and parents (direct and via Voluntary, community and social enterprises (VCSE) and informal networks), as well as the professionals supporting them (education, health and social care).</p>	<p>30 September 2023</p>	<p>Marketing and Resident Experience Partner, KCC.</p>	<p>Green</p>	<p>Red</p>	<ul style="list-style-type: none"> • Customer feedback. • Insight from EHCP and inclusion surveys. • Updated list of communication channels to use. 	<p>APP04 APP08 APP12 APP15 APP16 APP18 APP21 APP31</p> <ul style="list-style-type: none"> • Number of website visits • Time spent on site. • Top pages. • Social sharing.

<p>1A2: Implementation of new communication working practices by SEND officers in relation to keeping parents informed during education, health and care (EHC) processes.</p>	<p>31 May 2023</p>	<p>Performance and Analytics Manager (Continuous Improvement), KCC</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • To develop more standardised templates for key communication points to help improve the messaging and speed up the process of updating parents (for example, through using Outlook Quick Parts). • Education, health, and care needs assessment (EHCNA) satisfaction survey. 	<p>APP05 APP12 APP13</p>
<p>1A3: Develop plan for celebrating successes and good outcomes through our network of communications channels to build trust and confidence in parents and young people.</p>	<p>1 October 2023</p>	<p>Marketing and Resident Experience Partner, KCC.</p>	<p>Amber</p>	<p>Red</p>	<ul style="list-style-type: none"> • Targeted social media engagements. • Click-throughs to news articles. • Video views. • Positive feedback from children, young people, parents, and carers. 	<p>APP04 APP12</p> <p>We monitor the reach and level of interactions through our media channels, including:</p> <ul style="list-style-type: none"> • Number of website visits. • Social media reach and impressions – views, links to website, how many times people interacted with it (like, comment, share). • Engagement rate.
<p>1A4: Increase compliance of health professionals against the SEND training assurance framework.</p>	<p>30 April 2024</p>	<p>Designated Clinical Officer (DCO) Kent and Medway, NHS.</p>	<p>Green</p>	<p>Red</p>	<ul style="list-style-type: none"> • Evidence of the scoping exercise with stakeholders. • Multi-agency quality assurance framework audit cycles reported to Strategic Improvement and 	<p>APP08 APP09</p>

					Assurance Board (SIAB) from May 2023.	
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1b) Requests for assessment are 20% higher than the England average; parents see this route as the only way to have their child's needs met.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
1B1: Finalise and implement the communications plans to build trust and confidence in parents in the ability of local schools to support children and young people with SEND by explaining the benefits of inclusion for all pupils, demonstrating this through success stories and building awareness of what support is ordinarily available in schools and settings.	1 October 2023	Marketing and Resident Experience Partner, KCC.	Amber	Red	<ul style="list-style-type: none"> • New series of videos filmed in new academic year and promoted with schools. • Reach and engagement of communications. • Increase in awareness via an inclusion survey to parents. • Feedback from education representatives on the Communications and Engagement Task and Finish Group. 	APP08 APP09 APP10 APP16 We monitor the reach and level of interactions through our media channels, including: <ul style="list-style-type: none"> • Number of webpage visits. • Social media reach and impressions (likes, comments, shares). • Engagement with parents.
1B2: Develop and implement a communications plan to support phase transfer process for parents and	30 June 2023	Marketing and Resident Experience Partner, KCC.	Red	Red	<ul style="list-style-type: none"> • Feedback from young people, parents, and carers 	APP08 APP09 APP10 APP18 APP19

carers, and young people, when they move to a new school or setting (from early years settings to primary school, from primary school to secondary school and from secondary school to post-16 settings).						APP31 We will provide the evidence of how we have measured success, including benchmarking as part of our 6-month review including: <ul style="list-style-type: none"> • Number of webpage visits. • Social media reach and impressions. • Engagement.
1B3: Work with colleagues within KCC to ensure advice regarding EHC needs assessment (EHCNA) requests is consistent when supporting parents.	31 December 2024	Interim Assistant Director for SEND Operations, KCC.	Green	Red	<ul style="list-style-type: none"> • Requests for EHCNA by parents reduce. • Analysis of parental feedback 	APP08 APP09

Page 18

1c) Parents report difficulty in communicating with the SEND team.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
1C1: Centralise agreed SEND complaints capacity to improve processes and ensure complaints are dealt with in a timely, consistent way, ensuring advice is consistent when supporting parents.	28 February 2023	Corporate Director Children Young People and Education, KCC	Green	Amber	<ul style="list-style-type: none"> • Resource transfer completed. • SEND complaints processes and protocols are understood by all staff, with ongoing support provided to staff to upskill the quality and timeliness of responses. 	APP01 APP02

					<ul style="list-style-type: none"> • Systematic monitoring of complaints is undertaken by specific members of staff to ensure improvement in response and resolution. • Review of sign off systems to ensure they are streamlined and do not create unnecessary bureaucracy. 	
1C2: Soft launch of SEND enquiries hub to provide a consistent point of contact for parents, carers, and families.	30 April 2023	SEND Engagement, Operations and Assurance Manager, KCC.	Green	Green	<ul style="list-style-type: none"> • Enquiries hub phone number and email address went live in April 2023 	To be developed by August 2023 – data currently being collected
1C3: Review the impact and experience of the SEND enquiries hub, working with SEND to advise on call handling and quality and arranging and managing contract with Agilisys.	01 August 2023	Assistant Director - Fair Access and (Interim) SEN Processes, KCC.	Amber	Amber	<ul style="list-style-type: none"> • Feedback surveys from callers. • Feedback from call handlers. • Customer feedback analysis. • Engagement with Kent Parents and Carers Together (PACT) in the SEND enquiries hub communications and engagement to parents and carers. 	APP01 APP02 APP04 APP12 Benchmarking data being collected including: <ul style="list-style-type: none"> • Number of contacts • Answer rate • Successful call closure rate • Satisfaction levels
1C4: Implementation of SEND redesign – to implement the teams created under the SEND redesign and ensure operational guidance for Casework, Assessment	31 July 2023	Interim Assistant Director for SEND Operations, KCC.	Amber	Amber	<ul style="list-style-type: none"> • New teams and working processes established. • Training delivered to new teams. 	APP13 APP21 APP22

and Placement Teams is in place and understood.					<ul style="list-style-type: none"> • Operational guidance is in place. • Systems of monitoring performance of teams is in place. • Changes to structure communicated to stakeholders. 	
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1d) Lack of access to and availability of services such as speech and language therapy and the educational psychology service

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
1D1: Improve access and availability to Educational Psychology (EP) Services.	31 October 2023	Assistant Director/Principal Educational Psychologist (EP), KCC.	Amber	Red	<ul style="list-style-type: none"> • The capacity of the EP service is reviewed through a detailed activity framework and contracts, to model and match capacity across a range of EP resources against forecast needs, demand, and availability. • Recruitment of EPs, Assistant EPs, and Trainee EPs. • Surveys – feedback from parents and schools has informed prioritisation of intervention and support in districts and revisions in training offered to EP's. 	APP16 Each district has access to an inclusion dashboard which sets out a key dataset with indicators associated with issues related to inclusion and parental confidence in mainstream schools.

					<ul style="list-style-type: none"> Young people's voice (sense of belonging) – focus groups and interviews are being used to gather views including young people who attend special schools, which also informs the Special Schools Review. Outcome monitoring data. 	
1D2: Deliver the SEND therapies education, health, and care plans (EHCPs) Section F integrated therapy review.	22 December 2023	SEND Lead Speech and Language Therapy (SLT), KCC.	Amber	Amber	<ul style="list-style-type: none"> A simplified and improved journey for families in accessing additional SEND services which are balanced, and not only about 1:1 time with a specialist as the sole means of progress towards individual and higher-level outcomes. 	Quantitative and qualitative measures being developed and will be specified as part of the SEND therapies commissioning review process.

Page 21

1e) Parents, children and young people's views are not being heard, acted on and they are not feeling involved in making decisions.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
1E1: Countywide Approach to Inclusive Education (CATIE) survey linked to Family Engagement Award.	31 January 2023	SEND Engagement, Operations and Assurance Manager, KCC.	Amber	Green	<ul style="list-style-type: none"> CATIE survey analysis. CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	% of parents and carers who complete the CATIE survey.

<p>1E2: Scope and understand how case studies and tracking can support improved lived experience and outcomes for children and young people (CYP) and embed into standard practice across health organisations.</p>	<p>30 April 2024</p>	<p>Designated Clinical Officer (DCO) Kent and Medway, NHS.</p>	<p>Amber</p>	<p>Red</p>	<ul style="list-style-type: none"> • Evidence of the scoping exercise with stakeholders. • Learning is embedded through monthly training offer by the Integrated Care Board (ICB) SEND team, sharing learning at SEND Health Network, ICB contract meetings and interface with service specific leaders. • Impact measured through audit and repeating case study methodology. 	<p>APP08 APP09 APP10</p>
<p>1E3: To coproduce the health offer across the universal, target and specialist health services for special schools.</p>	<p>31 December 2023</p>	<p>Designated Clinical Officer (DCO) Kent and Medway, NHS.</p>	<p>Green</p>	<p>Red</p>	<ul style="list-style-type: none"> • Publish the universal, targeted and specialist health offer for special schools on the SEND information hub by December 2023. • Specialist school health support offer for schools and families. • Evidence of coproduction. • Impact expected to be evidenced 6 to 12 months following development of the health offer. 	<p>APP08 APP09 APP10</p>

1f) Limited antenatal and postnatal support for families						
Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
1F1: Communicate the early identification and notification process for pre-school.	30 April 2023	Designated Clinical Officer (DCO) Kent and Medway, NHS.	Green	Amber	<ul style="list-style-type: none"> • Parent leaflet. • 7-minute briefing, included in training offer and emails to providers to raise the profile of the process. 	APP08 APP09 APP10
1F2: Increased number of families are aware of the Start for Life offer and have a positive association through annual family surveys.	30 September 2024	Director of Integrated Children's Services, KCC.	Amber	Amber	<ul style="list-style-type: none"> • Annual family surveys. • District-based service delivery plans for needs led joint outreach between Health Visitors and Children's Centres. • Range of promotional materials and targeted campaigns. 	Baseline KPI to be established by September 2023, as part of Family Hubs Delivery Plan.
1F3: Through the ongoing development of the Family Hub Model in Kent, the local authority and health partners will work together to ensure the joint delivery and local promotion of options for antenatal support.	To be confirmed in Family Hubs Delivery Plan in August 2023	Head of Strategic Commissioning (Public Health), KCC.	Green	Green	<ul style="list-style-type: none"> • Updated Family Hubs Delivery Plan, reporting to DfE in August 23. • Existing antenatal support offer included on Start for Life website. • Family Hubs consultation launched July 23 to complete 	To be defined in the updated Family Hubs Delivery Plan to be agreed with DfE in August 2023.

					<p>with evaluation of consultation findings in September 23.</p> <ul style="list-style-type: none"> • Increased promotion of antenatal parenting offer through Family Hubs test sites from July to September 23. • Pilot of Dad's antenatal support. 	
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2. A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.

Page 20

2a) A wide variation in the quality of provision and in commitment to inclusion in schools.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (measuring progress on action)	Impact BRAG (measuring impact on CYP)	Evidence including audit activity to measure success/ impact on CYP	KPI used to measure
2A1: Mainstream Core Standards (MSC) training for teachers and governors.	25 July 2025	Senior Commissioner – Inclusion, KCC.	Amber	TBC in September 23 reporting	<ul style="list-style-type: none"> • Improved parental confidence in schools. 	APP08 APP09
2A2: Delivering the Early Years Review, including Reception Year pilot findings.	26 September 2023	Commissioner – Inclusion, KCC.	Red	Red	<ul style="list-style-type: none"> • Stakeholder engagement - July 23. 	APP08 APP09 Critical success factors will be defined once review

					<ul style="list-style-type: none"> • Report with recommendations about the future options for commissioning of Early Years services is produced – planned for end of September 23. 	recommendations and future options have been decided
2A3: Evaluate Reception Year pilots.	31 July 2023	SEND Support and Inclusion Manager - Early Years, KCC.	Green	Amber	<ul style="list-style-type: none"> • Evaluation evidence shared with Partnership Delivery Group (PDG). • Children in the pilots have a supportive and appropriately phased transitional experience into a mainstream school in Reception Year and that parents and school staff are confident in meeting the needs of children with SEND. • Learning from pilots informs development work. • SEND Strategy objectives data will be collated and available as part of 6-month APP review 	<p>APP08 APP09 APP18 APP31</p> <p>SEND Strategy Priority Two: objectives:</p> <ul style="list-style-type: none"> • Children to make educational and developmental progress in line in-line with their identified need. • Upskill teachers in the mainstream setting to improve expertise and confidence to meet needs of Reception Year pupils with an identified SEN in the mainstream setting. • Pupils experience a positive transition from their early years setting to a mainstream setting and to ensure pupils successful transition into Year 1 in the mainstream setting and beyond.

						<ul style="list-style-type: none"> • Improve parental confidence in mainstream school to meet their child's needs.
2A4: Implement Autism Education Trust (AET) Training and Strategy.	31 August 2025	Countywide Autism Leader Trainer, KCC.	Green	Amber	<ul style="list-style-type: none"> • AET licence has been obtained. • AET 3 year roll out forecast with targets specified in AET licence agreement. • Induction training delivered for STLS and EPs to become trainers for schools and early years settings. • Educational Psychologist (EP) training is supported by the rollout of the AET framework to ensure schools are autism friendly and have an understanding of good autism practice. 	<ul style="list-style-type: none"> • 20% of all Early Years settings including childminders per year accessing the training (347 early years settings trained by August 2024 and 634 by August 2025). • 20% of all school age settings per year accessing the training (244 early years settings trained by August 2024 and 439 by August 2025). • 205 delegates from post 16 settings per year to have accessed the training.

2b) Secondary schools not inclusive leading to requests for an EHCP for secondary transfer and requesting special or independent school.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
<p>2B1: Produce and promote video interviews with teachers, pupils and parents as case studies that illustrate the benefits of inclusive practice.</p>	<p>March 2023 pilot</p>	<p>Marketing and Resident Experience Partner, KCC.</p>	<p>Green</p>	<p>Red</p>	<ul style="list-style-type: none"> • Video views. • Targeted social media reach. • Click throughs on website. • Inclusion survey. • Other feedback sought from teachers, pupils, and parents. 	<p>APP04 APP08</p> <p>We monitor the reach and level of interactions through our media channels, including:</p> <ul style="list-style-type: none"> • video views • reach • engagement rate.
<p>2B2: Review of phase transfer process.</p>	<p>31 March 2023</p>	<p>Interim Assistant Director for SEND Processes.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • All places secured for 2023/2024 academic year within timescale in line with statutory duties. • Phase transfer data for Year 6 to 7 and Post 16 	<p>APP08 APP09 APP18 APP19 APP31</p>
<p>2B3: Preparing for phase transfer implementation 2024/2025.</p>	<p>31 March 2024</p>	<p>Interim Assistant Director for SEND Processes.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • All places for 2024/2025 academic year secured within timescale in line with statutory duties. • Phase transfer data for Year 6 to 7 and Post 16 	<p>APP08 APP09 APP11 APP18 APP19 APP31</p>

2c) Perception that there is an unfair allocation of specialist places.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
<p>2C1: Review of Special Schools</p> <p>The scope of the review includes:</p> <ul style="list-style-type: none"> • Planning for sufficiency of special school places. • Reviewing the designation and admission criteria. • Reviewing the principles for funding of special schools. • Reviewing the role of special schools in supporting children and young people with SEND in mainstream schools. 	<p>31 December 2023</p>	<p>Assistant Director/Principal Educational Psychologist, KCC.</p>	<p>Amber</p>	<p>TBC in September 23 reporting</p>	<ul style="list-style-type: none"> • 3 stages of review: Explore (understand the status quo); gap analysis and future strategic planning options. • A stakeholder reference group has been established to hold the local authority to account and to inform the process of review, which includes a parent representative and special school head teachers. • A more coherent approach to provision of curriculum pathways across special schools and the mainstream sector, which can be better understood by parents. • Ensure Kent special schools are equipped and able to support the most complex children. • Ensure the special school places are located in the right places in the county to meet demand. 	<p>APP08 APP09</p> <p>Explore stage data includes:</p> <ul style="list-style-type: none"> • relative number of children placed in special schools. • the number of places per district and in comparison, with statistical neighbours. • the number of children placed in independent special schools per district.

2d) Young people say they there is a lack of understanding of their SEND needs in schools and colleges.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
<p>2D1: Deliver Pathways to Independence - Sufficiency Planning.</p>	<p>2 September 2024</p>	<p>Interim Assistant Director for SEND Operations, KCC.</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Sign-off of Sufficiency Plan. • The mapping of locally available post 16 pathways undertaken within the Pathways to Independence project will be shared with stakeholders and young people. 	<p>APP39</p>
<p>2D2: Develop and review the transition charter.</p>	<p>31 July 2024</p>	<p>Education Officer, Mainstream Inclusion, KCC.</p>	<p>Green</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Evaluation approach being developed. • Working group with headteachers established. • Transition charter is reviewed. • Engagement with young people on pupil voice planned for next academic year. 	<p>APP08 APP09 APP11 APP18 APP19 APP31</p>
<p>2D3: Development of Social, Emotional and Mental Health (SEMH) guidance for mainstream schools and mapping of resources available for schools.</p>	<p>30 April 2024</p>	<p>Education Officer, Mainstream Inclusion, KCC.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Deep dive report completed, and recommendations being reviewed to progress through governance arrangements. • Production of resources for schools 	<p>APP08 APP09 APP45 APP46</p>

<p>2D4: To plan to collect meaningful student voice from young people and have infrastructure in place to respond and improve appropriately.</p>	<p>31 July 2024</p>	<p>Education Officer, Mainstream Inclusion, KCC.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Cohorts of children with an education, health, and care plan (EHCP) and children with an EHCP who are not in full time education (FTE). • ‘SEN support’ in place in schools – this means support for children and young people who are on the SEN register. • Case studies gathered. • Specialist resource planning (SRP) contract monitoring. • Mapping of CYP participation completed in July 23. • Post 16 events including student voice planned for new academic year from Sept 23 	<p>SRP contract/service level agreement includes annual monitoring on student voice from September 2023.</p>
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2e) Poor communication between area leaders and schools including the CATIE diagnostic tool and the Co-Production Charter.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
<p>2E1: Review of the Countywide Approach to Inclusive Education (CATIE).</p>	<p>01 September 2023</p>	<p>Education Officer, Mainstream Inclusion, KCC.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Updated CATIE document formally adopted as council strategy. • CATIE Steering Group chaired by a mainstream headteacher 	<p>APP09 APP49 APP50 APP57 – APP64</p>

					<p>will provide oversight from September 23 – terms of reference in place.</p> <ul style="list-style-type: none"> • CATIE Steering Group will receive reports tracking progress and evidence on CATIE project plan, which will feed into APP reporting. • CATIE strategic report in place for new academic year. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	
<p>2E2: Transparency through information sharing with district groups of schools to support partnership work to improve inclusion of children with SEN in state-funded schools.</p> <p>Inclusion dashboard consistently used by local authority officers and head teachers to plan Local Inclusion Plan and deployment of resources (for example, Educational Psychologists (EP) service support; Specialist Teaching and Learning Service (STLS); Early Help).</p>	31 July 2024	<p>Education Officer, Mainstream Inclusion, KCC</p> <p>Assistant Director/Principal Educational Psychologist, KCC.</p>	Green	Red	<ul style="list-style-type: none"> • Every district has an active Local Inclusion Partnership Group (LIFT Exec evolved) with a local inclusion plan – this is in progress and due to be completed in April 2024. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	<ul style="list-style-type: none"> • CATIE baseline report – Sept 2023. • CATIE inclusion metrics measured annually as per Countywide Approach to Inclusive Education.

3. That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.

3a) Limited representation and involvement of parents and carers with area leaders.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
3A1: Kent and Medway Children's Programme Board session on Lived Experience Strategic Framework.	31 March 2023	Senior Commissioning Manager (Children and Young People's Services), KCC.	Blue	Blue	<ul style="list-style-type: none"> Evidence provided to the PDG by lead commissioner on impact of the event and ongoing work resulting from this. 	KPI's not applicable but evidence has been provided.
3A2: Involve parents and young people in shaping the approach and priorities in the SEND communications and engagement strategy.	28 February 2023	Marketing and Resident Experience Partner, KCC.	Blue	Green	<ul style="list-style-type: none"> Report available on outcomes from focus groups with children and young people from Participation Manager in May 2023. Education, health, and care (EHC) survey and Inclusion survey to parents. Children, young people, and parents feedback gathered in focus groups led by Children 	KPI's not applicable – action completed, and an update has been provided to SIAB on parents and young people's involvement in May 2023

					and Young People's (CYP) Participation Lead with involvement from Kent PACT and strategy amended based on feedback received.	
3A3: Implementation of a Children and Young People's Shadow Board for the Integrated Care Board (ICB) that feeds into the Strategic Improvement and Assurance Board (SIAB)	30 September 2023	Chief Nurse NHS Kent and Medway, NHS.	Green	Green	<ul style="list-style-type: none"> • Board reports. • Committee minutes. • Updates to Strategic Improvement and Assurance Board (SIAB). • Feedback from children and young people on difference their presence is making 	Number of children and young people on the Strategic Board.

Page 33

3b) Limited participation reach and need to extend engagement and membership with a broader range of parents, carers, and families.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
3B1: Initiate discovery work with the Council for Disabled Children.	28 February 2023	SEND Strategic Development Manager.	Green	Green	Action complete – specific, measurable actions taken since March 2023 evidenced in the RISE Programme Action Plan, which was shared with Partnership Delivery Board (PDG) in June 2023.	Success criteria in the RISE Action Plan shared with PDG.
3B2: Implementing work with the Council for Disabled Children (RISE Programme).	31 July 2023	SEND Strategic Development Manager.	Green	Amber	<ul style="list-style-type: none"> • Contribute to and review the Co-Production Charter and learning and training where appropriate. 	75% of SEND based engagement and co-design activities will have had input or/and

					<ul style="list-style-type: none"> • Kent Parents and Carers Together (PACT) engaged in Co-Production Charter. • RISE Programme Action Plan shared with PDG in June 2023. 	attendance from parent carers and young people.
<p>3B3: Involve parents in reviewing the impact of the new SEND operating model including the SEND enquiries hub (local offer).</p> <p>Page 34</p>	31 March 2024	SEND Engagement, Operations and Assurance Manager, KCC.	Amber	Green	<ul style="list-style-type: none"> • Co-production of indicators with Kent PACT underway. • Working on developing mystery shoppers with Kent PACT, as part of their Memorandum of Understanding (MoU). • Survey from Kent Analytics to parents with educational, health, and care plans (EHCPs) after 3 months. • Parental Survey (KPI's in APP scorecard). • Family feedback through a range of channels, including complaints, surveys, and audits, being used by the Practice and Development team to inform feedback loops and improve practice. 	Enquiries hub developing measures of tracking calls and closures of enquiries.
3B4: VCSE sector event on children and young people.	31 March 2023	Corporate Director Children Young	Blue	Blue	<ul style="list-style-type: none"> • Action complete – update on impact of event provided to SIAB in April 23 as part of 	Not applicable

		People and Education, KCC.			Corporate Director's verbal update	
3B5: Creation and promotion of SEND engagement framework/plan to outline why, when, and how we will engage with young people and their families (for both families and SEND staff)	30 September 2023	SEND Engagement, Operations and Assurance Manager, KCC.	Amber	Green	<ul style="list-style-type: none"> • Communications to promote the engagement framework. • Oversight of impact from Communications and Engagement Task and Finish Group. • Feedback from children, young people, and families. 	APP12 APP15

3c) Too many parents were not aware of Kent PACT, and report they have no involvement in reviewing or developing services.

Action	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
3C1: Kent PACT Memorandum of Understanding (MoU) Review.	30 June 2023	Commissioner – Inclusion, KCC.	Green	Green	<ul style="list-style-type: none"> • Development of new MoU with Kent PACT. • New MoU is signed-off and agreed by relevant stakeholders in July 2023. • Commissioner reviewing delivery of the MoU on quarterly and annual basis. 	Measures to be developed as part of the delivery of the Memorandum of Understanding.
3C2: The role of Kent PACT to act as a two-way conduit and strategic feedback loop between parents and carers and the local authority.	31 December 2023	Kent Parents and Carers Together (PACT).	Amber	Red	<ul style="list-style-type: none"> • Refreshed Memorandum of Understanding (MoU) in July 2023. 	Measures to be developed as part of the delivery of the Memorandum of Understanding.

(Also contributes to sub theme 3d)					<ul style="list-style-type: none"> • Quarterly and annual reviews of MoU. • Evidence of engagement and reach with broader range of parents and carers. 	
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3d) Limited influence in strategic decision making for support groups for children, young people, and parents.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
3D1: Children and young people participation in assurance governance.	30 June 2023	Participation Manager, KCC.	Amber	Amber	<ul style="list-style-type: none"> • Participation discussed with SIAB and being progressed by Communications and Engagement Task and Finish Group. 	Not applicable
3D2: Commission NHS England Expression of Interest (EOI) funding to support the voice of SEND children and young people (CYP) within health services.	30 April 2023	Deputy Director Children's Services – SEND, NHS.	Green	Amber	<ul style="list-style-type: none"> • Report on engagement activity from commissioned provider. • Grant agreement requirements on engagement. 	APP01 APP08 APP09

3e) At an individual level co-production for EHCPs and annual reviews is not routinely in place.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
3E1: Involve parents and young people in developing the revised communications sent by KCC in the	28 February 2023	Marketing and Resident Experience Partner, KCC.	Green	Red	<ul style="list-style-type: none"> • Co-production feedback received. 	APP05 APP12

education, health, and care (EHC) processes.					<ul style="list-style-type: none"> • EHC survey. • Inclusion survey. • Customer feedback 	
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4. An inability of current joint commissioning arrangement to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.

4a) Weak bureaucratic processes, silo working and persistent financial disagreements.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
4A1: Joint funding placement review.	31 May 2024	Senior Commissioning Manager, KCC.	Amber	Amber	<ul style="list-style-type: none"> • Lead professional appointed to implement new processes. 	Number of joint funding arrangements starting each year.
4A2: Refresh the Children and Young People Joint Commissioning Group and prepare a joint commissioning plan.	01 April 2025	Head of Strategic Commissioning (Children and Young People's Services), KCC - Chair of Joint Commissioning Group.	Green	Amber	<ul style="list-style-type: none"> • Joint Commissioning Group re-established in May 2023, with actions and highlight reports shared with Partnership Delivery Group (PDG). • Draft Speech and Language Therapy (SLT) service specification in place. 	KPI's to be defined as part of development of the joint commissioning plan.

					<ul style="list-style-type: none"> • Joint Commissioning Group working on prioritisation of joint commissioning against this specification by December 2023, before going to wider consultation with families over next couple of years. • Service specification informs route map expectation of how we want services to move towards the specification in lieu of formal joint commissioning. • Completion of service specification, joint commissioning plan and related governance processes completed within next 2 years. • Joint identification of funding to support roll out 	
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4b) Ambition to secure parental engagement and influence in joint commissioning services

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
4B1: The development of a lived experience framework to promote a consistent robust approach to the involvement of KCC and	To be confirmed	Lived Experience Expert, NHS.	Amber	Amber	<ul style="list-style-type: none"> • Sign-off of Lived Experience Framework. 	APP13

ICB users and carers in the design and delivery of their services.						
4B2: Develop and implement the Thrive Framework.	31 August 2023	Thrive Programme Manager, KCC.	Amber	TBC in September 23 reporting	<ul style="list-style-type: none"> • Thrive programme documentation available as part of 6-month APP review. • The whole social, educational and health system works together to ensure the needs of children and young people are met. • Services are delivered at the right place and right time. • Children, young people, and families build relationships with trusted adults. 	KPIs set within the Thrive framework for system change

Page 39

4c) Joint commissioning processes are at an early stage of development.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
4C1: Schools from across Kent Special Educational Needs Trust (KsENT) working with NHS to commission qualified nurses within Profound,	Completed	Principal, Five Acre Wood School on behalf of KSENT.	Green	Green	<ul style="list-style-type: none"> • All PSCN schools now have qualified nursing staff on situ, provided and funded by the NHS. 	Number of qualified nurses commissioned by NHS for KsENT schools.

Severe and. Complex Needs (PSCN) schools.						
4C2: Develop an Integrated Care Strategy (ICS) Children and Young People specific strategy, linked to the ICS Strategy that describes our long term, system-wide co-produced vision for children and young people.	30 April 2024	Director of Children's Services, ICB, NHS. Head of Commissioning, KCC.	Red	Red	<ul style="list-style-type: none"> • Delivery Plan for the development of the strategy, including interim milestones. • Strategy produced by April 24. 	Number of new joint commissioning projects started.
4C3: Joint working with system wide, commissioners and providers to develop a jointly agreed delivery plan which establishes, which uses both qualitative and quantitative baseline health data and trajectories to support improvement and assurance and are meaningful and published for families.	30 April 2024	Deputy Director for Children's Services, ICB, NHS Head of Strategic Commissioning (Public Health), KCC.	Red	Red	<ul style="list-style-type: none"> • Development of a Data Improvement Delivery Plan, including interim milestones. • Development of data and using improved data to inform the addition of trajectories in the APP scorecard. 	Clear metrics will be developed that are accessible to system partners, external support, and families.

5. Poor standards achieved, and progress made, by too many children and young people with SEND.

5a) The drive to improve standards and progress has been slow, outcomes achieved are not good enough.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
5A1: Deliver the EFFective Kent project.	28 July 2023	Education Lead Adviser, KCC.	Green	Green	<ul style="list-style-type: none"> Evidence-based training delivered to participating schools (167 schools participated in 2022/23). EFFective Kent Project engagement and impact data for 2022/23 academic year provided to DfE in May 2023. 	APP47 – APP56
5A2: Deliver Nurtureuk contract.	31 August 2024	Commissioner – Disabled Children and Young People Services, KCC.	Green	Green	<ul style="list-style-type: none"> Training delivered to mainstream primary and secondary schools. 	No. and % of participating schools – target of 300 by 31 August 2024
5A3: Promoting Quality First Teaching and Assessment and further embedding mainstream core standards across mainstream schools.	Ongoing	Education Officer, Mainstream Inclusion, KCC.	Amber	Green	<ul style="list-style-type: none"> Ofsted judgements and commentary about quality of inclusive provision in mainstream schools from published Ofsted reports. The Education People (TEP) spreadsheet to provide evidence of delivery. 	APP 47 APP48 APP49 APP50 APP 51 APP 52 APP 53 APP 54 APP 55 APP 56

					<ul style="list-style-type: none"> • Engagement of schools and academies in training. • Analysis of data and evidence in order to influence further activity. • CATIE Steering Group oversight. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	
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5b) Area leaders have a fragmented relationship with schools and there is an absence of data.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
Page 42 5B1: Locality based resources project.	1 April 2024	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	<ul style="list-style-type: none"> • Project evaluation schedule to provide evaluation evidence, feedback from families and performance data to inform development of the model. • Develop a phased project plan for implementation, including indicators to monitor and evaluate success at key points. 	APP08 APP09 APP10 APP11 APP 23-31 inclusive APP33 APP 34 APP39 APP 47-56 inclusive APP 57-64 inclusive

					<ul style="list-style-type: none"> • Minutes of meetings between the local authority and localities. 	
5B2: Roll out of the Countywide Approach to Inclusive Education (CATIE) dashboard.	30 November 2023	Assistant Director - Management Information and Intelligence, KCC.	Green	Green	<ul style="list-style-type: none"> • CATIE dashboard circulated to schools. • Feedback from survey of internal school dataset users • Monitoring and Evaluation Group being set up. • CATIE Steering Group oversight. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	The CATIE dashboard provides collated data to enable schools to benchmark their own outcomes against neighbouring schools and at an individual school level, with regular monitoring of KPI's in place.

Page 43

5c) High rates of absence, persistent absence for children with an EHC plan, and a high rate of suspensions.						
Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
5C1: Implementing the 'Working Together to Improve School Attendance' guidance.	30 September 2023	PIAS Manager KCC.	Green	Green	<ul style="list-style-type: none"> • PIAS (PRU, Inclusion and Attendance Service) is currently working with all schools (primary, secondary, special and Pupil Referral Unit (PRUs)) to implement the guidance. 	APP57 – APP64

<p>Page 4</p>					<ul style="list-style-type: none"> • Communication of guidance including Headteacher Briefings, DSL Briefings, KELSI updates and governor training with The Education People. • Targeted Support Meeting audit to be completed at the end of the academic year to establish whether there is capacity to deliver Targeted Support Meeting requirements when guidance becomes statutory. • Updates to Children and Young People’s Cabinet Committee 	
<p>SC2: Liaise with Pupil Referral Units (PRUs) to ensure continuity of support for children and young people who require specialist support.</p>	<p>30 September 2023</p>	<p>PIAS Manager (PRU, Inclusion and Attendance Service), KCC</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Communication with Pupil Referral Units. • Engaging with Countywide Approach to Inclusive Education (CATIE) in particular priorities 2 and 3. • CATIE Steering group oversight. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	<p>APP57 – APP64</p>

					<ul style="list-style-type: none"> • Develop guidance document to be produced for mainstream schools with support from Special Schools (SEMH) and Pupil Referral Units (PRUs) Heads for support with preventative services. • Resources directory to prioritise SEMH services in first instance. • Free School application – Judes’ Academy, North Kent with therapeutic emphasis managed by mainstream schools in order to support the local area. 	
<p>5C3: Develop governance framework for SEN transport to support children and young people (CYP) with complex health needs in line with the statutory guidance for home to school transport.</p>	<p>31 December 2023</p>	<p>Client Transport Manager and Designated Clinical Officer (DCO) Kent and Medway, NHS.</p>	<p>Amber</p>	<p>TBC in September 23 reporting.</p>	<ul style="list-style-type: none"> • Ratified transport framework 	<p>APP58 APP59</p> <p>In addition to APP Scorecard KPI's:</p> <ul style="list-style-type: none"> • Percentage of CYP with an education, health, and care plans (EHCP) on a reduced timetable. • Percentage of authorised absence - EHCP pupils

5d) Inefficient allocation of special resource provision places impact negatively on children and young people's opportunities to make good progress and achieve well.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
5D1: Review of Specialist Resource Provisions (SRP).	31 July 2023	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	<ul style="list-style-type: none"> Review of service level agreements completed. Reporting on agreed outcomes underway. Reviewing thresholds for admissions on July 23. New SRP contract/service level agreement rolled out from September 23, with full monitoring and evaluation of outcomes and progress twice a year. 	APP11 APP47 – 56

Page 46

5e) School leaders unaware of the strong commitment to educating a greater proportion of CYP with SEND in mainstream schools.

Actions designed to lead to improvement	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence inc audit activity to measure success/impact on CYP	KPI used to measure
5E1: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Mainstream schools core training offer.	30 September 2023	Senior Commissioner – Inclusion, KCC.	Amber	Amber	<ul style="list-style-type: none"> Increase inclusion in mainstream schools. CATIE Steering Group oversight 	No. and % of participating schools.

<p>5E2: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Deliver the Inclusion Leadership commissioned programme.</p>	<p>31 March 2024</p>	<p>Commissioner – Disabled Children and Young People Services, KCC.</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Priorities for development identified by school leaders. • Implementation of improvement priorities • CATIE Steering Group oversight • The first cohort will complete the programme in July 2023 (52 schools – 43 primary and 9 secondary schools) and on completion, each school will provide a case study setting out the aspect of inclusion that they have examined through peer review, the lessons learnt, the action taken as a result, the impact in the school (on staff, pupil, families). 	<p>No. and % of participating schools.</p>
<p>5E3: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Develop and promote the school resource directory.</p>	<p>31 October 2023</p>	<p>SEND Engagement, Operations and Assurance Manager, KCC.</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Schools are able to readily and easily access appropriate training opportunities to support and enhance their inclusive practice. • CATIE Steering Group oversight. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics. 	<p>Planning underway on development of data and measures, including links to school inclusion survey data, inclusion dashboard and training by August 2023.</p>

6. The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.

6a) Further improvement in more precise and coherent targets on newly produced EHC plans.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>6A1: Review decision-making processes for education, health, and care needs assessments (EHCNAs).</p>	31 May 2023	Performance and Analytics Manager (Continuous Improvement), KCC.	Green	Green	<ul style="list-style-type: none"> • Mapping of processes and data analysis. • Criteria for decisions updated and forms to support officers to apply the new processes in January 2023. • Guidance on legal requirements in April 2023. • Embedding the process improvements with the Placement Team implemented in April 2023. • Evaluation against project success criteria 	APP17 APP22
<p>6A2: Designated Clinical Officer (DCO) to work with SEND service to review and</p>	30 June 2023	Designated Clinical Officer	Blue	Green	<ul style="list-style-type: none"> • Agreed that universal health offer should not be added. 	APP13 APP22

agree whether to include the universal health offer to be added to Section G of all education, health, and care plans (EHCPs).		(DCO) Kent and Medway, NHS.			<ul style="list-style-type: none"> • Monthly health audit. • Invision audit - an online quality assurance tool to audit the quality and consistency of EHCPs against recognised standards. 	Invision audit metrics – criteria on what good looks like for each section of an EHCP.
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6b) Continued improvement in quality assurance and audit process to reduce percentage of new EHC plans judged to require improvement.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6B1: Delivering the Quality Assurance Audit and Moderation Cycle and monthly multiagency audits.	31 July 2023	Assistant Director – Quality Assurance and Social Work Lead within Special Educational Needs and Disabilities, KCC.	Green	Amber	<ul style="list-style-type: none"> • Monthly multi-agency audits delivered, as per quality assurance audit forward plan shared with Strategic Integrations and Assessment Board (SIAB) from May 2023. • Oversight from the Quality Assurance Task and Finish Group. 	APP07 APP22
6B2: Review process and embed health’s sign off criteria for education, health, and care plans (EHCPs) to ensure plans are quality assured prior to issuing.	31 March 2023	Designated Clinical Officer (DCO) Kent and Medway, NHS.	Amber	Amber	<ul style="list-style-type: none"> • Monthly audits delivered as per quality assurance audit forward plan shared with SIAB from May 2023. 	APP03 APP22

					<ul style="list-style-type: none"> • Oversight from the Quality Assurance Task and Finish Group 	
6c) When an EHC plan is identified as requiring improvement during the audit process the required improvements never get made.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>6C1: Develop and implement quality assurance on quality of education, health, and care plans (EHCPs) before issuing in draft format, to ensure draft plans are of high quality before they are issued.</p>	30 April 2023	Assistant Director – Quality Assurance and Social Work Lead within Special Educational Needs and Disabilities, KCC.	Red	Red	<ul style="list-style-type: none"> • Quality assurance audit cycle evidence. • Survey that goes out to all families who have received an EHCP 3 months after issue – survey data available from November 2022. • Feedback loop is now in place to sustain improvement. 	APP05 APP06 APP22 APP05 APP06 APP15 Percentage of plans audited prior to issuing in draft.
<p>6C2: Develop multi-disciplinary training package for level 3 health practitioners to share learning from audits/tribunal outcomes and enhance knowledge of statutory duties.</p>	31 March 2023	Designated Clinical Officer (DCO) Kent and Medway / SEN, NHS	Green	Amber	<ul style="list-style-type: none"> • Monthly post training feedback. • Number of level 3 health practitioners trained. 	APP05 APP06 APP07 APP08 APP09

Page 50

6d) There is no understanding of the quality of the annual reviews.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>6D1: Process Improvements for annual reviews.</p>	<p>31 May 2023</p>	<p>Performance and Analytics Manager (Continuous Improvement), KCC.</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Process mapping completed April 2023. • Updated annual review process went live on 17th April 2023. • Casework staff received training on new process, including for new starters. • Process is in place for casework team to notify schools of what annual reviews they need to complete and evidence it is being used. • Improved quality of annual reviews measured through quality assurance and audit cycle 	<p>APP02 APP11 APP20</p>
<p>6D2: Develop a SEND handbook.</p>	<p>31 August 2023</p>	<p>SEND Strategic Development Manager, KCC.</p>	<p>Green</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Handbook is circulated to staff and relevant stakeholders. 	<p>APP35 APP36</p> <p>Reduction in the number of queries from schools in relation to SEND processes.</p>

6D3: Development of annual review best practice model and dissemination to frontline teams.	30 November 2023	Interim Assistant Director for SEND Operations, KCC.	Green	Green	<ul style="list-style-type: none"> • Production of best practice model document. • Communications to staff to share the model 	APP20
6e) There are few planned outcomes for health and social care where needs have been identified within a plan.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6E1: Ensure education, health, and care plans (EHCPs) contain evidence of health professionals social care involvement/planned care where plans identify health and social care needs.	31 December 2023	Assistant Director – Quality Assurance and Social Work Lead within Special Educational Needs and Disabilities, KCC.	Green	Amber	<ul style="list-style-type: none"> • Cycle 1 and 2 audits having a health and social care lens were completed on 14 April and 19 May consecutively. • Cycle 1 analysis and recommendations shared with Strategic Improvement and Assessment Board (SIAB) on 24 May 2023 and learning presented to Kent and Medway health network on 30 May. • Recommendations for operational improvements to be implemented in next 2 months and evaluation of impact by December 2023. 	APP13 APP22 APP45 APP46

6E2: Review health template to improve the consistency of high-quality health advice.	30 April 2023	Designated Clinical Officer (DCO) Kent and Medway, NHS.	Blue	Green	<ul style="list-style-type: none"> Monthly appreciative inquiry audit for health 	APP03 APP22
6f) There is too little consideration given to preparing young people for adulthood.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6F1: Deliver the Pathways for All project.	29 August 2025	Education Lead Adviser, KCC.	Green	Amber	<ul style="list-style-type: none"> Sector wide collaboration in response to the eight principal recommendations to improve pathways for all for Kent's young people. Sector engagement through multi-agency working groups and strategic leadership board. Action plans being drafted for each recommendation. Evidence of delivery of recommendations 	APP11 APP39
6F2: Expand Designated Key Worker Programme for young people 18 to 25.	30 June 2023	Senior Commissioning Manager, KCC.	Green	Green	<ul style="list-style-type: none"> A designated key worker in post. Reduced hospital admission. Prevention of escalation of young people in crisis. 	<ul style="list-style-type: none"> Number of 18– to 25-year-olds on the Dynamic Support Database (DSD) Programme.

					<ul style="list-style-type: none"> Action plan in place to track progress 	<ul style="list-style-type: none"> Number and percentage of 18 to 25-year-olds on the DSD programme with a Designated Key Worker.
<p>6F3: Supported Internships: SEND young people and their parents in Kent see paid work as a tangible pathway through the Promotion of Supported internship uptake across Kent.</p>	01 June 2024	Interim Assistant Director for SEND Operations, KCC.	Green	Green	<ul style="list-style-type: none"> 4 forums delivered across the county in March. Attendance at future forums from providers and future providers. Monitoring number of supported internships. 	<p>APP39</p> <p>Number of supported internships in Kent.</p>
<p>6F4: Develop and implement a communications plan to promote the support and advice available for young people moving into adulthood.</p>	31 October 2023	Marketing and Resident Experience Partner, KCC.	Green	Red	<ul style="list-style-type: none"> Targeted social media engagements. Click-throughs to SEND information hub (local offer) content. Relevant surveys. Focus groups with young people about what is important to them, working with Participation Manager. Feedback from young people on the communication channels they use 	<p>APP04</p> <p>We monitor the reach and level of interactions through our media channels, including:</p> <ul style="list-style-type: none"> Number of visits to webpage. Social media reach and impressions

6g) Timeliness of EHC plans being issued and updated remains a huge challenge largely due to waiting time for educational psychology advice and naming a school at the end of the process.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>6G1: Review the timescales and workload of Education Health and Care Needs Assessment (EHCNAs)</p>	<p>31 May 2023</p>	<p>Interim Assistant Director for SEND Operations, KCC.</p>	<p>Green</p>	<p>Green</p>	<ul style="list-style-type: none"> • Improvements implemented to improve compliance with statutory timescales. • Comparison with baseline figures. • Evaluation against project success criteria • Evidence of education psychology capacity to contribute to EHCNAs and meeting deadlines for their reports. • SEND and Children and Young People’s Education (CYPE) dashboard monitoring on timeliness 	<p>APP17</p> <ul style="list-style-type: none"> • Time taken to make assessment decision each month 2023 compared to 2020 to 22. • Time taken to make issue decision 2023 compared to 2020 to 22. • Time taken to issue education, health, and care plans (EHCP) each month 2023 compared to 2020 to 22. • Proportion of Educational Psychologist (EP) reports completed within 6 weeks (each

						<p>month of 2023 compared to 2020-22).</p> <ul style="list-style-type: none"> Total EP responses of assessments completed in time for the month - to see what proportion of those EHCPs each month were provided in timescale.
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6h) Only approximately half of annual review meetings happen on time.

56 Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6H1: Review the staffing capacity required to ensure compliance with statutory review timescales.	31 July 2023	Interim Assistant Director for SEND Operations, KCC.	Amber	Amber	<ul style="list-style-type: none"> Performance data/staffing data 	APP16 APP17 APP20
6H2: Review communications with schools regarding annual reviews.	31 July 2023	Interim Assistant Director for SEND Operations, KCC.	Green	Red	<ul style="list-style-type: none"> Revised communications to schools' results in a more effective input from schools into the annual review process. 	APP20

6i) When annual review meetings are held only 50% of EHC plans are updated promptly.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6I1: Look at options to increase capacity in writing, reviewing, and amending education, health, and care plans (EHCPs).	1 April 2024	Interim Assistant Director for SEND Processes, KCC.	Amber	Amber	<ul style="list-style-type: none"> Increase capacity and capability of the SEND service to meet the council's statutory responsibilities. 	APP06 APP17 APP20 APP21

6j) There is a lack of attendance of health professionals at annual review meetings.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
6J1: Kent Parent and Carers Together (PACT) to work with quality assurance process for education, health, and care plans (EHCP) reviews.	31 December 2023	Kent PACT.	Amber	Red	<ul style="list-style-type: none"> Involvement of Kent PACT in multi-agency Quality Assurance framework. Involvement of Kent PACT in Quality Assurance Task and Finish Group. 	To be developed with Kent PACT as part of the Memorandum of Understanding (MoU).
6J2: Parents and carers to co-design/co-produce a simple feedback form which works for them on the EHCP process.	31 December 2023	Kent PACT	Amber	Red	<ul style="list-style-type: none"> Involvement of Kent PACT in multi-agency Quality Assurance framework. Involvement of Kent PACT in Quality Assurance Task and Finish Group. 	To be developed with Kent PACT as part of the Memorandum of Understanding

					<ul style="list-style-type: none"> Promote completion of EHCP survey with parents 	
6J3: Develop an annual review quality assurance framework for health, to enhance the quality of the health contribution to annual reviews.	01 December 2023	Designated Clinical Officer (DCO), NHS.	Green	Red	<ul style="list-style-type: none"> Audit and parental feedback. Updates to SIAB on quality assurance framework. Kent PACT involved in the quality assurance audit process. Learning to improve the quality of the child and young person's health needs and articulated provision within in the EHCP. 	APP20 % of active EHCPs without an annual review recorded on Synergy in the last 12 months.

Page 58

7. Weak governance of SEND arrangements across the EHC system at strategic and operational level and an absence of robust action plans to address known weaknesses.

7a) Leadership and governance of SEND in the Kent area is weak.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
7A1: All SEND Governance arrangements and Terms of Reference updated.	28 February 2023	Corporate Director Children Young People and Education, KCC.	Blue	Blue	<ul style="list-style-type: none"> All governance arrangements updated. 	Not applicable

					<ul style="list-style-type: none"> • Terms of Reference completed for Strategic Improvement and Assurance Board (SIAB) and Partnership Delivery Group (PDG). • Task and Finish Groups Terms of Reference created. 	
7A2: Review and refresh terms of reference to ensure they remain fit for purpose.	31 July 2023	Corporate Director Children Young People and Education, KCC.	Green	Green	<ul style="list-style-type: none"> • Terms of reference reviewed and updated at least every 6 months. 	Not applicable
7A3: Partner representation enhanced in new governance arrangements.	28 February 2023	Corporate Director Children Young People and Education, KCC.	Blue	Green	<ul style="list-style-type: none"> • Partnership representation extended at SIAB, PDG and Task and Finish Groups. • Involvement of Kent PACT in SEND governance arrangements. • Evaluation of effectiveness of partnership arrangements by SIAB– initial survey by Chair of SIAB in July 2023, full evaluation by December 2023. 	Not applicable
7A4: Re-establish a SEND Health Network Meeting with governance arrangements to provide oversight of the current fragmented health commissioning	28 February 2023	NHS Deputy Director Children’s Services – SEND, NHS.	Green	Amber	<ul style="list-style-type: none"> • Terms of Reference created. • Minutes of meetings. 	APP08 APP09 APP10

arrangements for children and young people (CYP) with SEND.					<ul style="list-style-type: none"> Evidence that lived experience informs the work of the SEND Network Update to Strategic Improvement and Assurance Board (SIAB) in June 2023. 	
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7b) There is no commonly understood or agreed area-wide ambition for children and young people with SEND.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
7B1: Draft a SEND vision which promotes pathways to independence and the assumption that most pupils will be educated in their nearest mainstream setting.	30 April 2024	Director for Education and SEND, KCC.	Amber	Red	<ul style="list-style-type: none"> Evidence of engagement and co-production of vision with children, young people, and parents/carers. Evidence of co-production of vision with education sector partners. A new SEND strategy is signed-off and published by April 2024 	APP18 APP31
7B2: Review and refresh the Kent SEND strategy, including co-production with children, young people, parents, carers, and partners.	30 April 2024	Director for Education and SEND, KCC.	Amber	Red	<ul style="list-style-type: none"> SEND strategy review undertaken. Evidence of engagement and co-production with children, young people and parents/carers and partners. 	Not applicable.

					<ul style="list-style-type: none"> • Strategy is updated. 	
7B3: Inclusion of SEND in the Integrated Care Strategy (ICS) and 5 Year Forward Plan.	31 March 2023	Chief Nurse, Kent, and Medway NHS.	Blue	Blue	<ul style="list-style-type: none"> • ICB Board reports. • Publicly published Integrated Care Strategy. • Publicly published 5 Year Forward Plan. 	Not applicable.

7c) Dissatisfaction with provision for children and young people with SEND in Kent remains widespread.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
Page 10 of 11 7C1: Publish details of Transformation Programme on the SEND information hub (local offer) when agreed.	19 July 2023	Marketing and Resident Experience Partner, KCC.	Green	Red	<ul style="list-style-type: none"> • Information published on SEND information hub (local offer) page. • Engagement with Kent PACT on communications and engagement planning. 	APP04 <ul style="list-style-type: none"> • Number of visits to webpage. • Social sharing. • Social media reach and impressions. • Engagement rate.

7d) Unacceptably weak understanding of the gravity of the unsustainable position the Kent area is in.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
7D1: New KCC SEND Scrutiny Sub-Committee established	31 January 2023	General Counsel, KCC	Green	Green	<ul style="list-style-type: none"> Action complete - Scrutiny Sub-Committee now established. Committee papers and webcasts 	Not applicable
7D2: Develop a Risk Management Strategy for SEND (include financial risks), to ensure clarity of risk management arrangements for stakeholders.	01 December 2023	Director of Education and SEND, KCC.	Amber	Amber	<ul style="list-style-type: none"> Risk management strategy to be developed with Partnership and Delivery Group (PDG) in July 2023. Risk register developed and regularly updated with PDG (evidenced in minutes, papers etc). 	<ul style="list-style-type: none"> Number of red risks Number of red risks downgraded
7D3: Development of APP KPIs and scorecard.	31 May 2023	Assistant Director Management Information and Intelligence, KCC.	Green	Green	<ul style="list-style-type: none"> APP Scorecard discussed at monthly assurance meetings. Escalations raised to Strategic Improvement and Assurance Board (SIAB) in exception reporting from June 2023. 	All KPI's in APP scorecard

					<ul style="list-style-type: none"> Escalations to senior leaders via Independent Chair of SIAB, as required. 	
<p>7e) The SEND Improvement Board has been ineffective in driving improvement overtime, there is a lack of challenge and insufficient consideration of the impact of actions on securing improvement.</p>						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>7E1: To establish a Strategic Improvement and Assurance Board (SIAB) and Partnership Delivery Group (PDG) with clear Terms of Reference (ToR) and Membership.</p>	28 February 2023	Director for Education and SEND.	Green	Green	<ul style="list-style-type: none"> Previous SEND Improvement Board abolished. SIAB established from January 2023. PDG established from March 2023. ToR for SIAB and PDG agreed in March 2023. Lessons learned session with SIAB members in May 2023. Minutes and action logs for SIAB and PDG meetings 	Not applicable

Page 63

7f) The information shared at strategic level is not routinely of good quality.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
7F1: Monthly assurance reports for all governance arrangements begins.	30 June 2023	Strategic Reset Programme – Strategic Lead, KCC.	Amber	Amber	<ul style="list-style-type: none"> • APP Assurance Report shared at monthly Strategic Improvement and Assurance Board (SIAB) meetings. • Evidence compiled by Partnership Delivery Group (PDG). 	Number of assurance reports completed.
7F2: Monthly review of exceptions for APP actions at SIAB.	Ongoing	Director of Education and SEND, KCC Deputy Director, SEND Transformation, NHS.	Green	Amber	<ul style="list-style-type: none"> • Escalations raised to SIAB in exception reporting from June 2023. • Evidence compiled by PDG 	Number of exception reports completed.

8. Unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service and ASD and ADHD assessment and review.

8a) Waiting times for children and young people on the Neurodevelopmental (ND) pathway have not improved.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>8A1: Increase uptake of online school health assessments to support early identification and intervention for young people and families.</p>	<p>31 December 2023</p>	<p>Head of Strategic Commissioning (Public Health), KCC.</p>	<p>Green</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Parents feedback via online questionnaires. • Universal offer made to Reception Year using admissions data. • Offer to Year 6 dependent on whether schools take up offer. • School health assessment data collated by Public Health, including questionnaires completed by parents, number of health awareness prevention indicator alerts raised, and support given 	<ul style="list-style-type: none"> • Completion of online school health assessments broken down by age cohorts. • Number of packages of care delivered as result of health awareness, prevention, and Intervention alerts.
<p>8A2: Offer neurodiversity (ND) alternative screening and support interventions that meet holistic needs.</p>	<p>31 December 2023</p>	<p>Deputy Director Children's Services – SEND, NHS.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Evaluation of the impact of the screening tool (Reception Year and 	<p>APP16 APP42 APP43 APP45 APP46</p>

					<p>Year 6) to be provided by 6-month review.</p> <ul style="list-style-type: none"> Children, young people and family surveys and interviews. 	<ul style="list-style-type: none"> Number of families seeking private assessments. Number of families transferring care to NHS after private assessment.
Page 66	<p>8A3: Increase the number of 14+ with a learning disability (LD) having an annual health check.</p> <p>31 December 2023</p>	<p>Learning, Disabilities, and Autism Associate Director, NHS.</p>	Green	TBC in September 23 reporting.	<ul style="list-style-type: none"> Integrated Care Board (ICB's) Learning Disability and Autism (LDA) Plan. Monthly dataset obtained from the LDA Qualities and Outcomes Framework (QOF) register and uptake of annual health checks. 	<ul style="list-style-type: none"> Number of 14+ on the LD register. Number of 14+ with a LD having an annual health check.
	<p>8A4: Develop a consistent and managed approach to ND waiting list management including prioritisation, communication, and support across diagnostic providers to apply consistent referral and triage process that takes a support first approach.</p> <p>30 September 2023</p>	<p>Deputy Director Children's Services – SEND.</p> <p>Programme Manager (Children's Neurodevelopment), NHS.</p>	Amber	Red	<ul style="list-style-type: none"> ICB's Neurodiversity (ND) Plan. Children and young people (CYP) /parent/ carer survey. Parental feedback being collated. Reduce the length of time for CYP to receive an appropriate and 	<p>APP40 APP41 APP42 APP43</p>

					<p>proportionate clinical confirmation of condition.</p> <ul style="list-style-type: none"> • CYP that need Autism Diagnostic Observation Schedule (ADOS) diagnosis for education and care purposes are prioritised. 	
<p>8A5: Develop communications strategy and engagement plan for emotional wellbeing and mental health developed and adopted by the Children's Programme Board. In addition, rapid communications improvement which is coordinated across 5 NHS providers for families waiting for neurodiverse (ND) diagnostic assessment.</p>	31 July 2023	Associate Director (Children's Mental Health), NHS.	Blue	Green	<ul style="list-style-type: none"> • Strategy co-produced and developed. • Improvement plan for neurodiverse (ND) waiters in place and being delivered. • Improved communications across system. • Parents report improved communications. • Feedback from coproduction workshops (focus on web development) 	APP04 Number of visits to Kent Resilience Hub .

8b) Attention deficit hyperactivity disorder (ADHD) services across Kent remain fragmented, the inequity is felt deeply by those families with less support.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>8B1: Develop a responsive alternative prescribing and reviews model for children and young people (CYP) with ADHD in line with national safe best practice.</p>	<p>31 January 2024</p>	<p>NHS Deputy Director Children's Services – SEND, NHS.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Baseline for National Institute for Health and Care Excellence (NICE) compliance. • 6-month children and young people feedback from pathway. 	<p>APP41 APP43</p> <p>NICE guidance compliance reporting via contract management.</p>

8c) Parents highlighted the lack of available services including Speech and Language Therapy and the Educational Psychology service - they do not feel supported promptly or effectively (Cross Reference to Area 1).

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>8C1: Improve and increase access to Educational Psychology (EP) Services.</p>	<p>30 April 2024</p>	<p>Deputy Director Children's Services – SEND ICB, NHS.</p> <p>Assistant Director – Principal Educational Psychologist.</p>	<p>Amber</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Evidence of impact of 80 days EP support for district groups of schools (key focus transition and schools' engagement in Autism Education Trust (AET) training - in development and will be included in the APP 	<ul style="list-style-type: none"> • % of schools that have had direct EP support (including emotion-based school avoidance intervention; emotional literacy support assistants training; crisis support).

					<p>scorecard from Sept 2023.</p> <ul style="list-style-type: none"> Improved completion of EP advice (Appendix 5) for education, health, and care needs assessment (EHCNA) within 6 weeks. Evidence of parents and schools' feedback 	<ul style="list-style-type: none"> Attendance for Year 7 pupils transferring into mainstream secondary September 2023. % of schools in each district that have engaged in AET autism awareness training. Completion of EP advice within 6 weeks: Sept 2023: 55% 60% in 7 weeks; 80% in 10 weeks. <p>By March 2024:</p> <ul style="list-style-type: none"> 75% in 6 weeks; 85% in 7 weeks and 100% in 10 weeks.
<p>8C2: Co-produce and re-design needs-led integrated Kent-wide Speech and Language Therapy (SLT) service provisions to deliver individual and service level outcomes from a Balanced System® joint commissioned arrangement.</p>	<p>30 April 2024</p>	<p>Deputy Director Children's Services – SEND Integrated Care Board (ICB), NHS.</p> <p>SEND Lead SLT for SEND Therapies Team, KCC.</p>	<p>Green</p>	<p>Amber</p>	<ul style="list-style-type: none"> Waiting times data in development and will be included in the APP scorecard from July 2023. More measures being defined as speech, communication, and language needs (SCLN) 	<ul style="list-style-type: none"> Waiting times for children and young people (data in development). % increase in families accessing appropriate SLT

					<p>data improvement programme is developed.</p> <ul style="list-style-type: none"> Evidence of co-production and co-design with families and partners. 	services per district.
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8d) Waiting times from referral to treatment for children and young people with speech language and communication needs have not improved for some parts of Kent.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>8D1: Improve and increase access to Speech and Language Therapy (SLT) services and an identified range of Speech, Language Communication Needs (SLCN) provisions.</p>	30 April 2024	<p>Deputy Director Children's Services – SEND Integrated Care Board (ICB), NHS.</p> <p>SEND Lead SLT for SEND Therapies Team, KCC.</p>	Amber	Red	<ul style="list-style-type: none"> Waiting times data in development and will be included in the APP scorecard from July 2023. More measures being defined as SCLN data improvement programme is developed. Evidence of parents and schools getting support faster. 	<ul style="list-style-type: none"> Waiting times for children and young people (data in development). % increase in families accessing appropriate SLT services per district.

8e) There is dissatisfaction with parents and school staff regarding online assessments.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
8E1: Extracting information from various sources (survey and audit activity, complaints, and service user feedback) to gauge satisfaction with online assessment.	30 September 2023	Assistant Director – Quality Assurance and Social Work Lead within Special Educational Needs and Disabilities, KCC.	Red	Amber	<ul style="list-style-type: none"> Analysis of data and feedback including survey and audit activity, complaints, and service user feedback. 	APP02 APP22 Number of open complaints.
8f) There is frustration regarding the length of time that children and young people have to wait for health equipment.						
Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
8F1: Implement the remedial plan to improve timeliness and communication when waiting for specialist health equipment including wheelchairs.	30 April 2024	Commissioning Manager, NHS.	Amber	Green	<ul style="list-style-type: none"> NHS reporting on national targets for referral to treatment. Remedial action plan, monitored by SEND network. Provider data. Update to Strategic Improvement and Assurance Board (SIAB) in June 2023 	APP44 The % of children whose episodes of care was completed within 18 weeks from referral to receipt of equipment.

9. A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.

9a) Little evidence was seen to indicate that leaders had planned or implemented systems for identifying children and young people adversely affected by previous weaknesses in provision, little has been done to enable such children and young people to catch up and secure improved outcomes.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
<p>9A1: Co-ordinating delivery of internal tuition provision.</p> <p>Page 72</p>	31 August 2025	Senior Commissioner, KCC.	Amber	Green	<ul style="list-style-type: none"> • Service Level Agreement between SEND service and The Education Programme (TEP) implemented. • The Education Programme is created to support interim education for permanently excluded children and young people with education, health, and care plans (EHCPs) who are without education until a placement is made in a suitable educational establishment. 	<p>APP34</p> <p>Attendance of children and young people to The Education Programme's face to face sessions, virtual or in person.</p>
<p>9A2: Co-ordinating delivery of external tuition provision.</p>	31 August 2026	Senior Commissioner, KCC.	Amber	Green	<ul style="list-style-type: none"> • Providers in place to deliver tuition services 	<p>APP34</p> <p>Attendance of children and young people with</p>

						providers – face to face sessions, virtual or in person. Reduction of spot purchased tuition.
9A3: Implement work to address anxiety-based school avoidance.	Ongoing	Educational and Child Psychologist, KCC.	Blue	Amber	<ul style="list-style-type: none"> • Training delivered to schools. • Early intervention programmes delivered with schools. • Countywide Steering Group set up. 	Number of delegates attending training sessions. APP57 – APP64

7B) SEND leaders have not analysed or evaluated the work from the ‘Children and Young People’s Outcomes framework’ consequently there is a lack of oversight and knowledge of code of practice outcomes and wider outcomes.

Actions designed to lead to improvement.	By when	Responsible officer	Progress BRAG (Measuring Progress on action)	Impact BRAG (Measuring Impact on CYP)	Evidence including audit activity to measure success/impact on CYP	KPI used to measure
9B1: Review of the Children and Young People’s Outcome Framework as part of the SEND Strategy review (linked to actions in 7B).	30 April 2024	Director of Education and SEND.	Red	Red	<ul style="list-style-type: none"> • Outcomes tested with children and young people as part of the SEND Strategy review and co-production of new strategy. • Evidence from Council for Disabled Children’s framework. • Action plan to be developed. 	To be defined as part of review and strategy development by April 2024.

Consolidating and building on the APP

We are ambitious and positive about the changes we want to deliver. Partners are actively identifying areas where we can consolidate and build on the progress being made in the APP. There are already many actions and activities which are in progress which will make a real difference for children, young people, and families, but partners have identified where there may be even greater opportunities for collaboration and joint working. We are confident we can build on our progress to create a SEND system which is sustainable for the future.

Areas where partners have already expressed their commitment to further build on the APP delivery, include:

- To further build trust and confidence through our Communications and Engagement Strategy, there is a willingness from all partners to extend the reach of participation and engagement, building on commitment to work with a broad range of children, young people, parents, carers and families, and voluntary and community sector organisations to build on their expertise.
- Kent PACT's role as a key two-way conduit of communication and information between parents and carers and Kent County Council is being updated in the Memorandum of Understanding. Kent PACT are committed to being solution focused, engaging in co-design, consultation, and co-production, and further developing the transparency of systems and data, so parents and carers know where they are in the process.

Page 74

- Building on the Early Years Strategy evidence base so that inclusion informs our commissioning intentions and reinforcing the importance of inclusion in a range of early years settings, for example, childminders, nurseries, and playgroups.
- Further strengthen connections with Antenatal and Postnatal support and 2 Year Checks, so we improve engagement and support for families right from the beginning, building opportunities for communities of practice between professionals working in a range of early years settings.
- Building on the Special Schools Review and Kent Special Educational Needs Trust (**KSENT**) APP actions to develop a shared strategy to respond to the breadth, complexity, and importance of the work with Special Schools.
- Multi-agency approach to Alternative Provision and delivering our Attendance Improvement Plan with partners to empower mainstream schools and alternative provisions to reduce levels of persistent absence, severe absence, suspension, and permanent exclusion.
- Working closely together on Post 16 including new pilots to support the Pathway for All initiative, improving inclusivity in school sixth forms, and further developing the work of the High Needs Reference Group to take forward shared actions with schools.

Risk Register

The Partnership Delivery Group (**PDG**) will capture, monitor, and review the key risks to the improvement of local services to children with SEND and their mitigations. An initial risk analysis has been undertaken, with an update on risk management arrangements provided to Strategic Improvement and Assurance Board (**SIAB**) in May 2023, followed by a further discussion on risk at PDG in June 2023.




While it is recognised that individual agencies will have their own risk management arrangements, a partnership risk strategy and risk register will be developed by the Partnership Delivery Group to ensure a collective view of the risks faced, taking into account the perspectives of the various stakeholders and the complex, systemic nature of the risks. The top risks, issues and escalations will also be captured in monthly assurance reporting.

The detailed partnership risk register will be informed by the delivery risks arising from the actions in the APP. This will include the likelihood and impact ratings of risks, so we can assess the effectiveness of mitigations in reducing the severity/impact post mitigation. At this starting point of the APP, the severity/impact ratings are the same because we have not yet seen the impact of the mitigations, however, the mitigating actions are in progress.

This will be updated as part of the 6-month review of the APP, by which time we will be able to update on progress following action.

The most significant common risk themes being shared by our partners are captured in the risk table below.

Within the APP we have used a high-level definition of High, Medium, and Low ratings for our risks:

High		Serious to major impact, likely to very likely likelihood
Medium		Moderate to significant impact, possible to likely likelihood
Low		Minor to moderate impact, very unlikely to unlikely likelihood

We are developing more detailed risk criteria definitions for our Risk Register, so we can be clear on impact, likelihood, and response.

Date	Risk	Severity/ Impact	Mitigation	Severity / Impact post-mitigation	Progress following action
17/05/23	Lack of dedicated resourcing (people / finances) to effectively manage and deliver the improvement and wider system-wide transformation needed.	High	<ul style="list-style-type: none"> • Strategic Improvement and Assurance Board (SIAB) commitment to challenge agencies' prioritisation of resources to deliver improvement. • Joint funding of roles from KCC and Kent and Medway Integrated Care Board (ICB) to support the programme. • KCC and ICB prioritising additional corporate and strategic resources to support the programme. • Kent Parents and Carers Together (PACT) organisational changes to support effective an effective conduit of information between parents/carers and the local authority. 	High	To be reviewed in monthly assurance reporting.
23/05/23	Failure to meet statutory duties.	High	<ul style="list-style-type: none"> • Training and development on statutory and legislative responsibilities to SEND professionals. • Kent and Medway ICB to work with health providers to identify and reduce barriers to the provision of timely information. 	High	To be reviewed in monthly assurance reporting.
17/05/23	Failure to deliver required changes and improvements within financial constraints.	High	<ul style="list-style-type: none"> • Prioritisation of actions within the APP which are critical to effective improvement. • Financial constraints and risks addressed in SEND transformation governance arrangements. • High Needs Funding Group working on financial risks and pressures. 	High	To be reviewed in monthly assurance reporting.

			<ul style="list-style-type: none"> • Scope opportunities for joint commissioning arrangements to optimise resources across the system. 		
23/05/23	The impact of long NHS waiting lists for assessment and support impact outcomes for children and young people.	High	<ul style="list-style-type: none"> • Working collaboratively to optimise resources and implement new models of care (for example the Balanced System approach). • Waiting list cleansing. • Develop faster, needs led support that is not dependent on diagnosis. • Re-communicate the process for early identification. 	High	To be reviewed in monthly assurance reporting.
17/05/23	Ineffective or poorly coordinated communications that undermine confidence of parents, carers and children and young people.	High	<ul style="list-style-type: none"> • Establish key messages for children, young people, and families. • Undertake a significant increase in effective engagement with children, young people, and families. • Key communication messages about the APP made public and in the SEND newsletter. • Communications and Engagement Task and Finish Group established to oversee effective delivery. • Delivery of the SEND Communications and Engagement Strategy agreed by Strategic Improvement and Assurance Board (SIAB) Working with Kent Parents and Carers Together (PACT) to co-design and co-produce communications. 	High	To be reviewed in monthly assurance reporting
17/05/23	Pace of delivery on Accelerated Progress Plan (APP) means a short-term focus impacts the need to also plan and deliver long	Medium	<ul style="list-style-type: none"> • Partnership Delivery Group (PDG) to undertake wider improvement planning and transformation actions alongside delivery of the APP. 	Medium	To be reviewed in monthly assurance reporting.

	term sustainable improvement.		<ul style="list-style-type: none"> Strategic Improvement and Assurance Board (SIAB) partners to provide challenge on long term impact and sustainable change. 		
17/05/23	Recruitment and retention issues for key roles across the system that impacts quality of delivery for children, young people, and families.	Medium	<ul style="list-style-type: none"> APP actions identified on key capacity gaps (for example, therapy). APP actions identified on training and development support for professionals (for example, Inclusive Leadership Programme). Professional Development, Workforce and Culture Task and Finish Group established to progress joint actions. KCC Recruitment and Retention Working Group underway. SEND Case Work Team delivery plan in progress to create a sufficient, suitably trained resource. Additional resources being brought in for annual review backlog and complaints. Work with health providers to continue to develop innovative support roles and optimise career pathways/ 	Medium	To be reviewed in monthly assurance reporting.
17/05/23	Insufficient data quality to effectively baseline and monitoring impact in order to provide assurance.	Medium	<ul style="list-style-type: none"> Data and Evidence Task and Finish Group established to ensure we have effective quantitative and qualitative measures of impact. APP Scorecard monthly reporting to Strategic Improvement and Assurance Board (SIAB) to provide evidence of impact. APP reporting to demonstrate evidence of impact. 	Medium	To be reviewed in monthly assurance reporting.

			<ul style="list-style-type: none"> • Additional expertise being provided by KCC on data and business analysts to provide evidence of impact. • Identify, develop, and increase the opportunities for capturing impact and the voice of children and young people. 		
17/05/23	Cultural change to support sustained change and improvement is not embedded across the system.	Medium	<ul style="list-style-type: none"> • Systems leadership expertise being provided to Strategic Improvement and Assurance Board (SIAB). • Professional Development, Workforce and Culture Task and Finish Group established to provide a dedicated focus on culture change. • Culture and leadership changes being delivered within key partner agencies including KCC, Kent and Medway NHS and Kent Parents and Carers Together (PACT). • Peer support and challenge between headteachers and education sector partners. • Independent Chair of Strategic Improvement and Assurance Board (SIAB) to provide challenge to partners. • Joint working with Department for Education (DfE) and National Health Service England (NHSE) Improvement Advisers. • Enable more NHS staff to undertake SEND training. • Create robust communications across SEND staff, providers, and families to ensure the system is engaged in the improvement journey. 	Medium	To be reviewed in monthly assurance reporting.
17/05/23	Co-production and engagement with parents, carers, children, and young	Medium	<ul style="list-style-type: none"> • Greater engagement with children, young people, parents, and carers informed by participation mapping. 	Medium	To be reviewed in monthly assurance reporting.

	people is not representative or inclusive.		<ul style="list-style-type: none"> • Engagement Framework and Co-Production Charter developed. • Communications and Engagement Task and Finish Group to provide challenge and oversight of coproduction and engagement activity. • Collaborating with Kent Parents and Carers Together (PACT) on codesign, coproduction, consultation, and engagement • Collaborating with the Council for Disabled Children and RISE programme on participation and engagement with children, young people, and families • Use the Council for Disabled Children's Co-Production Cycle to underpin commissioning of services for children and young people. • Participation and engagement mapping underway with KCC's Participation Lead, bringing in best practice from participation with looked after children and care leavers. • Working with the Voluntary Community and Social Enterprise Sector (VCSE) to access their expertise and local networks. • E-Learning for KCC staff is being developed for each of the pledges of the co-production charter, which will be mandatory training for all SEND staff. 		
17/05/23	Lack of placement sufficiency for children and young people with education, health, and care plans (EHCPs).	Medium	<ul style="list-style-type: none"> • APP actions on inclusion to ensure that more children and young people can be supported in placements in their local community and near to where they live. • Sufficiency Plan being developed to ensure there are sufficient mainstream and specialist provision where it is needed. 	Medium	To be reviewed in monthly assurance reporting.

			<ul style="list-style-type: none"> Improved data for education sector leaders to provide challenge on sufficiency within their local area. Work collaboratively through the Joint Commissioning Group to ensure that health services are developed alongside sufficiency planning. 		
17/05/23	Lack of engagement of partners across the local area.	Low	<ul style="list-style-type: none"> System leadership from Strategic Improvement and Assurance Board (SIAB). Escalation points in place with Chief Executives of KCC and Kent and Medway Integrated Care Board (ICB). Multi-agency representation on Partnership Delivery Group and Task and Finish Groups. 	Low	To be reviewed in monthly assurance reporting.

Measuring impact

We are committed to improving the quality of our data, so it is meaningful for children, young people, and families, and improving how we collect data about the impact for children and young people themselves. We will be collating an evidence bank of information on impact on the APP actions, which will be part of our 6-month review process with the Department for Education (**DfE**).

This section provides further detail on our KPI's, with targets over 3, 6 and 12 months set out in our detailed APP Scorecard, which will be made available publicly on a quarterly basis with a narrative to help set the performance information in context. Each individual action in the APP signposts the specific KPI's in the APP Scorecard, which is reviewed by the Strategic Improvement and Assurance Board each month. It is important that we are also clear on the high impact measures which are critically important to demonstrate improvement for children, young people, and their families within each area of weakness, which are set out below.

It is important that we look at performance data in the context of other sources of information and evidence, including operational service data, qualitative data on people's experiences and how we compare to other local authorities. When we publish our performance data, we will make sure there is a narrative against each of our key areas to explain the performance information in context.




Performance reporting has focused initially on data and indicators that we already collect and report on. However, we are aware that there are other datasets and sources of evidence that are critical to our ability to demonstrate progress and impact. We have two new roles focusing on benefits realisation and these officers will work with services and project owners to support and challenge them to identify what impact they are seeking, and to plan and collect the appropriate information to show this. For some actions there may be impact milestones in addition to the overall impact. Measures will be both qualitative and quantitative, and this will be supported by colleagues in Analytics and Management Information.

How we measure performance

We have explained how each action in the APP will be measured in the APP Actions table above.

Kent partners have developed an APP Scorecard which contains full details of Key Performance Indicators (KPIs), baselines and targets over 3, 6 and 12 months, which are listed below. We also provide direction of travel arrows to help show our progress and indicator definitions to help people understand how we define the things we are measuring.

We use a RAG (Red, Amber, Green) rating for our Key Performance Indicators (**KPI's**). This means:

Red		Standard has not been achieved
Amber		Standard achieved but target has not been met
Green		Target has been achieved

The Data and Evidence Task and Finish Group is responsible for reporting on the APP KPI's, alongside other contextual data, qualitative data, and evidence. This is supported by area leads for each area of weakness, who can provide professional challenge, considering evidence of impact, performance, and reporting information. Kent PACT have a role in sharing information on best practice and benchmarking in other authorities and feedback from consultation, engagement and surveys with parents and carers to inform the work on triangulating different sources of evidence of impact.

High Impact Measures for the Areas of Weakness

Set out below are the top Key Performance Indicators (**KPIs**) for each area of weakness, which are most frequently referenced within the individual action KPI's.

Area 1 - The widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs

- APP08 - Percentage of parents that agreed: I feel that my child's setting is willing to accommodate children with SEND.
- APP09 - Percentage of parents that agreed: I feel that my child's setting is able to meet their SEND needs.
- APP10 - Percentage of parents that agreed: The help and support in the education, health, and care plans (**EHCP**) means my child is achieving more at school.

Area 2 - The variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND

- APP18 - Percentage of pupils with issued EHCPs with mainstream school placement.
- APP31- Percentage of school age children and young people (**CYP**) with an EHCP who are in a mainstream setting.
- APP62 – Pupils with SEN support (all schools) – percentage attendance.

Area 3 - The limited role parents and carers have in reviewing and designing services for children and young people with SEND

- APP12 - Percentage of parents that agreed: We received useful and consistent help and advice from everyone we dealt with during the EHC needs assessment for our child.
- APP15 - Percentage of parents that responded to the survey invitation.
- Many KPI's in this area need to be developed working closely with our parent and carer forums, including Kent Parents and Carers Together (**PACT**), so additional KPI's will be added in future reporting.

Area 4 - The inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND

- APP13 - Percentage of parents that agreed: Different services (such as education, health, and care) worked together in the development of the education, health, and care plan (**EHCPs**).
- KPIs set within the Thrive framework for system change.

Area 5 - The poor standards achieved, and progress made, by children and young people with SEND

- APP57 - Pupils with an EHCP (all schools) - Percentage Total Absence
- APP47, APP49, APP51, APP53 and APP 55 which cover EHCP attainment gap at Foundation Stage, Key Stage 2, GCSE attainment gap, GCSE maths and English Standard pass gap and GCSE progress gap
- APP48, APP50, APP52, APP54 ad APP56 which cover SEN Support gap at Foundation Stage, Key Stage 2, GCSE attainment gap, GCSE maths and English Standard pass gap and GCSE progress gap.
- Also supported by APP47-64, which cover attainment and progress indicators.

Area 6 - The inconsistent quality of the education, health and care (EHC) process; the lack of up-to-date assessments and limited contributions from health and care professionals; the poor processes to check and review the quality of EHC plans

- APP17 – Percentage of EHCPs issues within 20 weeks
- APP20 - Percentage of annual reviews waiting over 12 months.
- APP22 - Percentage of audited EHCPs rated good or better.

Area 7 - Weak governance of SEND arrangements across the EHC system at strategic and operational level and absence of robust action plans to address known weaknesses

- APP04 - Percentage of parents accessing information/advice on KCC's SEND information hub (local offer) that agreed it was useful.

Area 8 - The unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service, and ASD and ADHD assessment and reviews

- APP40 - Number of children on the waiting list at month end for autism diagnostic assessments, Kent, and Medway.
- APP41 - Number of children on the waiting list at month end for ADHD diagnostic assessments, Kent, and Medway
- APP44-3 – Kent and Medway Wheelchair Service, percentage of episodes of care completed within 18 weeks.
- APPSLT-2 – Speech and Language Therapy (SLT), percentage on the waiting list for an assessment over 12 weeks.

Area 9 - The lack of effective systems to track and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.

- APP34 - Percentage of children with an EHCP educated in alternative provision.
- Also supported by APP57-64 which relate to outcomes for children and young people.

High impact KPI's for each area of weakness – Area 1 table - A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP08	Percentage of parents that agreed: I feel that my child's setting is willing to accommodate children with SEND.	64	75	Red	90	TBC	TBC	TBC	TBC	TBC
APP09	Percentage of parents that agreed: I feel that my child's setting is able to meet their SEND needs.	46	65	Red	80	TBC	TBC	TBC	TBC	TBC
APP10	Percentage of parents that agreed: The help and support in the education, health, and care plan (EHCP) means my child is achieving more at school.	41	55	Red	70	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 2 table - A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP18	Percentage of pupils with issued education, health, and care plan (EHCP) with mainstream school placement.	49.1	75	Red	80	TBC	TBC	TBC	TBC	TBC
APP31	Percentage of school age children and young people (CYP) with an education, health, and care plan (EHCP) who are in a mainstream setting.	40.8	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
APP62	Pupils with SEN support (all schools) – percentage attendance.	89 (Whole year 2021/22)	TBC	TBC	70	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 3 table - That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP12	Percentage of parents that agreed: We received useful and consistent help and advice from everyone we dealt with during the education, health, and care needs assessment (EHCNA) for our child.	42	65	Red	80	TBC	TBC	TBC	TBC	TBC
APP15	Percentage of parents that responded to the survey invitation.	25	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Page 87

Note: Many KPI's in this Area need to be developed working closely with our parent and carer forums, including Kent PACT, so additional KPI's will be added in future reporting.

High impact KPI's for each area of weakness – Area 4 table - An inability of current joint commissioning arrangements to address known gaps and eliminate long-standing weaknesses in the service for children and young people with SEND.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP13	Percentage of parents that agreed: Different services (such as education, health, and care) worked together in the development of the education, health, and care plan (EHCP).	49	65	Red	80	TBC	TBC	TBC	TBC	TBC
N/A	KPIs set within the Thrive framework for system change.	To be baselined	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 5 table - Poor standards achieved, and progress made, by too many children and young people with SEND.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP57	Pupils with an education, health, and care plan (EHCP) (all schools) - Percentage Total Absence.	13.3 (Kent whole year 21/22)	TBC	TBC	80	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 6 table - The inconsistent quality of the education, health and care (EHC) process; a lack of up-to-date assessments and limited contributions from health and care professionals, poor processes to check and review the quality of EHC plans.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP17	Percentage of EHCPs issues within 20 weeks.	13.2	60	Red	80	TBC	TBC	TBC	TBC	TBC
APP20	Percentage of annual reviews waiting over 12 months.	64.6	50	Red	30	TBC	TBC	TBC	TBC	TBC
APP22	Percentage of audited education, health, and care plan (EHCPs) rated good or better.	19.0	65	Red	75	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 7 table - Weak governance of SEND arrangements across the education, care and health (EHC) system at strategic and operational levels and an absence of robust action plans to address known weaknesses.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP04	Percentage of parents accessing information/advice on KCC's SEND information hub that agreed it was useful.	52	65	Red	80	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 8 table - Unacceptable waiting times for children and young people to be seen by some health services, particularly tier 2 services; speech, language, and communication needs (**SLCN**) wheelchair services, neurodevelopmental services including attention-deficit and hyperactivity disorder (**ADHD**) and autism assessment and review.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP40	Number of children on the waiting list at month end for autism diagnostic assessments, Kent, and Medway.	7,399 (May 2023)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
APP41	Number of children on the waiting list at month end for autism diagnostic assessments, Kent, and Medway.	3,112 (May 2023)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
APP44-3	Kent and Medway Wheelchair Service, percentage of episodes of care completed within 18 weeks.	59.5 (May 2023)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
APPSLT-2	Speech and Language Therapy (SLT), percentage on the waiting list for an assessment over 12 weeks.	49.3 (May 2023)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

High impact KPI's for each area of weakness – Area 9 table - A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weakness in provision.

KPI ID	KPI	Baseline June 2023	Target June 2023	RAG and actual	6 months target December 2023	RAG and actual	12 months target July 2024	RAG and actual	24 months target July 2025	RAG and actual
APP34	Percentage of children with an education, health, and care plan (EHCPs) educated in alternative provision.	17.5	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

List of APP Scorecard KPI's

APP code	Scorecard KPI meaning
APP01	Percentage of Stage 1 SEND complaints responded to within 20 working days.
APP02	Percentage of Stage 1 SEND complaints responded to that were upheld or part upheld.
APP03	Number of appeals lodged with the SEND Tribunal.
APP04	Percentage of parents accessing information/advice on KCC's SEND information hub that agreed it was useful.
APP05	Percentage of parents that said they had been offered the opportunity to discuss the draft EHCP.
APP06	Percentage of parents that agreed: The EHCP accurately reflects my child's SEND needs.
APP07	Percentage of parents that agreed: The EHCP has led to my child getting the help and support they need.
APP08	Percentage of parents that agreed: I feel that my child's setting is willing to accommodate children with SEND.
APP09	Percentage of parents that agreed: I feel that my child's setting is able to meet their SEND needs.
APP10	Percentage of parents that agreed: The help and support in the EHCP means my child is achieving more at school.
APP11	Percentage of parents that agreed: My child is making good progress at their setting.
APP12	Percentage of parents that agreed: We received useful and consistent help and advice from everyone we dealt with during the EHC needs assessment for our child.
APP13	Percentage of parents that agreed: Different services (such as education, health, and care) worked together in the development of the EHCP.
APP15	Percentage of parents that responded to the survey invitation.
APP16	Percentage of requests for statutory assessments made by parents/guardians.
APP17	Percentage of EHCPs issued within 20 weeks.

APP18	Percentage of pupils with issued EHCPs with mainstream school placement.
APP19	Percentage of pupils with issued EHCPs awaiting a school placement.
APP20	Percentage of annual reviews waiting over 12 months.
APP21	Percentage of vacancies in the SEND service.
APP22	Percentage of audited EHCPs rated good or better.
APP23	Percentage of CYP with an EHCP subject to a suspension - primary phase.
APP24	Percentage of CYP with an EHCP subject to a suspension - secondary phase.
APP25	Percentage of CYP that receive SEN support subject to a suspension - primary phase.
APP26	Percentage of CYP that receive SEN support subject to a suspension - secondary phase.
APP27	Number of CYP with an EHCP subject to a permanent exclusion - primary phase.
APP28	Number of CYP with an EHCP subject to a permanent exclusion - secondary phase.
APP29	Number of CYP that receive SEN Support subject to a permanent exclusion - primary phase.
APP30	Number of CYP that receive SEN Support subject to a permanent exclusion - secondary phase.
APP31	Percentage of school age CYP with an EHCP who are in a mainstream setting.
APP32	Number of 0–18-year-olds in Kent who have an EHCP per 1,000 of the total 0 to 18-year-old age bracket.
APP33	Percentage of registered EHE children with an EHCP (Reception to year 11).
APP34	Percentage of children with an EHCP educated in alternative provision.
APP35	Percentage of children open to early help units with an EHCP (Reception to year 13).
APP36	Percentage of children open to children's social care with an EHCP (Reception to year 13).

APP37	Percentage of children open to youth justice with an EHCP.
APP38	Percentage of children who have had an Out of Court Disposal including diversionary with an EHCP.
APP39	Percentage of CYP (Years 12 and 13) with an EHCP who are NEET or Not Known.
APP40	Number of children on the waiting list at month end for autism diagnostic assessments, Kent, and Medway.
APP41	Number of children on the waiting list at month end for ADHD diagnostic assessments, Kent, and Medway.
APP42	Number of completed autism diagnostic assessments, Kent, and Medway.
APP43	Number of completed ADHD diagnostic assessments, Kent, and Medway.
APP44	Wheelchair assessments Kent and Medway (children 0 to 18).
APP45	Percentage of young people assessed within 12 weeks (referral to first assessment) - Primary - CYP Counselling Service.
APP46	Percentage of young people assessed within 12 weeks (referral to first assessment) - Adolescent - CYP Counselling Service.
APP47	Foundation Stage Profile % GLD EHCP gap.
APP48	Foundation Stage Profile % GLD SEND support gap.
APP49	Key stage 2 % expected in RWM EHCP gap.
APP50	Key Stage 2 % expected in RWM SEN support gap.
APP51	GCSE attainment 8 EHCP gap.
APP52	GCSE attainment 8 SEN support gap.
APP53	GCSE English and maths standard pass EHCP gap.
APP54	GCSE English and maths standard pass SEN support gap.
APP55	GCSE progress 8 EHCP gap.

APP56	GCSE progress 8 SEN support gap.
APP57	Pupils with an EHCP (all schools) - percentage total absence.
APP58	Pupils with an EHCP (all schools) - percentage attendance.
APP59	Pupils with an EHCP (all schools) - percentage persistent absence.
APP60	Pupils with an EHCP (all schools) - percentage severe absence.
APP61	Pupils with SEN support (all schools) - percentage total absence.
APP62	Pupils with SEN support (all schools) - percentage attendance.
APP63	Pupils with SEN support (all schools) - percentage persistent absence.
APP64	Pupils with SEN Support (all schools) - percentage severe absence.

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From: Rory Love, Cabinet Member for Education and Skills
Sarah Hammond, Corporate Director of Children, Young People and Education

To: SEND Sub-Committee – 28 September 2023

Subject: LGSCO Public Report Actions

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: N/A

Summary:

This report outlines the actions the Council has taken and proposes to take in response to the Report by the Local Government and Social Care Ombudsman (LGSCO) Investigation into a complaint about Kent County Council (reference number: 22 003 403) published on 26th June 2023.

The Ombudsman has outlined in the report that the Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and they will require evidence that this has happened by the 5th October. In light of this, due to timescales, this committee was deemed most appropriate.

Recommendation(s):

The SEND Sub-Committee is asked to note the contents of the report.

1. Introduction

1.1 The Local Government and Social Care Ombudsman published a public report on the 26th June where it found fault by the Council. Within this report there were a series of recommendations, that advised that KCC must:

- 1.1.1 Review its EHCP annual review procedure to ensure it follows statutory timescales set out in SEND regulations. Ensure decisions about maintaining, amending or discontinuing plans are communicated clearly and promptly to the young person and their family to enable appeal rights to the SEND Tribunal to be engaged.
- 1.1.2 Develop an action plan to show how it intends to address ongoing delays with EHCP annual reviews and complaints about them.

- 1.1.3 Update the Ombudsman on its complaint process for stage one and stage two responses and its timeliness.
- 1.1.4 Write to each of the 170 people it has identified to apologise for its delay responding to their stage one and stage two complaints.

Actions on the recommendations

2. Review its EHCP annual review procedure to ensure it follows statutory timescales set out in SEND regulations. Ensure decisions about maintaining, amending or discontinuing plans are communicated clearly and promptly to the young person and their family to enable appeal rights to the SEND Tribunal to be engaged.

- 2.1.1 The Improvement Notice included a paragraph specifically related to the development of a plan within 6 months on the sufficient capacity of the SEND case work team to enable the effective delivery of the Education, Health and Care (EHC) needs assessment and review system, and to improve both the timeliness and quality of EHC plans. This was last reported on to the sub-committee on the 25th July.
- 2.1.2 Kent has in place an Accelerated Progress Plan. This has now been agreed by the DfE and has been published on Kent.gov.uk (see Appendix B – Accelerated Progress Plan). The above actions are being undertaken within the Accelerated Progress Plan, the majority are held under area of weakness 6: *The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.*
- 2.1.3 The action plan was agreed and will be published in early September. The plan will be provided to the Ombudsman as evidence of the Council's actions and proposed actions going forward.
- 2.1.4 Specific actions from APP:
- 2.1.5 3E1: Involve parents and young people in developing the revised communications sent by KCC in the EHC processes.
- 2.1.6 6C1: Develop and implement quality assurance on quality of EHC plans before issuing in draft format, to ensure draft plans are of high quality before they are issued.
- 2.1.7 6D1: Process Improvements for Annual Reviews.
- 2.1.8 6D3: Development of annual review best practice model and dissemination to frontline teams.
- 2.1.9 6G1: Review the timescales and workload of Education Health and Care Needs Assessment (EHCNAs).

- 2.1.10 6H1: Review the staffing capacity required to ensure compliance with statutory review timescales.
- 2.1.11 6J1: Kent PACT to work with Quality Assurance process for EHCP reviews.
- 2.1.12 6J2: Parents and Carers to co-design/co-produce a simple feedback form which works for them on the EHCP process.

3. Develop an action plan to show how it intends to address ongoing delays with EHCP annual reviews and complaints about them.

- 3.1 The Accelerated Progress Plan sets out the actions being taken to address ongoing delays with EHC plan Annual reviews.
- 3.2 At the last meeting of the SEND Sub-Committee, it was reported that there was a proposal to strengthen the Annual Review backlog team and establish a Complaints backlog team and EHCP backlog team which has been agreed in principle.
- 3.3 Recruitment to the Complaints backlog team is underway. Once recruited and trained they will be working through the complaints to ensure that all complaints are responded to. In addition, there will be work undertaken to ensure that managers and officers within the service are equipped to deal with feedback going forward, avoiding escalation of issues wherever possible and excessive wait times for families and carers.
- 3.4 A manager has been identified to oversee this team to ensure that the quality and regularity of communication with families is of a high standard. One of the outcomes of this backlog team will be additional training materials to support case officers.
- 3.5 Once this team is fully established, there will be a significant acceleration in the number of outstanding complaints that are satisfactorily resolved each month. This will work in conjunction with improved the processes for new complaints outlined above, which will ensure that new complaint backlogs do not develop.

4. Update the Ombudsman on its complaint process for stage one and stage two responses and its timeliness.

- 4.1 This will be reported in October as requested by the Ombudsman. As of August 15th there are 297 overdue Stage 1 complaints and 50 Stage 2 complaints overdue. In the time period April 1st to August 15th 217 Stage 1 complaints were received and 30 stage 2 complaints. 103 Stage one complaints were completed and 19 Stage 2 complaints.

4.2 Write to each of the 170 people it has identified to apologise for its delay responding to their stage one and stage two complaints.

4.3 This was carried out in July, all parents/carers and children were written to, who had complaints that were overdue at that time. See Appendix C.

4.3 Evidence SALT provision has started and is being delivered in accordance with the requirements of the EHCP

4.4 SALT is actively being sought. Through the EHC needs assessment advice from speech and language therapists (and OT and Physio) may be submitted. A CYP SLCN may include therapies interventions that include direct input from a therapist as advice support and training for schools. This may also include working directly with the CYP delivering a speech and language therapy programme over a specific timed period or number of sessions with advice on how and when this will be reviewed. Where this advice is written by Local NHS we would expect this to be written into the CYP EHC plan and arrangements made by local NHS for this to be delivered in line with their recommendations.

4.5 Due to national and local shortage of speech and language therapists some schools/ parents/carers are being advised of waiting lists for CYP to receive their recommended programmes. If an initial assessment has been completed it is likely that there will be advice and recommendations to be followed by school/parents/carers. Ultimately the Local Authority is responsible for the delivery of Section F provision. When we receive advice from independent therapists who are appropriately registered (HCPC), and a decision is taken that this is written into the EHC plan, we are responsible for sourcing this. Due to the national shortage of therapists which is affecting the NHS we are also experiencing significant delays in sourcing suitably qualified providers.

4.6 We are addressing this situation by establishing a list of qualified providers who have been quality assured through our commissioning team.

4.7 We are reviewing our current processes for the sourcing and agreeing of appropriately qualified therapists to provide Section F SLT and OT in order to reduce the waiting times where the recommendation of an independent report exceeds the provision which has been recommended by our local NHS partners.

5 Financial Implications

5.1 Other than the payments to the individual involved in this case, there are potential further financial implications from those complaints that have not yet been resolved. At this time, it is not possible to quantify what those may be. All complainants have been informed of their right to take complaints that have been heard by KCC to the Ombudsman for independent review.

6 Legal implications

6.1 The Council as far as it can so far, have fulfilled the obligations to the Ombudsman's public report. Should the Council comply with the Ombudsman's recommendations and improve the service in line with the APP, there should be no further public reports on this particular case.

6.2 However, there may be other public reports the Ombudsman may wish to issue, should it find further evidence of systemic issues in the course of their investigations that is not covered by this report or where they feel we have not made sufficient progress in rectifying the issues raised in this public report.

7 Governance

7.1 Following the Committee's discussion, we will be supplying the link to the webcast and the remaining evidence asked for by the Ombudsman.

8 Recommendation(s)

Recommendation(s):

The SEND Sub-Committee is asked to note the contents of the report.

9 Background Documents

Appendix A – Local Government and Social Care Ombudsman Case 22 03 403

Appendix B – Accelerated Progress Plan ([Kent improvement plan for special educational needs and disabilities \(SEND\) - Kent County Council](#))

Appendix C – Template of parental communication

10. Contact details

Relevant Director: Christine McInnes

Director of Education and SEN

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**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint about
Kent County Council
(reference number: 22 003 403)**

26 June 2023

The Ombudsman's role

For almost 50 years we have independently and impartially investigated complaints about councils and other organisations in our jurisdiction. If we decide to investigate, we look at whether organisations have made decisions the right way. Where we find fault has caused injustice, we can recommend actions to put things right, which are proportionate, appropriate and reasonable based on all the facts of the complaint. We can also identify service improvements so similar problems don't happen again. Our service is free.

We cannot force organisations to follow our recommendations, but they almost always do. Some of the things we might ask an organisation to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

We publish public interest reports to raise awareness of significant issues, encourage scrutiny of local services and hold organisations to account.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mrs X	The complainant
Y	Her son

Report summary

Education – special educational needs

Mrs X complained the Council failed to ensure her son, Y, received the Speech and Language Therapy (SALT) set out in his Education, Health and Care plan (EHCP). She also complained the Council has delayed the EHCP process and that communications were poor.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council must report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

In addition to the requirement set out above, to remedy the injustice caused the Council should:

- apologise to Mrs X and Y for failing to issue a decision following the annual review in June 2021, not issuing the EHCP in the statutory timescales, not ensuring the SALT provision specified in the plan was provided, not responding to the complaint and its poor communication;
- pay Mrs X £300 to acknowledge the time and trouble she has spent pursuing this complaint and for the Council's failure to formally respond to it;
- pay £200 to acknowledge the frustration and distress caused due to the Council's faults;
- pay £1,300 for not providing SALT sessions over 13 months which would have been in place had the EHCP been issued within an appropriate timescale. This money should be used for Y's benefit;
- pay £100 a month, for every month the SALT was not set up from January 2023 until the SALT provision is in place. This money should be used for Y's benefit; and
- evidence SALT provision has started and is being delivered in line with the requirements of the EHCP.

In addition, the Council should write to each of the 170 people it has identified to apologise for its delay responding to their stage one and two complaints. The apology should:

- explain they have been identified following an investigation by us;
- set out the steps the Council has already taken to reduce its stage one and two complaint backlog. It should also explain that, in line with our recommendation, the Council will consider what further steps it should take to prevent a future backlog; and
- include that, once they receive the stage two response, they have the right to complain to us if they remain dissatisfied with the Council's response to the substantive matter they complained about. It should say that if we choose to investigate the main issue they complain about, we can also consider the Council's complaint handling.

To improve services, the Council should within three months of the date of this report:

- review its EHCP annual review procedure to ensure it follows statutory timescales set out in the Special Educational Needs and Disabilities (SEND) regulations. Ensure decisions about maintaining, amending or discontinuing plans are communicated clearly and promptly to the young person and their family to enable appeal rights to be engaged;
- develop an action plan to show how it intends to address ongoing delays with EHCP annual reviews and complaints about them. This report should be taken to the relevant committee for democratic scrutiny; and
- update us on the backlog for stage one and two responses and its timeliness.

The Council has accepted these recommendations.

The complaint

1. Mrs X complained the Council failed to ensure her son, Y, received the Speech and Language Therapy (SALT) set out in his Education Health and Care plan (EHCP). She also complained the Council has delayed the EHCP process and its communication has been poor. Mrs X says Y has missed SALT he needs and they have been frustrated by the process.

Legal and administrative background

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. When considering complaints, if there is a conflict of evidence, we make findings based on the balance of probabilities. This means that we will weigh up the available relevant evidence and base our findings on what we think was more likely to have happened.
4. We may investigate matters coming to our attention during an investigation, if we consider that a member of the public who has not complained may have suffered an injustice as a result. (*Local Government Act 1974, section 26D and 34E, as amended*)
5. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Office for Standards in Education, Children's Services and Skills (Ofsted), we will share this decision with Ofsted.

Law and policy

6. A child with special educational needs may have an Education, Health and Care plan (EHCP). This sets out the child's needs and what arrangements should be made to meet them. The EHCP is set out in sections. We cannot direct changes to the sections about special educational needs and provision, or name a different school. Only the Tribunal can do this.
7. The Council is responsible for making sure that arrangements specified in the EHCP are put in place. We can look at complaints about this, such as where support set out in the EHCP has not been provided, or where there have been delays in the process.
8. The Council has a duty to secure the specified special educational provision in an EHCP for the child or young person (Section 42 Children and Families Act). The Courts have said this duty to arrange provision is owed personally to the child and is non-delegable. This means if a council asks another organisation to make the provision and that organisation fails to do so, the council remains responsible. (*R v London Borough of Harrow ex parte M [1997] ELR 62*, *R v North Tyneside Borough Council [2010] EWCA Civ 135*)
9. The procedure for reviewing and amending an EHCP is set out in legislation and government guidance. (*Section 44 Children and Families Act 2014*). EHCPs should be reviewed at least every 12 months.
10. Within four weeks of a review meeting, a council must notify the child's parent of its decision to maintain, amend or discontinue the EHCP. (*Section 20(10) Special Educational Needs and Disability Regulations 2014 and SEN Code paragraph 9.176*)

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11. Where a council proposes to amend an EHCP, the law says it must send the child's parent or the young person a copy of the existing (non-amended) plan and an accompanying notice providing details of the proposed amendments, including copies of any evidence to support the proposed changes. (*Section 22(2) Special Educational Needs and Disability Regulations 2014 and SEN Code paragraph 9.194*)
 12. The Special Educational Needs and Disability Code states if a council decides to amend the plan, it should start the process of amendment "without delay". (*SEN Code paragraph 9.176*)
 13. Following comments from the child's parent or the young person, if the council decides to continue to make amendments, it must issue the amended EHCP as soon as practicable and within eight weeks of the date it sent the EHCP and proposed amendments to the parents. (*Section 22(3) SEND Regulations 2014 and SEN Code paragraph 9.196*)
 14. Parents have a right of appeal to the SEND Tribunal if they disagree with the special educational provision or the school named in their child's EHCP. The right of appeal is only engaged when the final amended plan is issued.
 15. The Council's complaint policy confirmed it will acknowledge the complaint within three working days and provide a full reply within 20 working days. It also stated if a complaint raised complex issues that could not be answered within 20 working days, the Council would keep the complainant informed of progress until it could fully respond.

How we considered this complaint

16. We produced this report after examining relevant documents and speaking to the complainant.
17. We gave Mrs X and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

Findings

What happened

18. This is a summary of events, outlining key facts and does not cover everything that has occurred in this case.
19. Y has complex special educational needs. The Council first issued his EHCP in 2016.
20. Y's school, school A, held an annual review in June 2021. This annual review identified SALT provision for Y. Mrs X requested a change of placement after she and the Occupational Therapist (OT) expressed concerns school A could not meet Y's needs. School A agreed Y needed a change of placement. The outcome of the annual review was the Council would consult with other schools to see if they could meet Y's needs and it would update the plan.
21. Mrs X complained to the Council at the end of July 2021. She complained the Council had delayed action since the annual review in June 2021 and she had not had any response despite chasing the Council on multiple occasions.
22. In August 2021, the Council sent consultations to three schools for Y to potentially move to. The Council then wrote to Mrs X to inform her it would be amending Y's EHCP. The Council responded to Mrs X's complaint the same day. The response confirmed it would amend Y's plan and apologised for the poor communication.

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23. Mrs X told the Council Y would not return to school A in September 2021. The Council noted school A agreed it would be harmful to Y for him to return. Mrs X chased the Council for alternative education as school A could not meet his needs. The Council then chased up the schools it consulted with in August 2021. School B confirmed it could meet Y's needs and offered him a place. The Council confirmed it would name school B in Y's EHCP and issue the plan as soon as possible.
 24. Y started at school B in October 2021.
 25. The Council issued Y's EHCP in January 2022 and named school B as Y's placement. The plan stated the annual review had to be completed by June 2022 and included the SALT provision Y needed.
 26. Mrs X contacted the Council in February 2022 and asked when the SALT would start. The Council then sent a referral to its SEND therapies team.
 27. The Council chased the SEND therapies team at the start of March 2022, with no response.
 28. Mrs X complained again in March 2022. She complained the Council was not ensuring Y received the SALT specified in his EHCP.
 29. The Council chased its SEND therapies team at the end of May 2022 and again in July 2022, with no response.
 30. The SEND therapies team contacted Mrs X in September 2022 and explained it had staff shortages and was having difficulty with demand on the service.
 31. The Council and Mrs X chased the Council's SEND therapies team in September 2022, with no response. Mrs X contacted the SEND therapies team again in November 2022, with no response.
 32. The Council's SEND therapies team reviewed Y's case in December 2022 and identified him as a priority.

Analysis

Complaint handling

33. The Council has not responded to Mrs X's complaint from March 2022. It failed to respond to Mrs X when she chased on multiple occasions. This is fault and has caused Mrs X distress, frustration and avoidable time and trouble.
34. The Council has explained the delays in this case are due to low staffing levels and high workloads. This does not remove the Council's duty to respond to Mrs X and is not an acceptable excuse. The failure to offer any explanation for the delay until we became involved added to Mrs X's frustration.
35. Others are likely to be affected by the Council's fault evident in this complaint. The Council has confirmed it had 141 overdue SEN stage one complaints at the time of enquiries being made on this case. It also confirmed a further 29 overdue SEN stage two complaints. The Council reported the average response time for stage one complaints was 43 working days and 51 working days for stage two. Both exceed the 20-day timescale. While complaints remain unresolved, there is a potential for ongoing significant injustice, as was the case in this complaint.

EHCP delays

36. The Council did not issue the notice to amend the EHCP or the updated plan following the annual review in June 2021 in the statutory timescales. This is fault

and Mrs X and Y suffered frustration, distress and Y has missed out on SALT provision.

37. The Council has not held an annual review since June 2021. This is fault. There was a lost opportunity to address the lack of SALT provision and Y's plan is not up to date with his current needs.
38. The Council did not issue an updated EHCP for seven months. This frustrated Mrs X's appeal rights to the Tribunal. Mrs X had no means to challenge the contents, or the placement named in the plan if she was dissatisfied with either.
39. Councils must abide by the statutory and legislative requirements under the SEN legislation and guidance. The Council's failure to meet the required timeframes here is fault.

Lack of SALT provision

40. The Council has not arranged the SALT provision, recommended and agreed in the June 2021 annual review. As the provision is now in the plan, on the balance of probabilities, if the Council had updated the plan within the statutory timescales, the SALT would have been available sooner. This is fault and Y has missed out on provision for 13 months. The Council has explained the lack of support in this case is due to a lack of therapists and high workloads. This does not remove the Council's duty owed to Y and is not an acceptable excuse for not fulfilling its statutory duties.

Our previous service improvement recommendations

41. We have identified recurrent fault by this Council in a number of our previous decisions over the last two years about SEN provision and EHCP delays.
42. The Council has agreed to make service improvements, which have included:
 - reminding relevant staff of the duty to deliver special educational provisions which are included in Section F of children's and young people's EHCPs. This was in response to a complaint about missed EHCP provision from March 2021 to January 2022. The final decision was in February 2022, to be implemented by March 2022;
 - reminding officers of the timescales and duties to notify parents of decisions to reassess and decisions following reviews whether that is to maintain, amend or cease. Remind relevant staff of the importance of attempting to resolve complaints at the earliest opportunity. This was based on a complaint of missed provision from February 2019 to December 2021. The final decision was in April 2022, to be implemented by July 2022; and
 - arranging training for relevant officers to ensure reviews of EHCPs take place promptly after 12 months and of the timescales required for issuing final plans. This was based on a complaint about a delayed annual review and a delay issuing the final plan from January 2021. The final decision was in April 2021, to be implemented by May 2021.
43. Whilst some of these recommendations were made around or after the period outlined in this specific complaint, it is our view the Council should have been aware of these continued issues internally through its own measures of performance and complaints handling. We would have expected the Council to have made improvements itself, not acting only after continuous recommendations from us.

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44. The fault in this case indicates lessons are not being learnt, issues are not being addressed appropriately and service improvements are not being fully or adequately embedded.
 45. We acknowledge the Council says it is implementing service improvements which require ongoing work and training. We are issuing this report to draw attention to these past failings and to highlight moving forward, that EHCP timescales, provision, communication and complaint handling needs to be improved as a priority with meaningful improvements having a long-term effect.

Conclusions

46. The Council did not ensure Y was provided with suitable SALT provision it had agreed should be part of his EHCP from June 2021. It has not carried out its statutory duty and this is fault.
47. The impact of the faults we have identified has caused injustice. This has affected Y's ability to make progress as he was without appropriate SALT provision for a long period.
48. There has been distress and uncertainty to Mrs X, placing strain on her. Also, she had to go to avoidable time and trouble to get the matter resolved. Mrs X's appeal rights to the SEND Tribunal were frustrated. Mrs X has not received any response to her complaint or any explanation for this delay. This caused her frustration and distress.
49. Through this investigation we have become aware of others affected by delayed complaints investigations. They will also be caused frustration, distress and potentially loss of provision.

Recommendations

50. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)
51. In addition to the requirement set out above, to remedy the injustice caused the Council agreed to carry out the following actions within three months of the date of this report.
 - Apologise to Mrs X and Y for failing to issue a decision following the annual review in June 2021, not issuing the EHCP in the statutory timescales, not ensuring the SALT provision specified in the plan was provided, not responding to the complaint and for its poor communication.
 - Pay Mrs X £300 to acknowledge the time and trouble she has spent pursuing this complaint and for the Council's failure to formally respond to it.
 - Pay £200 to acknowledge the frustration and distress caused due to the Council's faults.
 - Pay £1,300 for not ensuring Y was provided with SALT sessions over 13 months which would have been in place had the EHCP been issued within an appropriate timescale. This money should be used for Y's benefit.
 - Pay £100 a month, for every month the SALT was not set up from January 2023 until the SALT provision is in place. This money should be used for Y's benefit.

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- Evidence SALT provision has started and is being delivered in accordance with the requirements of the EHCP.
52. In addition, the Council has agreed to write to each of the 170 people it has identified to apologise for its delay responding to their stage one and two complaints. The apology should:
- explain they have been identified following an investigation by us;
 - set out the steps the Council has already taken to reduce its stage one and two complaint backlog. It should also explain that, in line with our recommendation, the Council will consider what further steps it should take to prevent a future backlog; and
 - include that, once they receive the stage two response, they have the right to complain to us if they remain dissatisfied with the Council's response to the substantive matter they complained about. It should say that if we choose to investigate the main issue they complain about, we can also consider the Council's complaint handling.
53. To improve services, within three months of the date of this report the Council has agreed to:
- review its EHCP annual review procedure to ensure it follows statutory timescales set out in the SEND regulations. Ensure decisions about maintaining, amending or discontinuing plans are communicated clearly and promptly to the young person and their family to enable appeal rights to the SEND Tribunal to be engaged;
 - develop an action plan to show how it intends to address ongoing delays with EHCP annual reviews and complaints about them. This report should be taken to the relevant committee for democratic scrutiny; and
 - update us on the backlog in its complaint process for stage one and two responses and its timeliness.
54. The Council needs to now take action to improve the quality of its services as a matter of priority and demonstrate it has learned from previous findings in recent years, as well as our findings in this report.
55. The Council should provide evidence of the actions taken to satisfy the recommendations.

Final report

56. We have completed our investigation. We have found fault by the Council, which caused injustice to Mrs X and Y.



Recipient's name
Address
Address
Town
Postcode

Children, Young People and Education

Children's Complaints Team
Kroner House
Eurogate Business Park
Ashford
TN24 8XU

Phone: 03000 410304

Ask for:

Email: csccomplaints@kent.gov.uk

Date

Ref

Dear

I am writing as an update to your stage 1 complaint regarding the Special Educational Needs service. I should like to offer my apologies for the unacceptable delay in responding to your complaint.

The Local Government and Social Care Ombudsman has raised concerns about the timeliness of our complaint responses, and the significant backlog of complaints still requiring a response. The Ombudsman has asked us to write to you, to explain the next steps in terms of responding to your complaint, and your rights of escalation.

I appreciate that it is frustrating to still be waiting for a response to the concerns you raised. We are working to reduce the backlog and have put in place an action plan to ensure all outstanding overdue complaints are responded to as quickly as possible. We anticipate that this will take several months and have agreed to provide the Ombudsman with an update on the backlog and our timeliness with complaint handling within three months. Additional staff have been recruited to manage and respond to complaints, and we are committed to keeping within timescales going forward.

I will be personally reviewing our performance at regular management meetings to ensure that we are responding to customer feedback in a timely manner, and that the issues we are experiencing now will not be repeated in the future.

Once you have received a response from us, you will be able to escalate your complaint to stage 2 should you wish to do so. Following completion of stage

2 you will have the opportunity to escalate it to the Ombudsman for independent review.

Should the Ombudsman decide to review issues made in your complaint to them, they will also consider our handling of your complaint.

Once again, I want to say how sorry I am that you have experienced delays in receiving a response to your concerns. I would like to reassure you that the Council is taking steps to reduce the current backlog and put in place steps to ensure that this will not occur again.

Yours sincerely

A handwritten signature in cursive script that reads "Sarah Hammond". The ink is a light grey or blue color.

Sarah Hammond

Corporate Director – Children, Young People and Education