SEND SUB-COMMITTEE

Thursday, 7th December, 2023

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

SEND SUB-COMMITTEE

Thursday, 7th December, 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 31 October 2023 (Pages 1 - 6)

5 SEN Inclusion in Schools (Pages 7 - 296)

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, 29 November 2023

SEND SUB-COMMITTEE

Minutes

Tuesday 31 October 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 31 October 2023.

PRESENT: Mrs B Bruneau (Vice-Chair), Mrs T Dean, Mr M Dendor, Mrs S Hudson, Mrs S Prendergast, Mr H Rayner, Mr M Reidy, Mr A Sandhu, Dr L Sullivan.

VIRTUAL ATTENDEES: Ms J Hawkins.

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 C McInnes (Director of Education), Ms A Farmer (Assistant Director/Principal Educational Psychologist), 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.

2 Apologies and Substitutes

Apologies for absence were received from Mr P Cole, Ms J Hawkins and Mr M Whiting. Mrs S Prendergast substituted for Mr Whiting.

3 Declarations of Interest by Members in items on the agenda

There were no Declarations of Interest.

4 Minutes of the meeting held on Thursday, 28 September 2023

RESOLVED that the minutes be approved as a correct record.

5 Parents Engagement and the Voice of the Child

1) Mr Love introduced the report. He explained that the information in the report was based around work that was set out in the Accelerated Progress Plan.

2) A Member asked a question about the working definition of 'co-production' and how co-production was put into practice in the development and improvement of SEND activities in Kent. Alison Farmer explained that KCC was working with the Council for Disabled Children and on the development and refreshing of the Co-production Charter. Its starting point was precisely the need to define 'co-production' but also to explore other areas in which KCC consulted and engaged with children and young people with SEND and their families.

3) In reply to a question about what criteria were used to define 'co-production', 'consultation' and 'engagement', Alison Farmer referred to p35 of the report (Refreshing the Co-Production Charter in Kent – Workshop Summary).

    a) In reply to a question on whether the workshop was co-produced, Christine McInnes confirmed that it was co-produced, as the DfE recommended that KCC worked with the Council for Disable Children, and Kent PACT was involved in this work as an active partner.

4) In response to a question about where KCC would use co-production to help drive policy standards, Christine McInnes said that this would be defined in the Lived Experience Framework, which also defined what was an appropriate form of engagement for the different tasks that KCC had to fulfil.

5) In reply to a question on where parents of children with SEND would be engaged and where they would be involved in co-production, Christine McInnes said that that depended on whether there was a management decision to be made.

    a) Alison Farmer gave the example of the Autism Education Trust training, where KCC shared the training with a panel of young experts who had autism and, as a consequence of this initiative, a young person with autism is now successfully co-delivering this training alongside the professional trainer.

6) Mrs Hannon said that Kent PACT was involved in the co-production of the Lived Experience Framework. Kent PACT was also engaged in the Research & Improvement for SEND Excellence partnership (RISE) programme, although Kent PACT was not involved in the co-production of their presentation.
    a) Christine McInnes said that the Framework, which was co-produced with Kent PACT, set out when it was appropriate to consult or to co-construct.

7) **Accelerated Progress Plan (APP) Area of Weakness 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** - A Member pointed out that, in relation

to **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) and **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), progress on these actions was green but the impact was red. The Member asked why this was the case.

a) Christine McInnes explained that the definition of 'impact' that was used entailed the impact on children with SEND and their families. Progress was green because the production of the relevant documentation was completed. In terms of impact on children with SEND and their families, some of the completed documentation did not translate into a direct impact on them, and it would take some time to implement the actions set out in other documentation and to extract the evidence of their impact.

b) A Member asked whether this delay between progress and impact would have negative consequences when the evidence in the APP would be reviewed by the DfE (on 15 November 2023).

c) Christine McInnes said that KCC had taken advise from the DfE to prepare for their 6-month review, and that a strong evidence base that was being collated and finalised by KCC in preparation for this review. She agreed that it was important to start showing some impact on children with SEND and their families.

8) **APP Area 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**. As the deadline for this activity was 1 October 2023 and the impact was still red, a Member asked what specific progress had been made and what specific objectives had to be met yet.

a) Christine McInnes said that the work carried out so far consisted in putting the structure into place.

9) In reply to a question about promoting the voice of children in Kent, Elise McQueen said that she recently had a meeting with the youth participation in i-THRIVE Kent Resilience Hub, as one of the organisation's specialisms was developing opportunities for co-production with young people so that they could help to influence the design, delivery and evaluation of the service offered to them.

10) The Vice-Chair asked a question about how KCC ensured that the voice of children with disabilities that made it difficult for them to communicate effectively was captured.

11) Elise McQueen said that a range of resources was used to communicate with these children. For instance, tablets and sign language were used for those with limited verbal communication.

    a) Alison Farmer said that the KCC's Youth Participation service was carrying out work with young people in special schools to find out and collate their views about what helped them to learn and their sense of belonging.

    b) Christine McInnes said that the KCC's fortnightly SEND Staff Bulletin was now being circulated. It detailed the work that was carried out by the staff to improve KCC's performance in a number of areas of SEND provision.

12) In response to a question about the career advice and support that KCC provided to young people with SEND, Christine McInnes said that last year KCC's career education was extended to include special schools. There were young people with SEND who were currently undertaking supported internships with KCC.

13) **APP Area 3 - That parents and carers have a limited role in reviewing and designing services for children and young people with SEND**. A Member asked how many parents and carers had been consulted and involved in reviewing and designing these services.

    a) Alison Farmer explained that work with parent groups was normally carried out through the parent/carer forums, which included representation from Kent PACT.

    b) Ms Hannon said that Kent PACT was actively increasing its engagement. She added that parent/carers forums needed more funding to enhance their roles as parents were no longer able to commit a significant proportion of their time for free to volunteer in these organisations.

    c) A Member asked what other channels, alongside Kent PACT, were in place to gather parents' views to inform service design. Christine McInnes explained that while Kent PACT was KCC's formal channel to engage with parents, regular feedback was sought from the parents themselves. Unfortunately, the parents' response received to date was low.

    d) Sarah Hammond added that there was a rolling parental survey that was included in the regular SEND newsletter that was shared by KCC with parents.

    e) In reply to a question about the extent to which the needs of young children with SEND were identified and met, Christine McInnes said that over the last year KCC had undertaken an in-depth review of its Early Years service in

order to enhance this service. The review's recommendations on how to improve the Early Years system in Kent will be available in January 2024; they will focus on much earlier identification rather than intervention.

14) In reply to a question about the reasons why some of the KPIs for each area of weakness in the APP were blank, Sarah Hammond clarified that they were Health targets which had not been provided yet by partner Health organisations.

a) In reply to a question on whether the elements and actions of the APP that related to partner Health organisations could be discussed at a future meeting of KCC's Health Overview and Scrutiny Committee (HOSC), the Vice-Chair explained that this required prior consultation with the Manager of KCC's Democratic Services.

b) Mr Love clarified that it was one of the tasks of the Strategic Improvement and Assurance Board (SIAB) to scrutinise the progress made by all partner organisations in the APP.

RESOLVED – The SEND Sub-Committee noted the contents of the report.

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

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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**

Subject: **SEN Inclusion in schools**

Classification: **Unrestricted**

Past Pathway of report: None

Future Pathway of report: None

Summary:

This report discusses SEN inclusion in schools and outlines the work being undertaken under the Accelerated Progress Plan Areas of Weakness 2 and 5.

Recommendation(s):

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

1. Introduction

1.1 The inspection of Kent SEND system in 2019 identified nine areas of significant weakness and the re-visit in 2022 judged there had been insufficient progress in each area. In March 2023 the Kent was issued with an Improvement Notice and following this an Accelerated Progress Plan (Appendix 12) was developed with 116 actions in agreement with DfE and NHSE and a final version was signed off in July 2023. A bespoke reporting system and scorecard (Appendix 1) were developed, and reporting takes place monthly to the newly formed and independently chairs SEND Improvement and Assurance Board (SIAB). On the 15th of November the first formal review of progress took place which required drafting an update against all actions and submitting evidence to the DfE and NHSE, prior to a panel meeting where verbal evidence was provided and then a request for further information. Once the Department have had an opportunity to consider all the evidence a judgement will be made and communicated to KCC and the Integrated Care Board by letter.

1.2 This report focuses on the main KCC activities addressing Area of Weakness 2, complementing the report previously discussed at Committee in June 2023 and Area of Weakness 5.

- Area of Weakness 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.

- Area of Weakness 5:

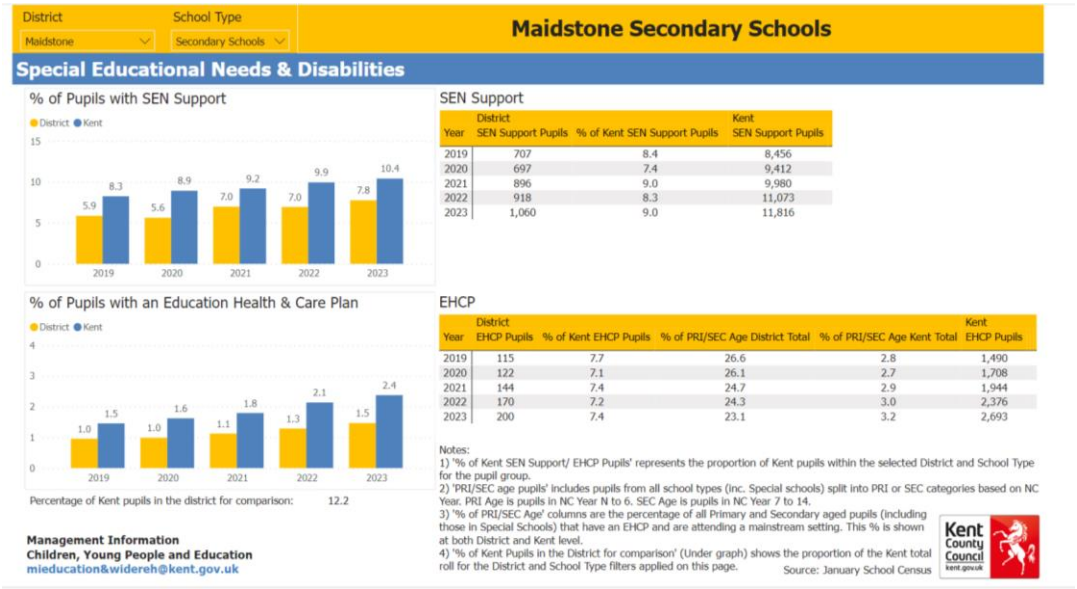
Poor standards achieved, and progress made by too many children and young people with SEND.

2. Defining and measuring inclusion

2.1 Inclusion can be described as the practice of ensuring that people feel they belong, are engaged, and connected. It is about valuing all individuals, giving equal access and opportunity to all and removing discrimination and other barriers to involvement. With regard to schools, there is no legal definition for an inclusive or conversely a non-inclusive school or one way of measuring inclusion but there are a number of indicators that can be considered usually together to make a judgement about how inclusive a school is for example:

- Rates of suspension and permanent exclusion
- Attendance
- Level of Elective Home Education
- Proportion of pupils with an EHCP and on SEN support
- Level of requests for top up High Needs Funding
- Achievement and progress of pupils with SEND
- Engagement in SEND Inclusion training and development opportunities.

2.2 Each of these indicators is measured and considered independently but in addition KCC has developed the District Dashboard to bring together key data related to inclusion which is regularly updated. Each school can see its own data, but not other individual schools though data for groups of schools can be viewed, for example performance against a particular indicator for all secondary schools in a District. The dashboard was rolled out during the summer term of 2023 and is now being updated with data for the 2022-23 academic year. It is a key tool which will support schools in their Locality Clusters to better understand both local needs and the degree of variation between schools, helping to improve consistency in practice across Kent schools. This is an example of one screen shot from the Dashboard to provide an idea of how it works.



2.3 KCC is not empowered within law to directly change school's inclusive practices, which means that it must act as an influencer within the sector. However, systemic improvements to internal process are intended to ensure education leaders and governors are aware of their duties and responsibilities and a more robust challenge is consistently applied to placement decisions. Most recently this can be evidenced in improvements to the Phase Transfer process. School based placement panels ensure that peer challenge informs how local schools meet the demand of their transition cohort, a model which was piloted last year and is currently underway for the academic year 2024-24. KCC have ensured that Officer support of these discussions includes sufficient expertise across all disciples (SEN, inclusion, commissioning and place planning) to effectively resolve local pressures in a more efficient and resource effective manner, with a focus on future sustainability. Processes are being aligned to Safety Valve expectations as well. Another recent example is the development of school inclusions in high-cost placement panels, to ensure similar scrutiny is applied to requests from specialist provision.

3. Engagement in training and development

a. With regard to training, Kent provides generic school improvement training through TEP and the groundbreaking four-year programme in collaboration with the Education Endowment Foundation, EEFective Kent which focused on embedding evidence-based practice in schools to raise standards for all pupils. A range of Inclusion-specific training is also offered, particularly three of the four large scale commissioned programmes – Inclusive Leaders, NurtureUK and Mainstream Core Standards (the fourth Supported Employment was reviewed following low uptake from schools) and more detail was provided to Committee in the June report. The Tables below show the level of engagement there has been from Kent schools.

b. Summary position of the school engagement tracker as of 25th October 2023

Table 1. Schools signed up to each programme

			Number of Schools signed up to each programme:								
Eligible Schools in Kent			Whole School Nurture			Inclusion Leadership			Mainstream Core Standards Training		
	No.	%	No.	% against all schools	% against Target of 300	No.	% against all schools	% against Target of 320	No.	% against all schools	% against all eligible schools
Primary	461	82%	251	54%	97%	122	26%	27%	138	30%	29%
Secondary	100	18%	40	40%		27	27%		25	25%	
Total	561	100%	291	52%		149	27%		163	29%	

Table 2. Number of Settings and Schools that have not enrolled onto any of the 3 Inclusion Services

Number of Settings and Schools that have NOT enrolled onto any of the 3 Inclusion Services										
	Total		North		South		East		West	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary	115	25%	30	26%	29	25%	27	23%	29	25%
Secondary	33	33%	9	27%	7	21%	4	12%	13	39%

Table 3. Number of programmes schools engaged in

	No. of schools engaged in 1 programme	% against all eligible schools	No. of schools engaged in 2 programmes	% against all eligible schools	No. of schools engaged in 3 programmes	% against all eligible schools
Primary	**202**	**44%**	**126**	**27%**	**19**	**4%**
Secondary	**46**	**46%**	**20**	**20%**	**2**	**2%**

c. In addition to this training, the Early Years, Primary and Secondary SENCO Forums take place termly, with the longer- established Primary and Secondary forums attracting approximately 70% of SENCOs and SEND updated are provided at termly headteacher briefing meetings. An example of a SENCO forum agenda and presentation is included as Appendix 2. All the training is evaluated and this intelligence is used to inform future training and development on offer and a report on the training can be seen as Appendix 3. These are a selection of quotes taken from the evaluation of the most recent round of Mainstream Core Standards training for teachers and governors commissioned from TEP.

d. *"Thank you, this course is so useful in helping staff to understand their role in the pathway to inclusion. Each section was clear and very user friendly. The ability for staff to think about how the MCS impacts within their classroom is, and the role they play in this is helpful."*
"The SEN Toolkit is the most useful document! Really useful session and extremely beneficial for SEND governors. Love the linking to the toolkit and I have sent the toolkit link to all our governors to look through. Such a fabulous resource - thank you for putting together!"
"Excellent insight into area of SEND. Will use the toolkit along with other resources in school and ensure they are an integrated part of future visits."

e. Schools and settings can request bespoke training for example from the Specialist Teaching and Learning Service and Portage (recently recognised by the Princess of Wales as an example of good practice) and these services support other work for example on collecting and including pupil voice. The work of the KCC STLS Sensory Impairment and Physical Disability Service on the Kent Youth Sensory Council was recently recognised by the British Association of Teachers of the Deaf (ToD) as good practice and disseminated through a published an article in the September 2023 journal from page 44 in Appendix 4. There is also training and development on specific issues, for example The

Balance System develops in-school capacity on speech and language development**.**

f. Earlier this year Kent commenced a three-year collaboration with the Autism Education Trust (AET) which is implementing a training and coaching programme in education settings across the county, as well as developing an Autism Strategy. During September 2023, 39 school age 'Making Sense of Autism' training sessions were delivered to 1457 delegates, and 40 Early Years Making Sense of Autism training sessions were delivered to 314 delegates. Fourteen training sessions were delivered in October with a further 11 booked. Following feedback materials were reviewed and Kent training slides have been revised, providing a clearer structure that links into post training action planning. To ensure the training reflects the voice of young people, the AET Team has worked with the Autistic Young Experts Panel and attended the Big Mental Health Day on the 10th October 2023 to fully reflect young people's views in future training, and also to include them in presenting where appropriate.

g. KCC has been very fortunate to establish a relationship with Dingley's Promise https://dingley.org.uk/about-us/ bringing in £0.5m of quality assured Comic Relief funded training for the Early Years sector which has been shown to develop provider capacity to better identify and respond to need and planning for the rollout of this programme is well underway.

h. School engagement is tracked and systems are being put in place to identify schools which are not participating in any of the offer and to approach them for a professional dialogue about what would be helpful to them. Schools and Multi Academy Trusts which are committed to developing their own inclusive practice will then implement training within their own settings, informed by the needs of their own pupils and families. There are very effective examples across the Kent education system and this report includes examples of how one particular Trust, Valley Invicta Academy Trust has developed and implemented work within the MAT which can be seen in Appendices 5, 6, 7, 8 and 9.

4. Pupil achievement

4.1 When the revisit took place in September 2022 the results for the academic year 2021-22 had not been published yet and the inspection team will have drawn their judgement about pupil outcomes from school data prior to or during the pandemic and will have likely inferred outcomes from the attendance data which was poor and below the national average. When the 2021-22 data was published it showed there are attainment gaps for pupils with SEN, however the gaps were broadly in line with the national average, the tables can be viewed in Appendix 10. The first analysis of the unvalidated 2022-23 academic results indicate this is also the case for the following year. Whilst we are aspirational about closing the attainment gap, it is important to note that for all the issues and challenges across the Kent SEND system, pupil achievement is broadly in line with that of other Local Authorities.

5. Area of Weakness 2: Variable quality of provision

5.1 The intention of work on Area is to is to ensure that the majority of children and young people can access inclusive education and a warm welcome in a setting in their local community. The areas of activity and sub-sections in this AOW with a brief update are -

- **2A) A wide variation in the quality of provision and commitment to inclusion in schools**
  2A1: Mainstream Core Standards training for teachers and governors - ongoing.
  2A2: Delivering the Early Years Review, including Reception Year pilot findings - Report of findings to CYPE Cabinet Committee in January 2024
  2A3: Evaluate Reception Year pilots - Information will be included in EY Review report to CYPE Cabinet in January 2024
  2A4: Implement Autism Education Trust Training and Strategy: Implement Autism Education Trust Training and Strategy – Ongoing

- **2B) Secondary schools not inclusive leading to requests for an EHCP for secondary transfer and requesting special or independent school.**
  2B1: Produce and promote video interviews with teachers, pupils and parents as case studies that illustrate the benefits of inclusive practice - At early stages.
  2B2: Review of Phase Transfer process and 2B3: Preparing for Phase Transfer implementation 2024/25- This work is underway, changes made for 2022-23, significant streamlining for 2024-25

- **2C) Perception that there is an unfair allocation of specialist places.**
  2C1: Review of Special Schools- Underway will report in the spring.

- **2D) Young people say there is a lack of understanding of their SEND needs in schools and colleges.**
  2D1: Deliver Pathways to Independence: Sufficiency Planning - SEND draft sufficiency strategy has been reported to CYPE Cabinet Committee in November 2023
  2D2: Develop and review the transition charter- Underway see Appendix 11
  2D3: Development of Social, Emotional and Mental Health (SEMH) guidance for mainstream schools and mapping of resources available for schools- Underway
  2D4: To plan to collect meaningful student voice from children and young people and have infrastructure in place to respond and improve appropriately- There is a wide range of engagement underway, and the next step is to use this more strategically and systematically.

- **2E) Poor communication between area leaders and schools including about the CATIE diagnostic tool and the Co--Production Charter.**
  2E1: Review of the Countywide Approach to Inclusive Education- Completed
  2E2: Transparency through information sharing with district group of schools to support partnership work to improve inclusion of children with SEN in state funded schools - The District Dashboard enables this.

5.2 Reforming the post-16 sector is a significant evidence- based transformation programme underpinned by research published 18 months ago about Kent, the Pathways for All Review which underpins all the development work on post 16. The Pathways for All review found a big differential in opportunities for young people post 16; those able to achieve at L2 and above are generally well catered for but students with additional needs find it difficult to access post 16 provision due to a. shortfall in programmes at L2 and below. The range of provision for vulnerable learners for whom school sixth form or college is not appropriate considerably reduced in 2018/19, significantly increasing the risk of NEET.

5.3 KCC has invested in developing a comprehensive understanding of the market through a Gap Analysis report to inform a multi- faceted approach to mitigate the risks this raises. We are working with the DfE to support provider sustainability – the draft SEND Sufficiency Plan has a post 16 section supported by its own named worker to ensure a focus is kept on this area. Senior KCC officers meet regularly with the Chief Executives of the three FE colleges to share data and plan collaboratively which has led to simplified and streamlined operational processes to benefit at an organisational an student level. KCC has also created a specialist Post 16 placement team which is helping build relationships and thus improve appropriate placements by developing an in-depth knowledge of providers and families/students.

5.4 Though Pathways for All we are working with the sector (schools, FE and Specialist Providers, SPIs) to broker agreement for local providers to work together to provide a full local Post-16 offer, rather than competing with each other and leaving gaps in the market. We will be reporting on this work next year.

5.6 KCC invests heavily in supporting schools to prepare students for post-16 opportunities through The Education People's (TEP) Careers Information and Careers Information and Guidance Service (CEIAG) which last year started working with the 28 Special Schools and 6 Alternative Provisions for the first time. A SEND CEIAG group for careers leaders and SENCOs to collaborate and share best practice has been established and four career events are taking place this academic year in SEND settings allowing young people to interview employers as to why they should work for them. The Talentino careers platform has been purchased for SEND and Mainstream SENCOs to support careers education and enterprise advisors (business volunteers) are supporting SEND settings. In addition, KCC commissioned the Supported Employment project to support project to support schools to develop internal capacity and we are expecting to see the impact of this at a student level over time.

5.7 The evidence of impact at an organisational level is that by end the of September 54% of schools meet Gatsby Benchmark 3 (the national average) demonstrating they are addressing the needs of all pupils, and this percentage will increase in the next assessment round during the autumn and will exceed the national average. For students who are able, KCC provides a number of opportunities for Supported Internships and Supported Employment which are very well received and students themselves are able to articulate the impact on them in these films.

- Alex's journey https://www.youtube.com/watch?v=dHY3abnYiPY

- Masie's journey https://www.youtube.com/watch?v=pMqg9GO71RI

5.8 A review of the Phase Transfer process Phase Transfer process started in October 2022 in parallel with a new timetable and process for 2024-25. Transition is Priority 4 in the CATIE and this priority together with the supporting Transition Charter (Appendix 11) was developed in consultation with the education sector representatives and Kent PACT with the charter being refreshed for October 2023. For the academic year 202- 22 KCC seconded a Phase Transfer team of leaders from the education sector from Early Years to post 16 to work with officers to support with improving transition processes. At that point Phase Transfer was being led through SEND and was quite separate. The Chair of Kent Association of Headteachers chaired an education leaders and officers group to agree changes to the phase transfer process and to give advice on how to support more successful transitions.

5.9 To support phase transfer for September 2023, the group recommended establishing district level panels inviting primary and secondary colleagues to discuss the children with EHCPs that would be transitioning. These panels took place in December 2022 and January 2023 and were evaluated to improve the process for the following year.

5.10 In January 2023, the decision was made to move Phase Transfer to be managed through Fair Access, in order to have greater consistency between the phase transfer processes and to make good use of the well-established system in place in the Education division to ensure a successful transition for the start of the academic year 2023- 24, but at the same time planning for an improved Phase Transfer process for 2024--25. A Transition Framework was developed explaining the detailed plan for each transition phase from EY to support the implementation of the Transition Charter. Training was rolled out both to the officer group and to schools including SENCOs and school leaders. This training was delivered by school leaders and the three key officer groups of Educational Psychologists, the Specialist Teaching and Learning Service and Inclusion Advisers in September and they are currently planning how to allocate resource to meet the needs in each district.

5.11 The next step is to provide School leaders in each district with a pack to support the transition panel meetings, including details on each district team of officers, a copy of the Framework and the plan for phase transfer in their district. This year, each stage of the process is being completed 2--3 months earlier than last year. A clear benefit to parents/carers is that since KCC is now liaising directly with them, instead of devolving the responsibility to schools, they have 6 weeks to make a decision, rather than the statutory 15 days. Schools too have benefited and now have 5 weeks for consultations. The impact of this work will be seen in improved decision making about pupil placement better supported transition into secondary phase education.

6. Area of Weakness 5: Poor standards achieved, and progress made, by too many children and young people with SEND.

6.1 As discussed above pupil achievement is broadly in line with national averages and we continue with our aspiration to narrow the gap with non SEN pupils over time through a range of activity in the areas and sub sections outlined below.

- **5A) The drive to improve standards and progress has been slow, outcomes achieved are not good enough.**
  5A1: Deliver the EFFective Kent project- This is completed.
  5A2: Deliver Nurtureuk contract- on track to complete in timescale.
  5A3: Promoting Quality First Teaching and Assessment and further embedding mainstream core standards across mainstream schools.

- **5B) Area leaders have a fragmented relationship with schools and there is an absence of data.**
  5B1: Locality based resources project – The public consultation will be live at the end of November.
  5B2: Roll out of the Countywide Approach to Inclusive Education (CATIE) dashboard- This is completed.

- **5C)** High rates of absence, persistent absence for children with an EHC plan, and a high rate of suspensions.
  5C1: Implementing the 'Working Together to Improve School Attendance' guidance.
  5C2: Liaise with Pupil Referral Units (PRUs) to ensure continuity of support for children and young people who require specialist support.
  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.

- **5D) Inefficient allocation of special resource provision places impact negatively on children and young people's opportunities to make good progress and achieve well.**
  5D1: Review of Specialist Resource Provisions (SRP).

- **5E) School leaders unaware of the strong commitment to educating a greater proportion of CYP with SEND in mainstream schools.**
  5E1: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Mainstream schools core training offer- This is ongoing, and the latest report is included as Appendix 3.
  5E2: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Deliver the Inclusion Leadership commissioned programme – This is on track to be delivered within timescale.
  5E3: Implementation of the Countywide Approach to Inclusive Education (CATIE) - Develop and promote the school resource directory – This work is underway and will be delivered in timescale.

6.2 Overview of the approach taken to addressing AOW 5. There has been a multi-faceted approach taken to addressing this AOW and the main strands of work include:

- **Strand one** - **Supporting generic school improvement** through the TEP school improvement adviser team, training on teaching, learning and assessment and commissioning a ground breaking programme working with the Education Endowment Foundation https://educationendowmentfoundation.org.uk/ to develop in-school capacity to use evidence-based practice to improve teaching and learning. This strand is concerned with Universal education provision which benefits all children and young people but is shown to be of particular benefit to those who may underperform for reasons such as SEN, but also pupils on free school meals. The EEFective Kent programme has now completed and is being externally evaluated.
- **Strand two – Supporting inclusive education** through the refresh of the Countywide Approach to Inclusive Education (the CATIE), the implementation of the Mainstream Core Standards and the externally commissioned NurtureUK accreditation programmehttps://www.nurtureuk.org/. This strand is concerned with developing more targeted support in mainstream schools to meet a range of needs including social, emotional and behavioural.
- **Strand three** – **Improving attendance –** Kent has historically low attendance in comparison with national averages and this of course impact on pupil standards. The KCC service which support attendance, PIAS, has been moved to the education and SEN division and changes have been made to the approach. There is a lag in the publication of data and the last academic year data set has yet to be published but when comparing Autmn 2021and Spring 2022 combined data against Autumn 2022 and Spring 2023 combined data we can see the following improvements in all areas except one where further work is being undertaken to address.

1. **Persistent Absenteeism – secondary and primary**
   2021-22 = 23.54%
   2022-23 = 22.67%
   Difference = 0.87%
   So, 0.87/23.54 x 100 = 3.69% (3.7% improvement)

2. **Total Absence – primary**
   2021-22 = 6.60%
   2022-23 = 6.38%
   Difference = 0.22%
   So, 0.22/6.60 x 100 = 3.33 (3.3% improvement)

3. **Persistent Absence – primary**
   2021-22 = 20.22%
   2022-23 = 19.08%
   Difference = 1.14%
   So, 1.4/20.22 x 100 = 5.63 (5.6% improvement)

4. **Total Absence – secondary**
   2021-22 = 8.86%
   2022-23 = 9.06%

Difference = 0.20%
So, 0.20/8.86 x 100 = 2.25 (2.3% decline)

5. **Persistent Absence – secondary**
   2021-22 = 27.58%
   2022-23 = 26.94%
   Difference = 0.64%
   So, 0.64/27.58 = 2.32 (2.3% improvement)

- **Strand four** – **Ensuring more specialist support is effective and consistent** – through reviewing the 73 Specialist Resource Provisions in mainstream schools. The review led to the following changes: agreeing a standard definition of an SRP, the accommodation that should be provided, admissions criteria, exit arrangements, monitoring and evaluation, key personnel, approach to promoting inclusion and financial arrangements. These changes have been formalised through a new contract which will be in place in all SRPs by the end of December 2023. Whilst this work and the SEND sufficiency strategy has been developed there has been a moratorium on new SRPs but now a robust framework is in place and we have mapped existing provision against need, future commissioning of SRPs is being strategically planned so that children and young people needing this level of support will have pathways from primary into secondary education.

- **Strand five** – **Improving accountability** through systematic data sharing. The District Dashboard (previously known as the CATIE dashboard) is an interactive data set populated with a range of data from every school, regularly updated as data is published, which collates and presents data for example at a District level to allow schools to benchmark themselves against what is happening in other Kent schools but also facilitates groups of school leaders to discuss inclusion issues locally and plan for improvement. As familiarity with the Dashboard develops, it will help support the development of a peer-to-peer school improvement system, with Inclusion at its core.

7. Designing a system for the future – The Localities model

7.1 A more locality-based way of working was first proposed in the original CATIE in 2020. Consideration was given to how this more devolved model of decision-making could work in Kent over a period of time including through assessing where the model has already been implemented successfully and unsuccessfully. Project planning formally started in November 2022 and accelerated between January 2023 and April 2023 with a group of mainstream Headteachers (and MAT representatives) working together with Alternative Provision and Special School to develop a model of collaborative working to support children and young people attend school in their community, closer to where they live, as well as to make better use of the resources available.

7.2 The locality model organises schools into clusters of between 7 to 14 schools (including primary, secondary and special schools) aligned to NHS Primary Care networks. Each school cluster will have a panel of local leaders who will use the District Dashboard to develop an understanding of the particular issues in their local area and make decisions about how resources can best be used to support pupils. The evidence shows that this way of working will, through enabling school to school discussions about the meeting of pupil needs, drive greater consistency across schools in inclusive practice (AOW 2). The alignment with the NHS PCNs and our intention to organise our own support services to work with particular clusters will enable easier access to

the available resources and services by schools to, for example allocate a 'Team around the School' type approach.

7.3 The cluster panels will also be able to make decisions about use of a pot of High Needs Funding Block money which currently individual schools bid for to support individual pupils. The evidence suggests this will be a less bureaucratic way of allocating funding, giving education leaders a greater level of autonomy to address areas of need identified through the data. Twelve pre-consultation events have already taken place which attracted over 50% of schools, the public consultation launched at the end of November and a services of consultation events are planned.

8. Conclusions

8.1 KCC is making progress on implementation of the activities in the APP under AOW 2 and 5 but this work is yet to show consistent impact on children and families. All of this work is being developed and delivered in collaboration with the sector and there is a high level of engagement by a significant number of schools and MATs.

9. Recommendation(s)

Recommendation(s):

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

10. Background Documents

APPENDICES

Appendix 1 – APP October Scorecard
Appendix 2 - An example of a SENCO forum agenda and presentation
Appendix 3 – Report on Mainstream Core Standards training
Appendix 4 - BATOD with SSC article
Appendix 5 - Whole School Oracy evidence VIAT
Appendix 6 - Universal Family Support Phonics flashcards VIAT
Appendix 7 - IMPACT Evidence Item Attention Autism VIAT
Appendix 8 - Balanced System workforce specialist evidence VIAT
Appendix 9 - SSIC data and information anon VIAT
Appendix 10 - Pupil achievement 2022 2023
Appendix 11 - Kent Transition Charter

11. Contact details

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Children, Young People and Education Performance Management

Accelerated Progress Plan Scorecard

October 2023

Produced by: Management Information & Intelligence, KCC

Publication Date: 03 November 2023

Kent County Council
kent.gov.uk

Children, Young People and Education Performance Management

Accelerated Progress Plan Scorecard

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible
L	The aim of this indicator is to achieve the lowest number/percentage possible
N	This indicator has no set polarity

`

RAG RATINGS

RED	Standard has not been achieved
AMBER	Standard achieved but Target has not been met
GREEN	Target has been achieved

MANAGEMENT INFORMATION CONTACT DETAILS

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DATA PERIOD

R3M	Rolling 3 months
R12M	Rolling 12 months
M	Monthly
T	Termly
Q	Quarterly
A	Annual
C	Cumulative
2M	Reported Bi-Monthly

INCOMPLETE DATA

N/A	Data not available
	Data to be supplied

DIRECTION OF TRAVEL (DOT)

⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

KEY TO ABBREVIATIONS

CYP	Children and Young People
EHCPs	Education, Health and Care Plans
GLD	Good Level of Development
NEET	Not in Education, Employment or Training
RWM	Reading, Writing and Maths
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
GCSE	General Certificate of Education

DATA Indicators - Numerator (Top), Denominator (Bottom)

Percentage results are calculated using the
the result achieved (Numerator)
divided by the overall total (Denominator)

Reporting Period

Data is taken on the 5th of the month.
Due to late data input, the numbers for
previous months may change

1 Complaints and Tribunals

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23								
APP01	Percentage of Stage 1 SEND complaints responded to within 20 working days	1, 3, 6	H	M	0	2	8	11	10	9	5	26	9	13	8	24	4	17	14	3	21	↓	25	RED	30	35	40
APP02	Percentage of Stage 1 SEND complaints responded to that were upheld or part upheld	1, 3, 6	L	M	97	82	83	95	85	94	87	74	74	81	84	100	17	17	76	16	21	↑	75	AMBER	70	65	60
APP03	Number of appeals lodged with the SEND Tribunal	1, 3, 6	L	M	54	38	41	58	50	73	47	42	41	57	71	56	-	-	60	-	-	↓	<41	RED	<73	<41	<56

2 Parental Survey

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23								
APP04	Percentage of parents accessing information/advice on KCC's SEND Information Hub that agreed it was useful	1	H	R3M	69	61	55	59	64	50	36	41	52	40	35	28	9	32	40	18	45	↑	40	GREEN	45	50	55
APP05	Percentage of parents that said they had been offered the opportunity to discuss the draft EHCP	6	H	R3M	78	82	80	75	77	70	71	72	67	65	55	53	38	72	56	50	89	↑	70	RED	73	76	80
APP06	Percentage of parents that agreed: The EHC Plan accurately reflects my child's SEND needs	6	H	R3M	74	66	65	58	68	61	69	67	67	66	66	64	46	72	69	61	89	↑	70	AMBER	73	76	80
APP07	Percentage of parents that agreed: The EHC Plan has led to my child getting the help and support they need	6	H	R3M	55	54	52	47	55	46	47	48	53	55	53	56	40	72	56	50	89	↔	70	RED	73	76	80
APP08	Percentage of parents that agreed: I feel that my child's setting is willing to accommodate children with SEND	2	H	R3M	67	67	64	59	62	64	69	60	64	67	77	78	54	69	76	66	87	↓	80	AMBER	82	85	85
APP09	Percentage of parents that agreed: I feel that my child's setting is able to meet their SEND needs	1, 2	H	R3M	51	51	47	44	47	42	40	39	42	49	59	58	40	69	60	52	87	↑	65	AMBER	65	67	70
APP10	Percentage of parents that agreed: The help & support in the EHCP means my child is achieving more at school	5	H	R3M	37	34	37	36	46	40	41	33	41	37	42	35	25	72	45	40	89	↑	50	AMBER	53	57	60
APP11	Percentage of parents that agreed: My child is making good progress at their setting	5	H	R3M	46	45	45	48	53	47	48	42	45	45	54	52	36	69	57	50	87	↑	55	GREEN	58	60	62
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	6	H	R3M	52	47	48	45	55	44	51	45	42	41	40	42	30	72	39	35	89	↓	50	RED	53	57	60
APP13	Percentage of parents that agreed: Different services (such as education, health and care) worked together in the development of the EHC Plan	6	H	R3M	61	51	47	42	50	47	53	53	49	52	47	49	35	72	47	42	89	↓	60	RED	63	67	70
APP15	Percentage of parents that responded to the survey invitation		H	R3M	17	26	19	20	15	26	20	26	25	20	23	21	31	149	24	38	157	↑					

3 The EHCP Process

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23									
APP16	Percentage of requests for statutory assessments made by parents/guardians	1, 2	L	M	54.5	45.6	42.5	55.0	54.6	47.3	56.1	45.7	50.8	38.8	68.9	64.3	166	258	57.2	191	334	↑	<50	RED	<50	<50	<50
APP-EP	Percentage of assessment requests sent to Educational Psychology returned within 6 weeks	6	H	M	13.4	43.1	62.3	35.2	37.5	28.7	33.0	22.2	42.3	35.0	34.9	16.3	28	172	12.0	28	234	↓	40	RED	50	55	60
APP17	Percentage of EHCPs issued within 20 weeks	6	H	M	27.6	39.4	38.8	33.0	37.2	32.9	38.8	15.0	13.2	8.7	2.3	9.2	19	207	11.9	28	236	↑	25	RED	35	45	55
APP17-N	Total number of EHCPs issued within 20 weeks	6	H	M	40	56	35	30	54	51	46	16	22	17	3	19	-	-	28	-	-	↑					
APP17-D	Total number of EHCPs issued	6	L	M	145	142	87	92	145	156	116	107	167	195	131	207	-	-	236	-	-	↓					
APP17-A	Average duration in days from assessment request to EHCP completion	6	L	M	199	176	189	213	205	231	203	260	241	249	256	297	-	-	246	-	-	↑					
APP19	Percentage of pupils with issued EHCPs awaiting a school placement	2, 6	L	M	1.4	2.1	3.5	1.1	4.2	3.9	5.2	10.3	10.8	14.4	6.9	2.9	6	207	10.5	25	238	↓	3	RED	3	3	3
APP20	Percentage of annual reviews waiting over 12 months	1, 6	L	M	63.4	64.2	63.4	63.3	63.4	63.8	64.2	64.9	64.6	63.4	62.4	61.3	11,858	19,335	60.1	11,785	19,597	↑	60	AMBER	58	56	54
APP22	Percentage of audited EHCPs rated good or better	6	H	M	48.5		50.0						19.2	17.4									75				

4 Inclusion

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23									
APP23	Percentage of CYP with an EHCP subject to a suspension - primary phase	2	L	R12M	4.32	4.21	5.11	5.08	4.93	5.08	4.94	4.69	4.49	4.99	4.99	4.91	289	5,886				↑	4.5	AMBER	4.5	4.0	4.0
APP24	Percentage of CYP with an EHCP subject to a suspension - secondary phase	2	L	R12M	9.00	9.02	9.96	9.93	9.96	9.48	9.40	9.29	9.18	9.51	9.56	9.85	614	6,234				↓	9.0	AMBER	9.0	8.5	8.5
APP25	Percentage of CYP that receive SEN Support subject to a suspension - primary phase	2	L	R12M	3.49	3.55	3.52	3.73	3.71	3.77	3.83	3.92	4.10	4.37	4.38	4.44	709	15,961				↓	4.0	AMBER	4.0	3.5	3.5
APP26	Percentage of CYP that receive SEN Support subject to a suspension - secondary phase	2	L	R12M	13.31	13.74	14.52	14.71	14.95	14.77	14.86	14.48	14.17	15.30	15.48	15.63	1,824	11,673				↓	15.0	AMBER	14.5	14.5	14.0
APP27	Number of CYP with an EHCP subject to a permanent exclusion - primary phase	2	L	R12M	3	2	3	4	4	5	5	4	4	4	4	5	-	-		-	-	↓	4	AMBER	4	4	4
APP28	Number of CYP with an EHCP subject to a permanent exclusion - secondary phase	2	L	R12M	9	10	9	9	7	7	6	6	8	11	10	11	-	-		-	-	↓	8	RED	8	8	8
APP29	Number of CYP that receive SEN Support subject to a permanent exclusion - primary phase	2	L	R12M	13	11	9	8	8	10	11	11	10	10	10	9	-	-		-	-	↑	8	AMBER	8	8	8
APP30	Number of CYP that receive SEN Support subject to a permanent exclusion - secondary phase	2	L	R12M	12	13	17	18	17	14	13	13	15	19	18	20	-	-		-	-	↓	16	RED	16	16	16
APP31	Percentage of School Age CYP with an EHCP who are in a mainstream setting	2	H	M						40.3	40.7	40.8	40.8	38.9	39.3	39.6	6,128	15,483	39.7	6,262	15,781	↑					
APP32	Percentage of 0-18 year olds in Kent who have an EHCP	2, 4, 6	L	M						4.4	4.5	4.5	4.5	4.6	4.3	4.4	15,497	353,845	4.5	15,799	353,845	↓					

5 Context

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23								
APP33	Percentage of registered EHE children with an EHCP (Yr R to 11)		N	M	5.2	5.3	5.2	4.9	4.8	4.9	4.9	4.9	4.8	5.0	5.2	4.9	169	3,415	5.0	178	3,529						
APP34	Percentage of children with an EHCP educated other than at school (EOTAS)		N	M					2.0	1.9	1.8	1.7	1.7	1.7	1.9	2.0	395	19,335	1.9	378	19,597						
APP35	Percentage of children open to Early Help Units with an EHCP (Yr R to 13)		N	M					11.6	11.7	12.1	12.4	12.1	12.1	11.0	11.0	440	3,998	11.8	485	4,104						
APP36	Percentage of children open to Children's Social Care with an EHCP (Yr R to 13)		N	M					28.3	28.4	28.3	28.2	27.4	28.2	26.8	26.0	2,186	8,410	27.5	2,197	7,982						
APP37	Percentage of children open to Youth Justice with an EHCP		N	M					24.4	24.8	24.4	21.8	23.1	23.2	22.0	24.0	41	171									
APP38	Percentage of children who have had an Out of Court Disposal including Diversionary with an EHCP		N	M					25.9	14.8	16.9	12.2	15.0	14.5	13.5	11.9	8	67									
APP39	Percentage of CYP (Yr12&13) with an EHCP who are NEET or Not Known		N	M	35.0	22.0	10.3	9.6	8.9	9.4	9.6	11.3	11.6	12.2	13.6	14.9	283	1,894	10.9	210	1,918						
																			Jan-23								
APP65	Percentage of pupils with an EHCP - Kent Resident Pupils		L	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.8	12,125	250,254						

6 Health

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends											Previous Month			Latest Month			DOT	Target Dec 2023	RAG	Target Mar 2024	Target Jun 2024	Target Sep 2024
																Measure	Numerator	Denominator	Measure	Numerator	Denominator						
					Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23			Oct-23								
APP40	Number of children on the waiting list at month end for autism diagnostic assessments, Kent and Medway	8	L	M	6,485	6,647	6,710	6,861	7,083	7,162	7,312	7,489	7,634	7,711	7,707		-	-						< 8619		
APP41	Number of children on the waiting list at month end for ADHD diagnostic assessments, Kent and Medway	8	L	M	2,756	2,826	2,802	2,999	3,059	3,074	3,126	3,133	3,129	3,164	3,324		-	-						< 4143		
APP42	Number of completed autism diagnostic assessments, Kent and Medway	8	H	M	235	237	190	217	162	187	159	206	179	217	229		-	-						Total 2425		
APP43	Number of completed ADHD diagnostic assessments, Kent and Medway	8	H	M	124	132	136	189	235	202	172	209	210	206	190		-	-						Total 2232		
APP44-3	Kent and Medway Wheelchair Service, percentage of episodes of care completed within 18 weeks	8	H	M	41.3	45.6	51.6	60.7	60.9	47.7	59.0	59.5	82.0	59.7	65.1	44.4	28	63						75		
APP44-4	Kent and Medway Wheelchair Service, average waiting time in weeks (Children 0-18)	8	L	M	20.3	62.0	20.8	18.5	19.1	19.8	18.3	17.5	11.1	17.4	16.8	23.2	-	-						18		
APP45	Percentage of Young People assessed within 12 weeks (Referral to 1st Assessment) - Primary - CYP Counselling Service	8	H	Q	81.8	78.2	96.8	97.3	98.5	100	98	100.0	100.0													
APP46	Percentage of Young People assessed within 12 weeks (Referral to 1st Assessment) - Adolescent - CYP Counselling Service	8	H	Q	71.8	74.4	97.7	97.9	97.8	99.4	100.0	100.0	99.0													
APPSLT-1	Speech and Language Therapy, total number of annual referrals (rolling 12 months)	8	L	R12M								4,790														
APPSLT-1R	Speech and Language Therapy, total number of referrals in last 2 months	8	L	2M										781												
APPSLT-WA	Speech and Language Therapy, total number waiting for an assessment (referral to assessment)	8	L	2M								1,081		828												
APPSLT-WA2	Speech and Language Therapy, number on waiting list for an assessment for over 12 weeks	8	L	2M								533		267												
APPSLT-2	Speech and Language Therapy, percentage on the waiting list for an assessment for over 12 weeks	8	L	2M								49.3		32.2												
APPSLT-WI	Speech and Language Therapy, total number waiting for intervention (assessment to intervention)	8	L	2M								3,646		2,822												
APPSLT-WI2	Speech and Language Therapy, number on the waiting list for intervention for over 12 weeks	8	L	2M								1,663		1,337												
APPSLT-3	Speech and Language Therapy, percentage on the waiting list for an intervention over 12 weeks	8	L	2M								45.6		47.4												

6a Health - Kent & Medway LDA Targets for Health Checks - Age 14+

Monthly Indicators		AoW	Polarity	Data Period	Monthly Trends														Annual Health Checks Ages 14+	DOT
																			Final Position 2022/23	
	Annual Health Checks Ages 14+				Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	72.8%	
	Annual Health Checks - Percentage of patients (age 14+) on the QOF LD register who received a LDAHC between the start of the financial year and the end of the reporting period																			
	- Target percentage												7.0	10.0	16.0					
APP-LDAHC	- Actual percentage	8	H	M								2.3	5.4	9.6	13.6					

Monthly Indicators		Currently Reported	Polarity	Data Period	Monthly Trends														Annual Health Plans Ages 14+	DOT
																			Final Position 2022/23	
	Annual Health Plans Ages 14+				Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	65.8%	
	Annual Health Plans - Percentage of patients on the QOF LD register who received a LDAHP between the start of the financial year and the end of the reporting period																			
	- Target percentage												7.0	10.0	16.0					
APP-LDAHP	- Actual percentage	8	H	M								1.8	4.5	8.2	11.8					

7 Attainment & Progress

Kent and National Reporting		AoW	Data Period	Annual Trends		Annual Trends	
				2022 Kent	2022 England	2023 Kent	2023 England
APP47	Foundation Stage Profile % GLD EHCP Gap	5	A	66.3	67.3	70.8	N/A
APP48	Foundation Stage Profile % GLD SEND Support Gap	5	A	48.6	48.0	50.9	N/A
APP49	Key Stage Two % Expected in RWM EHCP Gap	5	A	61.0	62.0	61.0	62.0
APP50	Key Stage Two % Expected in RWM SEN Support Gap	5	A	48.0	48.0	46.0	46.0
APP51	GCSE Attainment 8 EHCP Gap	5	A	39.5	38.2	37.8	36.1
APP52	GCSE Attainment 8 SEN Support Gap	5	A	16.7	17.7	16.2	16.9
APP53	GCSE English & Maths standard pass EHCP Gap	5	A	63.4	62.6	63.3	59.3
APP54	GCSE English & Maths standard pass SEN Support Gap	5	A	33.6	36.9	34.1	35.6
APP55	GCSE Progress 8 EHCP Gap	5	A	1.58	1.43	1.43	1.22
APP56	GCSE Progress 8 SEN Support Gap	5	A	0.66	0.57	0.69	0.55

8 Attendance & Absence

Attendance & Absence		AoW	Data Period			Termly Trends					
				Whole Year 2021/22		Autumn 2022		Autumn 2022/Spring 2023 Combined		Whole Year 2022/23	
				Kent	England	Kent	England	Kent	England	Kent	England
APP57	Pupils with an EHCP (all schools) - Percentage Total Absence	2	A & T	13.3	12.1	13.9	N/A	14.0	12.4		
APP58	Pupils with an EHCP (all schools) - Percentage Attendance	2	A & T	86.7	87.9	86.1	N/A	86.0	87.6		
APP59	Pupils with an EHCP (all schools) - Percentage Persistent Absence	2	A & T	40.9	36.9	41.1	N/A	40.3	36.3		
APP60	Pupils with an EHCP (all schools) - Percentage Severe Absence	2	A & T	5.9	5.2	6.2	N/A	6.6	N/A		
APP61	Pupils with SEN Support (all schools) - Percentage Total Absence	2	A & T	11	10	11.2	N/A	11.2	10.1		
APP62	Pupils with SEN Support (all schools) - Percentage Attendance	2	A & T	89	90	88.8	N/A	88.8	89.9		
APP63	Pupils with SEN Support (all schools) - Percentage Persistent Absence	2	A & T	35.9	32	36.6	N/A	34.8	30.8		
APP64	Pupils with SEN Support (all schools) - Percentage Severe Absence	2	A & T	3.7	3	3.5	N/A	4.1	N/A		

Indicator Definition

Code	Indicator	Definition	Source Description	Latest data Description	Latest data release date
		Complaints & Tribunals			
APP01	Percentage of Stage 1 SEND complaints responded to within 20 working days	Percentage of complaints where a response was sent to the complainant detailing the outcome of the complaint, within 20 days of the original complaint received date, as a proportion of the overall complaints responded to	iCasework (Claire Thomson)	Snapshot as of Aug-23	Sep-23
APP02	Percentage of Stage 1 SEND complaints responded to that were upheld or part upheld	Percentage of complaints where the outcome decision was in favour of the complainant, as a proportion of all complaints where the outcome decision was made	iCasework (Claire Thomson)	Snapshot as of Aug-23	Sep-23
APP03	Number of appeals lodged with the SEND Tribunal	Total number of appeals lodged with the SEND Tribunal, an independent national tribunal, which hears parent's and young people's appeals against LA decisions about the SEN needs of CYP	MISEN Tribunals Power BI Report	Snapshot as of 1st November 23 covering October 23	1st Nov-23
		Parental Surveys			
		After a final EHCP is sent to the parents, 3 months later they receive an invitation to complete a survey based on their experience of the assessment process and other SEND areas. Below are the questions asked to the parents:			
APP04	Percentage of parents accessing information/advice on KCC's SEND Information Hub that agreed it was useful	The information helped me access useful support for my child with SEND	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP05	Percentage of parents that said they had been offered the opportunity to discuss the draft EHCP	Were you offered an opportunity to discuss your child's draft EHC Plan with your caseworker?	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP06	Percentage of parents that agreed: The EHC Plan accurately reflects my child's SEND needs	The EHC Plan accurately reflects their SEND needs	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP07	Percentage of parents that agreed: The EHC Plan has led to my child getting the help and support they need	The EHC Plan has led to my child getting the help and support they need	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP08	Percentage of parents that agreed: I feel that my child's setting is willing to accommodate children with SEND	I feel that my child's setting is willing to accommodate children with SEND	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP09	Percentage of parents that agreed: I feel that my child's setting is able to meet their SEND needs	I feel that my child's setting is able to meet their SEND needs	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP10	Percentage of parents that agreed: The help & support in the EHCP means my child is achieving more at school	The help and support in the EHC Plan means my child is achieving more at their nursery or pre-school, school or college	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP11	Percentage of parents that agreed: My child is making good progress at their setting	My child is making good progress at their setting	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
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.	Overall, thinking about the process you and your family have been through to obtain an EHC Plan for your child or young person, how much do you agree or disagree with this statement: We received useful and consistent help and advice from everyone we dealt with during the EHC needs assessment for our child. (This includes school staff, your caseworker, and other professionals such as health coordinators and educational psychologists.)	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP13	Percentage of parents that agreed: Different services (such as education, health and care) worked together in the development of the EHC Plan	Different services (such as education, health and care) worked together in the development of the EHC Plan	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
APP15	Percentage of parents that responded to the survey invitation	N/A	Alison Foot - Snap Survey	Rolling 3 month average as at Oct-23	Nov-23
		The EHCP Process			
APP16	Percentage of requests for statutory assessments made by parents/guardians	Total assessment requests for a child's Educational, Health and Social Care needs generated by the parents themselves, and not by an education setting or a professional, divided by the overall total of assessment requests received	Performance Report - Requests Scorecard	Snapshot as of 1st November 23 covering October 23	1st Nov-23
APP-EP	Percentage of assessment requests sent to Educational Psychology returned within 6 weeks	Once it is agreed to assess, a request is sent to the Eductional Psychology Department to carry an assessment. The returned report is called Appendix 5. The Eductional Psychology Department have a 6 week timeframe to return their report	EP Report - MI SEN	Snapshot as of 1st November 23 covering October 23	1st Nov-23
APP17	Percentage of EHCPs issued within 20 weeks	The percentage of Education and Health Care Plans (EHCP's) that are issued within 20 weeks as a proportion of all such plans. EHCP's replaced statements and are for CYP aged up to 25 who need more support than is available through special educational needs support	Subscription to Performance Scorecard Report produced by MISEN	Snapshot as of 1st November 23 covering October 23	1st Nov-23
APP19	Percentage of pupils with issued EHCPs awaiting a school placement	A CYP has had an EHCP issued during the month, but they have not yet been placed in a school	Performance Report - EHCP's issued and ceased by placement type	Snapshot as of 1st November 23 covering October 23	1st Nov-23
APP20	Percentage of annual reviews waiting over 12 months	All YP with an EHCP by law should have an Annual Review every 12 months. This indicator measures the percentage of annual reviews over the 12 month timescale, as a proportion of the total annual reviews outstanding	Performance Report - Annual Reviews	Snapshot as of 1st November 23 covering October 23	1st Nov-23
APP22	Percentage of audited EHCPs rated good or better	SEN audits of closed EHCP assessements that received a rating of good or better for the process followed and plan issued	Brooke Barlow Data from InVision	Snapshot as of July-23	Aug-23

Indicator Definition

Code	Indicator	Definition	Source Description	Latest data Description	Latest data release date
		Inclusion			
APP23	Percentage of CYP with an EHCP subject to a suspension - primary phase	Percentage of primary school children with an EHCP who are currently suspended from school, as a proportion of the total number of primary school children who have an EHCP	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP24	Percentage of CYP with an EHCP subject to a suspension - secondary phase	Percentage of secondary school children with an EHCP who are currently suspended from school, as a proportion of the total number of secondary school children who have an EHCP	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP25	Percentage of CYP that receive SEN Support subject to a suspension - primary phase	Percentage of primary school children who receive SEN support, who are currently suspended from school, as a proportion of the total number of primary school children who receive SEN support	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP26	Percentage of CYP that receive SEN Support subject to a suspension - secondary phase	Percentage of secondary school children who receive SEN support, who are currently suspended from school, as a proportion of the total number of secondary school children who receive SEN support	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP27	Number of CYP with an EHCP subject to a permanent exclusion - primary phase	The number of CYP in primary phases, with an EHCP that aresubject to a permanent exclusion	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP28	Number of CYP with an EHCP subject to a permanent exclusion - secondary phase	The number of CYP in secondary phase with an EHCP, that are subject to a permanent exclusion	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP29	Number of CYP that receive SEN Support subject to a permanent exclusion - primary phase	The number of CYP in primary phase that receive SEN Support, that are subject to a permanent exclusion	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP30	Number of CYP that receive SEN Support subject to a permanent exclusion - secondary phase	The number of CYP in secondary phase that receive SEN Support, that aresubject to a permanent exclusion	Nas Peerbux	Data available from 20th of month for the previous month, then 3-4 days to process	Oct-23
APP31	Percentage of School Age CYP with an EHCP who are in a mainstream setting	Percentage of CYP in Yr R to NC YR13 with an EHCP at a mainstream setting, as a proportion of the total number of CYP in Yr R to Yr13 with an EHCP. Nursery and Early Years are excluded	Performance Report	Snapshot as of Oct-23	1st Nov-23
APP32	Percentage of 0-18 year olds in Kent who have an EHCP	Of the total 0-18 year old age bracket in Kent, what percentage of these have an EHCP	Charlotte Prior - Kent Analytics Mid Year Population Estimates (MYPE). FIO monthly report Performance report for EHCP numbers	MYPE June 2021 Kent Analytics estiamtes	FIO - 1st Nov 23
		Context			
APP33	Percentage of registered EHE children with an EHCP (Yrs R to 11) - (NAS)	Electively Home Educated (EHE) is when a parent chooses not to send their child to school full-time but assumes responsibility for making sure their child receives a full-time education other than at school. This indicator measures the percentage of EHE children who have an EHCP, as a proportion of all EHE children	Nas Peerbux	Snapshot as of Sep-23	Oct-23
APP34	Percentage of children with an EHCP educated other than at school (EOTAS)	AP settings are places that provide education for children who can't go to a mainstream school, including the Education Programme, and Educated Other than at Schppl - SEN. This indicator measures the percentage of children in an AP setting, as a proportion of all children with an EHCP	MISEN FIO report	Snapshot as of Oct-23	FIO - 1st Nov 23
APP35	Percentage of children open to Early Help Units with an EHCP	Early help, also known as early intervention, is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life. This indicator measures the percentage of children open to Early Help Units, as a proportion of all children with an EHCP	Chris Nunn	Snapshot as of Sep-23	Oct-23
APP36	Percentage of children open to Children's Social Care with an EHCP	Children with an EHCP who are actively engaged with social care, who are responbsible for providing all forms of personal care and support for the child. This indicator measures the percentage of children open to Children's Social Care, as a proportion of all children with an EHCP	Chris Nunn	Snapshot as of Sep-23	Oct-23
APP37	Percentage of children open to Youth Justice with an EHCP	Children with an EHCP who are actively engaged with the Youth Justice teams who are responsible for the prevention of crime and antisocial behaviour by children and young people. This indicator measures the percentage of children open to Youth Justice, as a proportion of all children with an EHCP	Kathryn Humphrey FIO Report Core + monthly Youth Justice report	Snapshot as of Sep-23	Oct-23
APP38	Percentage of children who have had an Out of Court Disposal including Diversionary with an EHCP	Chilrden who had an outcome at pre-court stage - Out of Court Disposal. These include Community Resolutions, Youth Condition Caution, Youth Caution, Reframe - KYDIS (drug and alcohol programmme) and 'No further Outcome resolutions' - know as Outcome 21,22 or 23. For ones where the EHCP was ceased same month as the outcome date - if the cease was after the outcome date it's included - if before the outcome date it is excluded	Kathryn Humphrey FIO Report Core + monthly Youth Justice report	Snapshot as of Sep-23	Oct-23
APP39	Percentage of CYP (Yr12&13) with an EHCP who are NEET or Not Known	Percentage of 16/17 year old CYP with an EHCP who are no longer in the education system, and are not working, or being trained for work, as a proportion of all 16/17 year old CYP who have an EHCP. Or their current situation is Unknown	Core+ CCIS - Power BI report	Snapshot as of Oct-23	Nov-23
APP65	Percentage of pupils with an EHCP - Kent Resident Pupils	All pupils on the annual school census returns who are flagged as having an EHCP	CYPE Scorecard - Matt Ashman	Taken from the January 2023 school census data	Jun-23

Indicator Definition

Code	Indicator	Definition	Source Description	Latest data Description	Latest data release date
		Health			
APP40	Number of children on the waiting list at month end for autism diagnostic assessments, Kent and Medway	The number of children on the waiting list at month end for autism diagnostic assessments, Kent and Medway	Del Herridge NHS	Snapshot as of Aug-23	Oct-23
APP41	Number of children on the waiting list at month end for ADHD diagnostic assessments, Kent and Medway	The number of children on the waiting list at month end for ADHD diagnostic assessments, Kent and Medway	Del Herridge NHS	Snapshot as of Aug-23	Oct-23
APP42	Number of completed autism diagnostic assessments, Kent and Medway	The number of completed autism diagnostic assessments, Kent and Medway	Del Herridge NHS	Snapshot as of Aug-23	Oct-23
APP43	Number of completed ADHD diagnostic assessments, Kent and Medway	The number of completed ADHD diagnostic assessments, Kent and Medway	Del Herridge NHS	Snapshot as of Aug-23	Oct-23
APP44-3	Kent and Medway Wheelchair Service, Percentage of episodes of care completed within 18 weeks	The national target is 95% for children whose episode of care is closed within 18 weeks from the time their referral was received by the wheelchair service to when the child has received their wheelchair provision. Episode of care completed means that their referral has been closed	Tamsin Flint NHS	Snapshot as of Sep-23 Data is available form the 15th of the month for the previous month	Nov-23
APP44-4	Kent and Medway Wheelchair Service, average waiting time in weeks (Children 0-18)	This measure is from the referral review, through to the closing of the case	Tamsin Flint NHS	Snapshot as of Sep-23 Data is available form the 15th of the month for the previous month	Nov-23
APP45	Percentage of Young People assessed within 12 weeks (Referral to 1st Assessment) - Primary - CYP Counselling Service amy noake	Percentage of Primary CYP referred to the Kent Community Health Trust (KCHT) counselling service, and are assessed within 12 weeks of their referral, as a proportion of all CYP referred to the KCHT	Chloe Nelson/Heather Randle/Amy Noake via reporting from KCHT. Reports not available from KCHT until the 28th of the month. Reporting currently quarterly, but being discussed with KCHT to change to monthly	01/04/2023 to 30/06/23	Jul-23
APP46	Percentage of Young People assessed within 12 weeks (Referral to 1st Assessment) - Adolescent - CYP Counselling Service amy noake	Percentage of Primary CYP referred to the Kent Community Health Trust (KCHT) counselling service, and are assessed within 12 weeks of their referral, as a proportion of all CYP referred to the KCHT	Chloe Nelson/Heather Randle/Amy Noake via reporting from KCHT. Reports not available from KCHT until the 28th of the month. Reporting currently quarterly, but being discussed with KCHT to change to monthly	01/04/2023 to 30/06/23	Jul-23
APPSLT-1	Speech and Language Therapy, total number of annual referrals (rolling 12 months)	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waiting period. For example, East Kent Hospitals Trust (EKHUFT) – they complete an assessment but then the case goes straight to intervention. There is not a separate process for this	Del Herridge NHS	The data covers Kent and Medway (MCH) and is reported bi-monthly on a 12 month rolling basis	Oct-23
APPSLT-1F	Speech and Language Therapy, total number of referrals in last 2 months	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waitng period	Del Herridge NHS	Data is provided on a 2 monthly basis	Oct-23
APPSLT-WA	Speech and Language Therapy, total number waiting for an assessment (referral to assessment)	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waitng period	Del Herridge NHS	Data is provided on a 2 monthly basis	Oct-23
APPSLT-WA2	Speech and Language Therapy, number on waiting list for an assessment for over 12 weeks	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waitng period	Del Herridge NHS	Data is provided on a 2 monthly basis	Oct-23
APPSLT-2	Speech and Language Therapy, percentage on the waiting list for an assessment over 12 weeks	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waiting period. For example, East Kent Hospitals Trust (EKHUFT) – they complete an assessment but then the case goes straight to intervention. There is not a separate process for this	Del Herridge NHS	The data covers Kent and Medway (MCH) and is reported bi-monthly on a 12 month rolling basis	Oct-23
APPSLT-WI	Speech and Language Therapy, total number waiting for intervention (assessment to intervention)	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waiting period. For example, East Kent Hospitals Trust (EKHUFT) – they complete an assessment but then the case goes straight to intervention. There is not a separate process for this	Del Herridge NHS	Data is provided on a 2 monthly basis	Oct-23
APPSLT-WI2	Speech and Language Therapy, number on the waiting list for intervention for over 12 weeks	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waiting period. For example, East Kent Hospitals Trust (EKHUFT) – they complete an assessment but then the case goes straight to intervention. There is not a separate process for this	Del Herridge NHS	Data is provided on a 2 monthly basis	Oct-23
APPSLT-3	Speech and Language Therapy, percentage on the waiting list for an intervention over 12 weeks	Kent & Medway have three SLT service providers - waiting times from referral to interventions are managed in different ways by services. Some begin intervention at assessment and some have a further waiting period. For example, East Kent Hospitals Trust (EKHUFT) – they complete an assessment but then the case goes straight to intervention. There is not a separate process for this	Del Herridge NHS	The data covers Kent and Medway (MCH) and is reported bi-monthly on a 12 month rolling basis	Oct-23
APP-LDAHC	Annual Health Checks - Percentage of patients (age 14+) on the QOF LD register who received a LDAHC between the start of the financial year and the end of the reporting period	The data is for 14+ yrs and relates to the percentage of patients on the QoF register who were given an annual health check or an annual health plan	Del Herridge NHS	Monthly data - new measure from October 23 Scorecard	Oct-23
APP-LDAHP	Annual Health Plans - Percentage of patients on the QOF LD register who received a LDAHP between the start of the financial year and the end of the reporting period	The data is for 14+ yrs and relates to the percentage of patients on the QoF register who were given an annual health check or an annual health plan	Del Herridge NHS	Monthly data - new measure from October 23 Scorecard	Oct-23
		Attendance and Absence			
APP57	Pupils with an EHCP (all schools) - Percentage Total Absence	The total absences of all school children with an EHCP, as a percentage of the overall time due in school	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP58	Pupils with an EHCP (all schools) - Percentage Attendance	The total attendance of all school children with an EHCP, as a percentage of the overall time due in school	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23

Indicator Definition

Code	Indicator	Definition	Source Description	Latest data Description	Latest data release date
APP59	Pupils with an EHCP (all schools) - Percentage Persistent Absence	Percentage of all school children with an EHCP who have had persistent abcence (persistent is 10%) from school, as a proportion of the total number of school children who have an EHCP	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP60	Pupils with an EHCP (all schools) - Percentage Severe Absence	Percentage of all school children with an EHCP who have had severe abcence (severe is 50%) from school, as a proportion of the total number of school children who have an EHCP	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP61	Pupils with SEN Support (all schools) - Percentage Total Absence	The total absences of all school children with SEN support, as a percentage of the overall time due in school	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP62	Pupils with SEN Support (all schools) - Percentage Attendance	The total attendance of all school children with SEN support, as a percentage of the overall time due in school	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP63	Pupils with SEN Support (all schools) - Percentage Persistent Absence	Percentage of all school children who have SEN support who have had persistent abcence (persistent is 10%) from school, as a proportion of the total number of school children who have SEN support	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23
APP64	Pupils with SEN Support (all schools) - Percentage Severe Absence	Percentage of all school children with SEN support who have had severe abcence (severe is 50%) from school, as a proportion of the total number of school children who have SEN support	Abi Maunders DfE published dataset. Numbers were published on 19/10/23	Kent data has been aggregated by MI from the Janaury 2023 School Census. For the Autumn term 2022, the Dfe do not publish attendance by pupil group	Oct-23

Countywide SENCO Forum- 4th/5th October 2023

Siobhan Price- Education Officer, Mainstream Inclusion (KCC)
Ruth Gately- SEND Specialist Adviser (The Education People)
Alice Gleave- Interim Assistant Director, SEN Operations (KCC)
Kate Middleton- Deputy Head (The Judd School)
Stephen Cartwright- Assistant Principal (The Marsh Academy)
Cheryl Chalkley- Headteacher (Mersham Primary School)
Elizabeth Pole and Helen Waymouth (SEND Therapies Team)
Dr Sarah Musgrave- Senior Educational Psychologist (KCC)
Rory Abbott- Project Lead (The Education People)

On behalf of... THE EDUCATION PEOPLE Kent County Council kent.gov.uk

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Housekeeping

- Rory Abbott- Project Lead

- Please change your name via the Participant tab so that we can see who is present;
- You will be muted but if you have questions then please type them in the chat box using full sentences. If we can answer your question during the session we will but if not we will take a note of your question and send out a response in the Q+A document post-session;
- If there are any issues with your session within the main body of the presentation or within a breakout room, then please close the session and click on the link to start again. One of us will let you back in and get you connected back up to your session;
- If you registered for the session using CPD Online then you should have a copy of these slides, the agenda and any other materials you need for these sessions. If you cannot see the slides that we are sharing then please refer to those instead. If you haven't received the pre-session materials then please email rory.abbott@theeducationpeople.org so the issue can be investigated.

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Agenda

Item	Topic	Lead/Time
1	Welcome/Housekeeping and an Introduction (Ruth Gately- Specialist SEND Adviser, TEP)	5 mins
2	An introduction to SEN Info Reports- Dyslexia (Sarah Musgrave- Senior Educational Psychologist)	15 mins
3	Countywide SEN Improvement And Localities and the HNF Review (Siobhan Price- Education Officer, Mainstream Inclusion, KCC)	20 mins
4	Transition: Joint Working (Kate Middleton- Deputy Head, The Judd School, Stephen Cartwright, Assistant Principal, The Marsh Academy, Cheryl Chalkley, Headteacher, Mersham Primary School)	10 mins
5	Balanced System- Work in the south of Kent (Elizabeth Pole and Helen Waymouth)	15 mins
6	Operational Updates (Alice Gleave, Interim Assistant Director, SEN Operations, KCC)	5 mins
7	Evaluation (Rory Abbott- Project Lead, TEP)	5 mins

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Ruth Gately

Specialist Lead Adviser (SEND)

ruth.gately@theeducationpeople.org

National Professional Qualification for Special Educational Needs Co-ordinators (NPQ for SENCOs)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1184775/National_professional_qualification_for_special_educational_needs_coordinators.pdf

- The SENCO role is a mandatory role in mainstream schools and maintained nursery schools. NASENCO qualification will continue to be delivered until autumn 2024 – SENCOs should continue to sign up until end of academic year 2023 to 2024.
- NPQ will become the mandatory qualification for SENCOs from September 2024.
- Teaching of the national qualification for SENCOs will begin in Autumn 2024.
- SENCOs are still required to complete the training within 3 years of appointment.
- If SENCOs have already completed the existing qualification, there is no requirement to complete this further qualification.
- NPQ courses last between 12 and 18 months.
- Providers who are approved to deliver the course will determine the course structure, content and method of delivery.

NPQ for SENCOs covers:

- School culture
- Identification of need
- Teaching
- Behaviour
- Leading and managing provision
- Professional Development
- Implementation

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An introduction to SEN Info Reports- Dyslexia

(Sarah Musgrave- Senior Educational Psychologist)

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Kent Guidance for Addressing Literacy Development including Severe and Persistent Literacy Difficulties (Including Dyslexia)

Dr Sarah Musgrave
Senior Educational Psychologist
Kent Educational Psychology Service

Signposting

1. Purpose of this paper

Kent County Council
kent.gov.uk

2. Process (history and to come)
3. Key changes from the old Kent Dyslexia policy to the proposed document
4. Key points from the guidance
5. An invitation

Purpose

- Kent's Dyslexia Policy:

  - Last updated 2015
  - Attracting some negative feedback from parent forum groups, other professionals etc
  - Some inaccuracies highlighted and feedback that conveyed a lack of confidence in the training and provision in schools
  - Positioned as a 'policy' i.e. defending a certain position
  - Requests being made by KCC officers and other professionals in November 2021 for updates to the document

Purpose (cont.)

- Need to provide a consistent narrative to improve confidence in practitioners and parents that all children experiencing difficulties with literacy development can have these needs met by mainstream schools
- Dyslexia/literacy difficulties are too prevalent in the population (some estimates are 20%) for it to not be considered a mainstream issue, especially as the remedial interventions are educational and already exist within schools
- Need to reduce escalation of issues around dyslexia due to poor communication or understanding leading to :
  - increased demand for a ‘Dyslexia diagnosis’,
  - demand for flexi-schooling or direct work with specialist teachers,

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disputes over provision for children with persistent literacy difficulties (including dyslexia) leading to tribunal appeals and placement at independent dyslexia schools

Process (history)

- First drafts developed with input and guidance from:
  - the UK cross county group of Principal and Senior EPs working party group on developing literacy guidance,
  - current DfE and Ofsted guidance,
  - SpLD Assessments Standards Committee Consultation Paper (April 2022),
  - KCC's inclusion and CATIE documents
- Extensive input from KEPS and cognition and learning specialist teachers with a number of rounds of peer review

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- Request to present at KCC Transformation Group July 23 to request approval and agreement to move forward with the next steps

Process (to come)

- Feedback and input from Kent schools at all Key Stages
- Feedback and input from parents/carers and children/young people
- Development of information and guidance for parent/carers and children/young people to supplement the SEND Information hub • Training for KCC teams

Difference between the old Dyslexia policy and the current paper (summary)

This paper:

- Positions dyslexia (including severe and persistent literacy difficulties) in the context of changes in the development of teaching reading over the last 20-ish years and within the wider teaching approaches and expectations of schools, linking to the Mainstream Core Standards document and Assess, Plan, Do, Review
- Moves away from considering it as a ‘policy’ and positions it as ‘guidance’
- Suggests a shift of focus and language away from identifying ‘dyslexia’ to talking about ‘severe and persistent difficulties’ with literacy development • Aims to offer an inclusive and holistic view where it is clear that all learner’s needs are met, regardless of diagnosis
- Clarifies understanding of what is expected from schools when presented with a private diagnostic report

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Key points in the guidance

- High quality literacy teaching is the first step in responding to pupils who have, or may have, SEN
- Barriers to literacy development to be accurately identified as early as possible so the correct support can be put in place when they need it ('Response to Intervention' rather than 'Wait to Fail' model of intervention and support)
- All children and young people experiencing difficulties with their literacy development should have fair access to appropriate resources and opportunities (Literacy for All)
- Starts with an explanation of factors important in early reading development and early years education

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Key points in the guidance

- Moves on to the introduction of Structured Synthetic Systematic Phonics (SSSP) Programmes following the Rose Review (2006)
- Early identification of difficulties with literacy development and focussing on these three questions:

1) **What is the nature of the literacy difficulty?**

2) **What are the most suitable interventions to support an individual's particular needs relating to reading, spelling and some wider areas of literacy?**

3) **What is the expected impact of the intervention and what is hoped to be achieved?**

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Key points in the guidance

- Builds on current KCC documents (e.g. Mainstream Core Standards) to clarify and provide more detail about what schools are expected to be doing specifically to meet children and young people's needs around literacy development
- Use of assess, plan, do review (APDR)
- Provides an appendix of published assessment resources and signposts evidencebased interventions
- Expectation that, within APDR:
  - assessment is used to accurately pinpoint the exact skills that need developing,
  - use targeted intervention to develop those skills,
  - monitor the impact of that intervention and review the outcome, making changes as necessary

Key points in the guidance

  - consulting with other professional expertise if the desired outcomes and progress are not seen, in line with SEND Code of Practice

- There has been little convincing new evidence from research into literacy difficulties and dyslexia to suggest that a complete change in approach is needed.
- The best way to teach literacy skills, and systematic, structured, synthetic phonics (SSSP) programmes as being the cornerstone of teaching of reading and spelling, continues to be debated between academic researchers.
- In general it advocates for a broader scope of approaches to be used.
- Ofsted make it clear that they expect to see SSSP used in programmes of teaching reading at all levels, including for struggling learners in secondary schools.

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Key points in the guidance

- Ofsted's three 'I's (Intent, Implementation and Impact) also set out how programmes should be delivered with a focus on whole school ethos and the impact of these programmes
- The British Psychological Society (BPS) definition of dyslexia continues to be widely accepted

  "Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the "word" level and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis of a staged process of assessment through teaching"

- It is acknowledged that there may be multiple definitions of dyslexia

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Key points in the guidance

- Current debate and ongoing enquiry suggests a lack of consensus about the term ‘dyslexia’ meaning that the term is used in various ways
- To encompass an inclusive approach, the term ‘Severe and Persistent Literacy Difficulties (SPLD’) is proposed as the preferred term for use in Kent
- Kent is not discounting the concept of ‘Dyslexia’ as a term which could be used to describe significant difficulties with reading or spelling in line with the BPS definition
- What matters most is that children’s difficulties with literacy are identified and addressed in ways that promote progress, whether or not they are described in terms of dyslexia

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Key points in the guidance

- Gain family and child/young person view about how they would like their needs referred to (what we call it is less important than what is being done about it)
- Managing the needs of pupils with literacy difficulties beyond primary phase
- Use of technology and ‘neurodiverse friendly’ classrooms
- Effective Use of Teaching Assistants
- Other practitioner reports and dyslexia screeners
- Statutory assessment and provision

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Next steps

- Invite a group of SENCos from Primary and Secondary Phase to comment on the draft guidance and address questions such as:

  - Are there any areas or topics within the paper you feel are particularly helpful, or problematic?
  - How equipped as a staff group do you feel to respond to literacy difficulties pupils may experience, and to meet the expectations of this guidance?
  - How do you envision implementation in your school? – What else do you need?

- Invite comment from parents/carers and children/young people and draft a version of the guidance that is accessible for them.

Register your interest here…

Kent Literacy Difficulties (inc. dysl
exia) Guidance Focus Group
Interest

Countywide SEN Improvement And Localities and the HNF Review

(Siobhan Price – Education Officer, Mainstream Inclusion, KCC)

THE EDUCATION PEOPLE

High Needs Funding and Locality Model for SEN Inclusion Public consultation

Members Briefing

Pre-Consultation - September 2023

Local Context

- Joint Ofsted CQC inspection, 2019 and revisit in 2022, identified 9 areas of weakness in Kent County Council's (KCC) effectiveness of providing for children with Special Educational Needs and Disabilities (SEND)

- Accelerated Progress Plan (APP) developed to drive sustainable improvements across the Kent area, find the plan here

- Area 2 states Kent has "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"

- Area 5 states “Poor standards [are] achieved, and progress made, by too many children and young people with SEND”

National Context - SEND and AP Improvement Plan – March 2023

- *‘In many cases, the proposals set out in the green paper were welcomed. Typically, people agreed with our assessment of the current challenges in the system. There was broad support for the proposal for a new national SEND and alternative provision system that delivers timely, high-quality services and support in mainstream settings, alongside swift access to more local state specialist settings, where required’.* SEND AP Improvement Plan March 2023, which can be found here in full.

- The Improvement Plan is confirmation of a renewed focus and further emphasis of the Statutory Guidance laid out in the Code of Practice 2014, seeking a more effective and sustainable high needs system, that works for children, young people, and their families.

- Implementing will take time and Kent's position means that levelling up opportunities for children and young people should not wait and we must act now.

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1139561/SEND_and_alternative_provision_improvement_plan.pdf

Sustainability in High Needs Systems – National Context

In June 2022 the DfE published the following document, "Sustainability in High Needs Systems'.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1084835/Loca l_authority_guidance_on_high_needs_sustainability.pdf

'This is not a cost cutting exercise – it is about improving the performance of local high needs systems and ensuring this is achieved in a sustainable way. Meeting children and young people's needs early and appropriately is a fundamental principle for achieving this. Simply spending more money on high needs does not bring about improved outcomes for children and young people: spending money effectively to

meet needs early does. Equally, cuts to spending which mean children and young people's needs cannot be met risk LAs failing to deliver their statutory duties.'

Why Change?

- Improve standards and progress made by children with SEN.
- Improve the consistency and quality of provision for children with SEN particularly in mainstream schools.
- Improve parental confidence in the quality of SEN provision in their local schools.
- Align services to Kent's strategic direction to enable added value in the relevant areas
- Ensure collective responsibility in the local area for the provision for children with SEN.

Development of a new model

- ✈ Following KCC's August 2022 Independent HNF review activity focused on developing an evidence-based model that would work for Kent

- Between August 2022 and July 2023 Local Authority staff, mainstream headteachers, Special Educational Needs Coordinators (SENCos), and other relevant professionals worked together to design principles, success factors, research models and narrow down proposals. The following meetings and forums were involved in the development process:
  - Headteacher briefings and workshops
  - School Funding Forum
  - High Needs Subgroup meetings
  - Local Inclusion Forum Team (LIFT) Executive meetings
  - Countywide Approach to Inclusive Education (CATIE) Steering Group meeting
  - Specialist Teaching and Learning Service workshops
  - Kent Parents and Carers Together (PACT) meetings

- The feedback gathered from these engagement activities informed the development of the proposals

Headteacher reference group

Representatives from all school types and phases were part of the development activity, schools below formed the group recommended by the KCC HNF independent review:

- St John's Catholic Comprehensive, Gravesend
- Tunbridge Wells Grammar School for Boys
- Endeavour Trust, Dartford
- Towers School, Ashford
- Hartsdown Academy, Margate
- Fulston Manor, Sittingbourne
- Canterbury Academy
- Hugh Christie/Tonbridge Federation
- Marsh Academy, Romney Marsh
- Valley Invicta Trust, Maidstone
- Southborough Primary School, Tunbridge Wells
- Joy Lane Primary School, Whitstable
- Two Bridges AP, Tonbridge
- Inspire Academy, Canterbury
- West Borough Primary School, Maidstone
- Our Community MAT, Swale
- Broomhill Bank, Special School, Tunbridge Wells
- Mersham Primary School, Ashford
- St Nicholas Primary School, New Romney
- Wells Free School, Tunbridge Wells
- Tymberwood Academy, Gravesend
- St Alphege's Infant School, Herne Bay

Dover Federation for the Arts ○ Holy Trinity and St John's, Margate

	Mission
usive success des and	Fulfil children's potential
	Build parents' trust
and	

need to their	Provide financial sustainability

Principles of Countywide Approach To Inclusive Education

- Equitable access for all. Sufficient, appropriate, quality education provision is available for all children and young people in Kent.
- No child is left behind. All children and young people are supported to be engaged fully in their education.

- Effective collaboration. There is collaboration and multi-agency working providing a self-improving, sustainable system which supports the education of all.

Proposal

- The proposal is to adopt the concept of **predictable** and **exceptional** needs and move the responsibility for informing the allocation of mainstream top-up funding for predictable needs to a collaborative, local schools-led model.

- Under this Model, mainstream top-up funding for predictable needs will be pooled and allocated to cohorts of pupils within local clusters of schools rather than attached to individual pupils.

- It will continue to be controlled and administered by KCC but the local headteachers, rather than an individual KCC Case Worker, will inform the use of their cluster's allocation of pooled funding.

- Transparency and the building of trust between schools, and between KCC, schools and parents/carers, will be central to the effective implementation of the Localities Model.

- With regard to exceptional needs, those which are significant or complex, the proposal is that mainstream top-up funding will continue to be managed and administered centrally by KCC, together with the issuing of EHCPs, and in line with new, agreed thresholds and the legislative framework.

Financial Context High Needs Funding Review, August 2022

DEFINITION:
High Needs Funding (HNF) supports provision for pupils and students with SEND who require additional resources to participate in education and learning, from their early years to age 25 in schools and colleges (excluding students aged 19 to 25 who do not have an Education, Health and Care Plan (EHCP) or students who are over the age of 25) and pre-16 pupils in Alternative Provision (AP) who, because of exclusion, illness, or other reasons, cannot receive their education in mainstream schools.

HNF is provided to KCC through the high needs block of the Designated Schools Grant.

KCC's Independent HNF review reported:
"Kent's financial situation presents a major challenge for all involved and will require strong leadership and active partnership / dialogue to move forward. The Department for Education (DfE) has now included KCC in its Safety Valve programme, which provides financial and advisory support along with a greater level of monitoring and accountability"*

Spend on this additional funding in Kent has risen sharply over the last 3 years, the out-turn figure for 2018-19 was £17.6m, by August 2022 this had almost doubled; continuing overspends are unsustainable.

** KCC staff, schools, settings, parents, carers, and other stakeholders*

Membership

- Within the new Localities Model, schools will be organised into geographical clusters of between 8-14 schools, and will establish a cluster panel of headteachers, SENCos and other school leadership

representatives of the mainstream primary and secondary schools and special schools within their defined area.

- The members of the cluster panel will all have direct experience and expertise in organising and providing support in schools to children and young people with SEN. This means they will be well placed to advise on how the children and young people's needs can be met in the most effective way.

Support Services

- The cluster panels will each be supported by a KCC SEN Inclusion Advisor and other SEN and Education professionals already in the system.
- Clusters will be aligned to the NHS Primary Care Network boundaries, demonstrating KCC's commitment to joint working with the NHS and the benefits this alignment will bring to the provision of SEN local services.

Critical Success Factors

The new model will:

- Support improved outcomes for children and young people with SEND by
  - Providing equitable access for children and young people
  - Educating more children and young people in mainstream settings
  - Encouraging curriculum flexibility
  - Support in closing the education gap with their peers
- Provide clear governance structures and instil transparent decision-making by
  - Supporting an effective HNF system
  - Providing clear processes
  - Implementing meaningful bureaucracy, clearly defined roles and accountability structures

Critical Success Factors

- Embed a system where Schools, Clusters / Districts, and the LA are held accountable for:
  - Embedding and maintaining Mainstream Core Standards
  - Expenditure
  - CATIE / inclusion outcomes
- Provide information on available resources (wraparound services / professional input), ensuring they are:
  - Mapped
  - Promoted / Publicised
  - Utilised (monitoring and evaluation)
- Avoid perverse incentives
- All schools are at the table

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- Provide financial sustainability
- Consistent thresholds

Consultation activity

- Consultation opens on 15th November 2023.
- Consultation closes 8th January 2024.
- SIAB meeting – November 2023 tbc – APP Governance
- DfE Improvement Notice meeting – 15th November 2023
- Transformation Operation Group 2 – 16th November 2023 - Safety Valve Governance

- Schools Funding Forum – 24th November 2023.
- High Needs Funding sub group – 5th October and 13th November 2023.
- SEND Transformation Board and SRP Board - TBC
- Public /parents - meetings TBC

Transition: Joint Working

(Kate Middleton- Deputy Head, The Judd School, Stephen Cartwright, Assistant Principal, The Marsh Academy, Cheryl Chalkley, Headteacher, Mersham Primary School)

THE EDUCATION PEOPLE

Key Dates	Activity for Early Years to Reception, Year 2, and Year 6 Transfers
Terms 1 & 2 **Sep to Dec 2023**	Opportunities for parents and young people to attend open days, meet the SENCO, transition lead, FLO.
Term 1 **By 11 Sep 2023**	LA SEN Teams formally consult with schools for phase transfer parental preferences
Term 2 **Nov to Dec 2023**	Admissions decision-making meetings held between schools and LA staff
Term 2 **11 Dec 2023**	School deadline for their response to LAs consultation on parental preference

Term 3 **31 Jan 2024**	Amended final EHC plans naming the school for September 2024 are sent to parents and schools by LA
Half term **15 Feb 2024**	National statutory deadline for naming school placements on the child's EHC plans for those in phase transfer

Key Dates	Activity Post 16 Transfers
Year 11, Term 1 **1 Sep 2023**	Parent/young person email sent out by the LA, requesting setting preference. Communication includes detailed process guidance and important information
Year 11, Term 1 **13 Oct 2023**	Parent/young person deadline for returning their setting preference to LA
Year 11, Term 1 **After 13 Oct 2023**	LA SEN Teams formally consult with settings for phase transfer parental preferences

Year 11, Term 2 11 Dec 2023	Post 16 settings' deadline for their response to LAs consultation on parental preference
Year 11, Term 3 Jan 2024	Admission decision-making meetings held between settings and LA staff
Year 11, Term 3 OR 4 31 Jan or 6 Mar 2024	Amended final EHC plans naming the setting for September 2024 sent to parent/young person and setting by LA (Schools would prefer as early as poss to aid transition activities)
Term 3 31 March 2024	National statutory deadline for naming setting placement on the young person's EHC plan for those in phase transfers

Phased Transition Process

- Inclusion Advisers (previously PEOs), STLS and Educational

Psychologists working together within Districts to devise a transition plan to support schools with the process

- Inclusion Advisers can support SENCOs and schools with developing whole school practice and individual cases if needed
- STLS working with individual children to support with preparing for transition.

Role of Schools

- Nasen (2015) “Work with parents/carers. Remember, transition can also be a stressful time for the parents and carers of children and young people with SEND. Working closely with parents will help them to feel confident that they have the right information and are well

prepared for the process. Good communication and a consistent approach between home and school will help support children and young people through transition."

- 44.5% of pupils with ECHPs are educated in mainstream settings nationally.
- In Kent, it is only 33%

The Balanced System® SLCN Transformation

Update for Countywide SENCo forum

Elizabeth Pole Elizabeth.pole@kent.gov.uk

Kent Professional Lead Speech & Language Therapist for the Balanced System®

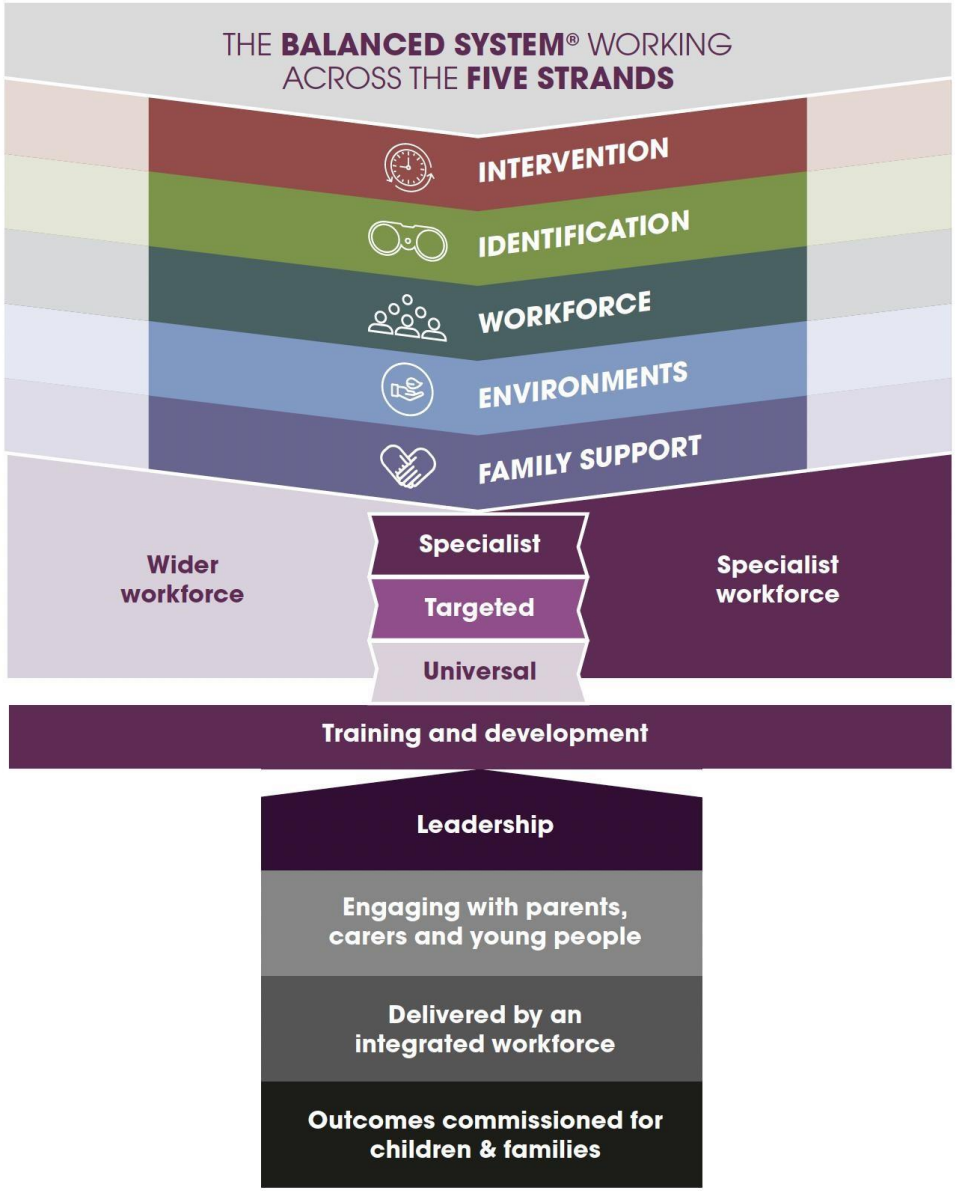
Hester Mackay - Hester.Mackay@kent.gov.uk

SEND Therapies Lead Teacher

Helen Waymouth – helen.waymouth@nhs.net

Head of Community Child Health and CYP Therapies EKHUFT

Quick pol


THE BALANCED SYSTEM® WORKING ACROSS THE FIVE STRANDS
INTERVENTION
IDENTIFICATION
WORKFORCE
ENVIRONMENTS
FAMILY SUPPORT
Wider workforce
Specialist
Targeted
Universal
Specialist workforce
Training and development
Leadership
Engaging with parents, carers and young people
Delivered by an integrated workforce
Outcomes commissioned for children & families

How confident are you in your understanding of the Balanced System® model for speech, language and communication needs?

1 = it's new to me

5 = very confident

The Balanced System® in Kent

- To make sure that the **right provisions** are available for **parents**, **carers** and **professionals** to help children and young people develop their **speech, language and communication**
- We work together as a **whole system** which includes parents/carers, health visitors, early years settings, schools, specialist teaching services (among others) as well as speech and language therapy services.

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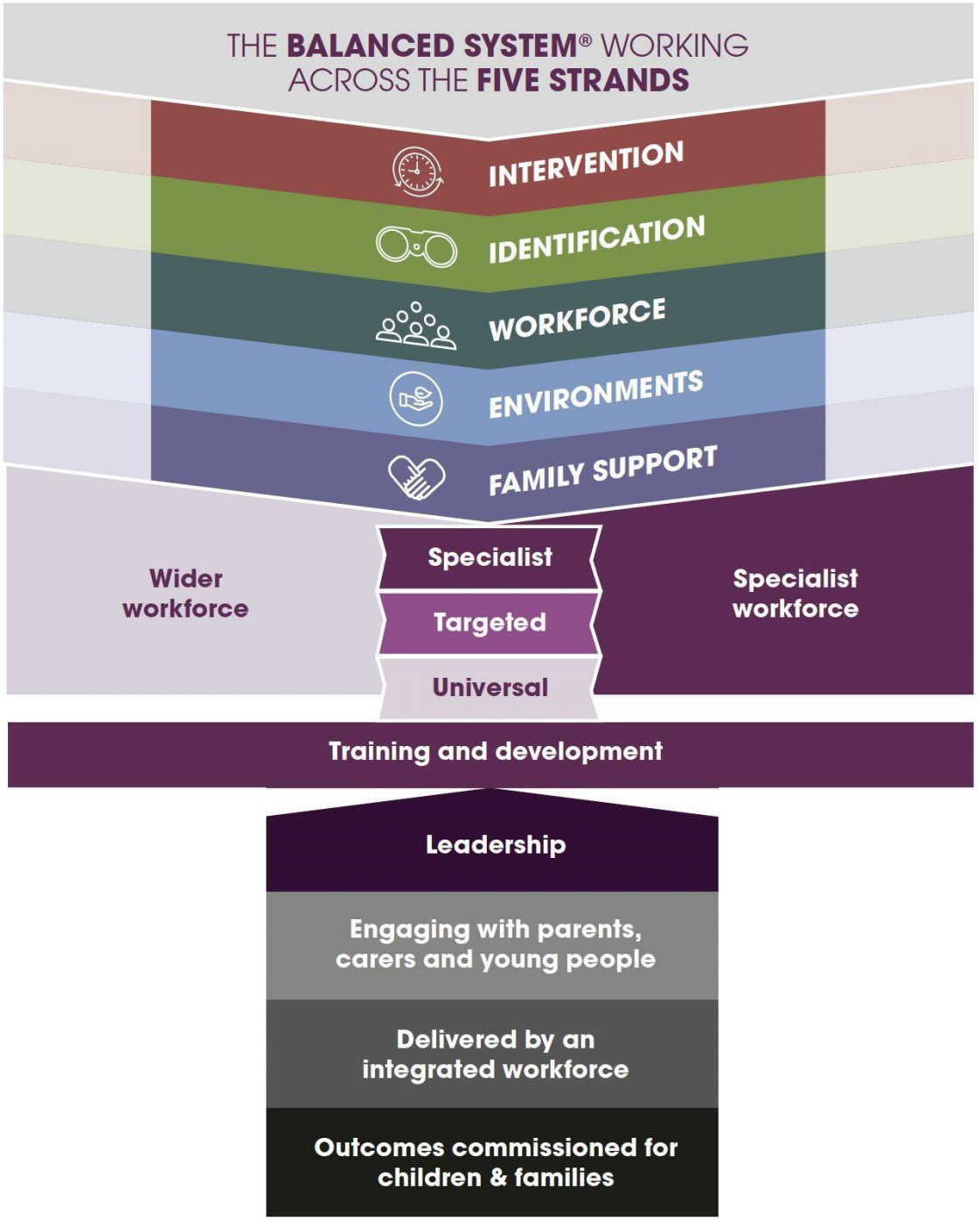
Core Delivery

1. Focus on **outcomes** and
2. Simple and **easy** information, support
3. **Place based** most functionally relevant place



Principles

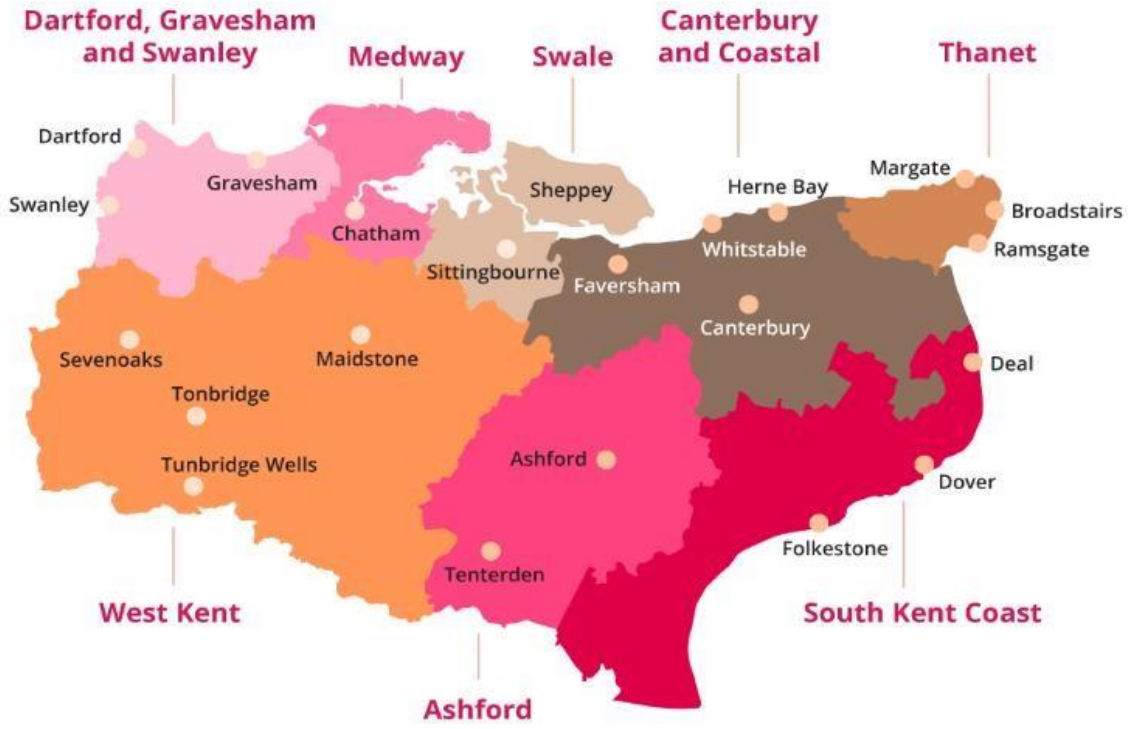
functional measures of **impact**

access to the right assessment and

support – in the appropriate and

4. Strong universal and **targeted** provision is key to facilitating access to specialist support as and when needed for a finite time
5. High quality, accessible and consistent **information**

NHS Therapy Providers in Kent



EKHUFT = South Kent Coast & Ashford

KCHFT = Canterbury & Coastal / Thanet / West Kent / Dartford, Gravesham & Swanley

MCH= Medway / Swale

Implementation from NHS perspective

- Areas covered by EKHUFT (Ashford, Folkestone & Hythe, Dover/Deal)
- have changed the infrastructure of their service to enable full delivery of a Balanced System® approach
- includes Link Therapist for all schools

- Other areas of Kent:
- ‘Tests for Change’ to model this approach as a pre-curser to widespread adoption
- Other changes in the pipeline such as increased consistency of SaLT at LIFT

Link Therapist – Guidance for schools

- Guidance document to support implementation of place-based approach in schools
- Information about link therapist role and what to expect
- Information about **tools** to **self-evaluate** school's SLCN provision to **inform planning**
- Outlines responsibilities of school and link therapist

FAQs - SCHOOLS

Question	Answer

Do I still need to make referrals?	No, you can discuss any children you are concerned about in Link Therapist meetings and jointly agree next steps. If specialist support is required, the therapist will be able to action this. We will no longer hold a waiting list - you will work with the therapist to agree priorities.
How are parents involved in accessing support?	The principle of 'easy access' is key – parents need to be able to access support should they have a concern – each school needs to consider how they enable this e.g. drop ins with link therapist; opportunity to discuss concerns with SENCo.
How often will we see our link therapist?	We are using a Balanced System tool to support us to allocate therapist time according to need. There are several factors which influence this including size of the school, levels of social deprivation and levels of SEN. Your link therapist will discuss and agree with you when they will visit.

Just a quick mention…

Secondary Provisions

- Secondary Language Link – 2 week free trial, identification tool and group interventions Years 7-9.

- Speech & Language UK '**Talk for Work**'
- Targeted intervention for age 14+, 13 sessions plus an 'employer's workshop'
- Training 20th Nov 2023 at Laleham Gap School, Ramsgate, now funded by Speech and Language UK! Send 2-3 participants ideally SENCo and TA(s) who will deliver.
- Contact tiss@lgs.kent.sch.uk to book a place, or if any questions Elizabeth.Pole@kent.gov.uk / Bromwyn.Kuotola@lgs.kent.sch.uk

Any Questions?

About the framework : The Balanced System Pathway

SEN Operational updates

Alice Gleave

Interim Assistant Director SEN Operations

Tribunals, Assessment and Placement Team

- New permanent manager has started – Georgette Williams
- Assessment team now fully staffed, as is Placement team. Currently reviewing these teams to improve processes to prevent ‘bottle necks’

- Seeking to tackle backlogs of assessment and annual reviews using dedicated teams
- Invitation to Sencos to join sessions to learn more about how annual reviews are processed
- Challenges around placement of children at phase transfer are being worked through but due to lack of spaces this is taking time. Many schools are working hard with us to provide support for these children – thank you

Consultations

This year some of you and your headteachers may have received consultations over the summer holiday period. Some schools have reasonably indicated that it's not possible to respond to consultations that are being sent late in July after the end of term.

We understand that consulting schools for Yr R placements during the summer holidays is not ideal and/or what we expect in terms of our approach in future years, bar exceptional cases.

Consultations

New processes within the Assessment and Placement teams should negate the need to do this in the vast majority of cases next year. However, we have been advised that the 15 day consultation period does not pause during this time and as such we must fulfil our statutory duties.

We are working in partnership with schools to ensure that next year any consultations are sent well in advance of the holidays.

Annual review forms

- New Annual Review forms on Kelsi and can be found here:

[Annual Review of Education Health Care Plans - KELSI]

How does the Local Authority process Annual Reviews?

We will be holding some drop in sessions for Sencos that may interested in how the local authority processes annual reviews and amends plans using the information received. Dates to follow.

Session Feedback and Evaluation

- Please take the time to complete the evaluation- the link is below

  https://forms.office.com/e/B1aVYksJ44

- The link for the evaluation will be posted in the chat by either Rory Abbott or Ruth Gately. Please click on it now or scan the QR Code and give us your feedback.

On behalf of...
THE EDUCATION PEOPLE
Kent County Council
kent.gov.uk

Thank You for listening and taking part

If you have any questions then please email rory.abbott@theeducationpeople.org with the subject title of Countywide SENCO Forum Query

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Mainstream Core Standards Training for Middle Leaders, Teachers, Governors and Families- 2022/23

End of Year Report

As part of KCC's SEND agenda to create consistency and continuity in the CPD offer to schools and families across Kent, The Education People were commissioned to deliver a range of training during the academic year 2022/23. Information was collected from delegates at the beginning and at the end of the CPD sessions to enable The Education People to measure the impact of the training being delivered. KCC put in place a target to improve understanding and confidence by 20% linked to each objective. In excess of 500 delegates from over 200 schools benefited from the various training opportunities delivered by The Education People during the year. The quantitative data in the tables below illustrates the impact this training had.

MCS Training for Middle Leaders

	Pre (Average out of 7)	Post (Average out of 7)	Difference (Impact)	(Impact) by percentage of possible	Difference by percentage (If score was
I know what the MCS document is aiming to achieve	4.08	5.88	1.80	26%	20%
I know how the MCS document can be used	3.63	5.53	1.90	27%	20%
I know how the MCS document can be embedded into quality first teaching	3.75	5.40	1.65	24%	20%
I know how the MCS document can fit into the wider inclusion agenda	3.63	5.40	1.77	25%	20%
I feel confident in using the MCS document to support planning an inclusive curriculum	3.56	5.90	2.34	33%	20%
I feel confident in using the MCS document to plan how to deliver an inclusive lesson	3.60	5.07	1.47	21%	20%
I feel confident in using the MCS document to plan how to use TAs within the curriculum	3.46	5.19	1.73	25%	20%
I feel confident in using the MCS document to benefit the wider inclusion agenda	3.54	4.94	1.40	20%	20%
I feel confident in using the MCS document to give my curriculum team support in making their lessons more inclusive	3.42	5.25	1.83	26%	20%

MCS Training for Teachers

	Pre (Average out of 7)	Post (Average out of 7)	Difference (Impact)	Difference (Impact) by percentage of possible score (7)	KPI Target- Difference by percentage (If score was out of 10)
I understand what the Mainstream Core Standards (MCS) are.	4.00	5.74	1.74	25%	20%
I understand what the Mainstream Core Standards are aiming to achieve.	4.05	5.84	1.79	26%	20%
I understand how the MCS can benefit my classroom practice.	4.11	5.74	1.63	23%	20%
I understand how the MCS can be embedded into Quality First Teaching.	4.16	5.58	1.42	20%	20%
I understand how the MCS fit into the wider inclusion agenda.	4.05	5.53	1.48	21%	20%
I feel confident in using the MCS when working with my Curriculum/Subject Lead to support inclusive curriculum design.	3.68	5.47	1.79	26%	20%
I feel confident in implementing the MCS in my classroom.	3.79	5.58	1.79	26%	20%
I feel confident in embedding the MCS into my Quality First Teaching practice.	3.79	5.63	1.84	26%	20%
I feel confident in using the MCS document to benefit the wider inclusion agenda.	3.79	5.32	1.53	22%	20%

MCS Training for Governors

	Pre Session 1- Across all session 1s (Average out of 7)	Post Session 3 (Average out of 7)	Difference (Impact)	Difference (Impact) by percentage of possible score (7)	KPI Target- Difference by percentage (If score was out of 10)
I know how I can support school leaders in the running of our school	4.47	5.89	1.42	20%	20%
I know what the statutory duties on schools are in relation to SEND.	4.02	6.00	1.98	28%	20%
I know what my responsibility as a Governor is in ensuring my school is implementing the Mainstream Core Standards (MCS).	3.93	6.00	2.07	30%	20%
I know what inclusion means.	5.82	6.35	0.53	8%	20%
I feel confident in supporting school leaders in the running of our school.	4.45	5.78	1.33	19%	20%
I feel confident that I can challenge school leaders appropriately.	4.69	5.81	1.12	16%	20%
I feel confident that I can explain what the statutory duties on my school are in relation to SEND.	3.72	5.78	2.06	29%	20%
I feel confident that I can explain what inclusion means.	5.03	6.11	1.08	15%	20%
Bearing in mind that all Governors are Governors of SEND, I feel confident that I can evidence that my school is implementing the Mainstream Core Standards.	4.03	5.69	1.66	24%	20%

MCS Training for Families

	Pre (Average out of 7)	Post (Average out of 7)	Difference (Impact)	Difference (Impact) by percentage of possible score (7)	KPI Target- Difference by percentage (If score was out of 10)
I know what the mainstream core standards are.	2.5	5.03	2.53	36%	20%
I know what the Local Authority (Kent County Council) are doing to support schools to support my child/ren.	2.53	4.47	1.94	28%	20%
I know who to speak to at my child/ren's school/s to get the support they need.	5.53	5.98	0.45	6%	20%
I know what I can do to work with my child/ren's school to create a happy, safe and consistent environment for my child/ren.	4.81	5.78	0.97	14%	20%

A Note on the Data

When the data has been analysed, one can see that where the impact is shown as red, the objective has been scored at a high level before the training, meaning that there was little scope for this to improve by the expected 20%. Where objectives are seen to be showing as amber, The Education People are looking at how this can be improved if future funding is put in place to deliver this type of CPD again.

Qualitative Data

The Education People also collected qualitative data via the post session evaluation document and a sample of the feedback provided is outlined below.

A really useful session, very well presented and the toolkit looks amazing. Thank you - this has been one of the best courses I've been on.

Informative and well presented-thank you

Nice pace, great presenters.

Thank you so much for a brilliant session. It was excellent, very well structured and very informative.

The governor toolkit looks great. My knowledge from this training has progressed.

I may not have learned everything I need to know to be more effective as SEN Governor, but the last 2 hours have given me confidence in knowing where to be guided. Lots of homework!!

I will feel much more confident having the toolkit at hand. I can see it will equip me as a governor. thank you.

Excellent insight into area of SEND. Will use the toolkit along with other resources in school and ensure they are an integrated part of future visits.

The whole session has been very useful in clarifying and informing my understanding of the role of the SEND Governor. In particular, it has alerted me to the fact that all governors should be monitoring inclusion in the school. Talking to other governors in the breakout room was also very useful.

This was an excellent training session. Lots of information to take in so all the resources and links are highly appreciated. Well structured and designed session with question breaks and breakout room. Thank you Lisa and Rory!

Thank you very informative. It has made me reflect on my own practice and how I inform and support colleagues in my team.

Breakout rooms are really useful, idea and resource sharing. Great course. Thank you

Really useful information that makes you reflect upon your practice.

A very useful overview. Thank you. I believe the next session will enable me to be more equipped.

The following feedback is based on the E-Learning Module that has been created for Teachers and Teaching Assistants

Thank you, this course is so useful in helping staff to understand their role in the pathway to inclusion. Each section was clear and very user friendly. The ability for staff to think about how the MCS impacts within their classroom is, and the role they play in this is helpful.

A good refresher from previous courses. Easy to navigate and I liked the fact I could access in my own time and go back if required.

The course provided a good overview of the MCS and the purpose of this being in place and the importance of collaboration to best support the needs of all of the young people in the schools care.

I found this CPD user-friendly, easy to navigate and most importantly of all, very informative...

I have some feedback for staff having completed this and to discuss further through learning walk monitoring over the next 4 terms. Thank you

Very informative course, feel more confident in using the main stream core standards.

Thank you for this evening. The SEN Toolkit is the most useful document!

Really useful session and extremely beneficial for send governors. Love the linking to the toolkit and I have sent the toolkit link to all our governors to look through. Such a fabulous resource - thank you for putting together! 😊

Thank you for this training course. Both sessions so far have been very useful. I love how you provide practical resources, go through them and in addition, give us time to reflect in small groups. Very informative evening yet again. Massive thanks to all involved.

Difficulties getting the break out room working - there seemed to be an overlap with a second group (of many). All sorted in the end and having 20mins for this break out was great. Thank you.

This is a really excellent course with very good presenters. It was a large investment of time but well worth it Very useful, we have made some changes to the monitoring forms and there is more focus on SEND in governor meetings This has been really helpful - until this third session I was feeling a bit overwhelmed by the responsibility of being a SEND Governor - this evening has cleared up a lot of my concerns I am a SEND governor and chair of the Curriculum and Learning Committee. I feel confident that our group embeds SEN through meetings and through our school vision. I think it would be useful for the training to incorporate a section on how as SEND governors we can engage and develop the SEND knowledge and skills of the Finance Committee governors. This would be to promote the 'all governors are SEND governors' and to help them in the context of their monitoring visits and meetings. (We do have SEND reports in our FGM and link into safeguarding and health and safety).
Thank you, really useful for me to gather information at my Autistic & ADHD child's parents evening tomorrow with a collaborative approach towards identifying what it is about the lessons that they struggle in to try and work out what effective support would look like going forward. It would be helpful for a link to the MCS documents for schools to be included. The families document refers to it, and it would be useful to have the document to be able to read in more depth what schools get. Really great, informative session. By far the best information giving sessions I have attended since we entered the world of SEN. The presentation was clear and in full working order (a couple of NHS ones haven't worked so well) and it was great that advice was given throughout, as well as enough time for extra questions at the end. The message that this is a two way street for communication with the school was clear. Really knowledgeable presenters that clearly knew what they were talking about, thank you.

Conclusion

In conclusion, the feedback has been overwhelmingly positive, and the training well received. With future funding, The Education People will look to extend the training offer to more non-SEND governors and look to create E-Learning modules for Middle Leaders and Governors to allow for more flexible learning. However, the SEND topic is both emotive and ever changing and so ongoing synchronous CPD for professionals and families is imperative to keeping the SEND agenda and inclusion as a whole both visible and central to professional's work.

Rory Abbott- Project Lead: School Improvement Service, The Education People- August 2023

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BATOD
British Association of Teachers of Deaf Children and Young People

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Sign communication

Student voice – Why did we feel the need for a sensory student council?

Supporting newly arrived refugee families

Celebrating 50 Years of Windsor Park

Join BATOD to get THE Magazine for professionals in deaf education (0-25)

Working together for a strong and stable future

Sue Denny, BATOD's 47th President, reflects on the growth in interest in BSL classes, as well as its recognition as an official language in Great Britain and its inclusion as part of a school's curriculum

The focus of this edition of the BATOD Magazine – Sign Communication – could not have been timelier! Ever since Rose Ayling-Ellis danced away with the Strictly Come Dancing trophy in 2021, interest in British Sign Language (BSL) has been high among the public and demand for BSL classes is on the increase. This was reinforced by Rose's recent excellent documentary 'Signs for Change', which was both powerful, and moving and again brought BSL into the mainstream media. She also called on the government to provide free access to BSL lessons for parents and guardians of all deaf children.

Another documentary Name me Lawand, which follows a young deaf Kurdish refugee as he learns BSL, has also had great critical reviews. It was first shown at the London Film Festival and has just recently been released in select cinemas across the UK, but hopefully, it will eventually gain a wider audience.

But it is not just in the world of entertainment that BSL has grown in prominence; it has also had high profile recognition recently from the governments. After the recognition of BSL as an official language of Great Britain with the passing of the BSL Act last year in June, the government in England announced that the long-awaited BSL GCSE (General Certificate of Secondary Education) is going to become a reality with the first courses due to start in September 2025. BATOD joined with other key stakeholders Signature, NDCS (National Deaf Children's Society), BDA (British Deaf Association), and ABSLTA (Association of British Sign Language Teachers and Assessors) to review the consultation and share the feedback. This is available on the BATOD website. BATOD is also working closely with the stakeholders and with the Department for Education (DfE) to ensure the roll out is done appropriately and effectively. It is fantastic news that finally, the BSL GCSE will be available in schools in a year's time!

Of course, in Scotland, BSL has been recognised in law since 2015 with it being a legal requirement for the Scottish Government and public bodies to promote and facilitate the promotion, use, and understanding of BSL. This has raised the profile of BSL in Scotland and has led to a National Plan for supporting its development. One of the outcomes has been the development of the British Sign Language Toolkit for practitioners, a new resource to support deaf children, young people, and their families. You can read about it further on in the Magazine.

Wales has also passed legislation recognising BSL and it is now officially part of the Curriculum for Wales. As well as provision for deaf BSL users, it can be part of a school's curriculum for all children, like French or German, and there is a BSL glossary published as part of the Curriculum for Wales. In Northern Ireland, both BSL and Irish Sign Language (ISL) have been recognised as languages in their own right since 2004, but although there is a commitment to introduce a Sign Language Act, this has not yet come about. However, the legal recognition of sign languages is gaining attention worldwide with laws recognising sign languages becoming more common.

Another excellent resource – from Scotland again – is the EdSign Lecture Series, which is hosted by four universities and the deaf/signing community in Edinburgh and provides regular public lectures about sign languages and deaf studies. Most recently, they hosted a lecture on 'Possible beings: Deaf children and linguistic justice about access to sign language in education in Canada. Hopefully, there will be more to come!

Also on the subject of resources, the BATOD Audiology Refreshers publication is now live and free to access on the BATOD website. The webinar for the soft launch was attended by approximately 200 people, such was the interest in this fantastic resource! The original Audiology Refreshers was published in issues of the Magazine many years ago and was last revised in 2009, so this is a very welcome update. The content has been developed by six working groups made up of Qualified Teachers of Deaf Children and Young People (QToDs), qualified teachers of multi-sensory impairment, educational audiologists, and clinical audiologists from across the UK covering everything you could want to know about audiology. As an online resource, it will be possible to keep it up to date in line with new developments and it really is an excellent and wide-ranging resource for QToDs and any professionals involved in deaf education. Join us on 3rd October, 3.30-5pm, for the full launch.

I hope you enjoy all the articles on the subject of sign communication as well as all the others on offer in this edition – it really does look like a bumper Magazine and just what you need to inspire you as you settle back down to work after the summer break! If you want to know more about any of the areas mentioned do get in touch – you can contact me by email at president@batod.org.uk. Last but not least, don't forget the FEAPDA, BATOD National and NCSE Congress 'Exploring the diversity of deaf learners' will be held in Dublin on 26th and 27th April 2024.

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From your editor

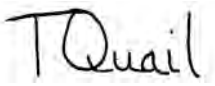
BATOD hopes members have settled into another new academic year. Our spotlight article for this edition reflects on the work of the Association since Sue Denny stepped into the BATOD President role in March 2023.

This academic year there is a lot of work taking place across the UK to support new and on-going projects and activities linked to deaf education. We thank members for giving their time to share their feedback to a number of different consultations, to complete research requests and surveys, and to engage with working groups, committee meetings, peer-to-peer discussions on forums, etc. Together the membership does make a difference.

BATOD is pleased this 'Sign communication' edition includes articles written by and/or about young people as well as articles by Qualified Teachers of Deaf Children and Young People about their intervention work. This edition also shares information about the role of professionals supporting deaf children, young people and their families, research and new resources.

The BATOD Map highlights events offered by BATOD regions and nations this term plus 'save the date' details for BATOD's 2024 National joint Congress with FEAPDA and NCSE.

BATOD would welcome contributions to the theme editions listed below. As the Magazine has a general section, we are also open to article submissions that are not linked to the theme. For details about the article submission process please email batod_aneo@icloud.com



Future issues will focus on:

December	Enrichment (sports/arts)
March 2024	Specialist placement
May	Careers in deaf education
September	Conference

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Need to contact BATOD about other matters?

Talk to National Executive Officer
Teresa Quail
via: **exec@batod.org.uk**

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The Association year to date

This article reflects on some BATOD key activities that took place before the new academic year commenced

The current BATOD year commenced in March 2023 with the welcome of Sue Denny as the 47th BATOD President at the BATOD National Webinar and AGM. BATOD was pleased that the online event this year enabled Dr Kaye Scott, Chair of our Australian counterpart the National Association of Australian Teachers of the Deaf (NAATD), and Professor Louise Paatsch to co-present as the keynote speakers. Since that popular event, the National Conference Planning Committee has been busy working with the National Council for Special Education (NCSE), representatives from the Federation of Associations of Teachers of the Deaf (FEAPDA), and BATOD Northern Ireland on the 2024 BATOD National Joint Congress: a two-day event in Dublin on 26th and 27th April. The theme is 'Diversity in deaf education'. The call for contributions for presentations, workshops, and posters is currently live. The tickets will be available this autumn.

In June Sue, in her first public official duty as President of BATOD, welcomed attendees to a webinar for resource provision Qualified Teachers of Deaf Children and Young People (QToDs). Following the first event in 2022, which had the theme 'Progress', the 2023 theme was 'Outcomes'. Sue welcomed Sue Lewis and Helen Martin as the session presenters. Sue Lewis spoke about 'What sort of outcomes are we looking for and how should we be tracking towards them' and Helen Martin provided an overview of the new Clinical Evaluation of Language Fundamentals (CELF) 5 assessment.

The take home messages from Sue Lewis's presentation invited attendees to reflect on:

- **If, when the young person is 16, we look at outcomes set in the earlier years, "have we got our provision right?"**

The QToD mandatory qualification (MQ) course and the continued professional development opportunities, particularly for school-based QToDs, have embedded a knowledge of 'intent', 'implementation', and 'impact'. However, as practitioners often working in regular and close contact with the internal school multi-professional team, ie with Special Needs/Additional Needs Co-ordinators, support staff, class teachers, and other on-site specialists, is the infrastructure of the school/academy system allowing children and young people (CYP) to truly experience professionals achieving the environment that secures a mutual understanding of what is good intent? What would be a good outcome for each CYP now and at future key stages in their childhood and young adulthood? What is achieved from an individual programme? What is the impact in the progress towards the intended outcome? What determines if things have improved? What evaluations ensure everything is in place to support the needs of deaf CYP for any aspect of our work? Is there sufficient partnership working with primary and secondary school settings, colleges, local authorities (LAs), and other relevant settings to ensure that CYP are independent learners at the ages of 11, 16, and 24 with the future open with a range of possibilities?

- **"For our own provision in your own local authority, how do you compare with everybody nationally?"**

Sue noted there are all sorts of challenges around the population profile as data collected may not include all the children in a resource provision or it might not include children who are doing very well because they are no longer perceived as having a special educational need.

- **What would be a good outcome?**

Sue reflected that in 2023 there is so much work still to be done. Sue reminded attendees that the ambition for newborn hearing screening was that children would be achieving at levels similar to the levels of their hearing peers. Whilst there have been improvements in hearing aids, cochlear implants, etc, there are still deaf CYP who are significantly behind hearing CYP. If they are CYP with social, emotional, and social deprivation as well as deafness, then the gap between them and their hearing peers doubles.

Helen Martin delivered the second presentation. Helen discussed how QToDs often review what is in their assessment toolkit and need time to consider assessment policies and protocols to ensure their specialist QToD roles are doing the best to improve outcomes for deaf CYP. The profile of deaf CYP in resource provisions can often be complex, and they are often at a much greater risk of developing a language delay for an array of reasons, which affects literacy and access to the curriculum as well as impacts on social and emotional well-being and long term outcomes. Helen reminded the attendees that QToDs now have access to two new assessments: the Preschool Language Scales (PLS) 5 and the CELF-5. QToDs can use these assessments as part of the QToD language assessment toolkit. Helen discussed further the CELF-5, a standardised assessment of different features of both expressive and receptive language. It has 14 components and 11 separate tests that can be used independently. The CELF-5 can be used with CYP aged 5 to 21 years.

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The 2022/2023 academic year ended with the introductory launch of the BATOD Audiology Refreshers resource. This exciting new, digital, and free-to-access resource provides QToDs, students on the MQ courses, support staff, and other allied professionals working with deaf CYP, in the UK and internationally, quick access to refresh their memory of basic audiological knowledge and practices.

This BATOD project began in May 2022 and was jointly funded by William Dement and BATOD. DeafKidz International (DKI) have been commissioned to co-ordinate the project for BATOD, working in partnership with the British Society of Audiology, the lead partner. The first series of this resource was originally conceived by Margaret Glasgow to ensure QToDs could access updated information related to audiology, post qualification. The original materials were published over several years in issues of the BATOD Magazine. The resources were last updated in 2009 so this project has offered the opportunity to seek the views of QToDs and associated professionals to help shape and lead this vital update.

Six working groups made up of dedicated chairs, co-chairs, and experts working in deaf education, audiology, and technology across the UK have been developing new and updated content on:

Anatomy and physiology of the ear
www.batod.org.uk/resources-category/audiology-refreshers/1-anatomy-and-physiology-of-the-ear

Aetiology and types of deafness
www.batod.org.uk/resources-category/audiology-refreshers/2-aetiology-and-types-of-deafness

Auditory perception and hearing testing
www.batod.org.uk/resources-category/audiology-refreshers/3-auditory-perception-and-hearing-testing

Acoustics and physics of sound
www.batod.org.uk/resources-category/audiology-refreshers/4-acoustics-and-physics-of-sound

Listening skills and functional hearing
www.batod.org.uk/resources-category/audiology-refreshers/5-listening-skills-and-functional-hearing

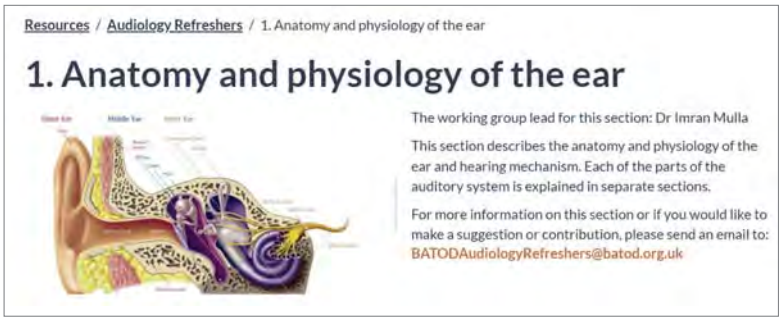
Hearing technologies
www.batod.org.uk/resources-category/audiology-refreshers/6-hearing-technologies

On the 21st June 2023, BATOD and DeafKidz International co-hosted a webinar to showcase the work to date through an introductory launch presented by the leads of the six working groups. This provided an opportunity for QToDs to become familiar with the content ahead of the new academic year, to support planning for professional training delivery, coaching and mentoring. The webinar also enabled students who are due to commence the mandatory qualification course to pre-read this material as background reading. The audiology refreshers resource can be accessed from the BATOD website – www.batod.org.uk/resources-category/audiology-refreshers

Following on from the webinar, BATOD has been collecting comments and feedback from professionals about the content developed so far, through email and a post-webinar survey (www.surveymonkey.co.uk/r/66G7PB5) to gather more in-depth feedback for analysis and future development. The survey is live to 26th September. It has 15 questions and takes about five minutes to complete. Your feedback would be welcomed too.

In addition, the six working groups will continue to develop content for the resource, with plans for a full launch on Tuesday 3rd October 3.30–5.00 pm. However, the work will not stop here as BATOD will continue to review and update the resources as practices and technology develop.

BATOD is looking forward to the new academic year ahead. The year has commenced with a range of live consultations, eg 'Do disabled children and young people have equal access to education and childcare? – New inquiry and consultation' (Wales), GCSE British Sign Language (BSL) proposed subject content (England), Ofqual's proposed assessment arrangements for GCSEs in BSL (England).



We hope members have embraced the opportunity to have your say in those consultations. We thank members who submitted feedback to the NICE 'Otitis media with effusion in under 12s' consultation. The guideline publication was published on the NICE website in late August.

For further information about the work of BATOD visit the website www.batod.org.uk

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IDeaLs

Becky Fenton-Ree, Daniel Hogan and **Karolis Jaškus** provide an insight to their programme for International Deaf Learners at Oak Lodge School

Within the Language and Communication Team, we have had a need to design bespoke learning packages for the increasing numbers of international deaf learners that are arriving within our provision, Oak Lodge School (OLS) (a secondary specialist D/deaf school).

Our IDeaLs (**I**nternational **D**eaf **L**earners) arrive at OLS from all over the world for a variety of reasons (eg refugees, relocation to the UK) and with wide-ranging competency levels in their first sign language, from very little expressive skills to some level of fluency in their first language. However, our most common attendees are the IDeaLs (teenagers) with severe language deprivation meaning they arrive with some basic gestures and pointing, but don't have a first signed/spoken language. Some arrive stating that they have 'international signs' but sometimes these are just gestures and home-lect signs (signs that are created in the home). They often have had very little/inaccessible previous educational experience.

Initially we have found the need to ascertain current abilities/strengths. Undertaking BSL assessments would not be appropriate as they do not have BSL, so we devised our own bespoke ones. These are:

1) To test cognitive processing, we ask them to sequence a simple story (it cannot have any culturally-bound inferences, so we use a story about a child crossing a river)
2) To test for understanding (or the potential to understand) spatial language, we give a simple iconic video of a 'cup' classifiers and matching pictures.

If they have completed these successfully, then we move on to:

3) A picture (inspired from the Test of Abstract Language Comprehension (TALC) assessments) and a BSL user signing the picture three different ways with clear differences of negation, plurals, classifiers etc to test their (potential) ability to identify iconic grammatical features.

We also undertake a simple maths assessment to check their numeracy skills. This is provided by the Specialist Maths ToD.

When these assessments have been undertaken, we can then design a bespoke timetable. We prioritise the need for language immersion as well as many opportunities to socialise with their peers as Olsen (2018) states the importance of this. For some IDeaLs, we would keep them within the IDeaL's class before evaluating whether they are able to undertake some lessons with their peers. Some of the first subjects that we integrate them into are BSL, Maths, Food Technology and Physical Education classes.

Teaching resources for refugees are often designed for spoken language refugees and assumed a first language basis; not reflective of our IdeaLs. This is not uncommon as Olsen (2018) states that specialist resources are not available. There is also no data showing progress (ibid) either so our bespoke program can only be evaluated on the successful anecdotal stories that we have.
For this reason, we have included a web link (vimeo.com/860422533/0239658fb2?share=copy) showing our IDeals stories on our school website for you to watch (it has voice over so accessible to all).

We support additional inclusion by placing them in an appropriate pastoral group. Currently, we have integrated four males into the sixth form group of eight where all but one is an IDeaL (and all are male). The pastoral teacher is a male Deaf QToD and the group has found that this has been the perfect opportunity to ask him questions that explore personal, social, health and economic education (PSHE) topics. One particular area of surprise was the fact that some couples were not married and still have children, so this enables them to explore topics in an informal setting amongst peers. This has been an essential element to help them widen their knowledge of British culture and values. They all share a love of sport which also helps.

What have we learnt:

1) Inclusion within a signing environment is crucial. Mainstreaming IDeaL teenagers with a communication support worker (CSW) may not be an ideal learning environment for late learners. Specialist language teachers/multi-lingual BSL tutors are needed to navigate language barriers.
2) Life skills are very limited; therefore, regular field trips are essential.
3) Cultural conflicts are likely especially from countries where equality and diversity are not embraced; therefore, a specialist programme to support their knowledge and acceptance into the British system is essential. It is essential to have an informal safe language environment (such as a pastoral group) with an appropriate Deaf role model.
4) Many have been isolated their entire lives for many reasons. These could include being in a non- signing family, no school attendance, no involvement in the Deaf community or never meeting another Deaf person. Often, they have made decisions about the world around them to be true: from watching media without understanding of the context/genre: eg expecting to see zombies in a graveyard at night. Therefore, we often need to unpick their misconceptions of the world.
5) For some of our IDeaLs, they have only had hearing aids recently and so we need to support them in the world by developing their listening skills. Due to no shared language at home, this is something that cannot be taught there.
6) We film the BSL learning undertaken during the day (eg using the SWIVL recording device) or film straight into 'Seesaw' which is our secure learning platform. Our IDeaLs are the most studious students and will review their

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learning in the evenings which expedites the learning.

7) We document the first time they 'tease' us. A common one is that they're not coming the next day because they are off to a party! However, when they have this, we feel that they are developing some theory of mind as they know something that we don't know and so can play along with the tease. When we see this in our IDeaLs, we see it as a milestone.
8) We track progress using our adapted Fengray (BSL and language communication) tracker so that we can track and evaluate progress to ascertain when they are ready to begin attending class.
9) Many have no Deaf identify and can feel ashamed of their Deafness. It is imperative that they develop a sense of Deaf identity for inclusion into the wider Deaf community.

Teaching these students over the last three years has meant we have successfully developed strategies.
As the numbers of IDeaLs are becoming increasingly common, there is a need to share good practice to enable them to prepare and integrate them into a British life. Therefore, we will be holding a 'Sharing Good Practice with IDeaLs' in the Autumn Term (2023).
If you are interested in attending, please email bsl@oaklodge.wandsworth.sch.uk

Becky Fenton-Ree is a Qualified and Registered Sign Language Interpreter (postgraduate route), a QToD. She also holds an MA (with Distinction) in 'Materials Development for Language Teaching' and a Postgraduate Certificate of Higher Education (PGCE). Becky has been signing since 1990 and currently works part-time for Oak Lodge in the Language and Communication Department. She also works as a freelance Interpreter. She oversees and leads the IDeaLs program.

Daniel Hogan is a Deaf ToD (currently on the ToD course). He teaches maths and PE and is the pastoral teacher. Daniel is a former international football player for England and Great Britain Deaf team. When he isn't teaching or studying, he can be found on the court as an assistant manager for the England Deaf International Futsal men's team (EDIF).

Karolis Jaškus is a Level 6 Deaf HLTA who teaches the IDeaLs and plans the trips. His knowledge of four signed languages supports his communication and teaching with the IDeaLs. Karolis' is working towards becoming a BSL tutor.

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https://www.ucl.ac.uk/icn/research/research-groups/visual-communication/visual-communication-reading-development-project - also accessible by scanning the QR code below. Information is available in English and BSL.

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DCAL Deafness, Cognition and Language Research Centre

wellcome

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My Deaf world

Natalia Hrickova describes her experiences in her communication journey through mainstream education*

It all started in Year 3 at TDA Junior. It was my first day. I felt nervous and confused but then my teaching assistant came. I thought she was a little bit weird because she was waving her hands around like she was trying to fly.

The first few weeks were really hard. The other children found it easy to talk to each other and make friends, but I found a friend in my teaching assistant, Miss Small. I was frustrated for a long time because I couldn't express or communicate what I was thinking. I had all these feelings but no words to connect them to, and I didn't like using my voice because I felt like I couldn't speak. The BSL alphabet was on the wall and one day I felt so frustrated at not being understood that I decided to try and fingerspell what I was trying to say.

That was the moment that changed everything…

Miss Small recently told me my first sign was 'sad'. There was a child on the playground that was upset, and I wanted to let someone know so they could help them. I don't remember this moment, but it is interesting to know what my first sign was.

Me and Miss Small

During lockdown, we had to do our lessons on Zoom. I found this difficult because I had no idea what was going on. I couldn't hear my teacher at all, and I didn't know enough sign language to understand anything Miss Small was trying to explain. I felt really upset. We did a few 1:1 Zoom sessions so she could teach me some basic signs to help me when I returned to school.

PenPals

In Year 4, I started to understand more signs, but I didn't feel confident enough to communicate through sign myself. To help me practise, I spent Tuesday afternoons with a girl in Year 6 who wanted to learn BSL. I connected with some deaf pen pals through a project run by the National Deaf Children's Society (NDCS) and we would send weekly videos and letters to each other. I also made a deaf friend at another local school. We would video call at school in the afternoon and play games like hangman. I was so excited when I finally got to meet him in real life at the 'Teddy Bears Picnic'. That was the best day. I felt so happy because the children were deaf and

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used sign! We had so much fun playing games, colouring a giant bear, and decorating cupcakes.

Another way I practised my signing and improved my confidence was through performance. I signed 'Walking in the air' from 'The Snowman' to my class and performed a BSL interpretation of a piece of poetry written by children from my class as part of a dance display in the park. I enjoyed the performance at the park because I got to do it with my Year 6 friend and watch the dancers.

Andrew Foster Presentation

By the end of Year 4, I had become inquisitive about other deaf people and the deaf world. My passion for sign language was growing and I started to realise there were things I wanted to change. I didn't like wearing my radio aid and found it much easier to learn through sign. I also began to notice how different friendships were when they knew some BSL.

In Year 5, I was excited to see my deaf friends again when we were invited to their school for the NDCS bus visit. One of the men on the bus had a hearing dog and I wanted to know its name. I felt too nervous to ask him but Miss Small said "You must do this. Remember, sign confidence!" So, I was brave and asked the man. He fingerspelled the dog's name to me and then showed me its sign name.

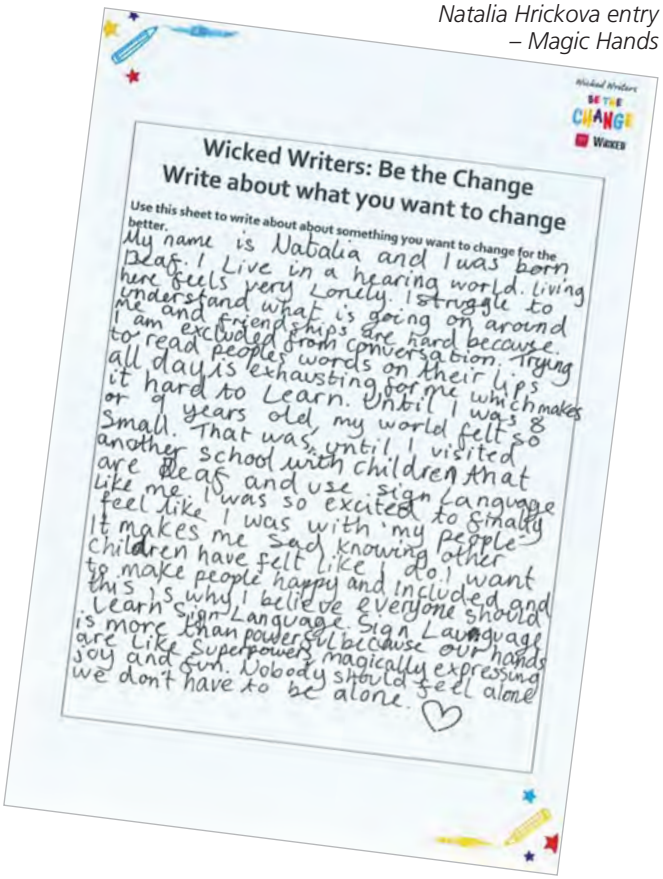
In October last year, the school held a competition for 'Black History Month'. All the children were given the option to do a presentation on a person of their choice. I chose to do my presentation about Andrew Foster, the first African American to attend America's deaf university, 'Gallaudet'. I did my presentation as a fully signed and captioned video with my friend from my class, who had been learning BSL. We were both really proud of our presentation.

Lots of my friends and other children at school are now learning BSL, which makes me feel happy. I am in charge of 'BSL club' where people can learn the alphabet, numbers, colours, animals, food and drink, feelings, and questions. When they are ready, I have a 'voice-off' conversation with them. If I think they are showing a good level of skills, I give them a badge and lanyard. This helps the teachers to know who can support me with communication, it helps me to know who I can communicate in sign with on the playground and creates discussion, spreading awareness about deafness and BSL.

Recently, Miss Small persuaded me to enter a competition called 'Be the change'. It was run by the National Literacy Trust in association with 'Wicked Writers'. Children all over the country were encouraged to "Write about a cause important to them, raising awareness and support to fight social injustice". At first I wasn't sure I could do it, but one day I was feeling really sad and overwhelmed and decided that I wanted to use my experiences to change the world.

Miss Small helped me to write down my thoughts and

Natalia Hrickova entry – Magic Hands



Wicked Writers: Be the Change
Write about what you want to change

Use this sheet to write about about something you want to change for the better.

My name is Natalia and I was born Deaf. I Live in a hearing world. Living here feels very Lonely. I struggle to understand what is going on around me and friendships are hard because I am excluded from conversation. Trying to read peoples words on their lips all day is exhausting for me which makes it hard to Learn. Until I was 8 or 9 years old, my world felt so Small. That was until I visited another school with children that are Deaf and use sign Language Like me. I was so excited to finally feel like I was with 'my people' It makes me sad knowing other children have felt like I do. I want to make people happy and included and this is why I believe everyone should Learn Sign Language. Sign Language is more than powers, because our hands are like Superpowers magically expressing joy and fun. Nobody should feel alone we don't have to be alone.

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feelings about my experiences as a deaf child in a hearing world and we submitted the final draft to the competition. I wanted to share my work in assembly, but I wanted to do it in 'my' language 'British Sign Language'. It was the first time I had translated something from English into BSL and I was excited but very nervous in case I couldn't remember it all. The whole school watched in silence. My legs were shaking and I felt a little bit sick, but I was brave and courageous. Miss Small asked if there was anyone who hadn't understood what I was signing. Everyone put their hands up. She explained to them that this is how I feel every day when people are speaking and I can't hear what they are saying. I felt quite smug (just kidding – but I did feel slightly amused). Afterwards, I signed it again and Miss Small voiced what I was saying. Everyone was emotional and I felt really proud of myself. I recorded myself signing my competition entry

Wicked Writers competition

and the school posted it on social media. My video got lots of views and I was so excited to find out that the chief executive officer (CEO) of the British Deaf Association (BDA) had retweeted and commented to say how beautiful it was! I felt famous!

Waiting to find out who had won the competition was nerve wracking. It felt like I was waiting forever. Then the day came. Mrs Burks, Head of TDA Juniors, called Miss Small up to the front of assembly, and I was confused as to why she was talking about me. When she called me up, my legs started shaking again and then she told me that I had won one of the prizes for my piece of writing. I won some free books for the school and tickets for 30 of the children in Year 5 to go to London and watch Wicked the musical. The first question I asked Miss Small was "Will there be an interpreter?" She said yes! I can't wait to go on the train to London to watch the green lady! In December last year, we went to watch a live BSL interpreted performance of The Nutcracker and The Snowman at a local theatre. This was the first time I had ever seen an interpreter on stage, so I am excited to see a West End performance with an interpreter!

Natalia's trip to see Wicked

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"There are so many more things we could have added [to this article], but I would just like to say on my own behalf, that one of the best moments for me, was seeing the wonder in Natalia's face when she stepped into Nova Primary Academy (Deaf Hub) for the first time and realised everyone was signing. I was blown away when she fearlessly initiated a conversation with one of the parents. Seeing her journey up to that point and knowing where she had started made that moment so unbelievably special. It is one I will never forget. These opportunities and interactions have been integral to the development of her deaf identity and sense of belonging and demonstrate to me the importance of deaf role models for those children navigating a hearing world."

(**Quote from Natalia's teaching assistant, Miss Emma Small**)

When I grow up, I want to be a teaching assistant and mentor for deaf children. If I could change the world, I would make sure that everyone has the opportunity to learn sign language so that no children have to feel alone or like they can't learn the same things as hearing children. If I could talk to Rishi Sunak, the Prime Minister of the United Kingdom, I would ask him to make sure that every deaf child has a teaching assistant who signs with them.

BSL has changed my life. It has given me access to education and opened up my world. It has also helped improve my confidence as a deaf person. I have developed a curiosity about language and a newfound love of reading because BSL has given me the ability to imagine and visualise the words on the pages. I even dream in BSL now! I feel lucky to have a teaching assistant who uses sign and I strongly believe every deaf child should have this chance.

Natalia Hrickova, (sign name – 'Beautiful'), is a student at the Thomas Deacon Academy, Peterborough.

* All thoughts and feelings have been expressed by Natalia herself through various forms of communication including British Sign Language (BSL), spoken word, and some writing. Natalia has the capacity to express deep thoughts in BSL, but she cannot yet confidently articulate or write these in English. This piece has been translated into written English by Natalia's teaching assistant, Miss Emma Small, who has been working with her since she joined the Thomas Deacon Academy (TDA) in Year 3. After reading the article, Natalia was happy that the translation authentically encompassed her perspective.

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Scottish BSL Toolkit

Beverley Ferguson, Rachel O'Neill, and **Helen Morgans-Wenhold** share an insight into the development of the new British Sign Language (BSL) Toolkit for practitioners in early learning and childcare settings and schools to support all deaf children, young people, and their families

Background

The British Sign Language (BSL) Toolkit for practitioners emerged from the findings of focus groups, interviews, and an online survey with deaf and hearing parents carried out by Education Scotland. Data from this highlighted a need for practitioners to have a greater understanding of the barriers that deaf parents encounter when trying to support the learning of their deaf and/or hearing child(ren). In order to address these findings, it was agreed that Education Scotland and BSL colleagues from the British Deaf Association and Edinburgh University should collaborate on the development of a toolkit. This would be for practitioners who work with deaf children and young people, their families, and parents who use BSL and Tactile BSL in education.

Scotland is one of the few countries to have legislation on involving and engaging parents in their children's learning. The vital role that parents play in children's learning and development is recognised in research and throughout the Scottish Schools (Parental Involvement) Act 2006 and accompanying Statutory Guidance. Supporting and equipping all parents and families to capitalise on their child(ren)'s opportunities for learning is key to raising attainment and closing the poverty-related attainment gap. In order to achieve this, it became evident that it was necessary to build the capacity of practitioners who work with parents and families. By doing so, this would further build on the work Education Scotland has already undertaken for the 2017–23 BSL National Plan (www.gov.scot/publications/british-sign-language-bsl-national-plan-2017-2023) through developing case studies for practitioners, and providing information to help parents who use BSL get more involved in their child's learning (Actions 20, 21). Since rich data and intelligence had already been gathered by Education Scotland during this process, this could then be used to inform the Toolkit. Given that this falls within Beverley's remit at Education Scotland and her area of expertise, it was a natural next step for her to take the lead on this very important piece of work (education.gov.scot/resources/bsl-toolkit-for-practitioners).

Education Scotland has a key role in supporting the implementation and communication of policies, key documents, and advice on a range of topics to settings, schools, and stakeholders. One of Education Scotland's greatest privileges and strengths is to be able to work in partnership with settings, schools, local authorities, government, third sector and national organisations, and research institutes. Partnering with the British Deaf Association Scotland, University of Edinburgh, and the Scottish Government resulted in a toolkit that is meaningful, informed, and something that Scotland can be proud to lead the way on. The range of expertise and knowledge working on this document extended across a number of relevant topics. These include research, statistics, deaf identity, deaf culture, policy, and of course, the needs identified by parents and practitioners themselves about what was required as a next step to improve outcomes for deaf/hearing children, young people and their families in Scotland.

Following approximately nine months of developing the Toolkit and consulting widely on the draft versions, it was exciting to be able to publish the final document in October 2022 to coincide with the seventh anniversary of the British Sign Language (Scotland) Act 2015. All members of the working group would like to acknowledge the support and encouragement from settings, schools, local authorities, education professionals, and national organisations, who so willingly took the time to provide feedback during the development phase of the Toolkit. This is particularly appreciated given that the nation and indeed the world was still living and working under the constraints and effects of the Covid-19 pandemic. Information provided by parents, children, Qualified Teachers of Deaf Children and Young People (QToDs), headteachers of deaf schools/resource bases, deaf teachers, and BSL teachers has all helped shape Scotland's first British Sign Language Toolkit.

Prior to the development of the Toolkit, the British Sign Language (Scotland) Act came into force in 2015 followed by the National BSL Plan in 2018. Local authorities were asked to consider the actions in the National Plan and create their own local BSL Plan. Many local authorities adopted a template approach and funding was made available to interpret the local Plans into BSL.

Much of the discussion and consultation with deaf parents leading up to the BSL Bill and then the first National BSL Plan showed that they had varying access to their

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child(ren)'s schools. See links below:

BDA-Scot-Govt-Consultation-paper-review-empo-tech-communities-equ-edu-jan-2017.pdf

BDA_Scotland_-_Education_Submission_Report-April-2015.pdf

Consultation on the Draft BSL National Plan 2017-2023 – Scotland

This therefore became a focal point in the local authority Plans. Councils often had phrases such as "Take forward advice developed by Education Scotland to (a) improve the way that teachers engage effectively with parents who use BSL and (b) ensure that parents who use BSL know how they can get further involved in their child's education". The BSL Toolkit, as well as the case study materials developed by Education Scotland, allowed schools to see some positive and recommended examples for the first time.

Through research carried out by Rachel at Edinburgh University and Dr Rob Wilks from Cardiff University, the impact of the first National BSL Plan on the education of deaf children in Scotland was evaluated in Consortium for Research into Deaf Education (CRIDE) report 2021 (www.ndcs.org.uk/media/7791/cride-2021-scotland-report-final.pdf). Findings from the research showed that few local authorities looked at how deaf children are taught in BSL. As work is currently underway to develop the next six-year National BSL Plan, it is anticipated that deaf children's learning in schools will be a key focus.

From the 2021 CRIDE report, we know that in Scotland there were 705 severely and profoundly deaf children. Of these, 327 were using either BSL, Sign Supported English (SSE), or some other combination in school (46.4%). It is likely that some moderately or mildly deaf children may be taught in BSL, and that some children taught using speech at school may have BSL as a home language. However, this gives us some indication of the potential size of the group of children who could learn using BSL. Some deaf children are classified as being SSE users because of the language policy of the school service, but many will be using BSL.

Given the findings of the CRIDE report, we decided to broaden the scope of the BSL Toolkit so that it could be used by a wider range of audiences. These include deaf parents, teachers in schools where there are deaf parents of hearing or deaf children, QToDs, and deaf young people themselves.

In addition to the groups mentioned above, it is clear that an area requiring further attention is provision targeted at the many hearing parents of deaf children. The vast majority of these have little or no experience or knowledge of BSL before learning that their child is deaf. There is a specific need for materials tailored to addressing these parents – introducing them to BSL, carefully explaining the role it can play in their child's development, identity and livelihood, and engaging them in taking appropriate steps to establish a firm foundation in learning and using the language at home. There is a groundswell of action around the UK aimed at convincing the relevant authorities everywhere that support for these parents must be put in place. Scotland's BSL Toolkit contains material that can become a valuable part of this response to their needs.

One of the most significant pieces of advice in the BSL Toolkit concerns the levels of BSL needed by QToDs. All over the UK, the current minimum guidance is Level 1 Signature (Scottish Curriculum Qualification Framework [SCQF] Level 4). However, by comparison, this would not be a level suitable for anyone wanting to teach in a modern language capacity. The BSL Toolkit therefore sets out the expectations that QToDs working with signing pupils would have BSL SCQF 6 (or BSL Level 3) as a minimum qualification level.

Discussions about the levels of fluency required to communicate in BSL emerged not only from the focus groups, interviews, and online survey but also from research and the partnership working with national deaf organisations. To address this need, the Toolkit identifies that not only is ongoing training for staff in local authorities crucial, but staff should also be aiming for SCQF 10 (Signature Level 6) as this is an undergraduate level and will allow them to have real fluency in BSL.

Further findings from the data identified the challenges that hearing parents have in being able to communicate effectively with their deaf children and vice versa. This may be due to them not having the opportunity to learn BSL systematically over time in or near where they live. Having early access to language both at school and in the home environment, positively influences children and supports the development of their brain and cognitive function. Achieving this will require parents to have the opportunity to learn BSL and for deaf children to receive between 10–15 hours a week of immersion in BSL in the 0–5 age group. The Toolkit contains bold and ambitious plans to improve the outcomes of deaf children and young people.

Having launched the Toolkit, four online webinars were then organised to reach out to different audiences and raise awareness of the new resource. These were held in March, April, May, and June 2023 and were attended by over 100 deaf/hearing practitioners, parents, and young people. The sessions introduced the Toolkit and also covered the topics: workforce development, working with deaf parents, using reflective questions in the Toolkit, working effectively with deaf/hearing colleagues, available support in Scotland, practical support for parents, understanding your rights as deaf children and young people, and staying connected with friends. Additionally, the sessions provided an opportunity for practitioners to discuss emerging issues, successes, and approaches within their setting, school, and local authority area.

Scotland is at an exciting stage in its work on BSL. While much has been achieved since the introduction of the British Sign Language (Scotland) Act 2015 and the National Plan, further work is still required. In addition to the development of the next National Plan, decisions are required on the actions and goals needed to ensure that

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Scotland is the best place in the world for BSL users to learn, live, work, and visit.

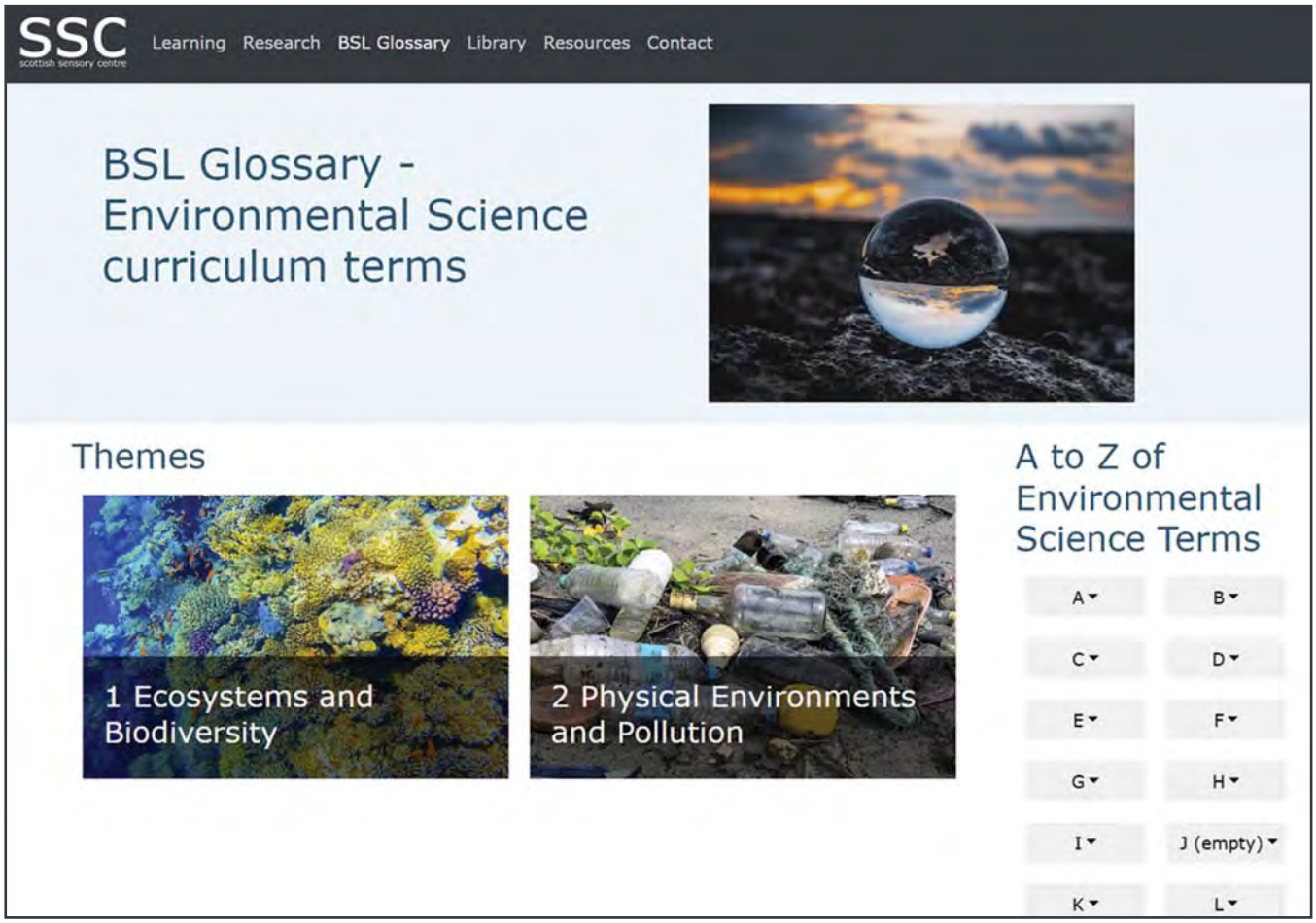
Beverley Ferguson works in Education Scotland, an executive agency of the Scottish Government. Education Scotland's role is to promote innovation and change in the education system, from early years onwards.

As Education Officer, Beverley's role involves planning, managing and delivering national, regional and local priorities across all sectors of education. Working closely with Scottish Government colleagues, local authorities, stakeholders and national parenting organisations, Beverley contributes to education policy development. She provides expert knowledge and advice to promote cultural change and improvement in line with current educational policy. Developing and delivering ongoing support and resources to practitioners across Scotland, to meet needs is also a key part of her job. Beverley is responsible for the strategic development of the Parentzone Scotland website. Decisions and actions for this role are based on evidence drawn from a diverse range of research and advice.
The ability to understand the limitations of evidence and balance risk against outcomes, using succinct analysis, is crucial.

Beverley has a lot of experience of working with parents and young people. She has had a wide and varied career across higher education institutions, local government, the Scottish Prison Service and the private sector. Beverley is a firm believer that parents can and do make a real difference in their children's learning journey. This is a contributing and motivating factor that drives all of her work!

Rachel O'Neill is a senior lecturer in deaf education at the University of Edinburgh where she teaches on the Postgraduate Diploma to qualify teachers of deaf children. Her research interests include language policies, literacies and bilingual education.

Helen Morgans-Wenhold works for BDA Scotland funded via the Scottish Government to support Local Authorities and Public Bodies to promote the use of BSL across Scotland and to support the Deaf communities of Scotland to achieve greater equity via the BSL (Scotland) Act 2015.



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Self-assessing your own use of languages for Teachers of Deaf Learners

Rachel O'Neill granted permission for a re-print of this resource that was originally published on the Scottish Sensory Centre website resources page

How many languages do you know? And how fluent are you in each of them?

This allows you to self-assess against the Common European Languages Framework. Table 1 is used for any spoken language, though it also looks at literacy skills. Table 2 is about BSL, though if you have another signed language, you can also substitute another language name for BSL, such as Irish Sign Language (ISL).

Look at the Table 1 about English and put a tick in the cells which apply to you. If you have more than one spoken language, establish a colour code for each language. This will build up a profile of your strengths in each language. It is unusual for people to be completely balanced bilinguals, and we also use one language more in some contexts such as informal or family ones.

Now look at Table 2 about BSL and again tick the cells which apply to you. This is the most general level of signed language descriptors. There is a lot more detail in the Leeson et al. document which you can find online if you are interested. You can use this figure below to check what your certificated level of BSL is. It may not be the same as your self-assessed level.

Now write down some statements about the levels you think you are at with your languages. For example: I think my level for BSL is A2. I think my average level for English is C1.

Reflect on your language resources and your role as a teacher of deaf children. Being multilingual is a real asset in this job because our pupils have varying language backgrounds.

How can you improve your levels of spoken, written or signed language?

This is about maximising opportunities to interact with fluent language users and with complex texts in the target language.

Make yourself an action plan about some specific actions you could take to reach your targets.

Figure 1:

	SQA		Signature	Institute BSL	CEFR	Language learning terms
SCQF 1						
1						
2					Al	Breakthrough
3	F8YO 09 BSL Introduction			Entry	A2	Preliminary
4	H3PA10 BSL Level 1		Level 1: 101/102/103	Level1	B1	Intermediate
5	H3PA11 BSL Level 2		Level 2:201/202/203	Level 2	B2	Advanced
6	H3PA12 BSL Level 3	H4Y533 Varied BSL	Level 3:320/321/322	Level 3	Cl	Proficiency
7		H4Y634 Extended BSL		Level 4	C2	Mastery
8		GE6Y48: PDA BSL Studies	Level4: 420/421/422			
9			Level 6: 601/602 Level 6			
10			Level 6: 601/602 Level 6			

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For example:

Target	How achieved	Dates achieved/ review comments
I need to improve my receptive skills in BSL in formal and informal contexts. I need to get them up to B2 level.	I am friends with Trevor who is a very fluent BSL user so I will see if I can meet up with him at least once a month. I can offer a skills swap because I know he wants ongoing advice on sorting out his garden. I will attend Edsign lectures online this year and any other formal BSL presentations I can find online.	Review in 2 months
I need to improve my reading of academic texts in English. I think I should be able to get to C2 level for reading.	I will have a go at using the Reading form for course readings because that will help me improve my comprehension. I will set up a technical terms glossary for myself on my computer to keep track of all the new terminology and academic terms. I will listen to podcasts and radio 4 programmes about language topics because I think this will help my reading comprehension too.	Review in 2 months
On my mum's side of the family, Arabic is a heritage language. I can use it at about A2 level, only in speaking and listening. I would like to get this up to B2 level eventually because we do have Arabic speaking families regularly on our caseload. I am not so worried about the reading and writing.	I will spend more time with my aunties and my mum when they are together as they speak Arabic between themselves. I will find other Arabic speaking professionals in my local authority – there is a Speech and Language Therapist. I will see if I can shadow her when she is working with Arabic speaking children. I would like to be able to assess deaf children's spoken Arabic levels – but this may take some time.	Review in 2 months

Table 1: Common European Languages Framework

		A1	A2	A3	A4	A5	A6
UNDERSTANDING	Listening	I can recognise familiar words and very basic phrases concerning myself, my family and immediate concrete surroundings when people speak slowly and clearly.	I can understand phrases and the highest frequency vocabulary related to areas of most immediate personal relevance (e.g. very basic personal and family information, shopping, local area, employment). I can catch the main point in short, clear, simple messages and announcements	I can understand the main points of clear standard speech on familiar matters regularly encountered in work, school, leisure, etc. I can understand the main point of many radio or TV programmes on current affairs or topics of personal or professional interest when the delivery is relatively slow and clear.	I can understand extended speech and lectures and follow even complex lines of argument provided the topic is reasonably familiar. I can understand most TV news and current affairs programmes. I can understand the majority of films in standard dialect	I can understand extended speech even when it is not clearly structured and when relationships are only implied and not signalled explicitly. I can understand television programmes and films without too much effort.	I have no difficulty in understanding any kind of spoken language, whether live or broadcast, even when delivered at fast native speed, provided I have some time to get familiar with the accent.
	Reading	I can understand familiar names, words and very simple sentences, for example on notices and posters or in catalogues.	I can read very short, simple texts. I can find specific, predictable information in simple everyday material such as advertisements, prospectuses, menus and timetables and I can understand short simple personal letters.	I can understand texts that consist mainly of high frequency everyday or job-related language. I can understand the description of events, feelings and wishes in personal letters.	I can read articles and reports concerned with contemporary problems in which the writers adopt particular attitudes or viewpoints. I can understand contemporary literary prose.	I can understand long and complex factual and literary texts, appreciating distinctions of style. I can understand specialised articles and longer technical instructions, even when they do not relate to my field	I can read with ease virtually all forms of the written language, including abstract, structurally or linguistically complex texts such as manuals, specialised articles and literary works

Table 1 continued overleaf

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Table 1: Common European Languages Framework *continued*

		A1	A2	A3	A4	A5	A6
SPEAKING	Spoken Interaction	I can interact in a simple way provided the other person is prepared to repeat or rephrase things at a slower rate of speech and help me formulate what I'm trying to say. I can ask and answer simple questions in areas of immediate need or on very familiar topics.	I can communicate in simple and routine tasks requiring a simple and direct exchange of information on familiar topics and activities. I can handle very short social exchanges, even though I can't usually understand enough to keep the conversation going myself.	I can deal with most situations likely to arise whilst travelling in an area where the language is spoken. I can enter unprepared into conversation on topics that are familiar, of personal interest or pertinent to everyday life (e.g. family, hobbies, work, travel and current events).	I can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible. I can take an active part in discussion in familiar contexts, accounting for and sustaining my views.	I can express myself fluently and spontaneously without much obvious searching for expressions. I can use language flexibly and effectively for social and professional purposes. I can formulate ideas and opinions with precision and relate my contribution skilfully to those of other speakers.	I can take part effortlessly in any conversation or discussion and have a good familiarity with idiomatic expressions and colloquialisms. I can express myself fluently and convey finer shades of meaning precisely. If I do have a problem I can backtrack and restructure around the difficulty so smoothly that other people are hardly aware of it.
	Spoken Production	I can use simple phrases and sentences to describe where I live and people I know.	I can use a series of phrases and sentences to describe in simple terms my family and other people, living conditions, my educational background and my present or most recent job.	I can connect phrases in a simple way in order to describe experiences and events, my dreams, hopes and ambitions. I can briefly give reasons and explanations for opinions and plans. I can narrate a story or relate the plot of a book or film and describe my reactions.	I can present clear, detailed descriptions on a wide range of subjects related to my field of interest. I can explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.	I can present clear, detailed descriptions of complex subjects integrating sub-themes, developing particular points and rounding off with an appropriate conclusion.	I can present a clear, smoothly-flowing description or argument in a style appropriate to the context and with an effective logical structure which helps the recipient to notice and remember significant points.
WRITING		I can write a short, simple postcard, for example sending holiday greetings. I can fill in forms with personal details, for example entering my name, nationality and address on a hotel registration form.	I can write short, simple notes and messages relating to matters in areas of immediate needs. I can write a very simple personal letter, for example thanking someone for something.	I can write simple connected text on topics which are familiar or of personal interest. I can write personal letters describing experiences and impressions.	I can write clear, detailed text on a wide range of subjects related to my interests. I can write an essay or report, passing on information or giving reasons in support of or against a particular point of view. I can write letters highlighting the personal significance of events and experiences.	I can express myself in clear, well-structured text, expressing points of view at some length. I can write about complex subjects in a letter, an essay or a report, underlining what I consider to be the salient issues. I can select style appropriate to the reader in mind.	I can write clear, smoothly-flowing text in an appropriate style. I can write complex letters, reports or articles which present a case with an effective logical structure which helps the recipient to notice and remember significant points. I can write summaries and reviews of professional or literary works.

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Table 2: Common Reference Levels: Global Scale for British Sign Language
Adapted from Leeson et al. (2016) Sign Languages and the Common European Framework for Languages (https://www.ecml.at/ECML-Programme/Programme2012-2015/ProSign/tabid/1752/Default.aspx). Prosign.

Proficient User	**C2**	Can understand with ease virtually all BSL. Can summarise information from different sources and reconstruct arguments and accounts in a coherent presentation. Can express yourself spontaneously, very fluently and precisely, differentiating nuances of meaning even in more complex situations.
	C1	Can understand a wide range of demanding, longer BSL texts, and recognise implicit meaning. Can express yourself fluently and spontaneously without much obvious searching for expressions. Can use language flexibly and effectively for social, academic and professional purposes. Can produce clear, well-structured, detailed BSL on complex subjects, showing controlled use of organisational patterns, connectors and cohesive devices.
Independent User	**B2**	Can understand the main ideas of complex BSL on both concrete and abstract topics, including technical discussions in their field of specialisation. Can interact with a degree of fluency and spontaneity that makes regular interaction with native/proficient signers quite possible without strain for either party. Can produce clear, detailed BSL on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.
	B1	I can take part effortlessly in any conversation or discussion and have a good familiarity with idiomatic expressions and colloquialisms. I can express myself fluently and convey finer shades of meaning precisely. If I do have a problem I can backtrack and restructure around the difficulty so smoothly that other people are hardly aware of it.
Basic User	**A2**	I can take part effortlessly in any conversation or discussion and have a good familiarity with idiomatic expressions and colloquialisms. I can express myself fluently and convey finer shades of meaning precisely. If I do have a problem I can backtrack and restructure around the difficulty so smoothly that other people are hardly aware of it.
	A1	I can take part effortlessly in any conversation or discussion and have a good familiarity with idiomatic expressions and colloquialisms. I can express myself fluently and convey finer shades of meaning precisely. If I do have a problem I can backtrack and restructure around the difficulty so smoothly that other people are hardly aware of it.

Rachel O'Neill is the Deputy Head of Institute for Education, Teaching and Leadership (IETL)/ Senior Lecturer in Deaf Education at the University of Edinburgh.

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Jock Young Award winner

Susan McIntosh, Deputy Head Teacher, introduces Morgan Dobbie an inspiring young deaf role model

The staff and pupils at Windsor Park School in Falkirk were ecstatic that one of our exceptional secondary pupils, Morgan Dobbie, aged 16, won the Jock Young Award this session. The Jock Young Award, presented by the British Deaf Association (BDA), is one that recognises a single deaf young person in Scotland each year for achievements in at least one of the following categories – educational, sporting, personal skills, promoting Scottish culture, and role model. The award is named after Jock Young, a British deaf rights campaigner, who had a passion for helping deaf children and young people to overcome barriers to succeed.

Jock Young was born in Glasgow and was educated at the Glasgow Institute for the Deaf. After leaving school he worked as an apprentice for a shoemaker and later worked for Singer and Rolls Royce. He then changed career path and worked as a Youth and Community Officer for the Glasgow and West of Scotland Society of the Deaf and was later employed as a Social Work Assistant for the Edinburgh and East of Scotland Deaf Society until he retired in 1991.

Morgan Debbie

Lilian Lawson, Jock Young's wife, presenting the award to Morgan

In 1983 Jock Young became the Chair of the BDA, the first deaf person ever to be elected as chair. He also helped to set up what is now known as the European Union of the Deaf in 1985. Jock Young received an Order of the British Empire (OBE) in 1992 for his services to the Deaf community. The Jock Young Award means his legacy will live on and is given to young deaf people who have been recognised for their achievements.

Morgan was unanimously nominated for the award in the Educational and Personal Skills categories. Staff recognised the extensive effort Morgan applies to everything she attempts and the noticeably increased confidence she has shown over the last few years.

Morgan is a kind, friendly, and hard-working pupil; her compassionate and enthusiastic personality is immediately evident to all. Morgan has attended Windsor Park School from the age of five and it has been a pleasure to watch her embrace new opportunities and overcome challenges. In S3 (third year, ie Year 10 in England and Wales and Year 11 in Northern Ireland), Morgan was an active member of the Falkirk Children and Young People's group. She confidently shared information from these meetings with Windsor Park peers at the Student Improvement Group meetings. Morgan was also a well-respected participant in the mainstream school's Changemakers group. She recognised the difficulties deaf pupils were facing hearing Tannoy announcements in the mainstream school. Morgan created a video that allowed deaf pupils to access the messages visually and effectively. Morgan proudly represented pupils in eco activities and recorded a video describing the importance of learning about climate change. This informative and encapsulating video was shown to all at the Scottish Learning Festival in September.

In November 2022, we were delighted to welcome Moira Ross from the BDA to Windsor Park, along with Lilian Lawson, Jock Young's wife, to present the award to Morgan. Her family, peers, and staff all joined Morgan on this joyous occasion, where Morgan's continuous hard work and determination were celebrated in the presentation of the Jock Young Award.

Since winning this impressive award, Morgan has continued to go from strength to strength in S4. Receiving the Jock Young Award has given Morgan a tremendous boost, recognising her achievements and successes as well as emphasising how proud family and staff at Windsor Park are of her. She has continued being a member of the

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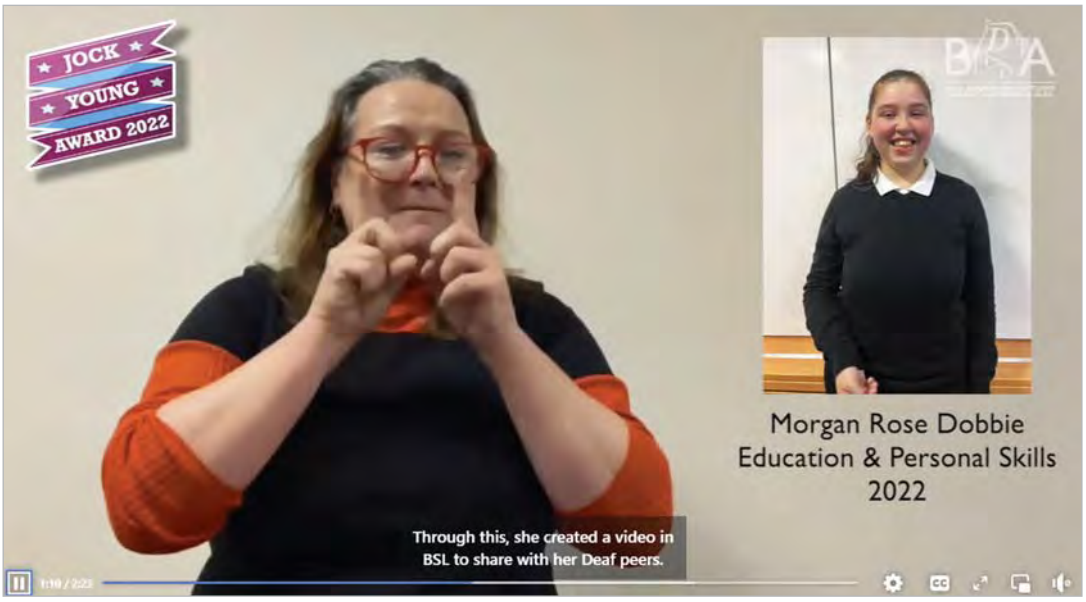
Falkirk Children and Young People's group and happily sharing information with peers. Morgan has learned barista skills in her hospitality course and has grown hugely in confidence. With these newly developed barista skills, Morgan has volunteered in the new school café, enthusiastically making drinks and always serving customers with a smile on her face. Morgan also had an extremely successful work experience placement in the Forth Valley Sensory Centre café, receiving outstanding reports from her employers. Morgan was complimented on her friendliness and her ability to communicate with deaf and blind people.

Award presentation



Jock Young Award Winner 2022

Throughout S4, Morgan regularly visited the local school nursery to read books to the children and completed a work experience placement within the nursery. As always, staff were full of praise for her commendable attitude. With her ever-increasing confidence and independence Morgan was able to attend the work placement without any support from staff.

This year, Morgan has taught British Sign Language (BSL) to her peers as part of her Disability Sports course and shown confidence in demonstrating sports to people of all ages through her Young Leaders programme. Morgan continues to be a dedicated helper at our BSL Club, which mainstream staff and pupils attend to learn BSL. This involved a thoroughly entertaining and excellent performance at the school Christmas concert. Morgan also delivered presentations on deaf awareness to our local primary seven pupils, being an excellent role model to peers.

Morgan has now started S5 and has been accepted onto a school partnership course with Forth Valley College, studying childcare. She is supported by a Windsor Park teacher but has shown her increased skills in independence. Morgan continues to thrive and develop in all areas she works in, and we are so very proud of the young woman she is becoming.

See the video announcing Morgan as the winner here: https://m.facebook.com/100064931614380/videos/1809240802775096/?__so__=permalink

Susan McIntosh is a Deputy Head Teacher at the Windsor Park School and Sensory Service.

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Sign communication – 0–5 age range

Kristy Hopkins, founder of Hands2Hear, discusses the importance of advocating for bilingualism (or even trilingulaism) from the earliest years for every child who is D/deaf

Sign language is a visual language that uses hands, shapes, movements, and facial expressions to communicate words and sentences. In Britain, the most commonly used sign language is called British Sign Language (BSL). BSL is a rich and varied language, which has its own grammatical arrangement and syntax, and is structured completely differently to English. For example,

– in spoken English you would say 'My name is Kristy'.
– in BSL it's, 'Name me Kristy'.

Following many years of campaigning by the Deaf community, a bill was passed in Parliament in April 2022, formally recognising BSL as an official language. Following many years of campaigning by the Deaf community and their supporters, this landmark move recognised for the first time the right to access public services, such as health and education, using sign language. A truly momentous occasion!

To some extent, we all use sign language to support our spoken communication. Whether that's waving to someone or pointing towards an object, these gestures are very natural in our everyday lives. But BSL builds on these hand movements using hand shapes, facial expressions and body language, with its own syntax and grammatical structure and acts as a tool to communicate and interact with people to communicate and interact with people. Whether you're D/deaf, struggle with the English language, or communicate perfectly well, BSL can create an open line of communication between all groups of people!

This is also true for children. Sign language provides children and young people with an alternative way to make themselves understood. This extra tool enables them to express how they feel, their thoughts, and wants so that they can take part in learning and participate in social activities. This not only gives the child a 'voice' but is also important when building relationships.

Research shows that being deprived of (any) language has serious implications for neurological development. According to Hall, Levin and Anderson (2017), "Exposure to a fully accessible language has an independent influence on brain development separate from only the auditory experience of hearing loss. Indeed, recent neuroimaging studies indicate the presence of adult neurostructural differences in deaf people based on timing and quality of language access in early childhood."

Depriving children and young people who are D/deaf of their natural language would further impede their ability to achieve linguistic fluency and access to the curriculum and thus, their learning. It is imperative that our D/deaf learners have full access to a signed language from an early age.

The first five years of a child's life is a critical period for language acquisition. During these years, as long as social interactions are accessible, children absorb language like sponges. The longer a child has to wait for meaningful language input, the greater the risk of never fully acquiring language. It's been shown that exposure to sign language can help children better understand spoken words, while also making it easier for them to understand sentence structure and form longer sentences later on in life.

When a D/deaf baby is born, caregivers receive the majority of information from paediatricians; audiologists; ear, nose, and throat (ENT) consultants; and speech and language therapists (SaLTs). From my own personal experience, many professionas will often discourage the use of sign language, suggesting it impedes speech development. As a result, children who are D/deaf risk growing up without a solid foundation in a language. When our daughter was born profoundly deaf, although advised against using sign language – as she was a candidate for cochlear implants (CIs) – I continued to raise both of my children (my eldest son Macsen is hearing) trilingually. They both now have full access to Welsh, English and sign language, thus allowing my daughter to communicate in her most natural language (sign language) if and when she needs to. For us as a family, it was undoubtedly the right decision as Ffion-Hâf has had several failed CIs and is now a unilateral CI user. Should this side fail, how else are we expected to communicate with her and her with us?

Research by Mayberry and Kluender (2018) shows that children who are D/deaf who are exposed to sign language later in life – after ineffectively developing spoken language – demonstrate a rapid growth of learning words but stop short of attaining complex grammatical structures. The long-term implications of language deprivation are quite serious and may lead to a lack of cognitive development, and behaviour and mental health issues later on in life.

Furthermore, the National Deaf Children's Society (NDCS) recently reported that on average, pupils who are D/deaf receive a lower GCSE grade than their hearing peers. In Wales, we are the first part of the UK to include BSL in the National Curriculum. This is a huge step in the right direction to ensuring access to education for all children who are D/deaf. Aside from the obvious advantages of being able to communicate

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with people who are D/deaf, there are countless other reasons to teaching sign language to children from a young age and to everyone in schools. Sign language:

- **Provides access to the national curriculum** It ensures that all children are able to receive the same level of education as their hearing peers and have the right support throughout their school years. Children who prefer to communicate through sign language will be able to ask questions when needed and understand clearly what is being taught, and most importantly, have full access to the national curriculum.
- **Enables communication** They can successfully interact with a variety of children and adults instead of being hindered by communication barriers.
- **Helps children to express themselves** At times it can be extremely frustrating for children to tell us they need assistance or explain that they don't understand. If they consistently have to struggle to express themselves, they may become more inclined to bottle things up, which can lead to a negative impact on their self-esteem, as well as their education.
- **Increases self-esteem** By teaching sign language to the whole class, the D/deaf child will recognise that they're an important and valued member of the group.
- **Builds relationships** Being able to communicate with their classmates openly is paramount when it comes to helping children build relationships. By teaching sign language in schools, not only will D/deaf children develop the confidence to make friends and express themselves more but other children will also gain the skills they need to communicate with them.
- **Creates an inclusive environment** Teaching sign language in schools will help to ensure inclusivity for all children. They will understand why BSL is important to so many people, why we should respect it as a language, how to use it and also learn about Deaf culture and the Deaf community. In turn, this will make a more welcoming environment for children who are D/deaf and allow them to feel safe and happy in school.
- **Improves small motor skills** Due to the dexterity required for communicating with hand gestures, those who struggle with small muscle strength and coordination can build these skills.

This, however, extends beyond the classroom and is a necessary part of everyday life. All children need to feel included and accepted regardless of any communication difficulties, otherwise they will be disengaged. Similarly, for those who can communicate perfectly well, learning sign language is hugely beneficial as it opens up many opportunities. Not only does it broaden their awareness of different people but it also enables children to be more understanding and sensitive. By teaching this from a young age, parents and educational practitioners are developing well-rounded, kind individuals who will understand how to respond when they meet someone who is D/deaf.

My advice to families is to learn sign language along with their babies and toddlers. It takes two years to acquire conversational skills and seven years to develop language fluency (which perfectly matches a child's language development timeline!) Sign language courses are often unavailable in many areas, and if they are, they can be extremely costly (even for parents who have children who are D/deaf). So learning BSL can be a challenge; however, there are free services that are available to families – the NDCS has a wealth of information on their website as well as my own online social media platform @Hands2Hear, which has been developed to help raise Deaf awareness and has weekly #SignSundays to help promote the use of BSL.

For children who are D/deaf and their families, I would definitely encourage them to participate in the Deaf community as often as possible. This can deepen their understanding and appreciation of the deaf experience and also increase their linguistic role models, which in turn provides a long-term educational advantage.

It is my belief that the current catastrophe of language deprivation is entirely preventable with early sign language exposure. In order to ensure that every child who is D/deaf acquires a language, advocating for bilingualism (or even trilingulaism!) is a must. The only entity standing in the way, is the severe lack of Deaf awareness.

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Instagram: https://protect-eu.mimecast.com/s/-qjUCzKzMh8KJg9F4JprY
Twitter: https://protect-eu.mimecast.com/s/VMt6CAPl3Urj762T84nHB
Facebook group: https://www.facebook.com/groups/1247071369415053
TikTok: @hands2hear

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Doncaster Deaf Trust spreading the sign!

Natalie Pollard, QToD at Communication Specialist College Doncaster, gives an insight into how the Trust is helping to make British Sign Language (BSL) more accessible and the international projects that will help Deaf people to communicate when travelling

During the pandemic, Doncaster Deaf Trust launched its free online BSL course. We'd received a grant from the national lottery to deliver this project with the aim of getting 1,000 people to join up and learn to sign in the first year.

Along with members of the Trust Project Team and a number of Deaf colleagues, I signed a lot of the videos for the course; we were nearing completion when Covid-19 hit the world. We made the decision that we'd launch the course as people were stuck at home and had the time to learn a new skill.

The launch of www.doncasterdeafsign.org.uk went so well. We were inundated with people joining the course and learning to sign at their own pace. We'd made the course simple and easy to use so that people could log on at any time of day or night, practise signing with the help of videos and exercises, and go back and review things as many times as they wanted to.

We worked with a number of local businesses which became our 'super 10', and they encouraged their teams to learn to sign.

As a tutor of BSL and a Deaf person, it was extremely heartening to see people getting interested in learning our language. I know my students and the pupils at Doncaster School for the Deaf were over the moon that people were taking the time and effort to learn how to communicate with them.

The first year of the project saw some 17,000 people register to learn to sign with us. We've been working hard to finish the course and the revamped site with lots of improvements has recently gone live.

Already, we've widened the net and businesses from across the country are ready to join up and get their teams on the course and learning to sign.

Why is this so important?

We face so many barriers every day from the moment we leave the house: using public transport, going to the shops, trying to get healthcare – these barriers could be removed if more people could communicate using sign language.

Having Deaf people like Rose Ayling-Ellis on national television has really helped people to see what it is like to be Deaf in a hearing world. Thanks to high profile people like this, we've started to see more interpreters on TV and more organisations are thinking about accessibility when they are hosting events and meetings. We are nowhere near getting it right, but I can see small steps in the right direction and we hope that our free resources will help with that.

We know that some children in hearing schools are using the site and learning to sign, and we'd love to see more schools using it as a resource and featuring BSL as a core skill.

Deaf awareness

As well as our BSL course, we are doing more and more work with businesses and organisations who are keen to develop deaf awareness.

We run regular sessions where I go with colleagues into their world of work and share with them top tips on how to communicate with someone who is Deaf.

It is amazing to talk to people who've never encountered a Deaf person, or who have and went into a panic because they didn't know how to communicate.

Our simple tips help organisations, often with customer facing teams, feel more confident in communicating with Deaf visitors.

As a Trust, this is a service that we are looking to grow in the future, and we'd like to see all the organisations in our city become Deaf aware.

International projects

Our work is not just local, it's global!

We've been proud to work for more than a decade with international sign language projects, developing online tools and resources to help Deaf people from across the globe, from the online dictionary SpreadtheSign, to our recent project with partners from Turkey, Germany, and Portugal focusing on tourism.

The Turkish led 'Vocational sign language on tourism' project, co-funded by Erasmus and the European Union, has seen the creation of training for Deaf and hearing people who want to work in tourism. Together we have created a new course that will equip people with the skills to become tourist guides in their home country.

The benefit of this project is not only for those who take part and learn the skills to enable them to gain employment in tourism but also for Deaf travellers who are visiting a country and who will then be able to enjoy a signed tour giving them a cultural insight into the country.

We have worked together to create a robust curriculum for training for tourism and tour guides and A1, A2, and

▶ *Continued at bottom of next page*

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The Sign Bilingual Consortium Annual General Meeting and Research Update

Karen Riley summarises the virtual 2023 Annual General Meeting (AGM) of the Sign Bilingual Consortium (SBC), a group of professionals working across the UK to promote sign language and English equally in deaf education

The SBC AGM is held in June each year in order to share the good practice and achievements made by member schools, services, and universities; review the strategic priorities of the previous year, and set new priorities for our collaborative working during the next academic year.

In 2023 a working party of SBC Steering Group members co-ordinated a successful SBC Seminar/'Webinar' Day on 27th February 2023. Over 160 SBC members from 19 schools/services and universities across 13 different localities in the UK attended 'virtually'. In the morning, there were three keynote presentations led by:

- Karen Turner on *Adverse Childhood Experiences (ACEs)/Trauma-informed practice with Deaf children and young people (CYP);*
- Catherine Drew, Craig Crowley, and Prof Ruth Swanwick on *British Sign Language (BSL) Curriculum Development Updates*, including the BSL GCSE Coalition;
- Dr Joanna Hoskin on *Language Disorder and BSL Therapy*.

In the afternoon session, attendees could select from a range of workshops led by:

- Prof Terezinha Nunes on *Maths and deaf pupils*
- Karen Turner on *Trauma-informed practice*
- Alison Jackson on *Visual Phonics by Hand*
- Catherine Drew and Dani Sive on *Home-school engagement using Seesaw*
- Lisa Smith and Mischa Cooke on the *Deaf studies curriculum*.

The feedback we received from SBC members was overwhelmingly positive; many valued the opportunity to get together with so many professionals and felt that they had learned some useful strategies to apply in their classroom settings. One member fed back "We thoroughly enjoyed the day and felt it was hugely beneficial and relevant to our school and service improvement". We did have a few technical issues with our platform, as it was the first time that we had tried to host such a large virtual continued professional development (CPD) event! Lessons were learned and we will certainly resolve them for our next Seminar Day in 2025!

At the AGM, Prof Ruth Swanwick fed back on the ▶

▶ **Doncaster Deaf Trust spreading the sign!** *Continued from bottom of previous page*

B1 levels. Included in this is a tourism sign language dictionary and a suite of resources.

We are very proud to be the UK representative on this project, working together with partners to further improve the lives of Deaf people.

Future thinking

Next year, Doncaster Deaf Trust will be celebrating 195 years of educating Deaf children. The organisation has a proud history of delivering specialist education and has welcomed pupils and students from across the country, thanks to the excellent residential offering we have, and has also educated several generations of the same family.

Thanks to technology we are now able to reach a wider audience with our training and resources and we'll be looking to develop this further. One of our students was successful in winning funding to improve deaf awareness with the younger generation.

He was awarded £750 to create, develop, and deliver a digital project on deaf awareness targeted at young people across Yorkshire. This kind of project is wonderful to see because it means that we are reaching lots of different sectors of society.

We are keen to collaborate with other deaf education providers and create a world where sign communication is accessible and more people can sign. Together we can help to break down the barriers!

Natalie Pollard is a Qualified Teacher of Deaf Children and Young People (QToD) at Communication Specialist College Doncaster, part of Doncaster Deaf Trust.

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work of the BSL GCSE Coalition, now that the SBC is a member. She informed the Steering Group that the two consultations by the Department for Education (DfE) and Ofqual on the BSL GCSE came out on 15th June 2023 and the deadline for submission is the 8th September 2023. As these are such important consultations, it was agreed that schools and services would make their own individual submissions and the SBC would make a collective submission led by Ruth and the SBC BSL GCSE representatives.

Also, at the AGM it was agreed that the SBC would collaborate on the following developments during 2023–24:

- Primary Curriculum and Assessment: led by Alison Carter at Longwill School, Birmingham
- Secondary Curriculum and Assessment: led by Michael Dennington at Elmfield School, Bristol
- British Sign Language (BSL) curriculum: led by Lisa Smith at Frank Barnes School, London (due to be completed by 1st December 2023)
- SBC Governor liaison: led by Alison Carter at Longwill School, Birmingham
- BSL GCSE Coalition: led by Prof Ruth Swanwick at the University of Leeds
- SBC website development: jointly led by a working group of SBC members.

As linking research and theory into our teaching practice is one of the main aims of the SBC, we also invite organisations or interested researchers to give presentations on their most recent projects at our AGMs.

This year we invited Tom Lichy, Policy and Research Lead at the British Deaf Association (BDA) to give a short presentation on the BDA's BSL Alliance, whose primary purpose is to ensure that the BSL Act 2022 is implemented to its fullest extent. As of mid-June 2023, there are 41 member organisations, which includes some of our own Steering Group members. As any organisation with a core purpose that includes using, promoting or supporting BSL can ask to join the BSL Alliance, we agreed that the SBC should apply to join and support the work of the BSL Alliance going forward. Other SBC Steering Group members expressed a wish to join as individual members as well.

Since 2020 we have approached other universities researching areas of relevance to bilingual deaf education and requested a summary of their work and publications to further enhance our collective practice. This is collated into the SBC Research Update and shared with members. As this is such a useful resource for Qualified Teachers of Deaf Children and Young People (QToDs), we wanted to share it annually with our BATOD colleagues and it can be found in the members section of the BATOD website https://www.batod.org.uk/information-category/deaf-education/

It will also be circulated in the next BATOD newsletter and through the National Sensory Impairment Partnership Heads of Sensory Services for Children and Young People (NatSIP HOSS) network in September.

If you would like more information on the SBC and our work, please contact Karen Riley, SBC Secretary at karenriley58@btinternet.com or go to our website www.signbilingual.org

Karen Riley, OBE, is a retired QToD and Secretary of the SBC. She was formerly the Headteacher at Frank Barnes School for Deaf Children, London.

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A new start for Anna

Caity Dalby, from the National Deaf Children's Society, shares Anna's story. This article has been published with permission from the National Deaf Children's Society's 'Families' magazine Spring 2023

When they made the decision to leave Ukraine after the Russian invasion, mum Olha and dad Viacheslav knew that they needed to resettle somewhere Anna would get the support she needed with her communication.

Mum Olha and dad Viacheslav dote on Anna (8), who is profoundly deaf and has auditory neuropathy spectrum disorder (ANSD), a relatively rare form of deafness where sounds are received normally by the cochlea but become disrupted as they travel to the brain. "We found out Anna was deaf when she was about two years old because her reactions to speech and sounds weren't like other kids," Viacheslav explains. "We immediately contacted doctors and specialists, but Anna passed her otoacoustic emissions (OAE) test [a test to find out how well the inner ear or cochlea works], which showed that she has normal hearing. When they did other tests though, it showed she was profoundly deaf."

"What she can hear depends on the situation," says Olha. "Sometimes she can hear the doorbell or a dog barking, but sometimes she can't. The problem was that we didn't actually know what was going on because it was difficult to understand her diagnosis. It's a new world for us; there's no history of deafness in our family.

"For me, it was difficult to come to terms with deafness being a part of my life and to not know what the future would be like for our child. But it's normal for us now.

"Anna wears hearing aids and we bought her first hearing aids ourselves when she was five years old. Ukraine has a different medical system to the UK. We have different institutions and doctors that help, but there was a big waiting list for the support. So, we decided to do it on our own."

Because of her profound deafness, Anna finds it difficult to communicate using spoken language. "She has problems with speech," explains Viacheslav. "Sometimes it's difficult to understand what she's talking about. She also has problems with understanding the meanings of words and with constructing sentences.

"We started to develop her hearing and speech skills in Ukraine, but we had lots of questions because every institution has their own approach to communication development for children. It was difficult for us to choose which approach would be more suitable, but Anna did attend a special kindergarten before the Russian invasion. She also regularly attended group and individual speech and language therapy sessions, which helped her progress too."

When the family decided to leave Ukraine after Russia invaded in February last year, finding support for Anna's deafness was their top priority. "Supporting Anna was the main factor to consider when deciding where we could move," explains Olha. "Before we arrived in the UK we emailed the National Deaf Children's Society and got support from the organisation. Everyone understood the situation in our country and with deaf children.

"We made the decision that we should move to Scotland, because of the schools there and programmes like 'Homes for Ukraine', started by the Scottish Government. The Scottish Government was our sponsor and helped us move. It's a beautiful country."

Once the family had resettled in Scotland, they began attending our Family Sign Language (FSL) course to start learning some British Sign Language (BSL). "Anna didn't fully understand what was happening in Ukraine," remembers Viacheslav. "When we decided to move, it was a very difficult decision. Because of her delayed speech and language development, it was hard to explain to her what was happening. BSL is actually the key for us to be able to provide her with more information about the situation in Ukraine and her new surroundings."

"The main issue for us was that there isn't a good culture of sign language in Ukraine and we don't have as much support from the country there," says Olha. "Of course there are a lot of volunteers, groups, some schools and private charities, where deaf people can communicate and use their skills and knowledge. But in the UK, BSL is now an official language and deaf people can ask for an interpreter if they need it to communicate in official institutions."

Alongside their FSL lessons, the family enrolled Anna in school for the first time. "In Ukraine, children don't start attending school until they turn seven," explains Olha. "The Advice and Guidance Officers at the National Deaf Children's Society sent us a list of different schools for deaf children in Scotland and we looked through to find Anna's first school. Now, she attends a school for deaf children and she's very happy. She enjoys her days at school and is very proud of the gold coins she gets for good behaviour and doing tasks well."

"Combining the efforts of the school and us as parents is great for Anna and we've seen progress in her

▶ *Continued at bottom of next page*

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Language therapy in BSL – the DOTDeaf course

This article summarises the 'Language therapy in BSL' presentation from the 2022 BATOD conference at Frank Barnes School, and provides an example of current use of the resources developed during the DOTDeaf (Developing online training with deaf people) project

Project development

Speech and language therapists (SLTs) work with children and families to enable them to reach their language potential when language disorders or other communication challenges arise. Although there is plenty of literature about the development of and language therapy for spoken language, it is more difficult for SLTs to access information about typical and atypical development of signed language and therefore provide an equitable language therapy service regardless of the target language. There are few SLTs who are fluent British Sign Language (BSL) users. Whilst many deaf people working in education have excellent BSL skills and good everyday strategies for enabling communication, few have the in-depth knowledge about language disorders expected of an SLT. These differences in skills and knowledge raised questions about how co-working could be developed for children with language difficulties in sign.

Language disorders and other sign, language, and communication needs (SLCN) may occur in isolation, eg developmental language disorder, disorders of fluency (eg stammer), language-related dyspraxia, motor articulation disorder; SLCN may also occur as part of more complex needs, eg autism, learning disability, physical disability. Similar disorders occur in language whether it is signed or spoken, and developing appropriate assessment and therapy is vital (Bishop et al, 2016; Quinto-Pozos, 2022).

In order to understand how to provide an equitable service for both signed and spoken language, a PhD study was completed to compare interventions offered in BSL with those offered in spoken English. It also explored the role of the deaf language specialist (DLS). This research project highlighted the importance of SLTs co-working with DLS colleagues. The project resulted in the development of an introductory training course 'Language therapy in BSL', which attracted European funding and is reported in a recent paper (Hoskin et al, 2023). The extended Erasmus+ funded project resulted in an online course that is now available, free of charge, at https://www.rcsltcpd.org.uk/courses/dotdeaf/

The online course was developed with the help of SLTs and deaf professionals across the UK, including a team in Surrey. The Surrey County Council Specialist Speech and Language Therapy team for deaf young people (SLTD) became involved in the DOTDeaf project whilst developing a BSL pathway and provision for the deaf children and young people (CYP) of Surrey. The aims of the pathway include ensuring that:

1) Deaf children and their families are provided with comprehensive information regarding the range of language and communication options available in order that they can make an informed choice at each stage of development.
2) The child's rights, needs, and voice will be respected in relation to language and communication choices that are made.
3) Equal value is given to both spoken and signed ▶

▶ **A new start for Anna** *Continued from bottom of previous page*

development, communication and social skills," Viacheslav proudly says. "It's easier for her to learn BSL and for us to use it with her now she's learning it at school too. She tries to construct new sentences and is improving her vocabulary every day. We need to learn more signs to keep up with her!"

"A sentence of three words from Anna can contain an English word, a Ukrainian word and a sign, so it's definitely a combination," Olha agrees with a laugh. "But it's great because BSL is a bridge between us and Anna."

Caity Dalby is the Content Editor at the National Deaf Children's Society.

The **National Deaf Children's Society** has two ways for families to learn **Family Sign Language: (FSL)** online, with Zoom courses and on-demand FSL videos on YouTube. Find out more at www.ndcs.org.uk/fsl

National Deaf Children's Society

The **National Deaf Children's Society** is the leading charity dedicated to creating a world without barriers for deaf children and their families. Parents wanting info, advice or support can call 0808 800 8880 or visit www.ndcs.org.uk

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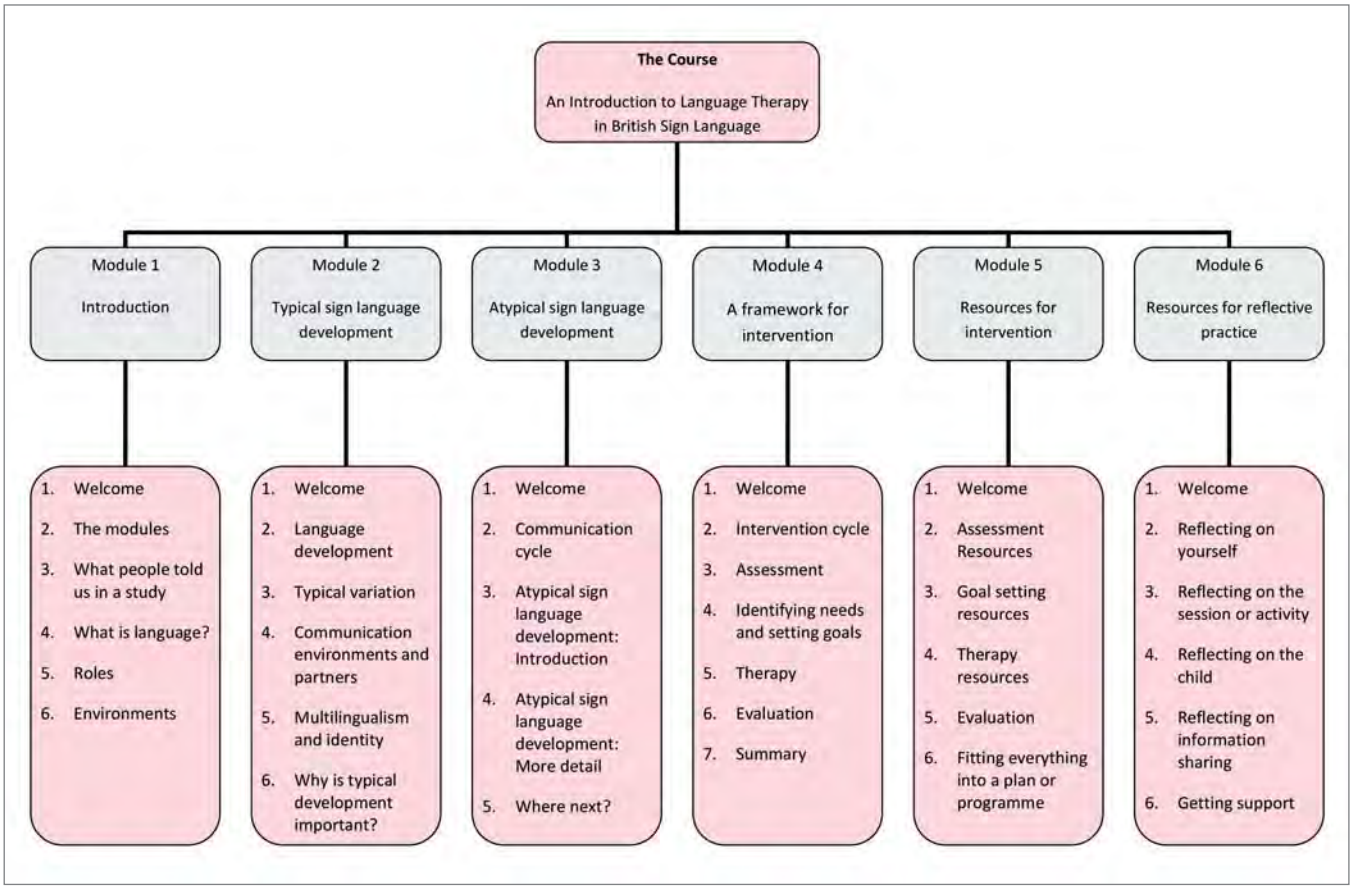
DOTDeaf course modules



languages and deaf culture is celebrated.

4) Education at each stage of development will be delivered by professionally trained staff in the language and communication modality that will enable the deaf CYP to successfully learn, socialise, and maintain their well-being.
5) All deaf CYP will have the opportunity to develop their deaf identity and culture with deaf peers throughout their education regardless of setting.
6) Deaf CYP are able to access a full assessment and appropriate intervention for their language and communication needs at the earliest possible time and throughout their education from suitably qualified professionals with the most appropriate resources.

With these goals in mind, the SLTD team introduced the DOTDeaf course as a means to supporting staff to carry out and contribute to the assessment of language specifically within specialist resource provisions, which employed DLSs. This training was carried out in BSL or facilitated by BSL/English interpreters. SLTDs identified DLSs with job roles that included communication support workers (CSWs) and deaf instructors, and the SLT and DLS co-workers completed the training together.

The course has six modules. The diagram on next page outlines the titles and content.

All modules are presented online in BSL and written English and can be completed at a time and rate that suits participants and their local work situation. The modules were designed to be completed by SLTs, DLSs, and others who work together so they can share knowledge and develop ways of co-working that suit their workplace.

Feedback from the team training in Surrey identified that the deaf professionals were skilled in working with children and identifying their language needs. However, they often felt excluded from aspects of the child's interventions and unable to share their knowledge as the comments below indicate.

Feedback from deaf members of the team before the training:

- One deaf professional reported that teacher planning is often 'not accessible' for CSWs and as a result they are left feeling they are unable to plan language interventions themselves.
- Each DLS understands the use of informal observations and can identify 'things to look for' but they feel they do not have the terminology or vocabulary for it. Formal assessment is an unfamiliar concept, there is an awareness of SLTs using these however they are seen as a 'different job', with the resulting information not consistently shared with DLS.
- Goal setting proved to be a new concept for DLS staff; each DLS reported they could identify areas of improvement but found 'putting it into words' or producing them in light of a 'longer term plan' difficult.

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– Generally, feedback demonstrates that planning and intervention work is dependent on the child. DLSs are confident in identifying difficulties and evaluating if improvement has occurred but are often less confident about how this fits into the overall plan for a child.
– Although a general trend depicted fairly low confidence when deaf colleagues rated themselves in areas such as assessment and language therapy. On some occasions confidence scales differed greatly between two colleagues despite similar experience and training. This enabled in-depth discussions about what it means to carry out assessment or intervention and resulted in increased insight into each person's own skills. On more than one occasion, this resulted in a change in self-rating scales to a lower score (eg changing from 5/5 to a 2/5), upon understanding of how vast and complex these areas can be.

Post DOTDeaf module feedback:

– SLTDs and DLSs reported being more aware that shared language between professionals is essential for effectual planning and discussions of specific children. One person suggested the use of a shared language summary sheet, as without one 'I don't know what the child needs to learn'.
– Benefits were experienced by DLSs and SLTDs in terms of developing a shared vocabulary for language difficulties and interventions. Staff felt they had more support and a deepened understanding of each other's roles.

There were benefits and challenges in completing the course. One of the challenges is monitoring how this increased sharing of information and more focused intervention makes a difference to the children and families given support. We hope collecting data and sharing experiences will help with this.

Benefits include DLSs and SLTDs feeling more confident in providing advice for others and engaging in complex discussions. The Surrey team are now effectively engaging in joint assessment and planning which has led to efficient and more comprehensive information being shared within the resource provisions.

The training modules spark discussions that link to service developments or projects that could strengthen the processes already in place. For example, we have discussed collecting vocabulary data and expressive language samples to produce what could eventually be considered as 'developmental milestones' for children who use BSL as their first language. This is a clinical gap that would not only serve the children in the resource base but possibly many more paediatric deaf language and communication services. The use of case studies was also explored to further shed light on the language difficulties and strengths that are often commonplace in the resource provisions.

The end of specific modules such as Module 4 ('A module for intervention') were key in building awareness of good practice in addition to a full understanding of interventions that are already in place. An encouraging sign included the professionals' spontaneous discussions around how these interventions could be adapted, eg length of sessions, aim of sessions, use of specific staff, etc.

From a service development point of view, the DOTDeaf training has led to discussions about roles and staffing, for example, broadening the role of the deaf instructor. The course is facilitating more informed recommendations and decision making with regard to CYP's needs and placements. The course is run regularly in one centre and resources generated by doing this are now being used by other settings and teams who have started the course. This creates cohesion between services across Surrey for this small but significant group of language learners.

During the development of the modules and since the course release, feedback from teams has been gathered. Comments include 'Using the course has highlighted the need for further supervision, training, and professional development opportunities for both SLTs and DLSs'. These comments may link to how services can enable deaf adults to be a key part of the workforce (Gale, 2021). Ensuring adequate training, supervision, and career progression for deaf colleagues will strengthen our current work practices and also have a positive impact on future employment opportunities for the children we currently support.

The collaborative aspect of the training was a strength as it encouraged open discussions specifically related to each person's experience and how well they understood or agreed with information presented within the DOTDeaf modules. The mutual participation in an external training allowed all attendees to feel as if they were 'moving through the course' together, alleviating the pressure in giving feedback and having open conversations.

Kalifa Coleman-Best (left) is the Speech and Language Therapy Deafness Team Lead with Surrey County Council.

Joanna Hoskin was a speech and language therapist with National Deaf CAMHS when she completed her PhD at City, University of London.

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A journey with sign language

Anne Thompson, QToD, reflects on her experiences in deaf education

Born in 1960 as Stokoe published his first book: *Sign Language Structure: An outline of the Visual Communication Systems of the American Deaf*, I have come, over six decades, to respect his appreciation of ASL [American Sign Language] as a "complex and thriving natural language in its own right … as functional and powerful as any found in the oral languages of the world" (en.m.wikipedia.org) as a truth applying to our own British Sign Language (BSL), which is foundational to my own understanding as a Teacher of the Deaf.

On 2nd September 1978, as an 18-year-old gap year volunteer, I arrived at School House ready to start my first year away from home and a most incredible journey, which continues to this day.

Having been reassured by the 'No sign language experience needed in this Auditory-Oral Residential Special School' advert, I set to with enthusiasm, unaware of the transformative experience I was about to undertake.

In those days, the clunky, body-worn hearing aids available rarely provided effective amplification for the severely and profoundly deaf students in residence. Feedback squeals were a constant challenge and the non-manual features of confusion reigned. However, sterling and innovative efforts were made by all to give these children access, not only to English, but to the overall literacy and numeracy that would lay the foundations for their positive and impactful futures. What I learned from these teachers' dedication continues to inform my practice daily.

At the end of the school day, tea in the dining room saw the children relaxed, arms waving, voices screeching, tensions of the day released. Wolfing down baked onions, tinned tomatoes on toast, or similar imaginative creations of 'cook' making do on a very tight budget, they came alive. Animated, good, and challenging times were had by all. Young children living away from home, often from different continents with no significant way to communicate with family between termly residences, enjoyed the community of peers and attentive care staff.

The very noticeable difference was that once out of the classrooms, BSL became the dominant language. Staff and children alike threw themselves into this beautifully expressive natural language of deaf people. I was captivated by the spectacle of children coming alive. Working almost entirely with the care staff, I too threw myself into this mode of communication. Only six weeks later, as we set off 'home' for the half term break – I was hooked. A fluent signer, I was utterly convinced that my future was in deaf education.

A maths degree later, 1982 saw me win a much sought after place on the Postgraduate Certificate for Teachers of the Deaf course at Manchester University.

The understanding I acquired on this 'auditory-oral' based course was invaluable. I learned how to respect fine details and seek out goals relentlessly. A deep understanding of speech, audiometry, and language was instilled in me, along with an appreciation of what it is to be an outstanding teacher. The comprehensive lectures, whilst enlightening, paled almost into insignificance in the face of a tutor who inspired at turn. The passion I had to see Deaf children thrive was well and truly ignited.

But what of BSL … respect for Deaf culture and language … where were the deaf adults sharing their perspectives? At this time on this course, the only children considered to benefit from BSL were those believed to be prevented from accessing spoken language as a result of cognitive or physical differences. Utterly appreciative of the training to develop spoken language, I was fascinated by the potentials for children using sign language and also for those with additional needs.

In 1983 I was qualified to teach and given the opportunity to work as 'Teacher in charge of a unit for deaf 11–16 year olds in a school for children with cerebral palsy'. The aspect that required a willingness to learn the Paget Gorman Sign System drew me.

Again, I was privileged to work with outstanding professionals, all seeking to innovate to overcome barriers to learning. I enjoyed using Paget Gorman and became familiar with Widget and Bliss Symolics … the goal was simple, enable communication by any means … and we did … but still no BSL; no rich involvement with the adult Deaf community.'

Moving again to settle as a married woman, I worked in a school for the deaf, but this time, promoting the inclusion of the pupils into as much of their local mainstream provision as was possible. At all times, the focus was on developing spoken English and literacy; the use of hearing aids and then 'Phonic Ears' was outstanding, but the technology could not give sufficient access to English for the majority of students to reach their potentials. Deaf pupils of Deaf parents exemplified the benefits of access to BSL signing environments from birth, but how could we achieve this for all of our pupils?

And then! Deaf delegates and international deaf groups abandoned the 1985 International Congress of the Education of the Deaf to join an 'Alternative Conference' at Manchester's Deaf Centre, and our worlds began to change. The campaign for the use and recognition of BSL gained momentum and in our school, parents and teachers alike began to call for change.

We were privileged to be offered formal BSL training by the then very proactive social worker for the Deaf, and along with a tiny group of colleagues and parents, on 15th July 1987 I was thrilled to receive my Council for the

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Advancement of Communication with Deaf People (CACDP) Certificate for the Stage 1 (Elementary) Examination in Sign Communication Skills'. We formally introduced BSL as an option to support all learning, whilst continuing to do all we could to give children access to the richest language around them … English in most cases, but in some, Welsh.

Hyperemesis, maternity leave, and another house move prevented me from working with the team to see how we could really include BSL in all its glory. Instead, I arrived to live close to Nicola, a profoundly deaf lady: bilingual in English and BSL, with a bilingual (Italian and English) husband and two daughters whom she wanted to learn all three languages. Mostly we were friends, enjoying our love of BSL but also considering how we could give more to deaf children and therefore, deaf adults. We enjoyed Deaf church with signed singing, girlie evenings in silence except for raucous giggling, and conversations with fellow Mums in and about sign language. Sad to say, most friends said "Oh, we think it's wonderful. I couldn't do it" or learned a couple of signs and then moved on. How could we keep them engaged when they were already so busy?

My work then focused on the early years and children with profound needs in addition to their deafness. Learning – post 1989 – to implement the National Curriculum for pupils whose communication involved objects of reference and possibly Makaton, the challenges were different … but essentially the same. How could we create rich BSL learning environments for children, parents, and teachers to benefit from? The debate regarding the benefits of BSL Sign-supported English (BSLSSE) over Makaton for deaf children also figured frequently.

Then, in 1992 the Dictionary of British Sign Language/English was born. As a knitter used to reading abbreviations, I loved the detailed explanations and the sudden increase in the availability of signs to practise with my friend. With Nicola's natural flow, use of non-manual features, and understanding of BSL grammar, we used these signs to become increasingly fluent.

Moving on in my journey, 1999 saw me working again in mainstream across the age range. I then spent a year full-time using BSL with a pupil in a mainstream reception class. We sought to support his literacy development with Signed English, but this was difficult with only sign graphics to share with others such that they could develop their skills. I completed my BSL Level 2 qualification and moved, in 2003, to work with an early years team following the introduction of universal newborn hearing screening. It was during this year that the British government finally agreed with Stokoe's understanding of ASL, that BSL is a true language in its own right. The challenge of providing rich BSL language learning environments continued to be a focus of my interest. Further posts enabled me to observe others' responses to this challenge and develop my understanding.

In 2010 I joined the team on the Manchester Deaf Education course as a researcher and lecturer. Here, I had wonderful opportunities to study, research, teach, and debate widely about what our priorities should be. I concluded that I needed to be 'in the field' to have the relevance I sought and enjoyed. So, keen to consider my practice with the whole range of deaf children, I moved in 2013 on to another county where peri work included children aged 0–19 years and those in special schools. I then moved to a school for the deaf where BSLSSE was the norm and Visual Phonics were used to support English literacy.

In 2014 I had an opportunity to develop early years practice within an educational authority utterly committed to the use of BSL and English throughout. Here, we enjoyed robust liaisons with the board of the Deaf Ex-Mainstreamers group and continued to seek to combine both BSL and English for our pupils.

In 2015 Connie Mayer and Beverly J Trezek's *Early Literacy Development in Deaf Children* fuelled my passion to see deaf children achieve literacy as well as languages appropriate to their culture.

In 2017 two new roles emerged: activities coordinator at a residential home for deaf adults, where BSL was the language throughout, and freelance work across my home county with mainstreamed deaf children who were not achieving the potential that their parents considered they could. As a sole trader, I also had the opportunity to further my BSL studies and achieve Signature BSL Level 3.

At the same time, I met two very special deaf children, who have changed the course of my work forever. Both were clearly very able children. Both were late diagnosed as being profoundly deaf and not eligible for cochlear implants. Both children were from hearing families and because they were late diagnosed, they were already settled in their local nurseries. The view of the local authority was that these children's language needs could be met by nursery staff and parents learning BSL along with the children. This was far from true. These children needed rich language-learning environments. Could we achieve these whilst respecting their educational placements and family dynamics? We set about seeking to make things work within the contexts that existed. I introduced BSLSSE, because it was the most readily available to them. The ready access to video enabled us, this time, to create video dictionaries of signs as they were used by the children. Their families, care staff, and peers developed their signs as quickly as they could, adding these to the English they were already using. Three- and four-year-old hearing children added signs to their comments and both deaf children began to appreciate the value of communication.

This has continued to develop. Using BSLSSE enabled the communities to develop their communication together. When the deaf children naturally used BSL, this was responded to by the English speakers using their natural language of BSLSSE. Starting school the children were

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Supporting newly arrived refugee families

Miriam Smith, QToD, shares an account of a family's settlement in her local authority

Looking back to the moment Khoshhal and Najeba Taib found out their daughter was deaf, Khoshhal says, "We were sad but we didn't lose ourselves. We had a background of deaf children in our family. We didn't say she was disabled; we just started to support her and give her confidence. We went with her to sports events, TV shows, and gave her every possibility".

The Taib family want their children to be happy, confident, proud of who they are, and to receive an excellent education so they can go on to achieve their dreams. They have two profoundly deaf children (one school age and one an adult), and along the journey that this brings, they have become proficient in three different sign languages, travelled overseas for cochlear implant assessment, and given financial support to a deaf school.

In August 2021 the Taibs and three of their children made a different kind of journey. They travelled from their home in Afghanistan to seek refuge in the UK as part of Operation Pitting – an operation that involved airlifting 15,000 British nationals and eligible Afghans to safety after the Taliban took hold of the country. They were temporarily placed in a hotel in Central London and their children were eventually offered temporary places in local schools.

In October 2021 the service I work for received an ▶

Khosshal and Moqadas

▶ **A journey with sign language** *Continued from bottom of previous page*

exposed to phonics and the beginning of written text. The challenge then was to give these children access to the English they were seeing and starting to read. Fuelled by my experience with Signed English, I set about developing what I have called 'CoSInEs: Core Signs for Inclusive Education'. These are signs used to indicate aspects of the English language for which there are no signs in BSL.

The dictionary has grown into an app that is now live on Android as BeChildLed Connect and via www.bechildled.co.uk. It enables these children, their families, and teachers to continue to develop both their knowledge of BSL signs and their ability to access English through sign. We are finding it to be an invaluable addition to the varied resources we are using. These children have been joined by a younger peer and all three are all demonstrating at least age appropriate BSL skills as well as English reading and writing abilities.

In the hope that we might continue to develop a widely useful and flexible resource, we are launching the app for others to trial, free of charge, from the Apple and Google app stores.

My journey continues in my sixth decade as I continue to be filled with enthusiasm and joy at the potential for deaf children through sign and English and look forward to future opportunities to develop this with others.

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Child Led Inclusion

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George Andronic, QToD, teaching a Family Sign Language class

urgent enquiry from a Special Educational Needs Co-ordinator (SENCo) in one of our local mainstream schools, asking us to offer support to Moqadas, who was profoundly deaf and communicated using Farsi and Pashto sign languages. There was no medical paperwork to support the referral (we usually request an audiology report) but luckily it was accepted anyway, with the understanding that people urgently fleeing a country are not able to bring medical records with them. The audiology referral and report could come later.

I was moved to tears on my first visit to the school. Thirty Afghan children had been placed there – they spoke no English and for many of the girls, their schooling had been limited. I attended a presentation for the families in which they were welcomed by the headteacher and children were given school uniforms to wear. Moqadas was an absolute ray of sunshine. She had been through unimaginable trauma to get here but had the warmest smile and the most eager desire to learn. I visited her at school once or twice a week, helping her teacher to adapt lessons, leading deaf awareness sessions, and teaching Moqadas British Sign Language (BSL) (I am pleased to say that we now have a profoundly Deaf native signer on our team who is far better qualified to do this than me, and Khoshhal and Najeba have since attended his family sign language classes).

Nobody was sure how long the Taibs and the other families in the hotel would remain there. Some weeks, I would come into the school and discover a family had been moved to Scotland or Huddersfield since the last time I'd been in. Moqadas's class teacher was wonderful – using her spare time to create visual resources, print off sign graphics, and try to learn some BSL. The children received additional support from a Farsi-speaking teaching assistant, and they were encouraged to draw their experiences.

It soon became clear, though, that despite everybody's best efforts, a mainstream school setting with visits once or twice a week from a Qualified Teacher of Deaf Children and Young People (QToD) was not adequate to meet the needs of a profoundly deaf signing child. Moqadas received very little benefit from hearing aids, but she had a strong first language (Farsi Sign Language) and the Farsi-speaking teaching assistant explained to me that her Farsi reading and writing was at a higher level than many of the other children. The school desperately tried to recruit a communication support worker but none could be found. While the other children from the hotel slowly picked up English and were able to access learning and communicate with friends, Moqadas was unable to do this. Looking back on this time, Moqadas tells me, "It was very hard and boring". Moqadas deeply missed the rest of her family who had stayed behind in Afghanistan and this impacted her morale.

Moqadas's parents explained that she had attended a deaf school in Kabul and they knew that a deaf provision with

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curriculum delivered directly in sign language with a signing peer group was what their daughter needed to do well. But Moqadas had already been uprooted from her country, her old life, from the rest of her family (including her Deaf brother, his Deaf wife and their child), and so her parents worried about the impact of changing school, only to potentially find they were to be moved again to another part of the country, yet another school, with even more change and disruption... Families at the hotel were being moved all around the UK – some to places where there would be no suitable provision for a profoundly deaf signing child.

It was with this in mind that my manager contacted the National Sensory Impairment Partnership (NatSIP) and suggested putting together a document to support good practice for newly arrived refugee children who are deaf/hard of hearing. The document included proximity to specialist signing settings, if this was the chosen communication mode. This was useful to signpost organisations such as the Afghan Response Team and the Home Office in order to inform decision-making about housing. The other hurdle was that the local authority would not start the Education Health Care Needs Assessment (EHC NA) process for anyone within this cohort of children as they were in London temporarily. I arranged for an educational psychologist with experience of working with deaf children to come into school, and her report also supported the idea that Moqadas needed to access learning through BSL. I liaised with audiology colleagues and they booked Moqadas in for a hearing test without her yet having an National Health Service (NHS) number (there had been an administrative error in getting these issued in time) so we finally had proof on paper that she was profoundly deaf. We wanted everything in place because we knew the family could suddenly be moved at any moment. More time passed and an assessment place at a sign-bilingual school in a neighbouring borough was arranged and agreed between the two Local Authorities, without the need for an Education, Health and Care Plan (EHCP).

In the end, the Taibs were housed in the same borough as their original hotel. Moqadas is thriving in her deaf school and, despite being in the country for less than two years, her BSL is age appropriate. She has lots of friends and recently came back from a Centre Parcs trip with school. She has performed at the Royal Albert Hall and is excited about starting secondary school next year.

Khoshhal tells me that his priority for all of his children is their safety and their education. He says, "We lost our way when we came here but not ourselves. Moqadas was in trauma and didn't know how to start again. We gave her morale and encouraged her. Now she is confident, has friends, has learnt BSL within a year, and is a star for us as she was before. She has suffered from war and difficult times but she carries on." Najeba tells me that finding the right school has helped Moqadas with her trauma, although this does not go away.

I asked the family what advice they would give to other services supporting newly arrived deaf children and young people. Khoshhal tells me that communication is key. He says that providing BSL classes and putting families into contact with each other will help children regain their confidence.

Over 100 years ago, my own great-grandparents came to London as refugees escaping the pogroms in Eastern Europe. Getting to know the Taibs made me wonder what life was like for my great-grandparents back then. Although it can be hard to understand what families escaping war and persecution have been through, it is easy to listen and learn, to signpost to organisations that can help, to recognise our own limitations, and to liaise with multi-disciplinary colleagues in order to provide the positive outcomes that all deaf children deserve.

A few things you might like to consider when supporting a newly arrived refugee family:

- listen and learn without judgement
- make use of interpreting services so that you are communicating clearly with families (my local authority has an arrangement with DA Languages, a translating and interpreting agency)
- know your own limitations (we are not trained counsellors but we can make referrals to the educational psychology service, to National Deaf Child and Adolescent Mental Health Service (CAMHS), or to therapeutic services, which will help children to process their trauma)
- accept referrals for children who present as deaf (audiology paperwork can come later)
- with consent from the family, be prepared to liaise with a range of different professionals and organisations as families may well have different agencies supporting and advising them
- connect families together
- make use of the NatSIP briefing paper on considerations on the arrival of a refugee family with a child with sensory impairment – make sure that people making decisions for the family are signposted to this.

NatSIP – Briefing Note: Considerations on the arrival of a refugee family with a child with sensory impairment (4 page pdf document)**:**
https://www.natsip.org.uk/doc-library-login/natsip-briefing-documents-and-papers/considerations-on-the-arrival-of-a-refugee-family-with-a-child-with-sensory-impairment/1634-briefing-note-considerations-on-the-arrival-of-a-refugee-family-with-a-child-with-sensory-impairment

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Signing Shakespeare

Dr Abigail Rokison-Woodall and **Dr Tracy Irish** share an update on their 'Making Macbeth accessible to deaf learners' project

In September 2019 we co-wrote an article with Angie Wootten for BATOD Magazine entitled 'Making Macbeth accessible to deaf learners'. We were reporting on a collaborative project between the University of Birmingham (UoB) and the Royal Shakespeare Company (RSC), which was focused on providing access to Shakespeare's work for deaf young people through the creation of bespoke practical workshops and resources. The project was in its infancy – we had carried out early research, undertaken some workshops at Braidwood Trust School for the Deaf and Mary Hare School, and made a pilot film of the first witches' scene (1.1) in British Sign Language (BSL), Sign Supported English (SSE), and Visual Vernacular. In the final paragraph of the article, we cited our ambitions – to 'further refine our workshop for Act 1 of Macbeth and trial it with another group of deaf students', to produce workshop materials for the whole play, structured around specially commissioned sign language films and to develop teacher continuing professional development (CPD) days. The project was severely delayed by the Covid pandemic; however, we are now in a position where we have fulfilled and can report on most of those aims and are now thinking about the next stages of the project.

Before the pandemic pressed pause on our activities, we were able to reflect on the workshops we had created and refine them for a further trial at Elmfield School in Bristol. The changes we made were more about process than content as we came to better understand how to adapt instructions and invitations to students in order to best engage their interests, particularly in making the most of active, collaborative exercises. The Elmfield group were younger than our previous groups and we added more layering of instructions to reflect this. For example, with the writing in role as Banquo or Macbeth activity mentioned in the previous article, we broke this down to include simple sentence starters that the students could complete with words or images: 'I feel …', 'I want ….', 'I will …'. They then shared this work in groups, learning from each other through their negotiations to complete a

Director Charlotte Arrowsmith and Sign-language interpreter Becky Barry filming with students at Braidwood Trust School for the Deaf
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Teacher CPD Day *Copyright University of Birmingham, photographer Stephen Rea*

collaboratively composed piece.

Our learning from the trial sessions fed into the complete scheme of work we eventually went on to write post-pandemic and which is now available, with free access to all, through the RSC website (see link below). As stated there, our aims for the project are to:

- create enjoyment and understanding of Shakespeare's text
- develop pro-social, collaborative skills
- support social and emotional development
- build understanding of literary terms, including iambic pentameter, antithesis, soliloquy
- offer role models for deaf young people
- increase deaf awareness and appreciation of how sign language can bring new ideas and interpretations to working with Shakespeare for all.

All activities are structured around the films we created of key moments in the text. They cover all the action of the play and explore key themes, imagery, characters, and relationships. Our initial research had suggested that closely following the chronology of the play as events unfold is crucial in building understanding of different perspectives, including the dramatic irony of what the audience knows compared to what the characters know. Our activities give particular focus to inviting young people to inhabit and explore those different perspectives and offer ways of expressing their findings in sign, written, and oral forms. For example, our initial ideas about having a 'role on the wall' exercise where students could record their ideas about how Macbeth and Banquo might be feeling after seeing the witches is developed into 'hopes and fears' charts for Macbeth, Banquo, and Lady Macbeth, which can be added to as the play moves on. Many of the activities involve considerations of how and why certain language is used, employing physical exercises to unpack, for example, metaphors like 'full of scorpions is my mind' (3.2.37).

As mentioned in our original article, we realised early in the process the value of structuring the workshops around films in BSL and SSE. Whilst SSE is not a language in its own right (using the signs of BSL in spoken English word order), it is used in a number of schools and settings where sign is used alongside spoken English. It is also the case that many deaf young people do not get the opportunity to learn BSL and need to use a mixture of spoken English and sign, which our films facilitate. We have also created a number of films in what we have called 'Visual Shakespeare' (VS) – a form of iconic, performance sign language based on Bernard Bragg's Visual Vernacular. These provide a model for young people to create their own performative versions of the scenes. The films were directed by Deaf actor-directors Charlotte Arrowsmith and William Grint, assisted by hearing sign language interpreter and actor Becky Barry. They feature a number of established, experienced Deaf actors, as well as three students from Braidwood school,

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with whom we had worked in the original pilot workshops (see image).

Another development in the project was our consideration of the international use of our resources. The RSC learning pages, where our resources are housed, are frequently accessed by North American teachers and students. Whilst our scheme of work could easily be used in a North American setting, they have their own sign language, American Sign Language (ASL), which is quite distinct from BSL. Due to a generous donation from the Billy Rose Foundation in New York, we were able to partner with Lindsey D Snyder, ASL interpreter, actor, and educator, who facilitated the filming of the key scenes with American Deaf actors. The addition of these films to the 'Signing Shakespeare: Macbeth' pages means that our work is now more accessible to the estimated 308,648 deaf or hard of hearing children between the ages of 5 and 17 in the US (US Census Bureau, 2018).

One of the challenging aspects of making the films was how to deal with the characters' names, since no standardised sign names exist for Shakespeare's characters. We needed to establish these so that the films matched the students' workshop experiences. Barry, Arrowsmith and Grint created sign names for all characters who are mentioned in the workshops (even those who do not appear in the films), drawing on historical, geographical, personal, and narrative references. For example, the sign name for King Duncan (two hands brought together in a handshake) indicated his calm, trustworthy, unifying disposition. It may be that one of the outcomes of the project is to help to create a set of standardised sign names for some of Shakespeare's key characters, although some would argue that each theatrical production should give their versions of the characters their own sign names based on the way in which they see each character (much as sign names are assigned to real people).

Once all materials were completed, we worked with digital producers at the RSC to make the resources as clear and easily accessible as possible. 'Signing Shakespeare: Macbeth' is a unique section of the 'Teacher Resources' found under the 'Learn' tab on the RSC website (see link below). Clicking on 'More About Signing Shakespeare' will take you to an introduction to the project, including notes on using the resources, our key principles of practice and a video of our presentation at the Hay Festival in 2021. The scheme of work is organised under divisions of Acts 1–5 and then by scenes within each Act. Each scene division includes an introduction and a series of exercises, followed by galleries in BSL (including SSE and VS) and ASL, and printable PDFs of texts and activity sheets. Each gallery contains a downloadable PowerPoint presentation with films of the key moments for those scenes, along with other visual resources, text, and questions to support the activities in the order they appear in the exercises.

In snowy March 2023, we held a teacher CPD day at the Shakespeare Institute, Stratford-upon-Avon, to showcase the resources and take teachers through some of the key workshop activities. We were able to discuss ways in which the resources might be used in different settings – in schools for the deaf, but also in deaf units, one-to-one settings, and in mainstream, where many agreed that the dual coding (visual reinforcement of words and ideas) and embodied learning might benefit all young people. Many also felt that the sign language films might aid the understanding of scenes even for those young people who are unfamiliar with BSL (as well as promoting BSL, which is a key part of the British Sign Language Act 2022). A further suggestion made by the teachers who attended was that lipreading versions of the films might also be added to the resources, since many deaf young people rely on lipreading to support their understanding (Nasim et al, 2017). Films or filmed theatre productions of Shakespeare do not take this into account and speakers' mouths are often obscured by the choice or angle of shot or by the lighting state.

We were delighted that a number of the participants in the CPD day were keen to trial our resources and to feed back to us on the results. We are keen to hear from other Teachers of the Deaf about how usable the resources are in a range of different settings and any suggestions for improvements. We would also be delighted to hear from any schools that would like us to come and run a sample workshop, or from teachers who would be interested in attending further CPD days.

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Meet...
a deaf play therapist

Helen Farthing describes her role

There is a growing need and demand for deaf play therapists across England, with only a handful of qualified registered certified deaf play therapists spread across the country. Even though there are a few hearing play therapists who can use some sign language to communicate, it is seldom at a high enough level of British Sign Language (BSL) Level 3 or above. As it is so important to build a trusted rapport between the child and the therapist, clear communication between the two is important, and having an interpreter may disrupt the dynamic of the relationship as it would not be a one-to-one but three-way conversation.

Unfortunately, this sometimes becomes necessary for communication purposes between the therapist and the child, and always when in consultation with parents whose use of the English language is limited.

Many schools have little understanding and knowledge of what play therapy entails and how it could benefit them and their children who are struggling. I became a play therapist because I saw the increasing need for one, and wanted to be able to help children who are having difficulties with understanding or regulating their feelings or behaviour.

As a deaf play therapist, it took a while to be recognised and sought out through recommendations from deaf organisations, deaf schools, individual deaf therapists, psychotherapists, and counsellors.

I was fortunate to gain a placement within a deaf school to apply my therapeutic play skills, enabling me to gain the clinical hours required to obtain my qualified status as a certified play therapist. The children I see come from families where they are the only deaf child within a hearing home, and who may also struggle with social situations or suffer from behavioural issues. The children referred to me are usually angry and frustrated, with one of the reasons being unable to communicate at home with their hearing family. Usually, these are also families who understand little English and so can communicate very little with their deaf child.

Some other reasons a deaf child may be referred to attend play or creative therapy sessions is because they have suffered abuse or trauma; have attachment difficulties; are shy, withdrawn or angry; struggle with low self-confidence or self-esteem; have frequent nightmares, anxiety, or worries, and so on. Attachment issues are one of the more common reasons for referral.

Sand play story

Play therapy is normally always child-led. Despite this, sometimes it may be necessary in a situation for play to be initiated by the therapist, although the child is free to choose not to follow them if they do not wish to. As a therapist I provide the child with a safe, secure, and non-judgemental space to play in which he/she is free to express their thoughts and feelings in a way that they may find difficult to talk about or describe with words. Using their body language and facial expressions, the

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deaf children can communicate whilst playing with or creating something.

> "Our greatest natural resource is the minds of our children"
> *quotation from Walt Disney*

This could be whilst playing in the sand tray to create a sand-story or world, using toys or art materials, or during role play, movement, or music. As a therapist, I reflect back to the child what they are trying to express to me, and I show my understanding as to what's going on in their world. Occasionally, they may communicate using sign language during therapy but are often quiet and in their world of play. Mess in play or art may mean they are feeling troubled in their world, and they know that it is okay for them to express that. A positive change in a child's behaviour is recognised when there is positive change in their play, and this is because their confidence and self-esteem is being established.

A child may be following the same theme of play for a while across several sessions, and a change in play happens when their conscious mind has been evoked. Through play, the child is communicating that something has happened or is happening in their life, and this is picked up by the therapist.

Older children would not necessarily be using the therapy through the medium of play, but more as creative therapy where they choose to express through therapeutic stories, art, movement, creative visualisation, and the use of the sand tray. Talking is used more often during therapeutic intervention.

Family painting

Deaf children with additional needs such as attention deficit hyperactivity disorder (ADHD) or autism may benefit from play therapy as a way of releasing their frustrations, but these can benefit the teacher's frustrations too. It works both ways! Play can help a child with mutism to express themselves more freely, or a child who may be a wheelchair user may experience a feeling of being free from being restricted or confined in a trapped space and be able to express their troubled thoughts.

To summarise, the role of a deaf play therapist is to provide a safe environment in which to facilitate play or art, as an expressive means for a child to communicate something they are feeling or trying to say. Equally, as therapists, we are there to let the child know that we understand them and to help them to begin to problem solve and to understand their own troubled world.

Helen Farthing is a Qualified Registered Deaf Play Therapist Specialist and works with deaf children and their families.

Since qualifying in 2015 and working in various deaf schools, for an organisation, private 1:1 play therapy and being headhunted has taught me to be passionate in helping children feel better about themselves.

I currently work as a Well-being Coordinator in a deaf school supporting pupils who may have emotional, social or behaviour issues and problems by providing strategies helping children to problem solve and heal.

I am also a self employed play therapist. You can find me on my website: Playtherapy4deafchildren.com

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Signs of the Times

Dr Rosamund Oates, associate Professor, shares Deaf history research that was conducted with the support of the Leverhulme Trust. This article was originally published in the BBC History Magazine (December 2022)

In December 1618, a young couple, Thomas Speller and Sara Earle, got married in the church of St Botolph without Aldgate in the City of London. They were both from Essex but were forced to marry in London because of increasingly heated arguments surrounding the match. But this was not a secret marriage, it went ahead with the full blessing of the Bishop of London's chancellor, Thomas Edwards. What made this marriage controversial was that Thomas Speller was deaf and communicated entirely in signs, using a rudimentary form of sign language.

Thomas was deaf from birth – one of several congenitally deaf children born to the Speller family of Hatfield Broadoak in Essex. Today we would describe Thomas and his siblings as prelingually deaf, but in the early modern period people used the term 'deaf and dumb'. But as Thomas' experience shows, while he could not speak vocally, he was more than capable of communicating with hearing friends and family.

Thomas came from a wealthy family. His father, Henry Speller, was close enough to Sir Francis Barrington, the leading gentleman in Essex, to ask him to be a guardian for Speller's deaf children. Sir Francis took his duties seriously. After Henry's death in 1615, he ensured yearly payments were made to the Speller children, oversaw the investment of their capital, and intervened to ensure that Thomas could marry the woman he chose – Sara Earle.

Thomas was a blacksmith, which was probably how he met Sara whose father was a blacksmith in a nearby village. Sara's father, John, was delighted with the match but Thomas' family objected, with his mother complaining that John and Sara had 'stolen' Thomas away. At stake was not just a young man's happiness, but also a considerable amount of money – he was due to inherit £200 on his marriage (around £40,000 today).

The case made its way to the consistory court in London, and at the heart of the argument was whether Thomas Speller, by now in his mid-20s, could consent to marriage because he was deaf. His mother, and 'others that have had the custody of him' said he could not, arguing that he was being forced into the marriage. Sir Francis Barrington and the local minister from Hatfield Broadoak stepped in to support the young couple, but in the end the decisive evidence came from Thomas himself. He and Sara went to see the judge on their own, and the 'said Thomas Speller by signs and the said Sarah by words did signify their consent'. Thomas' intervention convinced the Chancellor to issue a marriage licence at the end of October 1618, but tensions were running so high in Hatfield Broadoak, that the ceremony was moved to London and the pair eventually married at St Botolph on 7 December. The parish clerk made a detailed record of the ceremony 'because we never had the like', describing how Thomas showed his 'willingness to have the said marriage rites solemnised … by bringing the book of common prayer (and his licence) in one hand and his Bride in the other, unto the minister of our parish, Mr Briggs, and made the best signs he could to show that he was willing to be married'.

At the heart of this case was the question of whether

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Thomas could consent to get married because he was prelingually deaf. There was a long legal tradition, based on Roman Law, of treating prelingually deaf people as if they were children or mentally incapable. Some authors, drawing on Aristotle, argued that since deaf people lacked speech, they were incapable of rational thought. Others suggested that since deaf people could neither hear any explanations, nor signal their agreement through speech, they should be regarded as 'infants'. This not only had implications for marriage, but for their legal standing too. In a popular legal handbook first published in 1618 Michael Dalton advised magistrates that if 'a man born deaf and dumb killeth another, that is no felony, for he can not know whether he did evil or no'. Speech was held up as evidence of a rationality, and across Europe educators tried to give deaf children a legal identity by teaching them to speak vocally.

As the case of Thomas Speller shows, however, many people in the early modern period already believed that deaf people could communicating eloquently through signs, and that signing was a lawful alternative to vocal speech. In the 12th century, Pope Innocent III issued a decree allowing deaf people use signs to get married, and in following centuries deaf people across Europe took part in church sacraments (of which marriage was just one) using signs. By the time that Thomas and Sara married in 1618, deaf marriage was a well-established practice within the British Isles and Europe, with Catholic and Protestant churches conducting marriages in sign language. In England many of these couples took the precautionary step of getting a marriage licence, but increasingly the unusual nature of the wedding was not even noted in parish registers.

The care shown by the consistory court in the case of Speller and Earle was, however, understandable. Forced marriage was a concern when it came to deaf weddings. In 1632, the widow Christobel Cox and George Blunt – a prelingually deaf man from Somerset - got married by licence. The marriage does not seem to have been a happy one. By 1643, Blunt had left the family and argued that he should not be forced to maintain his wife and three of their children because he had not knowingly consented to the marriage in the first place.

The case made it to the Court of Common Pleas, where the Judge noted that 'it is possible the marriage may be good, but it may be questionable' and asked local magistrates to gather evidence from the minister and witnesses, whether George 'understood what he did when he joined hands with the woman'. Doubts about consent could also raise a useful question mark over the legality of unwelcome marriages. Anne Darcy, a prelingually deaf heiress to 'a very considerable estate' in Warwickshire married one Ebeneezer Overton, at the church of St Bartholomew the Great in London in March 1671. Her family were outraged, claiming that Anne had been forced into a 'pretended marriage' and they secured a licence to allow her to marry a more suitable match, Thomas Millward, later that year. This time the wedding took place in her local parish in Warwickshire, under the watchful eye of her family.

What kind of signs might Thomas Speller have used to convince the chancellor that he wanted to marry Sara? Their conversation predated the standardised sign languages of later centuries, but it is evident that the signs being used by deaf people in this period were complex. A book binder in 17th-century Exeter, John Dight, was refused the Eucharist by several local ministers 'because his motions and signs were not as intelligible to them' as they were to his family. Dight took to carrying around a notebook with pictures that he used to explain his meaning to 'those who were dull of apprehending him', but 'to others, more quicker of understanding, he would, with a motion of the hand, make it as obvious and intelligible' as if had spoken. So, in more complex interactions with strangers – like dinner parties - for example, Dight relied on his nephew to interpret for him. There was a growing sense that deaf signs were distinct from the general gestures made by hearing people. When William Osbaldestone made his will in 1738, he left everything to his deaf daughter, Catherine, recording that he had taken 'great care and expense in having proper persons teach her by signs'. When legal wrangles developed over who should care for Catherine and her large inheritance, two of her cousins claimed that they should be her guardians because they 'understood how to converse with her by proper signs'.

In the case of Thomas Speller, Chancellor Edwards collected additional evidence from a range of witnesses to be sure he correctly understood Thomas' meaning. Contemporaries were aware that deaf people who relied on an interpreter were vulnerable to misrepresentation, particularly in matters of property and inheritance. In 1660, Chief Justice Bridgeman carefully questioned the deaf woman, Martha Elyot, along her sisters to ensure that Martha was happy to give her lands to her uncle in return for his maintenance of her.

In 1708, the Lord Chancellor intervened in a similar case.

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This time, he prevented a deaf man transferring all his lands to his uncle when it was revealed that the uncle who stood to benefit was also the person interpreting for him in court.

Thomas Speller came from a family with seven surviving children, four of whom appear to have been deaf. His father, Henry, left most of his properties to his youngest son, John, and gave Sir Francis Barrington £550 in trust to provide an annual income for the 4 deaf siblings until they married. Many families created something similar to provide ongoing support for deaf relatives. Not all arrangements were so formal, however, which could the deaf person vulnerable. Margaret Kirkby from Woodplumpton in Lancashire first came to the attention of magistrates at the Quarter Sessions in 1659, when it appeared she had fallen into poverty after her parents' death. Aged 29, she was described as 'lame' as well as deaf, and 'altogether incapable of working or doing anything towards her maintenance at all'. Eventually she was housed with a local family. In 1691, shortly after his brother's death, Evan Shaw was evicted from the house he had shared with his brother and sister-in-law, despite his 'hard work and labour' for them. Congenitally deaf, Shaw was in his seventies, 'weak and infirm'. He tried to survive on his own for a year, but in 1692 neighbours reported that he 'lieth in a barn in rags and litter, not fit for a Christian', and requested more charitable support from the overseers of the local town.

Deafness was not, however, automatically cause for charitable support. Many deaf people expected, and were expected, to support themselves. In London, the local parish denied poor relief to the deaf woman Sarah Robertson when she turned 18, because they argued she was able to work. As we saw, Thomas Speller was a blacksmith – a relatively common profession for deaf men since hearing loss was a common side effect of the job. His brother, Andrew, became a tailor, another trade popular with deaf young men. Other deaf people in the period held down a range of jobs, including farming, ropemaking and stone-cutting. Women might become servants: in 1650 Sir William Acton remembered that he had employed the prelingually deaf woman, Elizabeth Bowra, for over 50 years. Particularly when the parish was responsible for looking after a deaf child, work and often an apprenticeship, were seen as the path to independent living.

Returning to Jacobean Essex, it soon became apparent that Henry Speller's attempts to support his deaf children had stored up trouble further down the line. Disagreements between the Speller and Earle families became so heated, that a couple of weeks after the wedding in 1618 they were forced into a formal process of arbitration. Thomas Speller's mother, Winifred, and his brother, John, had to sign an agreement to keep the peace

with Sara Earle's father until a formal settlement was reached in March 1619. Sir Francis Barrington, and later his heirs continued to administer the trusts for Thomas' deaf siblings, but his help was not appreciated by all the Speller children. In 1638, Andrew Speller was in trouble for 'assault' and in 1639 he was imprisoned for 'general misdemeanour' towards Sir Thomas Barrington. Described as 'a most dangerous man', he may still have been in prison in 1646, when Sir Thomas Barrington started paying Andrew's annual allowance directly to the local overseers.

The marriage of Thomas Speller and Sara Earle sheds light on a little-told aspect of early modern history: the lives of deaf men and women and past experiences of disability. As their story shows, deaf men and women were often integrated into their communities, with families, marriages, and jobs. Throughout the period, and despite philosophical works arguing otherwise, deaf people used sign language in a host of different settings demonstrating both their eloquence and their rationality.

If you are interested in Deaf History, the British Deaf History Society has recently opened a new Deaf Museum and Art Gallery in Manchester. https://www.bdhs.org.uk.

This research was carried out with the support of the Leverhulme Trust.

Dr Rosamund Oates is an associate Professor in History at Manchester Met University. She researches and writes about deaf history across Europe, 1500-1750, publishing in academic journals, BBC History Magazine, History Today and appearing on BBC Radio 4. She would be delighted if any readers of BATOD would like to get in touch to discuss the topic more at r.oates@mmu.ac.uk

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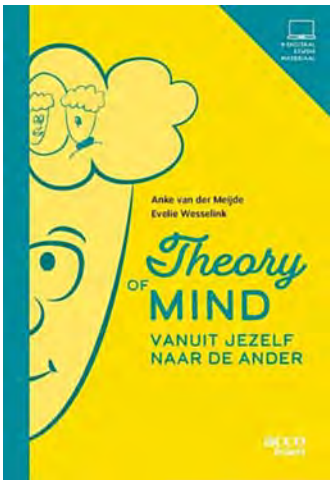
Getting deaf children to participate in the social world

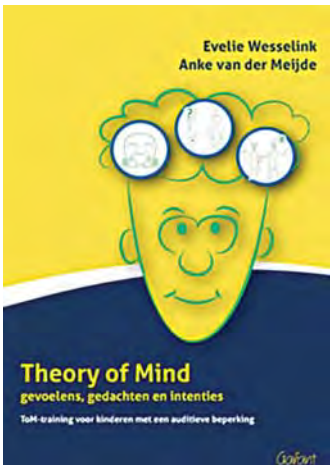
Anke van der Meijde and **Evelie Wesselink** describe their Theory of Mind training that offers a child program and, in parallel, a parent program in the Netherlands and Belgium for the social-emotional development of deaf children

In the past decades, we have seen major advances in the care of deaf people; this includes diagnostics, rehabilitation, and counseling. Examples include early detection and provision of Early Treatment Centers as well as the advanced technology of hearing aids and the possibility of cochlear implantation. There has also been an increased focus on the social-emotional well-being of deaf children. Yet studies show that deaf children are more likely to experience problems in terms of social-emotional development. They have more difficulties in participating in the social world, where communication is fast paced. This affects their connection with peers, while this is so important for self-esteem and emotional well-being.

The problems experienced appear to be related to a delay in the development of a Theory of Mind (ToM). ToM is the ability to attribute thoughts, feelings and intentions to oneself and others, and to adjust one's own behavior accordingly (Baron-Cohen, 2000). Cognitive developmental psychology is the frame of reference here; the premise being that social behavior is driven by (social) cognitive processes. Another term for ToM is 'social cognition'. It refers to a thinking process in which you gain insight into the behavior and intentions of others. This provides guidelines on how to understand and interpret social behavior. Deaf children have more difficulty putting themselves in the perspective of others. As a result, they are less able to attune to the behavior of others. This can be a barrier to participation in social life.

The cause of this delay originates in missing out on important social-interactive experiences. Deaf children have to make extra efforts to take in information from their surroundings. Sideways conversations that are not specifically addressed to them are missed. However, these moments of 'listening in' actually contain essential social learning moments. Examples include settling an argument, coordination between family members, or communicating moods. Through these conversations, children learn that there are different perspectives and that everyone can think differently about certain things. The interaction style of hearing parents towards their deaf child is also often unintentionally different. It is generally more directive and less rich in content and form than towards their hearing children. There is less discussion about motives or underlying thoughts and fewer emotive words are used. For example, 'I think, wish, feel, believe, hope'. This concerns a wide range within the target group, even children with moderate deafness miss a lot of important information because of the fact that it is passing them by, caused by problems with incidental learning.





Early guidance and intervention can reduce the likelihood of problems in the future. Thus, a positive course of social-emotional development is important for other areas of development. Attention, motivation, and memory capacity are better when children are feeling good. Therefore, it is very important to support deaf children in developing ToM skills from an early age.

Anke van der Meijde (Health care Psychologist), and Evelie Wesselink (Speech Therapist/Family Counselor) set out to fill a gap in the treatment offered to deaf children. They have developed a ToM training program for children with an auditory disability and published it in book form. Making the world of deaf pleasant and joyful has been the main motive for creating the treatment programs. Every child needs contact and communication with others; conversations with peers and maintaining friendships give a sense of 'belonging'. From these feelings, it is possible to develop a positive self-image, which is essential for social well-being.

The ToM training offers a child program and, in parallel, a parent program. The authors see parents as an indispensable link in the child's development. When parents know how to encourage and support their deaf child at different stages of owning the ToM concepts, lasting change and improvement can occur. The training focuses on increasing understanding of oneself and others. This allows you to better understand the feelings, thoughts, and intentions of others making it easier to interact. The children's program contains a wide variety of playful and appealing exercises per meeting. These are described step-by-step and in detail. The training structure follows the normal ToM development. Self-awareness runs like a thread through the training. Before a child can take the next step, he must first know who he is himself. In the parent program, parents learn how they can provide targeted support for their child in everyday situations. Themes and activities of the child and parent programs are carefully coordinated. This promotes transfer to everyday situations.

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Experiences with the training are positive. Children make visible progress and parents say they have more insight into seemingly obvious things that their child appears to miss in everyday life. This increases understanding of their deaf child and enables appropriate support. Children enjoy learning that 'everyone is different and thinks differently'. It also increases respect towards each other.

Anke and Evelie want to have both books translated into English to make ToM training available outside the Dutch-speaking area. In this way, they want to contribute to increasing the social well-being, and thus, the enjoyment of life, of many deaf children. To enable translation, they would like to get in touch with English-speaking professionals with an interest in this area of work.

Anke and Evelie are the authors of the books:
'Theory of mind – gevoelens, gedachten en intenties. ToM-training voor kinderen met een auditieve beperking in de leeftijd van 9–12 jaar' (2019). (Translation: 'Theory of mind – feelings, thoughts, and intentions. ToM training for deaf children aged 9–12').

'Theory of mind – vanuit jezelf naar de ander. ToMmie-training voor kinderen met een auditieve beperking in de leeftijd van 5–8 jaar' (2022). (Translation: 'Theory of mind – from yourself to the other. ToMmie training for deaf children aged 5–8').

The books include ToM training for deaf children of primary school age. This constitutes the first complete treatment offered in the Netherlands and Belgium for the social-emotional development of deaf children.

Evelie and Anke offer training to professionals in the Netherlands and Belgium on ToM in deaf children. In this way, they hope to increase knowledge and skills on the subject, giving more children the opportunity to make use of the ToM treatment offered in their own environment.

Anke van der Meijde is a Healthcare Psychologist and currently works at Pento Zwolle, Netherlands, as a ToM specialist. In her career, she has gained extensive experience in diagnostics, counseling and (group) treatment of deaf children. Her expertise lies in the field of social-emotional development of this target group a.vandermeijde@pento.nl

Evelie Wesselink works as a Speech Therapist/Family Counselor at Pento Vroegbehandeling Zwolle, Netherlands. After completing her training in speech therapy, she specialized in the treatment and guidance of young children and their parents. She is an intensive family therapist and is certified as a trainer for video home training, a program based on short-term, home-centered filmed video-feedback of family interaction. She has also developed expertise in the social-emotional development of deaf children e.wesselink@pento.nl

Real Love Rocks

REAL LOVE ROCKS

Primary, Secondary & SEND Healthy Relationships & Exploitation Educational Resources

Believe in children Barnardo's

NOW AVAILABLE IN BRITISH SIGN LANGUAGE AND SUBTITLES

Barnardo's knows that much more needs to be done to protect children from Child Sexual Abuse, Exploitation and Online Harms, so is excited to have launched the second edition of its educational programme, Real Love Rocks, with support from the NWG Network.

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The second edition of Real Love Rocks Healthy Relationships and Exploitation Educational Resources have been produced with the statutory Relationships and Sex Education guidance in mind. They cover lots of the issues covered in the updated Keeping Safe in Education 2022 and have been designed in collaboration with young people bravely sharing their stories.

The resources have been designed to help teachers and other professionals educate and talk to children and young people about difficult issues such as consent, grooming, mental health and wellbeing, technology, bullying, pornography, sexual harassment and appropriate and inappropriate relationships. It raises awareness of different types of abuse and exploitation that children and young people may experience today such as child sexual abuse, child sexual exploitation, criminal exploitation, radicalisation and extremism.

The animations for all the resources have been translated into British Sign Language and subtitles to make them more accessible

The resource packs can be purchased by schools and other universal settings working with children and young people and include animations and activities to aid interactive discussion about Children's Rights, Feelings, Brains and Bodies, Healthy Relationships, Being Safe and the Online world in an age-appropriate manner.

As a trauma informed programme there is a new emphasis on all children and young people learning about emotional regulation and creating a support network of safe and trusted people.

Student voice – Why did we feel the need for a sensory student council?

Gill Coates, QToD, shares the successful experience of getting a group of learners from a large county together to form a student council

This year in Kent, we have looked to expand the ways we gather the student voice. As a sensory service, we already gather views from our learners through a variety of ways including postcards, questionnaires, through their reports, and our 'On the Road to Independence' events. However, we wanted to gather more in-depth views and felt setting up a student council for our learners would be one way to achieve this. Many schools have student councils that provide an opportunity for learners to offer feedback to their school. A student council can offer learners more than just the opportunity to provide feedback; it also supports peer well-being, and gives opportunities for mentoring and role modelling. Learners will feel they belong and their diverse range of voices can be heard. For many of our learners, they may be the only deaf/hearing impaired, vision impaired, or multi-sensory impaired learner in their school. The student council would also offer an opportunity to meet learners with needs similar to their own.

In March this year, the government published their improvement plan for Special Educational Needs and Disabilities (SEND), 'Right support, right place, right time'. The plan highlights the need for co-production and considers children and young people to be the stakeholders in developing the national standards. Dame Christine Lenehan, DBE gave the keynote speech at the National Deaf Children's Society (NDCS) 'Involve, Engage and Inspire – Deaf young people and decision making' conference. Throughout this keynote speech, she reiterated the need for young people to be involved and for professionals to be creative with ways to co-produce. The need for the learners' views has been expressed on Head of Sensory Service Forums, at the Sensory Reference Group (in Kent), and also at Kent's Children's Hearing Services Working Group (CHSWG).

Planning

As peripatetic specialist teachers, we cover not only a large age range (0–25 years) but also a large area, Kent has a land area of 1,368 square miles. Therefore, we had a lot to consider in getting a group of learners together to form a student council. Our day was free for the families as we were funded by Kent County Council. We decided that our age range would be Year 2 and above. We felt that learners in this age range would

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be comfortable to articulate their views on their needs, schooling, and support. Due to the time of year, we were holding our first meeting (we thought that Years 11 and 13 might not be able to attend due to revision and public examinations). Following discussions with the sensory service, we consulted with parents about suitable timing and venues. We decided to hold our first meeting at the weekend so parents/carers would be able to get their children to the event. We contacted a wide range of activity centres in order to see what would be available for our day. We settled on a farm school where staff are qualified teachers. It is registered as an alternative provision and teachers have experience of working with learners with additional needs.

Obviously, we wanted the day to be a fun experience for our learners, but a key part of the day was gathering learner's views. We were also mindful that this would be the first time the learners would have met. We wanted the activities to be interactive and enjoyable. Our ice-breaker activity was to decorate gingerbread people to represent themselves; our next activity was to consider what support they already had in place and ways they felt they could be more supported. Our final activity was getting them to think about the future and we supplied a prompt for this activity: For this activity they would draw around themselves and each other and write the answers to the questions inside their body shapes. All activities were adapted to meet the needs of the learners. At our previous 'On the Road to Independence' event, the panel was made of deaf/hearing impaired, vision impaired, and multi-sensory impaired learners – at these events the learners showed that they could advocate for the needs of other learners, so we were hopeful that the learners would support each other with the activities as well as drawing on the support of staff.

The day

On a very hot day in June, we met together at the farm

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school. Unfortunately, some learners were unable to attend, but actually, we felt that the smaller group may have been more beneficial so the learners could interact more and not be as intimidated as in a larger group. For our vision impaired learners, we had a sighted guide. We alternated practical and focused discussion activities including feeding a variety of different animals, gathering eggs, and having a cuddle with the more fluffy variety of animals. Listening to the discussions about disability, and watching the younger learners gazing up at the older learners with hearing aids/cochlear implants or a cane was also great. For a number of learners, it was the first time they had met another learner with a similar sensory need. We had an age range of Year 3 to Year 12. The learner in Year 12 is currently running for head girl at her secondary school, and we felt that this learner provided such an inspiration for the younger learners attending. For the deaf/hearing impaired learners, there were discussions around vocabulary they used to describe themselves. Some considered themselves Deaf, others hearing impaired. Some mentioned that they saw themselves as disabled, others did not. They also talked about what support they received from school, eg seating positions, use of the 'Roger' assistive listening device, access to lipreading. Ways they felt they could be supported further were meeting learners with similar needs, telling others about misconceptions about their hearing loss, and disability awareness across the school. One final activity was about the future – it was great to see all the learners helping each other by drawing around each other. We also noted the high expectations some of the learners had for the future including wanting to be a lawyer or a rollercoaster designer/engineer. We were encouraged by the way the learners shared their opinions, their thoughts about their current support, and their aspirations for the future.

The future

The day was so well received, and parents emailed staff to say how much their children had enjoyed the day and were already looking forward to the next one, which we plan to hold in October.

Throughout the cycle of co-production, part of it is implementing the feedback received. After the event, we had a debrief about the meeting. The information will be shared not only with the specialist teachers but also with the wider SEND team at Kent County Council, East Kent and West Kent CHSWGs, the Sensory Reference Group, and other stakeholders involved. At the next meeting we would like to share with our learners what changes we have/plan to make following our last student council meeting so learners feel their opinions that they shared were valued and heard.

Following this event, we were contacted by Kent County Council's Educational Psychology Service to discuss joint working to capture the learners' voices in Kent, and we plan to share our day in the Kent County Council SEND newsletter.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1139561/SEND_and_alternative_provision_improvement_plan.pdf

Gill Coates is a Qualified Teacher of the Deaf with the Specialist Teacher and Learning Service Sensory Service at Kent County Council.

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Celebrating 50 Years of Windsor Park

Maureen Whyte shares details of the 50th anniversary celebrations for Scotland's only school for the deaf with a secondary department

Windsor Park School and Sensory Service in Falkirk opened in October 1972 and has enjoyed a year of celebrations this session as we recognised 50 years of service to Deaf children and young people and their families. Windsor Park is one of only three schools for the deaf in Scotland and indeed, the only school with a secondary department. Prior to our 50th year, we updated our Aims, Vision and Values in collaboration with pupils, parents, staff, and partners to ensure we provide

"A safe, nurturing, inclusive learning community with highly trained, experienced and supportive staff, striving for excellence for all deaf learners."

Our curriculum rationale outlines our bespoke curriculum design including clear opportunities for deaf studies as the children learn about deaf culture, deaf identity, and technology, and have opportunities to interact with the deaf community. Our annual deaf residential excursion also promotes this as deaf children and young people participate in activities in a social environment, communicating and having fun together. Deaf role models are invited to the school throughout the course of the year to support and guide the children towards opportunities available to them in life and how these can be achieved. The children engage in a work placement week that allows them to broaden their awareness, target particular interests, and identify the required skills and knowledge to do each job.

We are proud to be a recognised 'Nurturing School' and this year we introduced our new Windsor Park School uniform, which has our school badge embroidered into each item, displaying our school sign name. Windsor Park adopts a total communication approach at all times, supporting the children through speech, lip patterns, sign, and visuals. All teaching staff are Qualified Teachers of the Deaf with British Sign Language (BSL) qualifications and we have highly skilled support for learning assistants, who are also trained in BSL. The children and young people are taught BSL from our deaf BSL tutor and work towards Signature qualifications with the aim of leaving school with Level 2 or beyond. Windsor Park has achieved a gold 'Communication Award', highlighting the supportive environment created for the children and young people as they access the curriculum, build relationships, and engage in daily communication.

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As we launched our 50th year celebrations, we created a Twitter feed specifically focusing on the 50 years of the school and invited people past and present to message or leave a comment about their experience or a memory of Windsor Park School. It has been lovely to read about the involvement of others with the school over the years. In November, parents and partners were invited to a garden party as we marked the event with photos, presentations and of course … cake! The children had great fun designing the garden in preparation for the event in line with their eco work and learning for sustainability. They resurfaced an area of the garden with white stones and added beautiful yellow pansies in the shape of a five and a zero, before displaying our celebratory banner in the background. The design was created by the pupils and required them to research the types of flowers that would be suitable for flowering in autumn and winter. They made a beautiful display.

One of the highlights of the session was our 'Big 50th Sleepover' where the children were invited to bring their sleeping bags and have a sleepover in the school. This caused great excitement as everyone had fun around the campfire in the garden toasting marshmallows, playing games, and reading stories. As many of our children find it challenging to stay away from home, this event was devised with the aim of encouraging some to participate in the Dalguise residential as they begin with a familiar environment for one night away and then build on this experience. It was a huge success and we now plan to organise a camping trip at a local site in the new session.

The children and young people of Windsor Park are aware of their rights as deaf individuals, and as a school we are working towards silver accreditation as a 'Rights Respecting School'. We embrace the United Nations Convention on the Rights of the Child (UNCRC) and teach the children of their rights within a relevant context, with the view to this positively impacting their lives now and as they enter adulthood.

Our 50th year is not over yet so watch this space for more news on what we have been up to.

Maureen Whyte is a Principal Teacher at the Windsor Park School and Sensory Service.

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The importance of coaching and counselling for people with deafness

Stuart McNaughton, psychotherapist and coach, shares an insight into his journey from childhood to the present day

I have just returned to my desk with a full cafetiere of coffee and a mug and I glance at the electronic calendar. I've put some time aside to write this article for BATOD and, instantly, some memories are forming in my mind. As I start to write, I'm a 46-year-old bilateral cochlear implant user, but before I disclose more of my story, let's go back to 1982.

From the ages of 6 to 16, I had the same peripatetic worker who supported me in respect of my profound deafness. For one hour a week, she would come into school and I would be summoned to the nurses room. She would greet me, asking me how I was repeatedly. She would replenish me with supplies for my hearing aids, perform speech tests, and ask me to read out loud so I could practise my speech. Very much old school, she was quite quick to point out my faults. She was also the closest I had to a Teacher for the Deaf – I was, after all, being schooled in mainstream .

I still remember her 40 years later and believe this earlier experience of that level of care shaped much of my life. As I was the only person in my family with deafness and therefore grew up among hearing people, she was the only one who kind of understood what I was going through. In my teens, I was bullied relentlessly, but I withheld the shame of those experiences from her and my family. Perhaps the worst incident of bullying was when I was cornered in the toilets and one of the mean boys at school flushed one of my hearing aids down the pan. That happened about 30 years ago and it still hurts.

After leaving secondary school in 1993, my hearing grew progressively worse. One day in 1999, I was let go from a job as I was simply unable to perform the job I was employed to do. As I stood outside the office suddenly unemployed, I asked myself: "What do adults do in this situation?" There was no point going home as my parents couldn't summon employment out of thin air, could they? I went straight to my audiology centre in Central London and demanded to be seen. I did not have an appointment and, when I was told I needed to book one, I refused to leave. I was nearly 20. I was desperate. I had been rejected by my employer. I felt increasingly isolated. All this was happening just as a new millennium was about to dawn, and I was surrounded by people optimistic about what a new millennium might bring. I wasn't optimistic about the future whatsoever.

I remember that day so well. And it was the day that I learnt about cochlear implants for the first time. It was the day my life changed. A senior registrar made time to speak to me. She took me into a room. I remember it being really stormy that day; the room was quite dark despite the fluorescent light overhead. As she spoke, I sensed hope as she told me more about how cochlear implants work. Over the next few weeks, I was assessed and deemed suitable for a cochlear implant. Waiting lists were very long back then, but two years later, my cochlear implant was activated. Within an hour of activation, I heard myself pee for the first time. Within six weeks, I made my first ever telephone call. Within six months, I had moved abroad.

The cochlear implant, undoubtedly one of mankind's most amazing inventions, had changed my life. One year after my activation, I started my first serious relationship, which lasted ten years. My ex-partner and I are still incredible friends and the turn of the century did indeed turn out to be magical for me. My relationship ended because I wanted to move back to England, with my partner choosing not to join me. It was a tough decision, but since my return to England in 2010, I have experienced a huge amount of growth.

I secured a job which meant that for 12 years, I travelled the world, promoting cochlear implants, meeting professionals and parents of deaf children everywhere I went. My perfectly shaven, bald, shiny head served as the perfect advert for the most wonderful of inventions, my cochlear implants. You see, I had received my sequential implant in 2013. As I travelled from country to country, I was called a survivor, described as an inspiration, but I just didn't feel this way. I just turned up, told my story, and listened to the stories of others – stories of struggle, genuine worry, fear, trauma. I was doing okay until I burnt out. Shortly after the implantation of my sequential device, I struggled. With implants now in both ears, I felt exposed. Everywhere I went, I felt like people were staring and I withdrew. I was having my own mental health crisis and depression loomed. I was diagnosed with anhedonia, a form of depression that prevents individuals from enjoying activities.

I simply didn't have the energy to go on the way I was and, in my experience, I was feeling like that bullied young child again, desperate, lonely, helpless. Fortunately, I had access to therapeutic support through an Employer Assistance Programme.

Therapy was life changing for me and when the therapy came to a natural ending, I felt inspired to help others in the way my therapists had helped me. Between 2014 and 2019, I embarked on further education, retraining as

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a psychotherapist. I was hooked, fascinated. I did my Certificate in Therapeutic Counselling at a local college and marvelled at how complex we really are and, in doing so, I learnt so much not just about myself but also how flawed our very society is. Our society has been set up in an ableist way that automatically 'others' individuals who don't 'fit in', and I hear stories of this in my work every single day.

In short, these people aren't the problem – it's the way society is structured.

Later on, during the Diploma for Therapeutic Counselling, we explored Freud's psychosexual stages, Winnicott's psychosocial stages, Bowlby's attachment theory, and Beck's cognitive behavioural therapy. Through countless hours of skills practice and, later on, my 100 hours of practice in an actual mental health agency, I developed the confidence to help people explore their own emotions. And I noticed that through my own training, I was healing. I was, to use a reference from another theorist, Abraham Maslow, self-actualising.

I qualified in 2019 and set up my private practice the moment I qualified. I just knew that this is what I wanted to do. I phased out my international work and then focused on my domestic work. In a typical week, I will support 25–30 clients. Since the more recently launched The Cochlear Implant Coach in 2022, about half of my clients have deafness and we explore a range of themes including low self-esteem, fear, depression, anxiety, bullying, discrimination, and even suicidal thoughts.

As I listened to hour after hour of my client's stories, it dawned on me that yes, for all of my life, I have actually been in a minority. Furthermore, there was the realisation that people in minorities automatically suffer from minority stress. It was only in my late 30s that I suddenly realised that it was society and the way it was structured that was making me feel the things I felt: inadequate, 'less-than', 'othered'. You see, I have a disability that cannot be helped. However, society is full of people whose 'opinions' and 'comments' can be so damaging. As clients work towards self-acceptance, the views of others become less internalised.

One of the most prevalent themes is the locus of evaluation. As we live in an ableist society, anyone with a disability is likely to feel 'less-than', but might not have the vocabulary or the resilience to get to a 'it's not me, it's you' stance. If this isn't processed in a healthy way, it will manifest in a number of ways and a therapist can help to support you in this. What is absolutely vital is to work with any shame that individuals may feel so that they can move to a place where they can voice their concerns so that their emotional and mental needs are met. Remember, deaf children are not born ashamed. They are made to be ashamed by a) the way society is structured and b) any family influence. When clients come to learn this in my sessions, something in them 'unlocks' and it is powerful. This is the work I do and there are not enough people out there qualified to support this deaf population.

I could sit here and be all woe is me, but I'm now 46. I understand myself inside and out. I know who I am. I feel empowered enough to advocate for myself and it's my mission to help more people to experience that independence, that freedom. We do, however, need to be mindful that this didn't just happen. All the way from those early interventions, those weekly speech therapy appointments as a young child, my mother demanding for her deaf child to be treated, the peripatetic worker I spoke of earlier, the profound change brought about by cochlear implantation, the love and power of my ten-year relationship, the rewarding international work experience, and my own mental health concerns and how I faced those have all got me to where I am now.

If this proves anything, it is that life is indeed a journey, and that journey can be started at any time. I'm incredibly proud of what I do, but I had a lot of support. Given how old my peripatetic worker was when I was at school, I'm sure she has since long passed on, but the gratitude I feel for having experienced that degree of consistent care in the setting of a mainstream school lives on, and this is why I want to end the article by commending BATOD for everything it does. In an ableist society, we need services like BATOD. We need more coaches. We need more psychotherapists so that more people in this society can – and will – go on to live happier and richer lives. It doesn't just happen. We make it happen.

As I've stopped typing, I have a huge smile on my face and my eyes have just filled up with tears.

Thank you for reading.

Stuart qualified as a psychotherapist in 2019 and since then has been supporting adults and families across a wide range of contexts. He is currently training to become a clinical supervisor to help other therapists with their casework. As a cochlear implant user, he is able to draw on psychological principles and his own lived experience to support others across a wide range of deaf issues.

In 2013 Stuart wrote and self-published a book, He is not me, which is an account of a childhood with deafness and his experiences in the run up to and after cochlear implantation. Stuart is offering BATOD readers a discount. If you would like to order your own copy, you can do so on www.lulu.com

Later this year, Stuart will run a number of workshops on how to inspire confidence in young people with deafness. For more information, visit his website on www.thecochlearimplantcoach.com

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DEAL (Digital Education & Assisted Learning)

Ken Carter provides a brief overview of the latest research study based on experiences of students in higher education

Introduction

This project, generously funded by the Leverhulme Trust, set out to focus on how best to support higher education (HE) students who were deaf or hard of hearing (DHH), dyslexic (DYS), or who had English as a second or other language (L2).

This interdisciplinary, collaborative project brought together colleagues from the Institute of Education, University of Reading, who were experts in promoting good teaching practices and had a strong portfolio in research on the barriers to learning for students with disabilities and special needs, with colleagues from the Department of Computer Science with programming expertise in online learning. They were joined by high-ranking members from Deafax, AACT, and GOALS4LIFE charitable enterprises. These charitable enterprises wanted to ensure this important project was well grounded in users' experiences. The Institute of Education is well-known for its research in language and literacy, with current research in reading, vocabulary acquisition, bilingualism, and English as a second or additional language.

Digital access for Deaf people has benefitted from the development of automatic speech recognition (ASR), but its accuracy varies with context. Mistakes made through ASR are less confusing if you have good literacy and can guess, on the basis of phonetics, what the substituted word should have been. Both aspects are more likely to be problematic for the deaf learner. However, research suggests that signing is not necessarily a better medium than text, especially for acquiring new technical vocabulary. Text can be static, read, and re-read for meaning. A central debate concerns whether it should be provided word for word as spoken or whether it should be edited, and if so, how. Paraphrasing can result in text that is dense and harder to mentally process, with too much information in too short a time. Our research concerned examining the linguistic and cognitive demands of text and testing modifications. In addition, deaf learners were found to benefit from a variety of visual aids. The challenge was to understand how they could best be accessed online in a manner that does not overly divide attention and prove distracting.

Although the prime focus was on DHH learners, research suggests that other students with literacy and language difficulties also benefit from subtitling and visual materials. These include those who were neurodiverse, particularly those with DYS, and those who spoke L2, and therefore there was much also to be gained from examining how these other two groups benefitted.

Study online

Members of the research team recruited participants through calls to universities and to organisations supporting adults who were DHH, are neurodiverse, particularly for DYS, or speak L2. We created two versions of online learning materials across two content areas using University of Reading materials on FutureLearn Massive Open Online Courses (MOOC): 'Begin robotics', and 'Understanding anxiety, depression and cognitive behavioural therapy (CBT)'. These were a mixture of online written texts and video clips. The latter included both 'talking head' type material and PowerPoint slides with voice-over. One version of the materials was 'unenhanced' – in other words, it appeared in exactly the same way as it did in MOOC on FutureLearn. We called this version MOOC. The other version was 'enhanced', that is, modified to try to offer greater support to those in our three participant groups. We called this version DEAL.

The main modifications included:

- adding Advance Organisers (signposts given to students before they undertake an activity to help them structure the information they are about to learn and to direct their attention to key points):
  - pre-viewing explanations of difficult vocabulary
  - breaking down some of the information into smaller segments with summaries
  - adding British Sign Language (BSL) to video clips
  - drawing participants' attention to how to modify and use captions.

Although captions were available in both versions, with on/off and speed control, these features were not explicitly highlighted to the MOOC group. By contrast, they were highlighted in a pre-viewing document for the DEAL group. Participants were randomly allocated to either the MOOC or the DEAL condition, across all three participant groups.

Procedures

Information was gathered from participants regarding their proficiency in reading English and their existing knowledge of robotics and CBT-related topics. Participants then met online with a member of the Project Team and viewed one version of the two sets of online materials. After viewing, they completed quizzes to assess what they had learnt, and also a questionnaire and interview to find out what they had focused on while viewing, and what

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Left to right: Sign Language Interpeter, Dr Ilan Dwek, Dr Yota Dimitriadi, Gail Hickman, Professor Suzanne Graham, Professor Richard Mitchell, Helen Lansdown, Debbie Flory

they had found helpful and unhelpful. A sub-sample of participants had their eye movements tracked as they viewed the robotics materials.

Summary of findings

Learning – was the MOOC or DEAL version better for helping participants learn the online content?

For both the CBT and robotics materials, taking into account participants' reading proficiency and pre-viewing knowledge, after viewing the materials, the scores for both MOOC and DEAL were very similar. The only statistically significant difference was for the L2 group, who performed worse after viewing the DEAL materials for CBT.

On the more complex robotics materials, the DHH DEAL participants had higher average scores than DHH MOOC participants. This gives some further indication that the DEAL modifications helped the DHH participants. Similarly, although overall DHH quiz scores were the lowest of the three participant groups, they only did worse than the other two groups when they viewed the MOOC version, giving indications that the DEAL version had some equalising effect on learning.

What did participants think about the presentation of the online content?

Across all three groups of participants, modifications made in the DEAL versions of materials were found helpful in respect of the tasks that accompanied the videos, the texts that introduced the videos, and bullet points/summaries of key learning points. These features received more positive ratings in the DEAL version than in the MOOC version.

There were, however, a lot of individual variations in respect of what was helpful and what was not. Several participants expressed the desire to be able to personalise their viewing: for example, to be able to move the captions or the BSL to a certain area of the screen. This was reflected in the large amount of variation regarding the areas of the videos they looked at, which we captured using eye tracking software. Many DHH participants found having BSL and captions hard to process together. The overriding message for online learning is that one size does not fit all, and personalisation of modifications is key.

Our recommendations

The DEAL research initiative has developed guidelines aimed at improving online provision of teaching and learning content. It has focused on students who are DHH, those who are neurodiverse, especially those who have DYS, and those who have English as a Second or Other Language.

Our research explored the experiences of students and recorded their views, making it possible for us to better evaluate current online practices.

Our recommendations are of particular relevance to practitioners in HE and aim to improve the student experience when learning online. They are taken from our study findings that point to what aided students' understanding and learning when viewing online materials.

Our recommendations and accompanying examples are divided into three overlapping categories as listed:

▶ *Continued at bottom of next page*

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Whole School SEND CPD series

Nicky Tricks, an Advisory QToD, provides an overview of online language and communication CPD units

Whole School SEND, which is hosted by the National Association for Special Educational Needs (nasen), offers a range of continuing professional development and learning (CPDL) webinars and resources that are free to access. This includes a series of online CPD units that are designed for teachers, professionals and other specialists working with children and young people (CYP), which aim to ensure an inclusive experience for all learners.

The themes covered within the units include language and communication; social, emotional, and mental health; and safety and belonging. As an advisory Qualified Teacher of Deaf Children and Young People (QToD) working within an outreach team supporting the language and communication needs of deaf and hard of hearing CYP is key to my role so I completed the following units:

- Unit 6: Supporting the development of speech, language, and communication skills
- Unit 7: Creating a learning environment that supports speech, language and communication.

Each of the units took around 20 minutes to complete and was supported by a live online networking session, which I attended, that was facilitated by a regional Special Educational Needs and Disability (SEND) leader. I found both units to be very useful, informative, and able to provide a good understanding of speech, language, and communication needs. They reinforced previous learning and professional development so would be supportive for ToDs in training and QToDs. Unit 7 was particularly useful as it included a case study of supporting a deaf young person with their transition to college, which is an area my team are currently working on and developing.

After completing the units, I shared information about Whole School SEND with my team at one of our meetings and encouraged them to sign up and look at some of the available and upcoming CPD units, which include understanding behaviour as communication and supporting sensory differences in the learning environment. I also shared information with the borough's Area Special Educational Needs and Disability Co-ordinator (SENDCo) who organises training and support for SENDCos as well as regular network meetings.

I am looking forward to completing more of the CPD units and will be advising the teaching and support staff working with deaf and hard of hearing CYP within the borough to sign up to Whole School SEND and explore the free resources on offer.

For more information about Whole School SEND visit www.wholeschoolsend.org.uk

Nicky Tricks is an Advisory Teacher for Deaf and Hard of Hearing Children and Young People based at the Richard Cloudesley Outreach Service in Islington.

▶ **DEAL (Digital Education & Assisted Learning)** *Continued from bottom of previous page*

- Preparing teaching and learning materials in a HE setting? Then visit the section for Lecturers, Educators, and Practitioners.
- Looking for guidance on ways to present your content? Visit the Presentation section.
- Looking for guidance on a more technical front? Visit the section providing Technical Pointers.Please note that BSL translations have been added to all pages on the DEAL website https://blogs.reading.ac.uk/deal/researchers/

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Using the Well-being Curriculum and Well-being Wheel resource

Sandra Barlow, QToD, shares details of a Well-being curriculum and Well-being Wheel 'Wheel of life', which has been successfully trialled by the Deaf and Hearing Impaired team in Leeds (DAHIT)

The Well-being Curriculum and the Wellbeing Wheel have been adapted from the principles of the Iowa Curriculum and trialled in the new format following the successful roll-out of the Leeds Audiology Curriculum and its associated resources, which have now been shared nationwide.

Like the Audiology Curriculum, the Well-being Curriculum successfully tracks termly outcomes set by Qualified Teachers of The Deaf (QToDs) across the city and gives children and young people knowledge and understanding about their social and emotional development at a level appropriate to them. It is stage-led not age-dictated and gives children and young people the tools to be able to talk about their own wellbeing with appropriate knowledge and understanding.

Like the Audiology Curriculum the Well-being Curriculum is broken down into areas, eight in total, with four areas of competency within each area. There are many areas of crossover between the two curriculums, which makes for a holistic approach to identification, input, and support.

Eight areas of focus

An example of an individual page with monitoring over time – see right.

How does the wellbeing wheel fit in?

Supporting the Well-being Curriculum, the Well-being Wheel puts children and young people at the heart of identifying their own areas to work on by understanding and prioritising the parts of their life that they feel the QToD can support with.

Using the Wheel, the child/young person will choose their own priorities with support from the QToD, then identify a 'baseline level'.

Through discussion and guided conversation, they will then identify ways in which these levels can improve, which in turn drives the interventions. Supported by the QToD the child will generate outcomes that link in with the Well-being Curriculum, which will be shared with all involved and tracked over time.

An example of a secondary age young person (aged 13), showing the starting points and the results following intervention:

Case study

During the autumn term 2022 and spring term 2023, a profoundly deaf five-year-old child was plotted on the Well-being Curriculum with the QToD. The Well-being Wheel was introduced in the winter term in a simple form to capture the child's voice.

Leeds CITY COUNCIL

FOCUS AREA - DEFINITIONS

FOCUS AREA	DEFINITION
1 - Self-Awareness	To have an understanding of who I am and how I feel in a variety of situations. Have an understanding and acceptance that we all have a range of emotions. Having the ability and vocabulary to discuss feelings and understand appropriate reactions.
2 - Self-Management	To have a good understanding of a range of emotions and how to modify responses appropriate to given situations. To support others with their emotional regulation
3 - Support Networks	To recognise the need for support for themselves and others in a variety of situations from a variety of agencies.
4 - Personal Responsibility	To have a good understanding of shared rules and values. Making good choices that will impact positively on others as well as themselves. Understanding the impact of poor choices and learning from them. Have a good understanding you are part of a bigger 'community' regardless of it being in the home, school, club, social media etc.
5 - Decision Making	To be able to make a decision and understand its impact on self and others. To understand and make responsible decisions when using social media. To be aware of the influence of others and social media on decision making.
6 - Social Awareness	To identify, understand and express a wide range of emotions. To accept differences of opinion and be able to express their own. To identify prejudice. To be able to identify and understand how people express themselves and empathise with others situations.
7 - Social Interaction Including Conversational Skills	To develop conversational skills that empower the child to interact. To be confident and appropriate with other peers and adults
8 - Conflict Resolution	To understand that conflict exists. To recognise conflict and what has caused it. To apply appropriate strategies to resolve current conflict and prevent future conflict.

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Self – Awareness

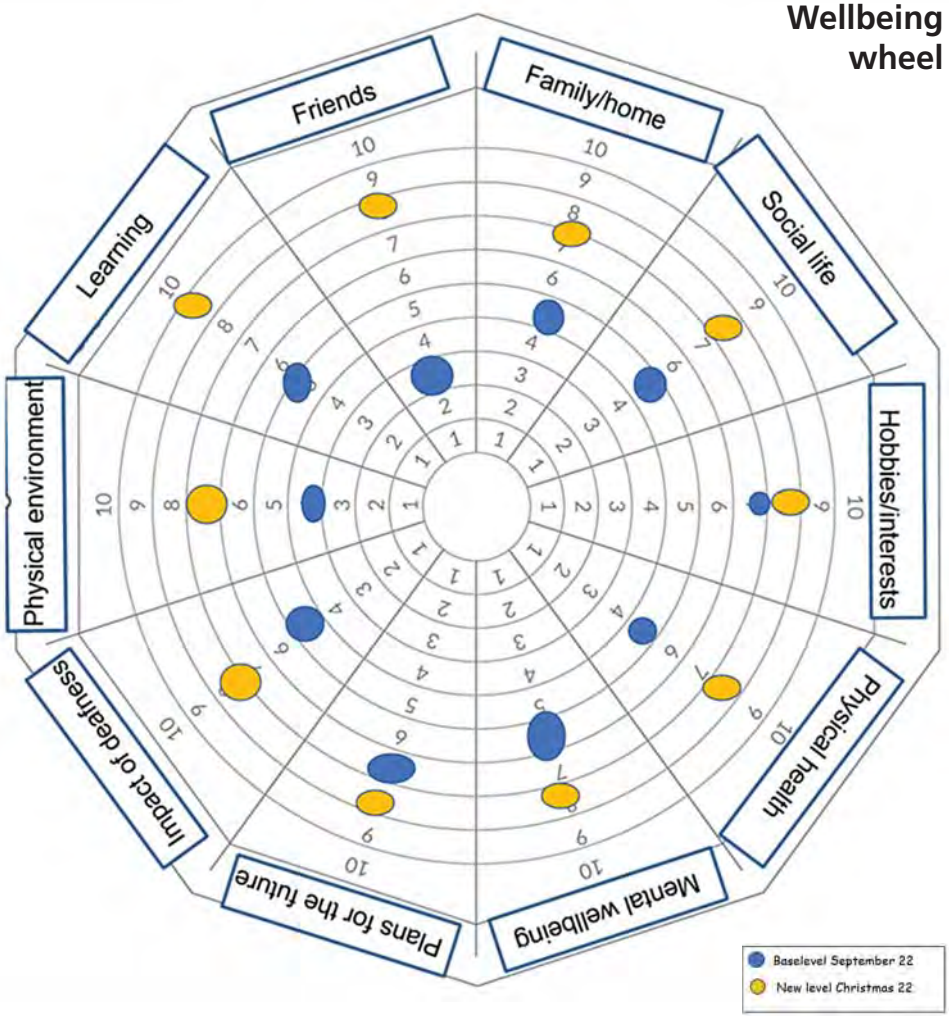
basic	emerging	developing	secure
Identifies one's likes and dislikes.	Identifies own needs and wants.	Discuss own strengths and challenges.	Hypothesise and discuss feelings towards future changing life circumstances.
Identifies range of basic emotions.	Range of vocabulary to describe basic emotions.	Can understand a range of negative and positive emotions	Can identify own feelings and emotions and explain them
Can see others are upset	Can see others are upset and are aware they have to be careful with response	Can identify that others are upset and can support them	Can identify that others are upset and can support them but not to judge them
Describe the situations e.g. birthdays.and the emotions that might be associated with them.	Can listen to others emotions linked to a situation	Realisation that emotions can manifest in different ways in different people.	Have a good understanding of emotions in different settings and act upon them for themselves or others
Identifies self as hearing impaired or deaf	Identifies needs of a deaf or hearing impaired child within a family.	Identifies needs of a deaf / hearing impaired child within a family, the school and/or the community.	Identifies personal impact of deafness
Can talk / sign to others about themselves	Can listen to others talking about themselves	Can listen to others talking about themselves and have an understanding of their points of view.	Can listen to others talking about me and respond appropriately.
Date of assessment	April 22	July 22	Easter 23

At this time, the child had been implanted for a year following a significant, permanent drop in hearing. Her home language was spoken English, and she was a consistent amplification user. Assessment, observation, and discussion took place both at home and in the school setting by the QToD who visited weekly. The information gathered and the intended interventions were shared with school staff, parents, and with the cochlear implant service to ensure, as far as possible, a multi-disciplinary approach to the outcomes.

Interventions/input were personalised and required one-to-one teaching. However, some small group sessions with other deaf and/or hearing peers proved beneficial and served to break down barriers that hadn't previously been considered.

In addition, some targets were able to be developed through the mainstream classroom, teaching, for example, group role play around emotions

Wellbeing wheel



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followed by a presentation in the whole school assembly.

Other areas could be supported at home, such as at brownies and judo, for example, by implementing the use of an assistive listening device for out of school activities at the child's request. This smooth transition of equipment and knowledge has allowed the child to develop academically, socially, and emotionally in line with her peers and become a self-advocate. She is now making other requests using the Well-being Wheel to convey her wishes and encouraging her pals to do the same!

Impact

The impact of the trial of the Well-being Curriculum and 'wheel' across the city was assessed through a small survey, with staff, students, and wider professionals contributing. Feedback from parents also demonstrated a clearer understanding of their child's needs.

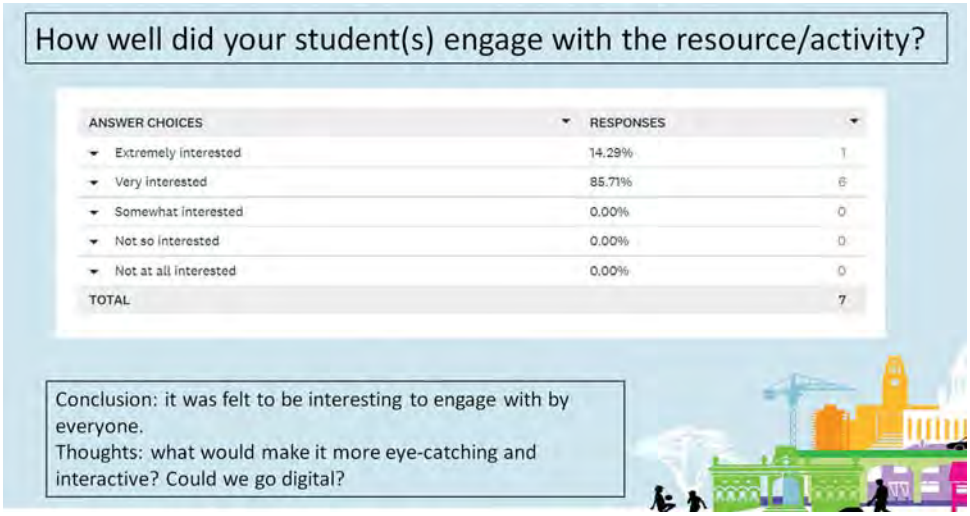
As a result of this work, staff found the content easily accessible. Students were more engaged and liked the tools. Many students could use it independently and so were confident in taking greater ownership.

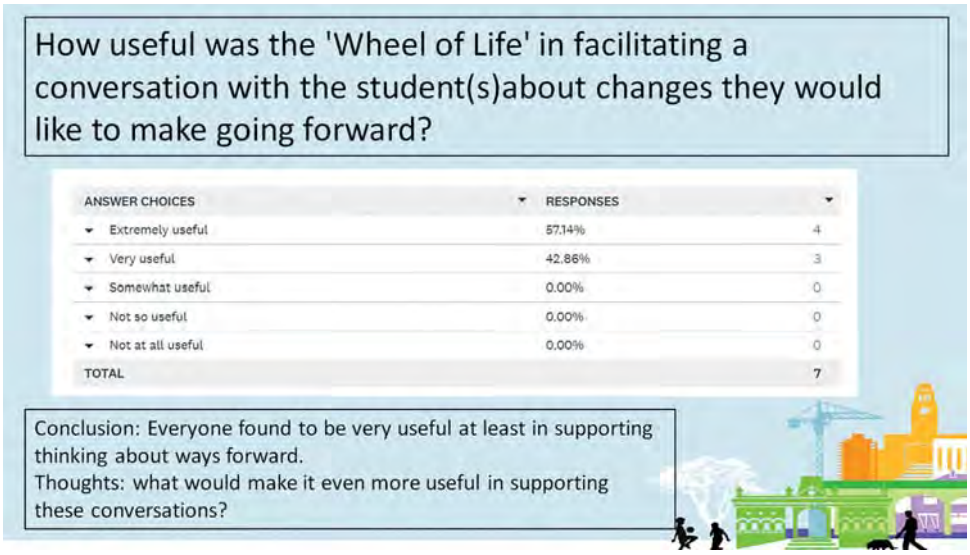
Next steps

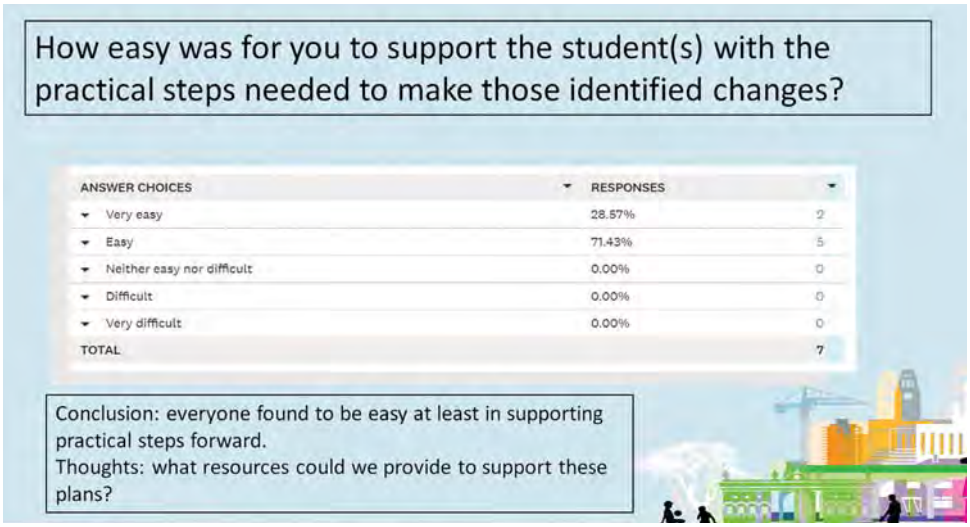
Following the survey and through wider discussion, the use of the Well-being Curriculum and Well-being Wheel has been modified and adapted in order that it is accessible to a wider cohort of users, such as under fives, children with multi-sensory impairment (MSI), post-16 students, and more, with a wide variety of ways in which the student voice can be captured.

Discussion has taken place with wider teams, and it will be established in the primary and secondary resource settings in Sign Supported English (SSE) and British Sign Language (BSL) formats.

Example of survey







Sandra Barlow is a Qualified Teacher of Deaf Children and Young People, Qualified Teacher of MSI and Area Lead (South) with the Deaf and Hearing Impaired team in Leeds (DAHIT).

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City Lit hosts annual celebration of Deaf Day

Mark Hopkinson provides a summary of the college's popular annual event

City Lit, Britain's largest adult education college, has recently held its annual Deaf Day, welcoming the deaf community to meet, socialise, and network with organisations and charities from across the UK. The day took place on 27th April in the City Lit Gallery.

Why does City Lit host an annual Deaf Day?

Historically, City Lit is a London-centric learning centre and during the pandemic they launched an online academic programme to open up their course offering to the nation.

Deaf education provision has been central to City Lit since its establishment in 1919 when they launched their first courses for deaf people.

Initially, City Lit introduced lipreading classes specifically designed for deafened soldiers who had served during World War I. As time passed, City Lit's provision has gone on to become a globally respected institution, offering an extensive array of programmes and is Europe's largest centre of its kind.

This longstanding involvement with the deaf community led to the launch of City Lit's first Deaf Day in 1995.

What is Deaf Day?

Deaf Day is a free, annual one-day event organised by City Lit's Centre for Deaf Education. In 2023, the day was made possible by a number of sponsors that included: SignVideo, Signature, Lipspeaker UK and City & Guilds.

The day itself was a true celebration of Deaf culture and included an array of immersive course taster sessions, inspiring talks, and inspirational art and music.

Speaking about the event, Mark Hopkinson, Head of Centre for Deaf Education at City Lit said "We are immensely proud of our contribution to the deaf community through our annual Deaf Day here at City Lit. It's fantastic to see such community spirit and engagement with deaf culture – the talks, workshops, art, and our sponsors are truly inspiring!"

A love letter to the deaf community

On display in the City Lit Gallery until 27th April was a wonderful photography exhibition by photographer, writer, and former City Lit student Stephen Iliffe.

The marvellous Deaf Mosaic

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exhibition showcased stunning images of deaf people from across the country.

The collection was a revival of 2022's Deaf Day exhibition, this time round with new additions including a portrait of world-leading percussionist, Dame Evelyn Glennie.

The collection very much draws on personal experience and Stephen's desire to champion the deaf community.

Speaking about his experiences growing up, Stephen said, "I still recall my first day at a new junior school in the 1960s. I arrived mid-term and the teacher stood me in front of class. 'This is Stephen', she announced. 'He's joining us today. He's deaf, so speak clearly when talking to him.' At break, the kids poked at my body-worn hearing aids. 'What's that funny box on your chest?' 'Why do you have wires coming out of your ears?' I was eight years old. It was the first time I'd realised I was deaf. How to explain? No words. It dawned on me that I was the only deaf kid in school."

His story will no doubt spark recognition amongst the deaf community. It was this shared history that propelled Stephen to display his collection and speak of his experiences to raise awareness.

Speaking about the collection, Stephen Iliffe said, "It's my 'love letter' to the deaf community which gave me confidence and purpose in life. A series of photographic portraits of deaf people from all walks of life: different

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ethnicities, cultures, occupations, and interests".

Free course tasters and workshops from City Lit

Alongside the art exhibition, City Lit's Deaf Day hosted a number of course taster sessions and workshops.

These sessions were incredibly popular and included:

- Lipreading taster – an interactive session hosted by Nicola Hicks, City Lit teacher for lipreading and acquired hearing loss, taught in spoken English with a BSL interpreter
- Yoga for deaf, BSL users – a yoga workshop taught in sign language to try our basic postures and learn new ones
- BSL taster – an introduction to BSL vocabulary and grammar
- Managing your hearing loss in noisy situations – a session to explore identifying barriers to communication and how to overcome them
- Better breathing for deaf people – breathing techniques and tips for those that are hard of hearing

- Keeping safe online – a workshop on how to avoid cyber scams from the Metropolitan Police.

A popular workshop came from Deafinitely Theatre, which delivered a free one-hour workshop for young people aged 14–21 years old who are deaf, hard of hearing, or BSL users. The workshop explored what it is like to be an actor in a Deaf theatre company, encouraging young people to get involved with the youth theatre programme that runs every year.

In addition to the workshops were a number of inspiring talks:

- What is deaf heritage? – an exploration of deaf heritage in Scotland, developed and created by the deaf community by Solar Flares Deaf Heritage
- Deaf history – some untold truths – Deaf Historian and City Lit BSL tutor Peter Brown delves into deaf history
- Deaf Mosaic talk – a detailed talk from photographer Stephen Iliffe on his Deaf Mosaic exhibition
- Taking BSL forward – a talk on the future of BSL

Exhibitors, charities, and deaf organisations

In the downtime between talks, workshops, and art, City Lit played host to a number of exhibitors across the campus. From leading universities and deaf colleges, such as Wolverhampton and Heriot-Watt, to arts organisations, such as Deafinitely Theatre and Deaf Rave.

For more information on City Lit's Centre for Deaf Education head to the City Lit website.

Mark Hopkinson is the Head of Centre for Deaf Education at City Lit.

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Ewing and Burwood Park Foundations joint conference 2023

The Ewing Foundation share a summary of their conference on supporting deaf children and young people with additional or complex needs

In June, the Ewing and Burwood Park Foundations held a joint conference '**Working with deaf children and young people with additional or complex needs. A sharing of good practice.**'

The sold-out event was a tremendous success with over 60 people attending the conference at the Radisson Hotel in York. The programme included lectures and workshops from professionals with expertise and experience of working in a variety of areas, including:

- Vision impairment and deafness
- Autistic spectrum condition
- Social and Emotional Mental Health
- Early Years and additional/ complex needs
- Specialist Schools for the D/deaf – changing practice for a changing cohort
- Additional language disorders

The conference focused on how improving awareness of additional or complex needs can support professionals working in D/deaf education to more effectively recognise and understand the individual profiles of the D/deaf children and young people with whom they work. *'The sharing of practice through joint working will enable us to better plan intervention and support, and ensure best outcomes for deaf children and young people with complex or additional needs,'* said Carole Wood, the Ewing Foundation Education Adviser who led the Ewing team on the day.

Ewing Foundation and Burwood Park Foundation acknowledge, with immense gratitude, their event sponsor, The Boshier-Hinton Foundation.

The event also provided an opportunity to continue to mark Ewing Foundation's seventieth anniversary of supporting deaf children and young people and their teachers.

EWING FOUNDATION for deaf children | Celebrating 70 1952-2022

deaf

Ewing Foundation is a small, national charity promoting inclusion and achievement for deaf children and young people through listening and speaking. During 2022-2023, we mark seventy years of supporting deaf children and young people and their teachers.

Burwood Park Foundation is a small charity supporting deaf children and young people who have additional or complex needs. It is managed by Ewing Foundation.

Contact: Email: info@ewing-foundation.org.uk Web: www.ewing-foundation.org.uk Tel/text: **07954 158 971**

BATOD Training Bursary Information

BATOD has launched a new Training Bursary to support professionals working with D/deaf learners who are not QToDs or ToDs in training.
This bursary allows BATOD members to access education/training related to deaf education, to develop their skills and knowledge. The member would be otherwise totally self-funding, due to no financial support from their educational establishment or LA.

Download this document for further information and the application form:
www.batod.org.uk/wp-content/uploads/2021/08/BATOD-Training-bursary-information-.pdf

Any questions - contact Jill Bussien via bursary@batod.org.uk

BATOD

Lead QToD RP

BATOD British Association of Teachers of Deaf Children and Young People

A forum has been created specifically for Resource Provision Lead Qualified Teachers of Deaf Children and Young People. This platform is to enable Lead QToDs to exchange good practice, ask questions and discuss issues of current interest. The value of the forum lies in the ease and openness with which individual Lead QToDs can ask questions about working practice, developments specific to specialist resource provisions, and share information and experience. The forum should inform strategic planning and development for resource provisions.
siforums.org.uk/9-lead-qtod-rp-forum

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Are you ready to go to the doctor by yourself?

The National Deaf Children's Society's Buzz resource, produced in collaboration with deaf young people, has been published with permission from the National Deaf Children's Society's 'Families' magazine spring 2023

Q1: You've got a problem you'd prefer not to tell your parents about, but want to discuss with the doctor. What do you do?

A) I force myself to tell my parents so they'll come with me to the doctor.

B) I book an appointment with my doctor to talk about it. I don't have to tell my parents if I don't want to.

C) There's no way I'm telling my parents about it! I ignore the problem and hope it'll go away.

Q2: You want to use sign language during your appointment. What do you do?

A) I ask the doctor's surgery to arrange an interpreter for my appointment, or we agree to use a video translation service.

B) I'm not sure how to book an interpreter so I struggle through the appointment without one.

C) I take a family member or friend to interpret for me.

D) I don't need to use sign language.

Q3: You've been in the waiting room for ages, but nobody has come to get you. You're worried you've missed your appointment. What do you do?

A) I don't do anything. My parent sorts it all out.

B) I feel too embarrassed to ask the receptionist if I've missed my turn. I carry on waiting.

C) I go to the receptionist to find out what's going

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on. If the surgery doesn't have electronic screens, I check they've remembered to come and get me when it's my turn.

Q4: Your doctor turns away when they're talking to you. What do you do?

A) I'm too embarrassed to ask them to repeat themselves, so I just nod and smile.

B) I remind them to face me when they talk to me and ask them to repeat what they said.

C) I apologise and ask them to repeat what they said.

D) I use an interpreter, so I'm able to follow what they said.

Q5: There's a question you really want to ask during your appointment. What do you do?

A) I ask the question and hope I'll understand the answer. If not, I just nod and smile.

B) I'm too nervous to ask any questions. I let Mum or Dad do the talking.

C) I ask the question and make sure I understand the answer. If I don't understand, I ask the doctor to explain it again.

Count if most of your answers are pink, blue or orange, then turn over to find out if you're ready…

Mostly pink...

At the moment you rely on your parents to arrange your doctor's appointments for you. That's OK! It might be a little while before you go to appointments on your own, but here are a few tips to help you get ready.

- Ask your parents how they book your appointments. Would you be able to book an appointment without their help in the future?
- Pay attention during your appointments. Don't just rely on Mum and Dad to tell you everything later.
- Prepare some questions with your mum or dad before you go into your appointment, then ask the doctor the questions yourself. You could write the questions down to help you remember them.

Mostly orange...

You still need your parents to help with some things, but you'd like to start taking more control of your own health appointments. Here are a few tips to help you take the next steps.

- Ask your doctor's surgery about the different ways you can book appointments. Explain that you want to start booking appointments yourself so they need to suggest a way that works for you – for example, using text or email.
- If you'd like to start using sign language interpreters during your appointments, then let your family know. This might be a tricky conversation, but it's an important step towards doing things on your own.
- Take the lead during your appointment. Explain what's wrong, ask questions and check you've understood everything. Be confident and ask your doctor to repeat things you've missed or not understood.

Mostly blue...

Great – you're already really confident about doing things on your own! Remember these top tips to make sure you get the support you need.

- Even if your doctor's surgery gives you good support, sometimes things can go wrong. Remember what your rights are and be confident to stand up for yourself.
- Remind your doctor's surgery what you need from them.
- Tell your doctor's surgery about your experience so they can continue doing things well or improve where they need to.

For more support on visiting the doctor independently, go to buzz.org.uk/articles/my-life-my-health

The National Deaf Children's Society is the UK's leading childhood deafness charity. Families needing advice or support about childhood deafness are welcome to call the charity's helpline on 0808 800 8880 or visit the website, http://www.ndcs.org.uk

National Deaf Children's Society

Jobs in deaf education

Job vacancies for QToD, CSW, Heads of Service, Lecturer roles etc can be advertised on the BATOD website at a cost of £300.00.

On the homepage, click the jobs tabs and from the drop down menu select **List a job** to access the submission link – www.batod.org.uk/jobs Your advert should appear on the website within 2 working days. BATOD frequently highlights the posts listed on BATOD via their social media platforms.

Historical data also shows a high level of success in recruitment through BATOD. However, should you need to readvertise the post with similar text, the cost is reduced to £190.

Advertisers now have the option of card payment, in addition to BACS or cheque.

The BATOD jobs page still continues to be one of our most popular webpages.

Value for money advertising BATOD

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BATOD NI's 2023 event

The **BATOD Northern Ireland (NI) committee** provide an overview to their first successful hybrid event

The BATOD NI committee was pleased to deliver their Spring 2023 event in partnership with Education Authority (EA), NI's only sensory support service www.eani.org.uk/services/pupil-support-services/sensory-service. Following the joint Sensory Impairment Conference in 2019 and online engagement with the BATOD webinar series in 2021/22, BATOD NI opted to deliver the 2023 event in a hybrid format. The event had attendees from the Republic of Ireland service National Council for Special Education (NCSE), Jordanstown School for deaf and visually impaired, primary and secondary resource provisions, a speech and language therapist, and other BATOD members, with in-person interpreters present.

The event opened with a presentation from Barnardo's Education Community's (BEC) representatives: Marie Thomas, Lucy Kupiers, and Carly Goodwin, followed by a presentation by Dr Holly Greer from Deaf Child and Adolescent Mental Health Service (DCAMHS) Northern Ireland, and a closing presentation from The Elizabeth Foundation's Julie Hughes, CEO, and Katie Tufwell, programme lead for The Elizabeth Foundation online programme 'Let's Listen and Talk'. The postponed 2022 BATOD NI AGM took place after the webinar.

The BEC presentation provided attendees with the opportunity to learn about their digital platform. BEC was established in January 2021 as part of a mental health support service in response to the Covid-19 pandemic, with a focus initially on loss, grief, bereavement, and trauma. However, their scope has expanded since 2021 as BEC became Zurich Community Trust's new National Mental Health Partner in July 2022. This has meant their scope has widened to support mental health and well-being in general, enabling BEC to offer additional targeted support as well to educational establishments.

The team explained the aim of BEC is to improve the mental health of children and young people by providing staff working in education with the knowledge, understanding, and tools to support them. A wide range of resources, training, and support are on offer not only for staff and their well-being, but also for professionals to be able to work with children and young people. BEC provides a platform to connect with other colleagues across the UK with what they call the Communities of Practice. BEC has worked in partnership with BATOD to identify ways to make the resources and the website deaf-friendly.

There is a staff well-being section with further reflective well-being spaces in development. Within all the sections on the website, BEC has separated their resources into themes: mental health and well-being, bereavement, grief, loss and change, and trauma. BEC also introduced the attendees to Wakelets – a platform that used to be able to correlate links, information, and resources around a specific theme. BEC made the attendees aware of their podcast list. At the time of the event, they had completed Season one and were in the middle of creating Season two, with Season three in planning. BEC had included a British Sign Language (BSL) video to support making their podcasts accessible. They had started with their episode around trauma with Dr Bruce Perry, one of the world's leading experts on childhood trauma.

BEC explained they are keen to have ongoing feedback and welcome BATOD members to make suggestions, contact them about new links, give feedback about the BSL language-translated podcast episodes and share what would be most beneficial for Qualified Teachers of Deaf Children and Young People (QToDs) and professionals in deaf education.

Dr Holly Greer, Consultant Psychiatrist for the Northern Health Trust in Northern Ireland, provided an update on the Regional DCAMHS Holly explained she had been trying since 2017 to get this service up and running. It involved a research project, funded by Queen's University, with a statistical analysis by Dr Bronagh Byrne, Dr Catherine McNamee, and Dr Holly Greer, a-qualitative survey of young people and their families, and information had come from the youth well-being survey in 2020, which was completed just before Covid. Holly also noted that the youth well-being survey may be done again at some point to consider the impact of Covid. The 2020 survey had found that deaf children have a statistically significant higher prevalence of depression, generalised anxiety disorder, obsessive compulsive disorder (OCD), panic disorder, and separation anxiety. Almost 21% of those deaf children reported having at least one physiological condition compared with 12% of hearing children, and this was based on standardised questionnaires. The survey sample was small and engaged with special school settings rather than mainstream schools. The findings had also reported lower levels of quality of life, and an average score of 3.85 compared to 4.24, which was statistically significant.

Holly explained that currently, the service is not permanent as the current funding is non-recurrent. The aim is to provide an accessible and understanding mental health service for deaf children and young people, and children of deaf adults across Northern Ireland that will cater for their individual linguistic, communicative, and cultural preferences, and their increased mental health needs. At the time of the presentation, the team consisted of Dr Holly, for one day a week, and Caroline Doherty, two days a week. Caroline is deaf, wears hearing aids, and uses sign language and lipreads. The service has these referral criteria that differs slightly to England as the service in England can only allow profoundly deaf individuals, whereas the smaller population in Northern Ireland allows the service to see a wider profile of deaf individuals and children of deaf adults. This means the service will see any deaf individual with any degree of deafness, aided or unaided, who has a mental health condition that is impacting on their day-to-day functioning, so if they're struggling with school or having outbursts at home, not getting out socially, sleep is problematic, etc. The profile can include individuals who use Irish sign language or BSL, as well as children of deaf parents.

Dr Holly noted that the things that they think are important for the service to consider that maybe generic CAMHS doesn't always consider are the impact of listening effort, language derivation, all those frustrations around communication, and the assessment of autism and attention

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deficit hyperactivity disorder (ADHD) in deaf children. She shared that the service has seen quite a few children and young people who have been overlooked for a diagnosis or perhaps have been wrongly diagnosed.

The presentation also noted that the partnership work with the EANI service had seen a few more referrals from QToDs as a result of their use with the strengths and difficulties questionnaires that the service had given out for everyone to complete on a regular basis to identify people early and these have been so helpful.

The service has established links with the consultant group at the national DCAMHS service in England. The service also meets with a special interest group through the Royal College of Psychiatrists quarterly. This special interest group involves charities, auditory implants centres, audiologists, speech and language therapists, and other professionals linked to deaf education.

The service is hopeful that funding can be secured to enable long-term support for deaf children and young people, and their families in NI.

The event concluded with a presentation from The Elizabeth Foundation: Julie Hughes, CEO and Katie Tufnell, the programme lead for the Elizabeth Foundation online programme called 'Let's Listen and Talk' and who is also the parent of a deaf child. Julie and Katie described how families living in Northern Ireland or the Republic of Ireland can benefit from the online programme, which uses the multi-sensory oral aural approach to develop speech and language listening skills. Julie explained how the programme uses all of the senses in a fun way to teach with facial expressions, body language, tone of voice, visual cues, props, toys, cues, and lots of visual information.

Julie shared that the team had spent four/five years developing an online programme with the advice, guidance, and information that families who come to our family centre in Hampshire would get if they were going to the centre for weekly sessions. The resource included hundreds of videos with families and their children demonstrating the games and activities that were highlighted in the programme, as well as videos by parents about frequently asked questions, advice and guidance for other parents, and webinars with QToDs, speech therapists and audiologists. Julie emphasises the resource is not meant to replace face-to-face contact. It is hoped that it can be used as a resource with families that QToDs, and/or speech and language therapists could take this resource and use it with families and leave knowing the family has that resource with them at home and that they can go back and refer to information, watch it again, explain it to mum and dad if one parent wasn't at the meeting, or explain it to grandparents so they can share it with the rest of the family.

The programme was designed to be 10-to-15-minute chunks of information to support the busy nature of family life. Professionals and parents can contact Katie via phone, an online Skype meeting or email for advice and guidance information, as well as some support tailored to the individual's wants and needs. As each activity is completed, the programme encourages one to think about an activity, eg how did your baby respond to that? How did they show you that they were enjoying that? What types of communication were they using to share that with you? Julie described the structure as "reflective information for the parents to gain some insight, particularly in some of those really early communication skills, but they're actually seeing that they're happening and kind of reflecting on that and noticing those. The programme gives the families access to other families and resources, with an important section on videos of parents just giving advice to other parents".

Julie also explained that during Covid, The Elizabeth Foundation waived all their fees and, with support from the community through feedback, hope to maintain the resource as free to access.

The programme is available at www.letslistenandtalk.org. There is an introduction page that provides information about the programme. Once logged in, one can access the courses, information, and contact details. There is a baby programme that's for children, 0 to 18 months, a toddler programme for children 18 months to 2 1/2 years, and a preschool programme for children 2 1/2 to 5 years. In addition, the programme has a section on learning through music, which has baby and toddler programmes with approximately a dozen songs. The tracks can be downloaded with or without someone singing. There's also a programme called 'Getting to grips with technology and terminology' and again, it talks about what an audiogram is. The programme has a consultant audiological scientist explaining about audiograms and the different hearing tests, as well as guidance on hearing aid maintenance.

An attendee at the event highly recommended the music programme. Julie explained that for professionals using BabyBeats, The Elizabeth Foundation programme is an extension of it.

Julie also reminded the attendees about The Elizabeth Foundation Summer Programme, a one-week intensive programme for children from three to five years old. Previously, families have attended from Northern Ireland, the Republic of Ireland, and Spain. We hope all who attended had a great time.

The event was followed by the annual general meeting. The committee discussed many items including BATOD NI's involvement with the 27th Federation of Associations of Teachers of the Deaf (FEAPDA) Congress in April 2024, which is a joint partnership with BATOD, and National Council for Special Education (NCSE).

BATOD NI committee is a committee with representatives from Northern Ireland, Republic of Ireland, schools for the deaf and vision impaired, peripatetic services, speech and language services, the charity sector, and other volunteer roles.

BATOD NI would like to thank committee members who have contributed to the work throughout the year, and members who have stepped away from the committee: Teresa Quail (Co-chair) who made valuable contributions to the work of BATOD NI and will be greatly missed.

If any BATOD NI members would like to join the committee, please do register your interest with current chair, Conor Mervyn, via batodnireland@batod.org.uk

BATOD
British Association of Teachers of Deaf Children and Young People
Northern Ireland

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Meet...
a Hearpeers Mentor

Louise Skinner is a Hearpeers Mentor with MED-EL

My story started when I was four and caught ear infections in both ears. The doctors prescribed antibiotics and the infections cleared, but the damage had been done, and I was left with mild hearing loss at that point and tinnitus as an unwanted bonus. The impact at that age wasn't too significant, and I was lucky that I had learnt to talk while I had perfect hearing, so my speech has remained relatively good for someone who is now profoundly deaf, and I was able to learn to lipread very quickly. Unfortunately, my hearing gradually deteriorated until I became severely to profoundly deaf in my mid-twenties. It was then that a cochlear implant was recommended.

I was very privileged to attend a private school, but although the small classes were a real blessing for me, there was no extra help available and I was pretty much I left on my own with "You need to sit at the front" being the only advice, something a teenager really wants to do in a classroom! I distinctly remember my very lovely, but very Welsh, chemistry teacher dictating from a book that we had to copy down. The stress of that was immense and I was relying solely on my friends sat next to me to copy what they had written. I used to leave those lessons utterly exhausted, completely frazzled, hating chemistry, and not feeling too kindly towards the Welsh!

My biggest problem in my school years was trying to fit in and keep up with my friends. I spent a long time being embarrassed about being deaf, and I somewhat still have that issue now, but when you are young, it seems so much worse. Simple things that I couldn't hear left me feeling really alone – not being able to join in with them singing the latest no. 1 song in the playground because I couldn't hear song lyrics, unable to carry on chatting after lights out at a sleepover because it was dark and I couldn't see to lipread. Such small things that have such a devastating impact. I unfortunately suffered some bullying too, but I was so incredibly lucky to have a wonderful big brother and sister who looked out for me and tried to tell me that in a few years, when I left school, those people wouldn't mean anything to me. They were right, of course. I remember my brother sitting with me and playing the song 'Never Ever' by All Saints over and over again and writing the lyrics down so I could learn them and join in with my friends. I still remember most of it now! But I was so grateful to him for doing that, it made such a difference for a little while.

Moving up to sixth form college opened my eyes to the support that is available within the education system, and had I not been a teenager in denial that I was a little different and needed some extra help, I would have benefitted hugely from the support that was available. The words 'disabled' and 'disability' were simply ignored and had nothing to do with me. Being disabled still isn't really a part of my identity now, but I have come to accept that I am!

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Music and singing have always been one of my greatest loves, musical theatre especially. I was lucky to have been part of the local amateur theatre company from when I was 15 and stayed with them for about ten years. It became evident that I needed to stop when I missed my cue during a show and was happily singing away on stage when I shouldn't have been, with the musical director trying to get my attention by mouthing "No!" at me and the rest of the cast just looking at me! I was so embarrassed and it still makes me cringe when I think about it! I was so sad to say goodbye to that part of my life but singing harmonies, staying in tune, and hearing the piano accompaniment had all become beyond my capabilities. It was one of the hardest things for me to deal with, losing the ability to hear music, and I was so sad to not have the same level of enjoyment that I had previously had going to the theatre. My brain stepped up for a while, and when there was something I couldn't hear any more, my memory took over and 'inserted' the missing pieces. I have never underestimated the ability of the human body, and this helped me massively for a while.

The feeling of embarrassment of being deaf and humiliation have been something that have stayed with me for most of my life. I suffered humiliation within the workplace, one job considered me a liability and a health and safety risk; another suggested I was incapable of doing my job so should look elsewhere. This ultimately led to me starting my own dog grooming business, but this wasn't achievable until after I was implanted. I also feel quite humiliated when someone has to make a phone call for me on my behalf. I end up incredibly frustrated that I can't sort things out for myself and have to rely on others. I am lucky I can see the funny side of things though and this has helped hugely. One recent example was when my partner and I moved a couple of years ago and the boss of the removal company was trying to make small talk. After explaining to him that I was deaf, he turned to my other half and stated, "I went out with a deaf girl once, they're alright mate, they're alright"! I'm glad that after four years of being together, my other half was reassured that I am, in fact, alright!

I decided it was time to think seriously about a cochlear implant as I was entering into profound deafness; there was an element of 'it's now or never' and although I wasn't quite ready at that point, I decided to go ahead with the process of seeing if I was a good candidate. I have never worn hearing aids as my deafness was quite unusual. My low frequency hearing was excellent but mid to high frequencies were pretty much non-existent, and hearing aids weren't able to help give me some mid-frequency hearing without making the low unbearable. This helped the vain side of me that didn't want anything visible on display to highlight being deaf, and so I was very apprehensive of getting an implant that would be on display. Luckily for me, MED-EL had just brought out the RONDO 1, the first single unit processor that attaches to the magnet inside your head and can be completely hidden by hair. I had the choice of three different brands of cochlear implant, but MED-EL was always going to be a winner with the RONDO. I was accepted as a candidate and had my surgery in July 2013.

My switch-on was three weeks after surgery and really, this was when the hard work started. It took a little while to adjust and learn what all the new sounds were that I could now suddenly hear. My world had opened up again in a huge cacophony of noise and there was work to do! I was exhausted and frustrated at not knowing what I was hearing and felt very vulnerable for some time. Despite being told not to expect too much straightaway, I expected too much straightaway! I couldn't recognise voices, music sounded just completely wrong, and I felt really despondent. After a few months and many tears, I went to Hampton Court Palace with some friends and we did a little walk along the river. I suddenly heard a bird singing. It literally stopped me dead in my tracks and it was the best sound I'd ever heard. It was a robin having a little singsong in the tree above me. For the first time, there were tears of happiness to replace the tears of anger and frustration. From then, I didn't look back. I persevered with music and the theatre, and going to see Les Misérables with my sister for the first time with my implant will always be one of my favourite memories. I could hear everything again – so, so many tears were shed that evening! I also realised my tinnitus became so much quieter once it was replaced with all the new sounds my implant was giving me. That alone made it so worth having the surgery.

One of the main reasons for wanting to become a Hearpeers Mentor was because I know how hard it can be adjusting to cochlear implants. I was incredibly lucky to have great support from my implant centre at Southampton, but ultimately, we have to put the hard work in through the adjustment period. The operation is quite significant and the whole process can be incredibly scary. I wanted to be able to help candidates who may be struggling like I was and tell them that it is worth it, so worth it. Everyone will have a different experience with their switch on and many are a world away from what you often see portrayed in the media. It can be disappointing at first and difficult to see the benefit. I want to help those people if I can as I was one of them, I have been in their shoes.

My implant gave me my confidence back. I now run my own business; I am successful. I am reminded every day how much my RONDO gives me when I take it off to charge at night and my world changes back to one of only tinnitus. I can't imagine a world without my implant, and I will always be indebted to MED-EL. There is no getting away from the fact that I am profoundly deaf and always will be. Being deaf is exhausting, debilitating at times, and a real hidden disability. But having a cochlear implant has given me a life that is enjoyable, one of clear recognisable sound, one that can allow me to immerse myself in the magic of the theatre, one that allows me to chat away with my niece and nephew, one that allows me to appreciate nature, and one that allows me to be happy.

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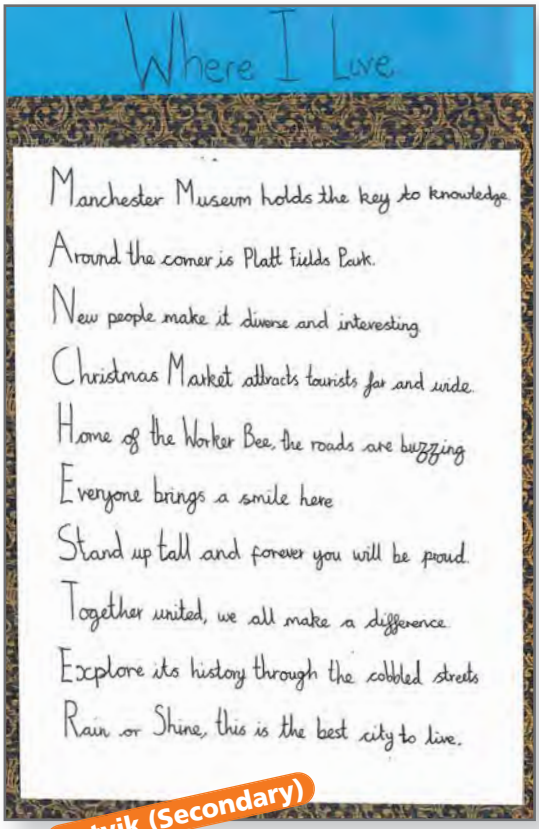
Poetry Corner

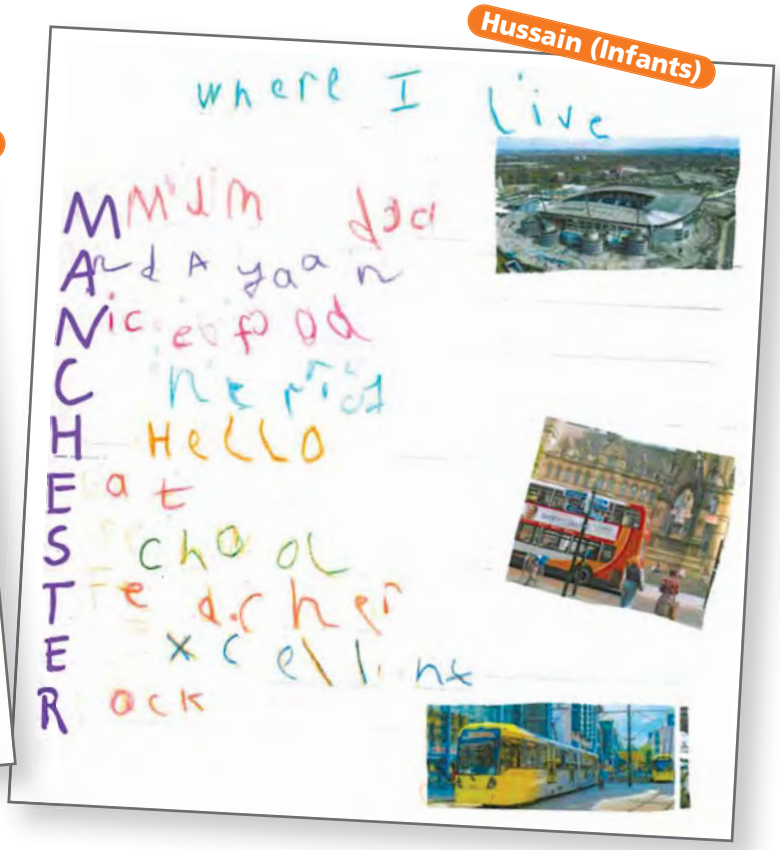


Satvik (Secondary)

Neisha (KS2)

Manchester Sensory Support Service share the winning entries from a deaf children and young people poetry competition that was judged by the Lord Mayor

Labeka



Hussain (Infants)

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Review

The body keeps the score

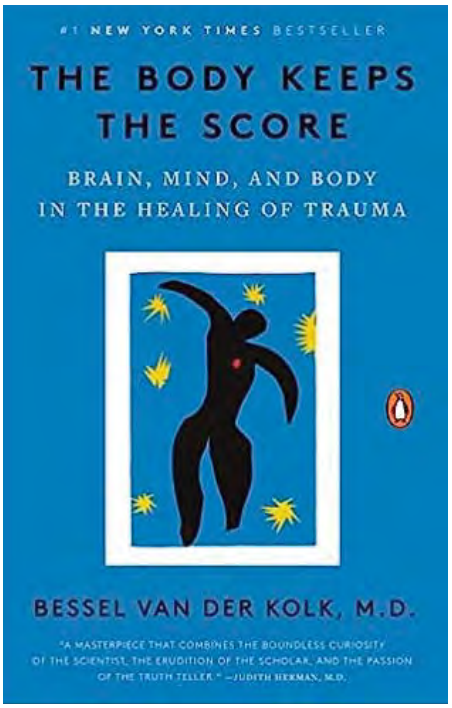
Authors: Bessel van der Kolk

Cost: Price range depending on format (paperback, Kindle, audiobook)

ISBN: 978-0143127741

Reviewer: Ian Sharp is an advisory QToD

I think this category best describes the value of writing the review.



In reading The body keeps the score by Bessel van der Kolk (again) and summarising the book for others in a review, I would be increasing my personal knowledge of trauma and its impact on child development.

As a typical male, I err mostly towards non-fiction but am sometimes drawn to stories, fictional or otherwise. These stories tend to be the ones in which the central character, from the harshest of backgrounds, somehow manages to turn things around and 'make it' in the end. The more true-to-life and the more perceptive the author is about the character's motivations, the better. However, The body keeps the score is not a story. It is lots of short stories, stories about patients with whom Bessel van der Kolk, the author, has worked over the course of his long career as a psychiatrist. Most of the protagonists in these stories have often suffered in their early lives as a result of a dreadful incident or a prolonged and highly stressful situation in which they felt helpless. Be warned, this book is not for the faint hearted. It touches on some of humanity's darkest sides, but throughout, there is this sense of progress and learning. The book, then, is both a record of the author's path to a more accurate truth about trauma, and an exposé of the long-lasting impact trauma has on the individual and those around them.

The body keeps the score opens with a scene from one of the author's first experiences as a recently qualified psychiatrist working with veterans of the Vietnam War. Trauma from war is perhaps the most commonly reported and nowadays, the more accepted face of the condition. The cause of this sort of trauma is clear. During war, people find themselves in the most horrific of circumstances, whether it be extreme physical or mental distress. More pertinent to our experience as teachers, though, are those cases the author goes on to recount, of the more hidden, domestic, abusive situations, perpetrated by known individuals behind closed doors. It is some of these stories, particularly the accounts of adults recalling their childhoods, that really hit home.

Neuroscience is something we also hear about early on in the book too. Although philosophers and scientists have tried to understand the brain for thousands of years, it is only in the last 20 years that technology has helped to provide detailed and reliable evidence to analyse. Neuroimaging technology now allows us to see, both in 3D as well as in real-time, what happens in our brains when exposed to stimuli. From huge studies we have more understanding than ever about how the human brain reacts to its environment and how it adapts and, most importantly, how it learns.

Within the space of a few pages, we come to realise the scope of neuroscience on discoveries that continue to be made that are and will, in the future, have a huge impact on how mental health is treated.

Trauma, we often hear inhibits learning. It is an experience that cannot just be dusted off in the belief that it will never occur again. A traumatic experience is so potent, it becomes etched into the more primitive areas of the brain. Sufferers, in trying to move on from it, often try to put it out of their mind or 'bury' it, and busy themselves with getting back to normality. We learn how people can live their lives for long periods with buried memories to the point where sometimes they do not know exactly what it was that happened to them. For many sufferers, though, their trauma is something that continually haunts them, subtly affecting decision-making as they subconsciously try to avoid another triggering experience. We can only imagine how this must affect learning and personal development.

In my day job as an Advisory Qualified Teacher of the Deaf (QToD), I meet many children and families. It is not uncommon to be asked if I think a child's speech and language delay has come about as a result of their hearing loss. I am quick to add, I have no qualifications other than those required to be a QToD, and that formal diagnosis always needs to be made by the appropriate professional. Autism, though, has over the last ten years become something we are all more skilled at identifying, and it has been helpful to add my thoughts to those of others to instigate, for example, a referral to an educational psychologist.

Trauma, like autism, can also have an impact on speech and language development and also surrounds us, but is much less known about. There is also such a thing as secondary trauma. In this case, parents, perhaps years before their child was born, suffered trauma themselves

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and unknowingly, are now projecting their 'buried' fears onto their children.

The book, it has to be said, is packed with information, and this, for the less inspired by the detail, could make it hard work. Rather than buy a physical copy, I listened to it as an audio book, driving around between appointments and so could effortlessly scroll back and listen again to the sections that most interested me.

Five to Thrive

Creators: KCA (Kate Cairns Associates)

This year, I have come across 'Five to Thrive', which staff in both schools and early years settings in Wiltshire have recently gained access to.

Five to Thrive is an attachment-focused approach, which promotes activities aimed at developing healthy brain function, and as a result, learning. Just as our bodies need food to flourish, so our brains need positive experiences to function healthily. It describes itself as a "Bridge between professional understanding of current research in neuroscience and everyday experience".
A simple explanation of how a parent soothing an upset child can lead to an increase in neural connectivity is a prime example. This is because increased neural connectivity is likely to lead to an increase in the child's ability to understand new information and therefore learn quicker. So, by selecting insights that neuroscience is proving to be true and honing them into a form in which both professionals and parents understand, Five to Thrive appears to be an appropriate tool to use with a range of children and families and potentially those who suffer from trauma.

BATOD National Conference 2024

BATOD is pleased to announce a joint Congress with FEAPDA (The European Federation of national associations and of organisations of professionals working with Deaf children and young people) and with NCSE (National Council For Special Education).

The congress will take place on Friday 26th and Saturday 27th April 2024 in Dublin.

The Congress theme is

Exploring the diversity of deaf learners in their many lives: implications for our knowledge and practice

Each deaf child or young person brings a unique experience to their education. The combination of their varying home cultures, their additional needs and their perspectives on their own lived experience raises questions about how to shape practice and monitor outcomes.

A call for contributions is currently open

Visit the BATOD website for further details

www.batod.org.uk/about-us/batod-national-feapda-ncse-joint-congress-2024

Papers and presentations may consider issues such as:

- Meeting the needs of children who are deaf with additional needs;
- Meeting the needs of children whose deafness is not their primary need;
- The experience of deaf children from minority communities;
- How deaf individuals experience and define their own identities

Abstracts for paper presentations (30 min), workshops/interactive presentations (60 min) and poster presentations are welcomed.

BATOD
British Association of Teachers of Deaf Children and Young People

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Review

Revealing hidden potentials: assessing cognition in individuals with congenital deafblindness

Editors: Damen S, Costain K, Hart P and Nicholas J. Creutz M, Nordic Welfare Centre, Lindström C, Nordic Welfare Centre

Authors: Bendixen T, Costain K, Damen S, Einarsson V, Gibson J, Gullvik T, Hauge E, Johannessen A M, Johnsgård O, Madsen O E, Falch Melhuus E, Møller Chistiansen T, Nafstad A, Nicholas J, Reid J, Rømer Jensen L, Skei L, Smith J, Tostrup Lyngar C, Tunes Nummedal G-R, Tuomi E

Cost: Free to download from www.diva-portal.org/smash/get/diva2:1464021/FULLTEXT01.pdf

ISBN: 978-91-88213-65-5

Reviewer: *Hester Richardson is the Programme Lead for the Mandatory Qualification for Teachers of Children and Young People with Multi-Sensory Impairments at the Department of Disability, Inclusion and Special Educational Needs (DISN), School of Education in University of Birmingham.*

Those of us who work with children with sensory loss are fully aware of the difficulties and challenges of assessing cognition in children with sensory loss. For children with vision impairment, the difficulty could lie in ensuring that the child's visual access to the assessment tools they are interacting with isn't the true focus of assessment. For deaf children, the difficulty might lie in ensuring that the language used to tell them what to do isn't a barrier that affects their perceived achievement.

For children with multi-sensory impairment (MSI) (ie children who are deaf and have a vision impairment, and who *may* (or may not!) also experience cognitive and physical disabilities), this difficulty in accessing cognitive assessments is further multiplied. As with so many aspects of deafblindness MSI , the difficulties in separating a cognitive disability from barriers to accessing information, communication, and orientation, or a sense of where we are in space caused by the combined impact of both vision and hearing loss, can be challenging to say the least.

We are all aware of the impact and importance of effective cognitive assessment (as part of the process for statutory assessment, for example) in setting realistic, yet challenging, goals, recognising children's potential, and frequently, raising expectations amongst all those working with the child about what they are able to do and what their potential might be.

Expectations for children with deafblindness MSI can be set very low. Many practitioners such as educational psychologists (EPs) or class teachers may only come across one or two children with this disability in their professional lives. The great thing about this book is that it identifies novel, imaginative, yet practical ways of recognising the cognitive strengths of this group of learners and is able to link these strengths to more standardised benchmarks for assessing cognitive development or potential. By linking cognition to, for example, physical engagement with an environment, or the use of humour, it helps all of us working in the field to put words and structure to our instinctive sense, when working with deafblind children, that they are able to 'do' or 'understand' so much more than standardised approaches to assessment might indicate.

As a practitioner myself, I found the case-studies most interesting – giving practical ideas for interactions that challenge and outline in clear language the importance of elements of support, such as trust and a shared relationship with communication partners, environments that include and inspire learners, and tasks that engage and motivate. It also explores in practical terms how we might relate achievements we see in these situations to more formal assessment criteria, and how to record and capture these achievements meaningfully. The book's great gift is perhaps that of confidence to practitioners that their judgements are correct and can be backed up with evidence, despite the often idiosyncratic ways in which this unique group of children show what they can do.

Some elements of the text are presented in more challenging language, which might, perhaps, be aimed more specifically at EPs whose experiences with such a very low-incidence group of learners may be more limited than ours. My advice would be to acquire a copy of this book, share its practical advice across specialists working in all three areas of sensory impairment – deafness, vision loss, and deafblindness, and then press a copy into the hands of any EPs you find you are working with as a mutual starting point for meaningful, positive assessment of what children with MSI *can* do, rather than what they aren't able to achieve.

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Regions and nations

Contact your local committee to understand what is happening in your area.

BATOD National
BATOD is pleased to announce a joint Congress with FEAPDA (The European Federation of national associations and of organisations of professionals working with Deaf children and young people) and with NCSE (National Council For Special Education).
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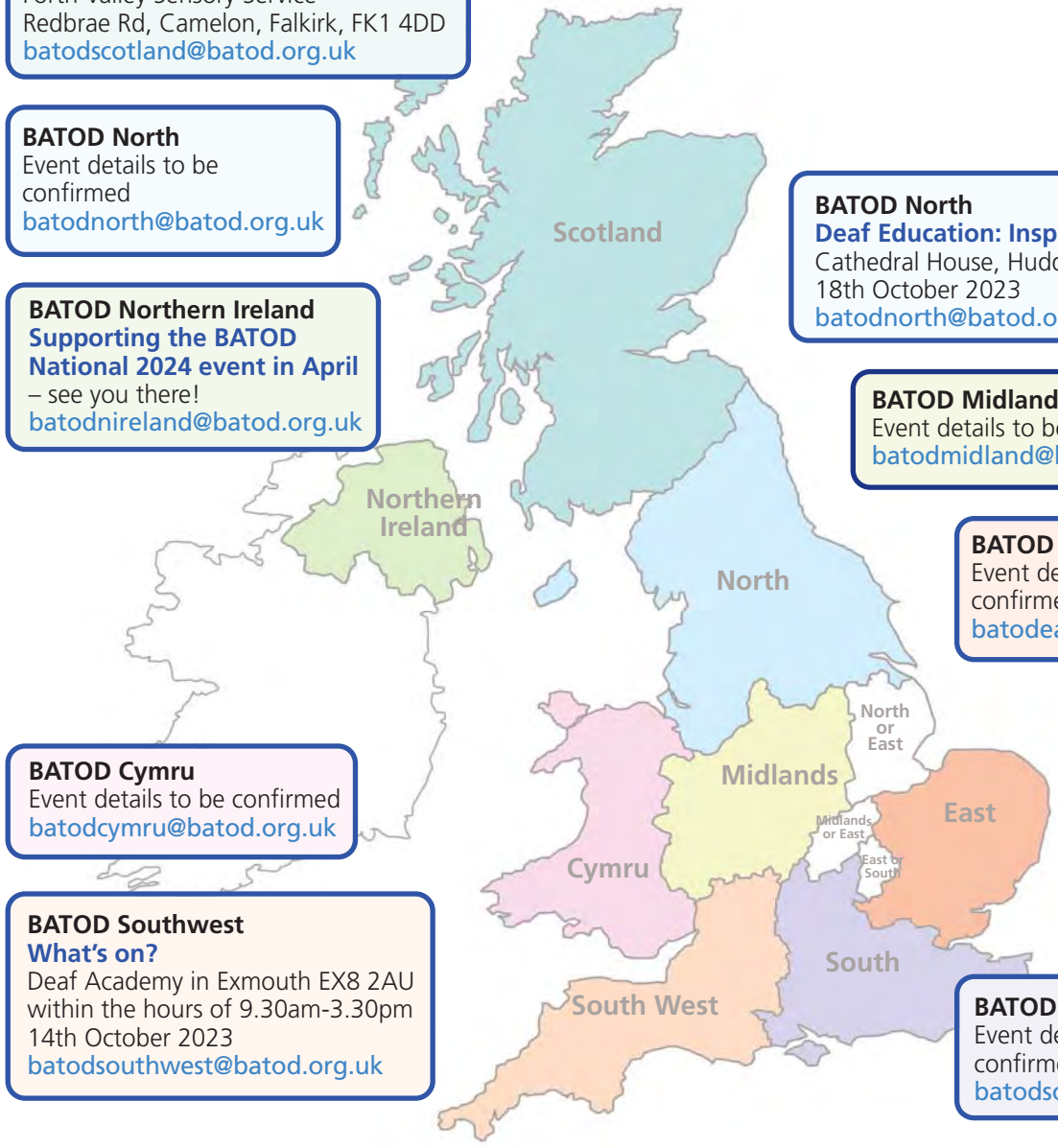
BATOD Scotland
How are we supporting pupils with Glue Ear?
Save the date
Saturday 11th November 2023
Forth Valley Sensory Service
Redbrae Rd, Camelon, Falkirk, FK1 4DD
batodscotland@batod.org.uk

BATOD North
Event details to be confirmed
batodnorth@batod.org.uk

BATOD Northern Ireland
Supporting the BATOD National 2024 event in April – see you there!
batodnireland@batod.org.uk



BATOD North
Deaf Education: Inspirational Pathways
Cathedral House, Huddersfield
18th October 2023
batodnorth@batod.org.uk

BATOD Midlands
Event details to be confirmed
batodmidland@batod.org.uk

BATOD East
Event details to be confirmed
batodeast@batod.org.uk

BATOD Cymru
Event details to be confirmed
batodcymru@batod.org.uk

BATOD Southwest
What's on?
Deaf Academy in Exmouth EX8 2AU within the hours of 9.30am-3.30pm
14th October 2023
batodsouthwest@batod.org.uk

BATOD South
Event details to be confirmed
batodsouth@batod.org.uk

BATOD Resource Provision webinar
Missed our June 2023 webinar on **'Tracking progress, Evaluating outcomes'**?
Contact us via exec@batod.org.uk for a copy of the recording.

BATOD Audiology Refreshers
Save the date – 3rd October 2023, 3.30-5pm
Join us for an update on the revised resource and related professional survey
Check the BATOD Events page for further information – www.batod.org.uk/events

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BATOD was there representing you...

Between the NEC meetings, members of BATOD attend various meetings that are of particular interest to Teachers of Deaf Children and Young People. This list is not exhaustive. Your representatives at the meetings listed (as known at the time of writing) included: Clare Boddy, Sue Denny, Sibel Djemal, Samantha Green, Helen Devereux Murray, Steph Halder, Helen Maiden, Amanda McNamara, Jess Rosser, Teresa Quail, Tina Wakefield, Marie Wilkinson.

Date	External participants	Venue
May		
11	Visual Communication and Reading Project - Advisory board meeting	Zoom
12	Ovingdean Hall Foundation/Ewing Foundation/BATOD	Zoom
17	NHS England Hearing Health Network Session	Teams
17	Cross Party Group (Deafness) Scotland	Zoom
24	NSEND	Teams
25	Con Powell Scholarship interviews	Zoom
26	Con Powell Scholarship interviews	Zoom
June		
7	BSL Alliance meeting	Zoom
7	Ewing Foundation Conference	Zoom
9	NatSIP Futures Group	Zoom
9	NatSIP training planning meeting	Zoom
11	Microtia UK	London
13	University of Cambridge PGCE deaf awareness	University of Cambridge
14	Rinri Patient and Public involvement	Zoom
20	Launch of brand-new episodes of ITVBe's The Sound Collector	Soho
28	Sign bilingual Consortium annual general meeting	Zoom
July		
5	NSEND	Teams
5	Elizabeth Foundation professional focus group	Zoom
7	NatSIP Steering Group	Zoom
12	NHS England Hearing Health Network Session	Teams
26	Cross Party Group Deafness Scotland sub group	Zoom
August		
3	NDCS/BATOD	Teams
10	Ofqual - exams 2023 - equalities stakeholders group	Teams
17	JCQ GCE Results Day Briefing - Stakeholder panel	Abode Connect
24	JCQ GCSE Results Day Briefing - Stakeholder panel	Abode Connect
31	NDCS Consultation on the British Sign Language National Plan 2023 to 2029	Zoom

Please inform the Co-National Executive Officer, Teresa Quail via exec@batod.org.uk, if you know of any meetings where you feel representation on behalf of Teachers of Deaf Children and Young People would be of benefit. Although there is no guarantee that BATOD would be able to attend every meeting, situations could be monitored and the interests of QToDs represented.

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BATOD membership

BATOD activities are funded from your membership fee and some advertising income.
Colleagues who share your Magazine and Journal also benefit from BATOD negotiations with government and other influential bodies – but they are not contributing!

Full details of membership are available on the website and new members are able to join online at www.batod.org.uk

ToDs in training will be entitled to a £20 reduction in annual membership fee. This applies for the two years of the course.

The BATOD Treasurer may be contacted via treasurer@batod.org.uk

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Chairperson:	Conor Mervyn
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Treasurer:	Margaret-Anne Christie
NEC Rep:	Lauren Millar
Scotland	batodscotland@batod.org.uk
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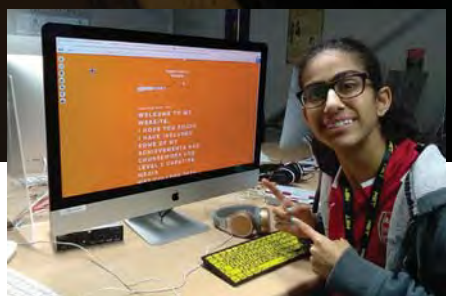
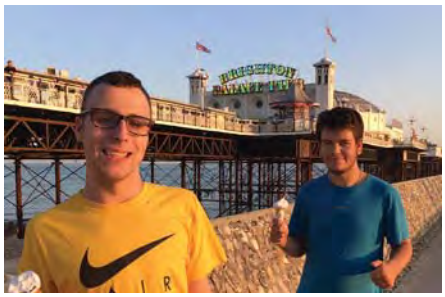
HAMILTON LODGE SCHOOL & COLLEGE

EDUCATION & CARE FOR DEAF STUDENTS FROM PRIMARY TO F.E.

BRIGHTON

Situated in the heart of Brighton, our school has educated and cared for Deaf children for over 75 years.





Hamilton Lodge is a special residential school for learners from 5 to 19 years of age with significant expertise in meeting an identified primary need of Deafness (Mild, Moderate, Severe or Profound).

Our Specialist Team includes:

- Qualified Teachers of the Deaf and subject specialists
- Qualified Residential Care staff
- Health Care Assistant
- Audiologist
- Speech and Language Therapist
- Occupational Therapist
- Physiotherapist
- Emotional and Mental Health support (supervised by National Deaf CAMHS)
- Play Therapist

Please contact us for further information, to discuss a placement or to arrange a visit: **admin@hamiltonlsc.co.uk**
01273 682362

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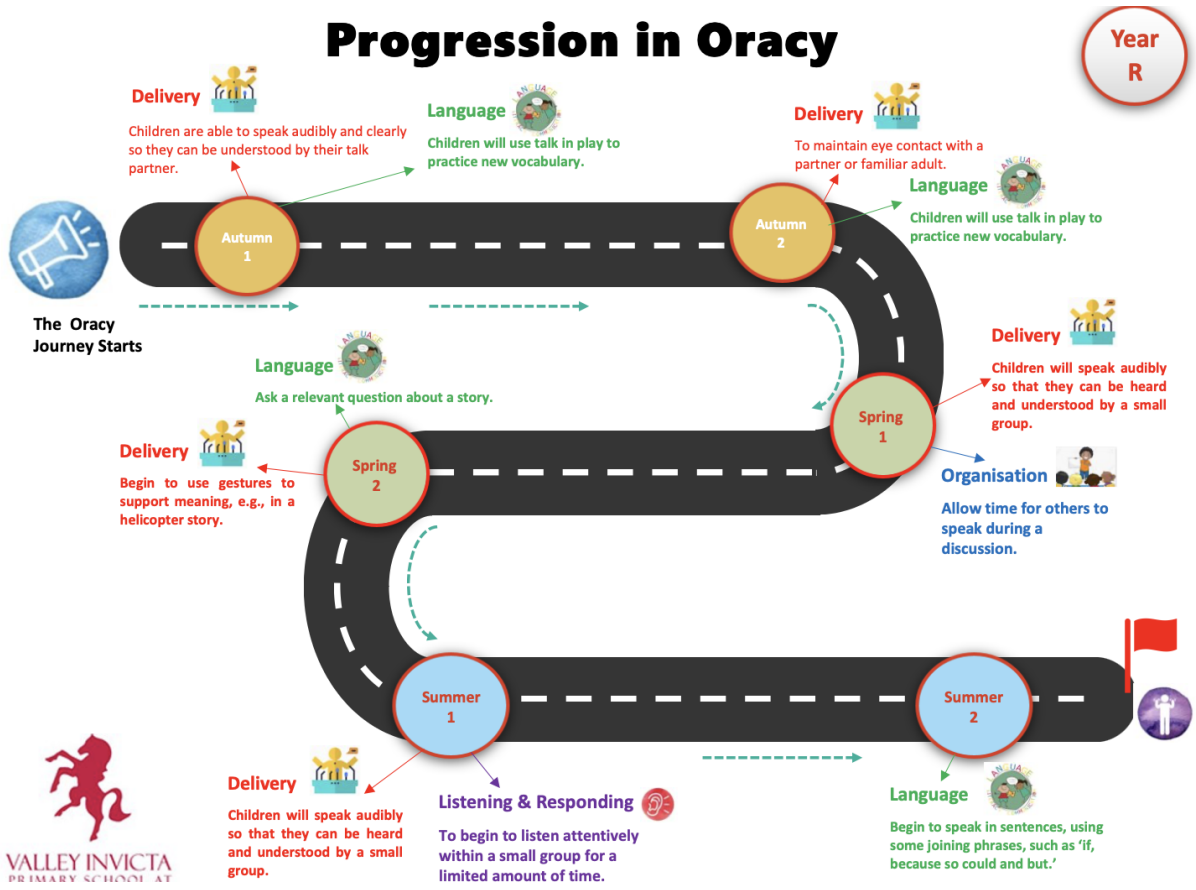
VALLEY INVICTA
PRIMARY SCHOOL AT
HOLBOROUGH LAKES

IMPACT Evidence: ENVIRONMENT and INTERVENTION (Universal)

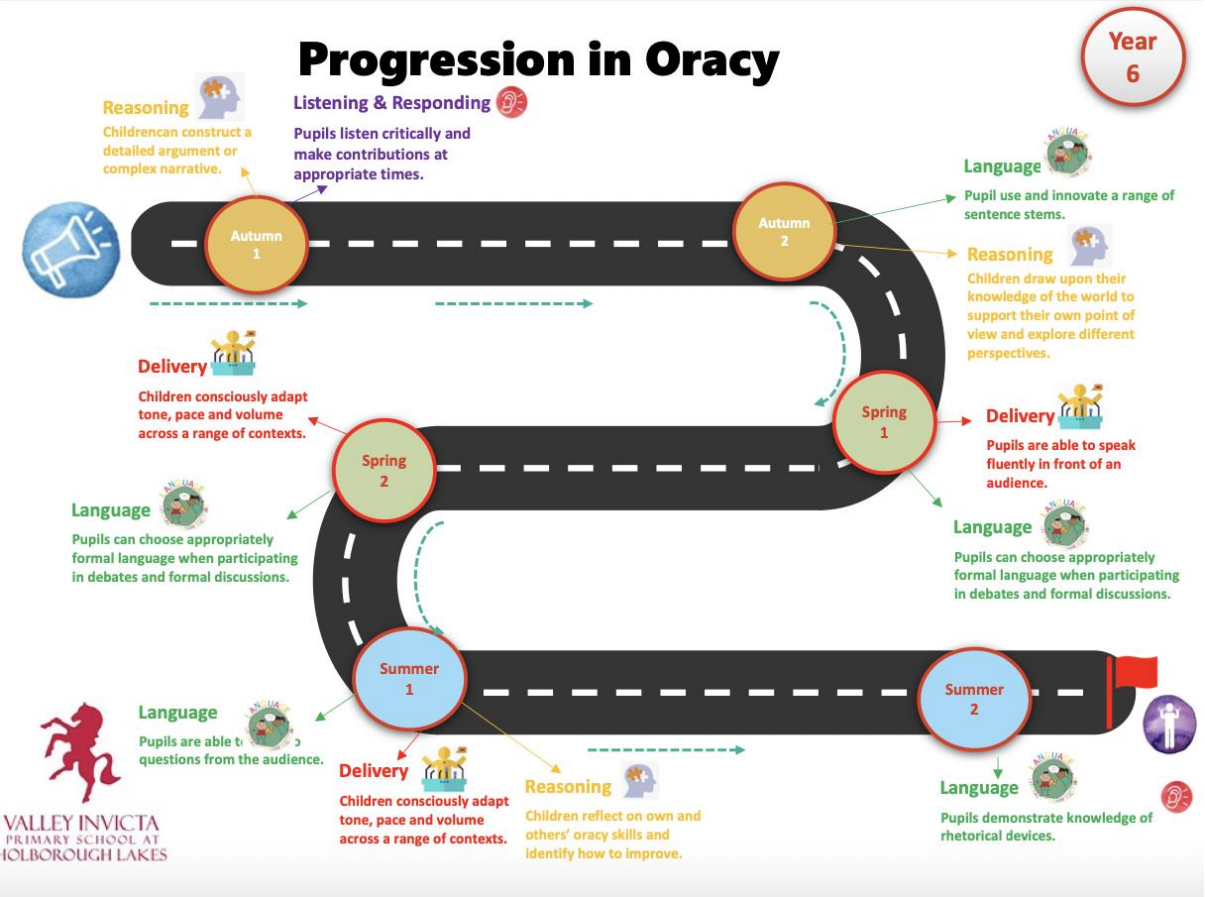
SUMMARY: The school has a clear approach to developing children's language and oracy skills, developing the language and communication skills of all children through language enrichment activities in all areas of the curriculum. Children apply their oracy skills in different subjects and recognise the importance of communication.

Developing children's communication skills and oracy is a key focus for us as a school. We have an Oracy policy, a clear progression to develop children's oracy and each classroom has displays and sentence stems to support all children to develop fluency and oracy skills.

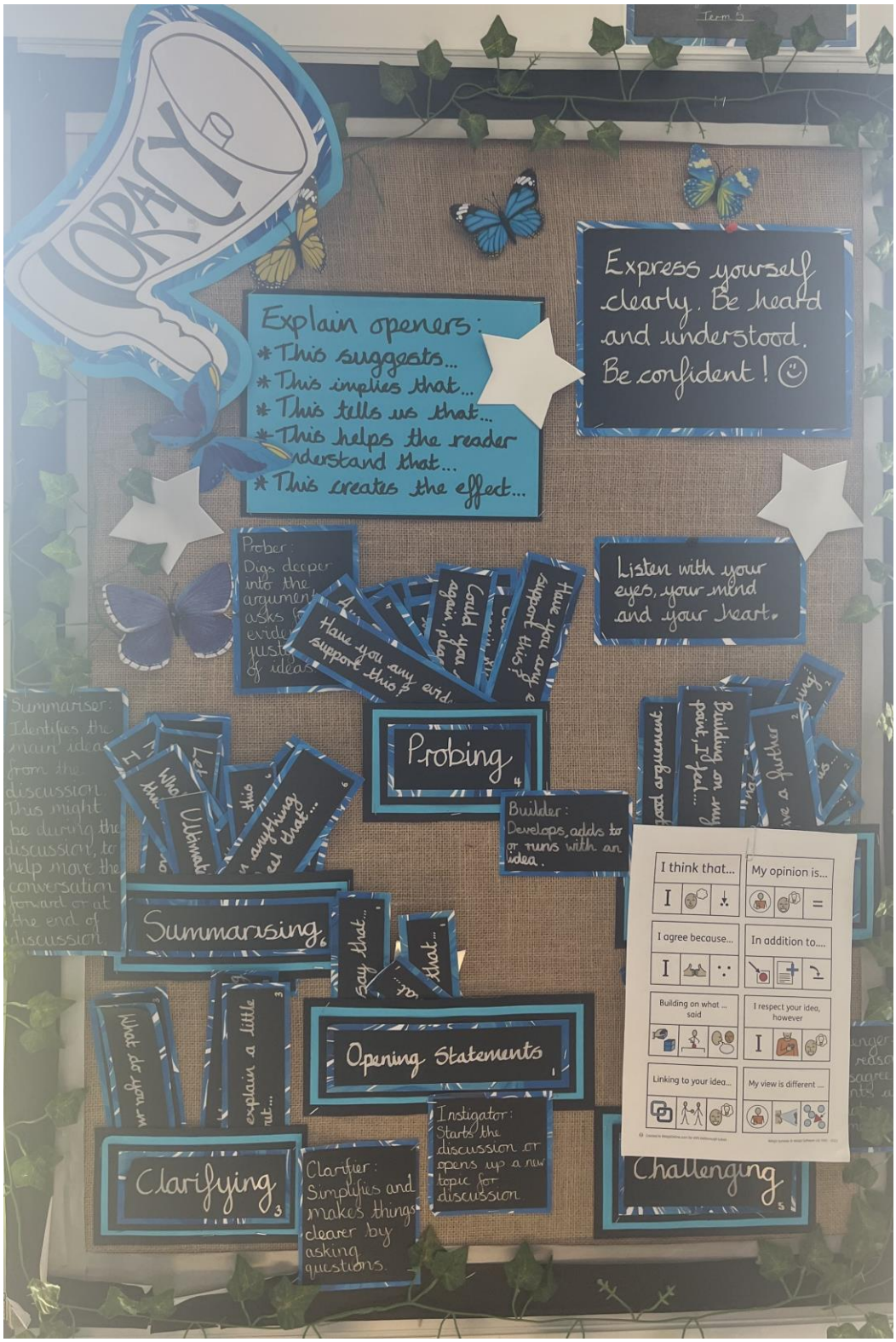
Children's milestones and progression in oracy are mapped out by year group:



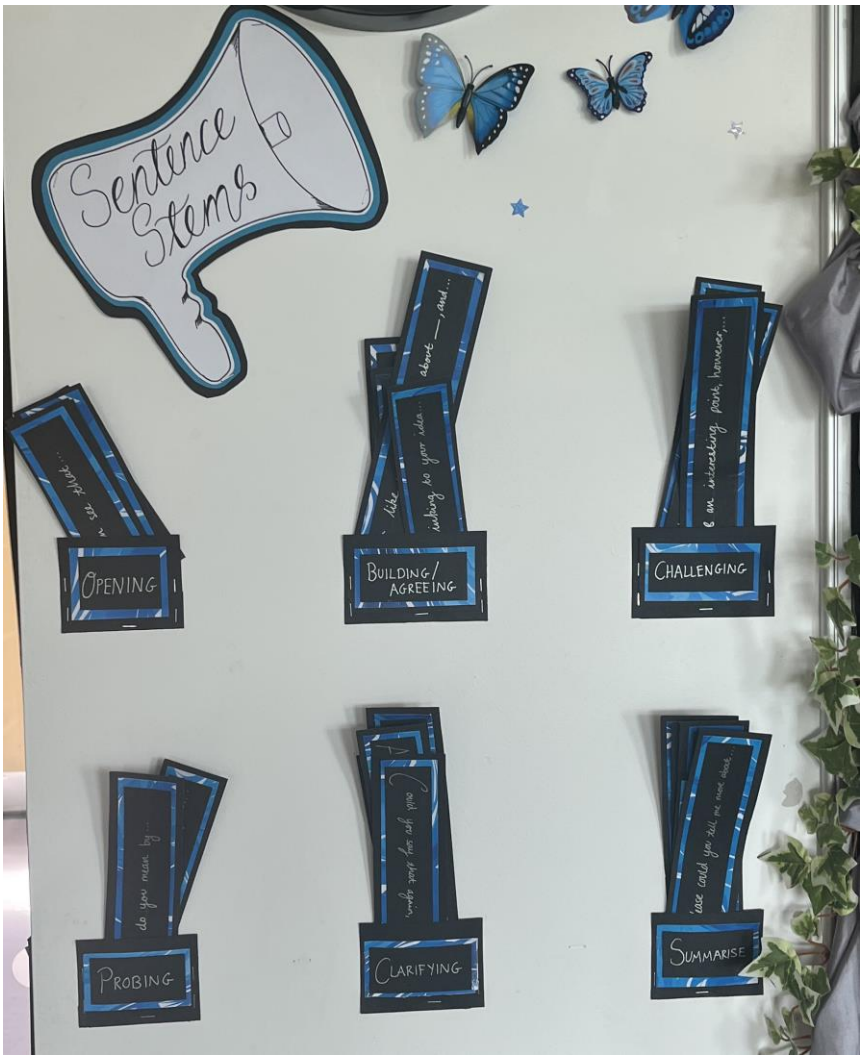
As children move through the school, their oracy skills become more sophisticated, with Key Stage 2 having a significant focus on critical oracy skills:



Each classroom has an oracy display:



Children are able to access sentence stems to support their oracy skills and use of language:



Pupil feedback shows that children have a good understanding of what oracy is, demonstrating that our setting develops the language and communication skills of all children through language enrichment activities in all areas of the curriculum. For example, pupils have shared the following:

Year 2 child:
What opportunities do you get to practise oracy in class?
To give answer in maths.
Debating – we did that in Alpaca class for Zeraffa Giraffa. We had to say whether Zeraffa should be sent back and give reasons.
What are the expectations when you answer a question in class?
Full sentences not one-word answers.
Why is oracy/speaking important?
So, you know how to say the word next time.
To make people learn what you talk about.
Listening to know what to do.

Year 4 child:
What does oracy mean to you?
Without oracy you wouldn't understand.
What opportunities do you get to practise oracy in class?
Talking partners
Asking questions
Debate
Reading – learning new words. Vocabulary is very important.
What are the expectations when you answer a question in class?
Full sentences and an appropriate answer.
Can you tell me about a final outcome where you have used oracy instead of writing?
In Science we used oracy skills.
To give each other feedback.
Why is oracy/speaking important?
To learn new words and to help us understand.
It's important for the School Councillors- tell peers about what has happened and take ideas to the School Council.
Spanish lessons.

Year 6 child:
What does oracy mean to you?
If someone has a request, I would have to listen and respond as part of the School Council. I'm not as good at the listening part – I like doing the talking.
What opportunities do you get to practise oracy in class?
Partner discussion – to share ideas
If standing at the front of the class – Spanish.
When you work as a table.
In PE – communicating and listening with the rest of the team (basketball – explaining where to pass)
Showing parents and visitors around the school.
In English – activities like decision alley.
What are the expectations when you answer a question in class?
You have to have it in a full sentence.
Not making it sound like a question – saying it as a statement.
Can you tell me about a final outcome where you have used oracy instead of writing?
Hot air balloon debate.
Why is oracy/speaking important?
Helps you to read a book out.

This evidence clearly shows that pupils are transferring their knowledge and skills across different subjects, rather than this being confined to one lesson or teacher. Displays and approaches are consistent across the school, further supporting children's speech, language and communication development.

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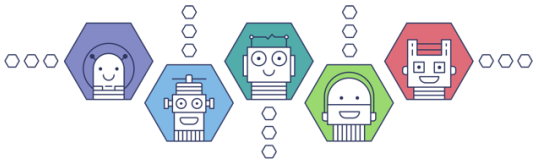
VALLEY INVICTA
PRIMARY SCHOOL AT
HOLBOROUGH LAKES

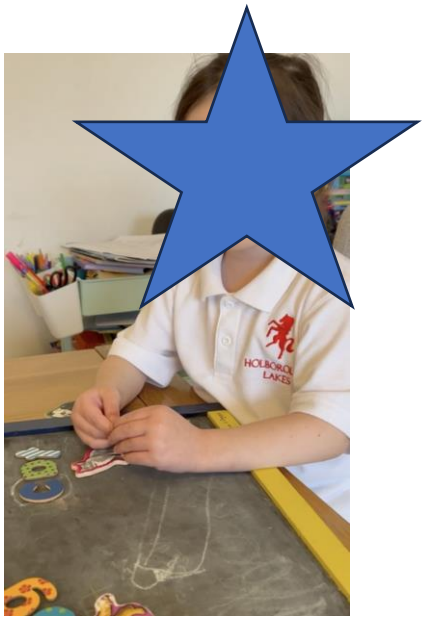


Evidence item: UNIVERSAL FAMILY SUPPORT – PHONICS

All parents are supported with information and resources to support their communication with their child. This starts in EYFS, where parents are provided with tools and resources to support their child's communication before they come to school. In addition, parents are provided with practical resources to support their children's communication and learning such as Phonics flashcards, Numicon and more. Parents provide positive feedback on the use of these tools and resources and children come to school ready to learn. Parents have commented that their children have made rapid progress in their language and their learning. Parents use Colourful Semantics and shared language at home.

As a result, we have seen children using language around Phonics successfully at home (shared on videos via Class Dojo), such as using 'Fred Talk, Read the Word' etc (see parent comments included in a case study below). We have also observed children transferring skills to the home with their families, such as oracy and debating skills.

The impact of this work has been clear: Parents share regular examples of their children's learning with us and their videos demonstrate consistency in language and resources. The following is a still from a video where a parent shared their child's early reading skills:



One parent provided the following feedback:

“We have used the Phonics flashcards for quick fire sounds. If we have a minute, we have used Phonics to go over sounds and to spell new words”.

As a result, 85% of our Year 1 children are working at the expected standard for their Phonics and we are also pleased with our early EYFS data. Classroom observations have shown that adults use language consistently, including ‘Special Friends, Fred Talk, Read the Word’, thereby reducing cognitive load and supporting all children to succeed.

VALLEY INVICTA
PRIMARY SCHOOL AT
HOLBOROUGH LAKES

IMPACT Evidence Item: WORKFORCE (Targeted and Specialist)

In the last two years, the profile of need within our mainstream school and SRP has changed considerably. Attention Autism is a key intervention for many of our children but staff understanding was limited.

This year, the SENCO/ Lead SRP Teacher has led Attention Autism sessions with all staff, demonstrating the role of each stage and expectations of the adults. The SRP also has a staff bulletin and staff have been directed to resources and training from the Gina Davies Centre, with many staff providing feedback from their viewing.

WALLABY CLASS BULLETIN
2nd May 2023

ATTENTION AUTISM

Please do watch this short video on the role of the adult in Attention Autism sessions. It was originally filmed to support children and parents at home during COVID, but is still relevant for us! (Click on the photo below)

INTERVENTION TRACKING

This week, you should all have folders and tracking sheets for interventions. Please fill them in and give them to Philippa each Friday.

MORNING MEETINGS

We will start morning meetings at 8.10. Please go to your year groups first thing in the morning, collect any work and prepare visuals that are needed for the day, e.g. visual timetable, now/ next, communication boards etc.

THIS WEEK

Monday
Bank holiday

Tuesday
10.30 - Chloe SALT (Jenny)
11.15 - Luca SALT (Jo)
Philippa out PM
Kate downstairs
13.20 - Isaac SALT (Ambix)
Year 2 swimming - Emma B and Shauna; Pia R with Daniel
After school - Joint Planning Meetings (Sophie and Kate)

Wednesday
Sophie out on trip

Thursday
Sophie out on trip
Living Lands trip - Year 3 and 4 - same adults as last week

Friday
Sophie out on trip

Please do give children Dojo points and upload at least 2 photos or videos per child to their profile each week with a little comment. ClassDojo

As a result of this, staff show an improved understanding of their role as models of good communication and attention during Attention Autism sessions and are observed to sit within the group, make comments and model purposeful attention and turn taking skills. They are using far fewer verbal cues to children and instead relying on the activities providing “an irresistible opportunity to learn”.

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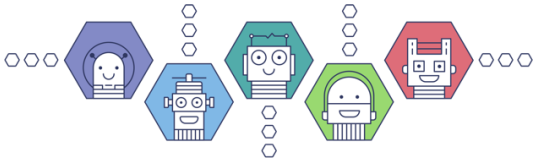
VALLEY INVICTA
PRIMARY SCHOOL AT
HOLBOROUGH LAKES



Evidence item: WORKFORCE IMPACT (Specialist)

All school staff (teachers and TAs) have received CPD around SLCN and AAC this year. SRP training has focused particularly on the use of specialist interventions to build joint attention (Intensive Interaction and Attention Autism) and communication (the use of AAC).

As a result of this training and modelling, SRP staff have been able to embed a consistent approach to the use of AAC across a range of formats (PECS, communication books, communication boards and dynamic screens).

Staff feedback shows that staff have understood the purpose of AAC and that they have implemented their learning in their practice:

> “There is a better understanding between adult and child. The needs of the child are met as all adults are able to understand what the child is asking for. SRP Staff are aware of what children have an AAC. Also, SRP staff know what stage a child is at, I.e. requesting single objects or choosing "I want etc." – SRP TA

> “Our training as SRP staff has shown us that when used consistently and repetitively, AAC tools can help a child that has verbal communication issues to communicate effectively. AAC tools used correctly can also develop the child’s communication from basic wants to being able to comment on the world around them. With the use of communication boards and books for example children can start with simply exchanging a picture/ symbol card for an item or to convey a need like a drink. Training has shown that through the adult working with the child they can begin to form sentences and then progress to being able to express their likes and dislikes and make comment. The AAC tools allow this fluid communication to occur.” - SRP HLTA

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VALLEY INVICTA
PRIMARY SCHOOL AT
HOLBOROUGH LAKES

SSIC information – targeted language/learning intervention

Rationale

The school has seen a changing profile of need within Key Stage 2, with increasing numbers of children working significantly below the age-related expectations as a result of significant dyslexia or dyslexic tendencies, severe expressive and receptive language needs and/or phonological disorders. These children were making limited progress within whole-class teaching, even with the use of scaffolds and adaptations. We therefore decided to introduce a targeted language and group drawing on evidence-based practices, tailored to meet their needs.

We have drawn on the EEF implementation cycle as we have considered approaches, the evidence and their efficacy.
We have established a programme incorporating Fresh Start and Colourful Semantics, both of which have a large research base.

Implementation

8 children have been taking part in the group, taught by the SENCo. This is designed to be a flexible group, with one child meeting their targets and returning to their mainstream class for mainstream English lessons. Sessions have typically started with Fresh Start, before moving on to targeted writing input including Colourful Semantics.

The sessions have been affected by staff absence and whole-school events, but have otherwise remained quite consistent.

Impact

Key headlines:

- All pupils made progress in both spelling and reading ages from their starting points
- **An average of 5 months of progress made in spelling ages**
- **An average of 10 months of progress made in reading ages** (with some children making very significant progress)
- **The school's own small steps of tracking format shows that children are making small steps of progress** as they establish the foundations of reading and writing.

Spelling ages

	January 2022	March 2022	Months of progress
SM	6:10	7:11	13
FS	6:02	6:04	2
JE	8:04	8:11	7
CB	(Not taking part)	7:01	N/A
BD	6:04	6:06	2
JW	7:00	7:02	2
HH	6:06	6:11	5
RC	6:11	7:01	2
Average months of progress			**5**

Reading ages

	January 2022	March 2022	Months of progress
SM	6:06	7:10	16
FS	6:02	6:03	1
JE	6:08	7:06	10
CB	7:02	8:07	17
BD	6:01	6:05	4
JW	6:02	6:05	3
HH	6:02	8:03	25
RC	6:02	6:04	2
Average months of progress			**10**

Next steps

- Split the group into two smaller groups, with a particular focus on targeted Fresh Start intervention

Individual case study – R

- Joined the school in January 2020
- Diagnosed with:
    - Autism
    - ADHD
    - Dyslexia
    - Visual stress
    - Escalating mental health needs
- HNF previously
- EHCP issued August 2021
- Making only very small steps of progress in Reading and Writing.

Reading

- Reading age: Scaled scores all below 90, and mostly below 80 until now.
- Jan 2022 reading age: 6:02, scaled score 86.
- March 2022 reading age: 6:04, scaled score 93.

Writing

- Progress seen in composition and independence as a writer.

Writing progress	Jan 2022	March 2022
Number of descriptors met	**8**	**29**
Number of descriptors partially met	**20**	**16**

- Spelling age:
    - Jan 2022: 6:11
    - March 2022: 7:01

Pupil Voice

"The group has helped me. It's easier to focus on than in class. My reading's definitely getting better and so is my writing. I feel that the writing group is easier and is helps".

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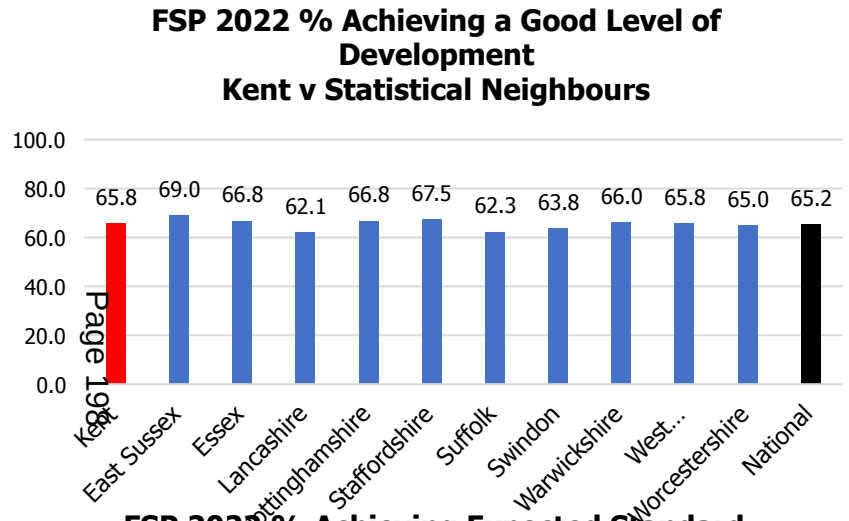
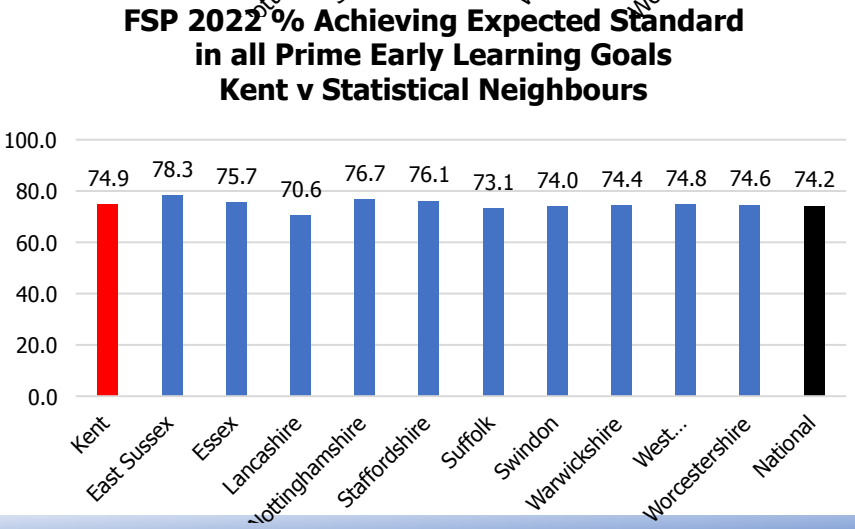
Education 2021-22

Early Years Foundation Stage Profile

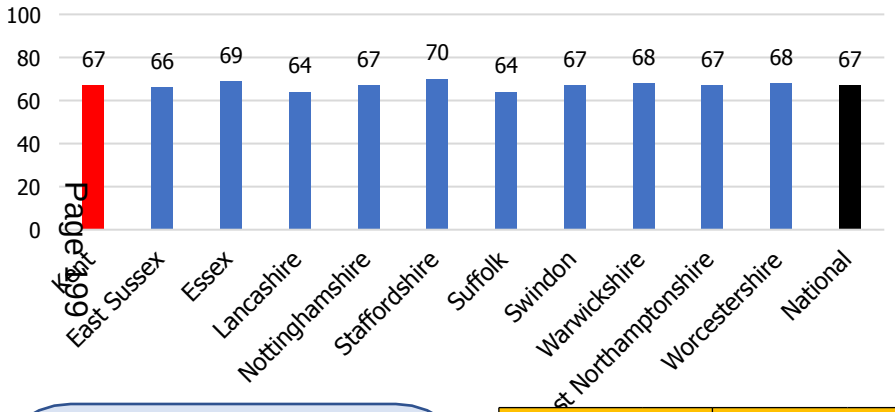




Good Level of Development/ All Early Learning Goals	Gap (No FSM-FSM)		Gap (Non SEN - All SEN)		Gap (Non SEN - SEN Support)		Gap (Non SEN - EHCP)	
	% Achieving GLD	% Achieving all ELGs	% Achieving GLD	% Achieving all ELGs	% Achieving GLD	% Achieving all ELGs	% Achieving GLD	% Achieving all ELGs
Kent	**22.6**	**22.6**	**54.3**	**53.5**	**48.6**	**48.0**	**66.3**	**65.0**
East Sussex	20.9	20.9	49.7	49.4	45.8	45.7	72.9	71.4
Essex	21.9	22.0	52.6	51.9	49.4	48.9	65.8	64.3
Lancashire	21.7	21.8	53.6	51.8	49.7	48.1	64.2	61.8
Nottinghamshire	20.4	20.6	56.3	55.1	55.3	54.2	71.0	68.9
Staffordshire	21.1	21.2	55.6	54.2	52.4	51.0	67.8	66.1
Suffolk	19.8	20.4	48.8	47.1	44.0	42.3	65.7	63.8
Swindon	21.7	22.0	55.6	54.7	50.2	50.0	65.6	63.7
Warwickshire	24.6	25.1	52.0	51.0	46.3	45.5	68.5	67.0
West Northamptonshire	19.1	19.0	51.3	50.5	44.8	44.4	68.6	66.7
Worcestershire	22.7	24.1	48.3	47.9	44.1	44.0	71.1	69.7
National	**19.7**	**19.9**	**52.1**	**51.4**	**48.0**	**47.5**	**67.3**	**65.7**
Kent's Ranked Position (1=top, 11=bottom)	**9**	**9**	**4**	**4**	**6**	**6**	**7**	**7**

- Kent is in line with National across key FSP measures (a bigger drop than National from 2019)
- Our FSM gaps are bigger than National, while our SEND gaps are broadly in line with National

Key Stage 1 Attainment



		Pupils known to be eligible for free school meals		Pupils not known to be eligible for free school meals		Gap (No FSM-FSM)	
		% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard
Reading TA	Kent	48	7	73	21	**25**	**14**
	National	51	8	72	21	**21**	**13**
Writing TA	Kent	38	2	64	9	**26**	**7**
	National	41	3	63	10	**22**	**7**
Maths TA	Kent	49	5	74	17	**25**	**12**
	National	52	7	73	18	**21**	**11**

- Kent in line with National for all subject areas (Reading shown as an example)
- Gaps bigger than National for FSM, in line for SEND

		Pupils with no identified SEN		Pupils with SEN Support		Pupils with EHC plan		Gap (Non SEN - SEN Support)		Gap (Non SEN - EHCP)	
		% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard	% Expected Standard	% Higher Standard
Reading TA	Kent	75	20	29	5	12	2	**46**	**15**	**63**	**18**
	National	75	21	30	4	12	2	**45**	**17**	**63**	**19**
Writing TA	Kent	66	9	20	1	7	1	**46**	**8**	**59**	**8**
	National	66	9	20	1	7	0	**46**	**8**	**59**	**9**
Maths TA	Kent	76	16	33	4	14	2	**43**	**12**	**62**	**14**
	National	75	17	33	4	14	2	**42**	**13**	**61**	**15**

Key Stage 2 Attainment Gaps

Reading, Writing & Maths	Pupils with no identified SEN		Pupils with SEN Support		Pupils with EHC plan		Gap (Non SEN - EHCP)		Gap (Non SEN - SEN Support)	
	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth
Kent	69	9	21	1	8	1	**61**	**8**	**48**	**8**
National	69	9	21	1	7	0	**62**	**9**	**48**	**8**

Attainment 8 and Progress 8	Pupils known to be eligible for free school meals		Pupils not known to be eligible for free school meals		Gap (No FSM-FSM)	
	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score
Kent	**34.0**	**-0.90**	**52.5**	**-0.03**	**18.5**	**0.87**
East Sussex	32.5	-0.84	49.8	0.07	**17.3**	**0.91**
Essex	32.8	-0.95	50.3	-0.08	**17.5**	**0.87**
Lancashire	34.4	-0.72	50.7	0.01	**16.3**	**0.73**
Nottinghamshire	35.1	-0.68	52.0	0.14	**16.9**	**0.82**
Staffordshire	33.7	-0.78	49.5	-0.05	**15.8**	**0.73**
Suffolk	34.6	-0.58	49.2	0.03	**14.6**	**0.61**
Swindon	35.7	-0.62	49.0	0.02	**13.3**	**0.64**
Warwickshire	33.3	-0.75	53.5	0.12	**20.2**	**0.87**
West Northamptonshire	35.9	-0.45	50.1	0.18	**14.2**	**0.63**
Worcestershire	34.3	-0.64	50.2	0.09	**15.9**	**0.73**
National	**36.9**	**-0.59**	**51.9**	**0.11**	**15.0**	**0.70**
Kent's Ranked Position (1=top, 11=bottom)	**7**	**10**	**2**	**9**	**10**	**8**

- Our gaps focus is on FSM and SEND
- FSM gaps are bigger than National
- Progress is a key issue for the FSM cohort in Kent
- SEND gaps are line with National
- Our minority ethnic groups do not represent a large proportion of our cohort, and they perform better than our white population

Reading, Writing & Maths	Pupils known to be eligible for free school meals		Pupils not known to be eligible for free school meals		Gap (No FSM-FSM)	
	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth	% Expected Standard	% High Score/ Greater Depth
Kent	38	2	66	10	**28**	**8**
National	42	3	64	9	**22**	**6**

GCSE Attainment Gaps

Attainment 8 and Progress 8	Pupils known to be eligible for free school meals		Pupils not known to be eligible for free school meals		Gap (No FSM-FSM)	
	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score
Kent	34.0	-0.90	52.5	-0.03	**18.5**	**0.87**
England	36.9	-0.59	51.9	0.11	**15.0**	**0.70**

English and Maths	Pupils known to be eligible for free school meals		Pupils not known to be eligible for free school meals		Gap (No FSM-FSM)	
	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass
Kent	22.9	41.1	55.6	74.4	**32.7**	**33.3**
England	28.4	46.9	55.4	74.6	**27.0**	**27.7**

Attainment 8 and Progress 8	Pupils with no identified SEN		Pupils with SEN Support		Pupils with EHC plan		Gap (Non SEN - SEN Support)		Gap (Non SEN - EHCP)	
	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score	Average Attainment 8 Score	Average Progress 8 Score
Kent	52.9	-0.04	36.2	-0.70	13.4	-1.62	**16.7**	**0.66**	**39.5**	**1.58**
England	52.5	0.10	34.8	-0.47	14.3	-1.33	**17.7**	**0.57**	**38.2**	**1.43**

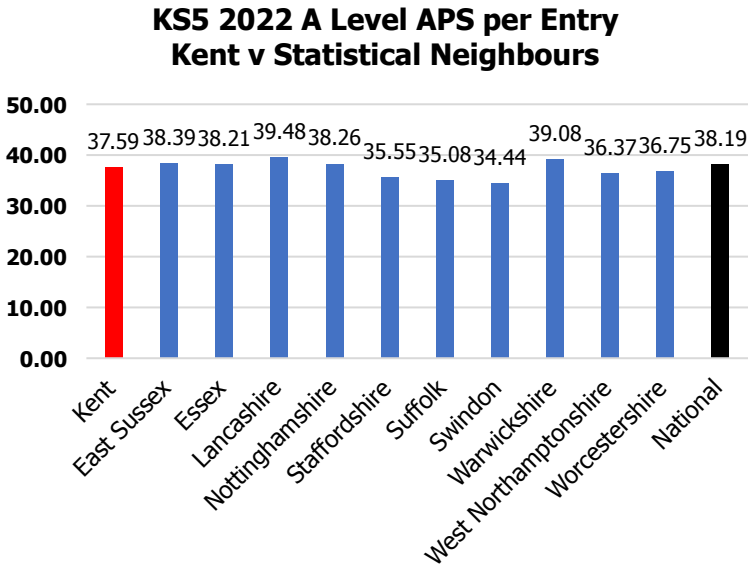
English and Maths	Pupils with no identified SEN		Pupils with SEN Support		Pupils with EHC plan		Gap (Non SEN - SEN Support)		Gap (Non SEN - EHCP)	
	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass	% Achieving a Strong Pass	% Achieving a Standard Pass
Kent	55.2	75.1	26.0	41.3	6.0	11.9	**29.2**	**33.8**	**49.2**	**63.2**
England	55.8	75.9	22.4	38.9	6.9	13.4	**33.4**	**37.0**	**48.9**	**62.5**

- Our gaps focus is on FSM and SEND
- FSM gaps are bigger than National
- SEND gaps are broadly in line with National
- Our minority ethnic groups do not represent a large proportion of our cohort, and they perform better than our white population

Post-16 Attainment

	A Level Students						Academic Students			
	Number of students	APS per Entry	APS per Entry as a grade	% achieving 2+ A Levels	% achieving 3 A*-A grades or better	% achieving grades AAB or better inc. 2 facilitating subjects	Number of students	APS per Entry	APS per Entry as a grade	% achieving at least 2 substantial level 3 qualifications
Kent	7,089	37.59	B-	86.2	21.3	21.4	8,250	38.15	B-	84.2
National		38.19	B-	88.0	21.3	22.3		38.25	B-	87.4

	Applied General Students			Tech Level Students		
	Number of students	APS per Entry	APS per Entry as a grade	Number of students	APS per Entry	APS per Entry as a grade
Kent	3,213	31.92	Dist-	376	34.61	Dist
National		33.26	Dist-		34.94	Dist



- Our attainment at post-16 is in line with National across all types of study
- We perform mid-range in comparison to our statistical neighbours

Kent – Transition Charter

Working Together for Successful Transitions between Home and Education Settings

Transitions are crucial times in the lives of children, young people, adults with EHCPs and their families. As such, it is important that all professionals involved have a shared understanding of what transition is and means, and that a consistent approach is taken both in principle and in practice. All stakeholders will work together, with professional and mutual respect, to support children and young people and their families through transition.

Schools and Education Providers will:

- foster effective relationships with families, providing clear communication on the transition
- process share and inform families and CYP&YA about available options ask CYP&YA their
- opinions and listen to these develop a clear
- transition program, coordinating key dates and activity with other providers in the locality, including having shared common induction dates engage with the LA's phased transfer
- process for their CYP&YA with EHC plans and children with identified SEND where possible, designate key link staff to facilitate handover
- provide accurate and reliable information to new settings within agreed timescales and make
- effective use of information to induct CYP&YA Identify CYP&YA at risk of NEET* engage with, encourage, and motivate CYP&YA identify and
- implement enhanced transition plans where
- needed including explaining new routines
- Refer to the SEND and the Mental Capacity Act Codes of Practice (post 16) supporting families and
- CYP&YA where appropriate

The Local Authority will:

- coordinate admissions for CYP&YA with EHC plans, complete the phase transfer process as set
- out in the SEND Code of Practice 2015 provide clear and concise information and guidance to education settings, parents and YP about the
- phase transfer process coordinate Post 16 options through Kent Choices identify those
- CYP&YA at risk of NEET* and provide both individual support and support for schools offer transition support from Portage Practitioners for
- those children accessing Home Learning or Group sessions refer to the SEND and the Mental Capacity Act Codes of Practice (post 16) supporting families and CYP&YA where appropriate

STLS and other Support Organisations will:

- recognise and understand the timetable for and the lead-in timings to plan for transition
- communicate clearly with settings
- actively support transition
- share relevant information
- support any enhanced transition plans

Parents and Carers will:

- openly communicate and engage with settings
- share worries and anxieties provide
- and update contact information.
- attend any transition meetings/events
- promote transition program with CYP&YA, including new routines
- work with schools and support providers be aware of the SEND and the Mental Capacity Act Codes of Practice (post 16) and be supported by others to ensure this is considered where appropriate

If we get this right

Children, Young People and Young Adults with EHC Plans will: be

- helped to build new key relationships
- communicate and engage in discussions about their transition and next setting; making them feel part of their own transition and feel listened
- to gain trust, reduced anxiety and confidence
- about the transitions and changes they bring
- begin to positively engage with their new setting
- attend transition meetings/events build, and
- understand the need for, new routines
- experience continuity of learning have suitable resources and opportunities in place to support
- inclusion and independence, and achieve to the
- best of their abilities

	• where appropriate make decisions (see Mental Capacity Act Code of Practice (post 16)

Kent – Transition Charter

Working Together for Successful Transitions between Home and Education Settings

What should this look like?	
Coordinate admissions	The LA will coordinate admissions and ensure that information is readily available and communicated clearly to educational settings, families, CYP&YA and other stakeholders.
Provide information within the agreed timescale and make effective use of it	Completed information should be transferred to the new setting within the agreed timescale so that they can use it to effectively support the transition of the CYP&YA.
Identify education placements for children and young people/ adults with EHC plans	The LA will arrange educational placements for CYP&YA with EHC plans through the Phased Transfer process, meeting statutory timescales.
Recognise onset of transition	Medical, Statutory, Social services etc. will proactively plan for transition from the earliest point, working with others and building into annual/regular reviews and recognising the timetable for each key transition.
Foster effective relationships, communicate and inform	Educational settings should listen to and know the families and CYP&YA well and feel confident to speak with them offering support, advice and options.
Create a clear transition program	Educational settings should work as partners to develop clear transition programmes that are coordinated by key staff and accompanied with an accessible booklet/information sheet and additional resources where appropriate.
Identify need for Enhanced Transition Plans	Educational settings will make thorough consideration for SEND and vulnerable CYP&YA whom would benefit from an enhanced transition and additional support, for example, extra visits, named mentor, etc. These enhanced plans are supported by professionals where required e.g., Portage, Health, STLS.
Coordinate transitions with other educational settings	Transition programmes should be coordinated across educational settings and wherever possible, across districts. They should include common arrangements for information sharing, induction visits and parent sessions.
Engage, encourage and motivate children, young people and young adults	Transition programmes should be designed to work with the interests and motivations of children, young people and young adults. They should include opportunities for listening to the voice of the CYP&YA/adult and responding to their wishes. Reference should be made to the Mental Capacity Act Code of Practice (post 16)
Openly communicate with educational settings	By attending meetings and communicating with settings, families will ensure that their voice and the voice of their CYP&YA contributes towards designing and promoting a successful transition.
Support and advise educational settings	The LA will actively be available to support, coordinate and advise educational settings to maintain smooth transitions.

Support enhanced transition plan	Support organisations should be consulted on, included in and actively support enhanced transition plans
Provide and update contact information	Making sure that all contact information is up to date and available will help to maintain effective communication and keep families informed of transition.
Provide information in a timely manner and make effective use of it	Complete information should be transferred to the new setting in a timely manner so that they can use it to effectively support the transition of the CYP&YA/adults.

Kent – Transition Charter

Working Together for Successful Transitions between Home and Education Settings

These lists are not exhaustive but represent what would be expected across and from a range of stakeholders in order that CYP&YA experience transition as coordinated, effective and consistent as possible.

Additional references and resources are linked at the bottom of this page.

Actions for
Children and Young People

- Ask about and understand your choices and options
- Talk to key people in school and your family about your transition and settings
- Visit the different settings and attend meetings
- Communicate your feelings and contribute to pupil portrait
- Ask for help and support. Talk about the things you are worried about
- where appropriate make decisions (see Mental Capacity Act Code of Practice (post 16)

Actions for
Settings and Schools

- Listen and talk to CYP&YA and their families
- Identify those needing an enhanced transition
- Know your feeder settings, including home setting for Early Years; undertaking visits, and the settings you feed to
- Inform families and CYP&YA about transition choices,
- timings and processes
- Designate Key Link Staff / Transition Lead
- Design a Transition Strategy with effective arrangements
- and time for liaising/data collection
- Support from Governors for transition readiness
- Invite key support organisations or
- professionals to transition meetings or request reports as applicable Make Transition a key element of Development planning; be aware of building modifications
- Agree common transition dates
- Refer to the SEND and the Mental Capacity Act Codes of Practice (post 16) and support families and CYP&YA with these where appropriate.

Actions for Parents and Carers	Actions for the Local Authority
• Talk to and listen to your CYP&YA. • Know when most transitions take place (year groups etc.) • Know the choices and options that you and your CYP&YA have and understand the next steps • Visit settings and attend meetings and events • Identify Key Staff and Transition Leads • Ask question, share worries, seek advice and support (Identify SENCO and FLO) • Confirm Transition Expectations and support programmes with CYP&A, including new routines • Be aware of SEND and the Mental Capacity Act Codes of Practice (post 16) and consider these where appropriate	• Listen and talk to settings, CYP&YA and their families; identifying and supporting NEET • • Coordinate admission and transition dates • Provide guidance on Phase transfer process for CYP&YA with EHC plans and complete these • Collate and Communicate Transition options and support settings with strategy and implementation; also Portage and Home Learning/Group sessions • Share good practice and share countywide transition document templates • Coordinate Post 16 options and Local Offer • Refer to the SEND and the Mental Capacity Act Codes of Practice (post 16) and support families and CYP&YA with this where appropriate.
	Actions for Other Support Organisations • Be aware of CYP&YA approaching transition and actively support them • Know when most transitions take place (year groups etc.) including into adulthood • Know, communicate clearly and collaborate with settings and Transition Leads and share relevant information • Talk to listen to CYP&YA and their families • Support development and delivery of enhanced transition plans • Attend transition meetings or complete reports, as required

Information Resources / Appendices

- Transition timeline with key actions / dates
- Local Authority guidance on the Phase Transfer process for CYP&YA with EHC plans • TEP EYC Transition Framework
- Admissions information on SEND Information Hub
- Mental Capacity Act Code of Practice (Post 16)
- Kent Choices
- Successful transition for Children and Young People with a disability
- Enhanced Transition Plans for SEND / Vulnerable pupils in each phase by year/term (KAH/STLS)
- Resources / booklets for schools, parents/carers and children with SEND (available from STLS)
- Further guidance for CYP&YA with health needs including PD, VI and HI (see references below)
- Further guidance for CYP&YA with mental health needs (see references below)
- PD - Guidance on transition 16-25 for HI, VI and MSI NatSIP - 16-25 Years (including transition)
- HI - Getting ready for secondary | Things to consider (ndcs.org.uk)
- VI - Your Future, Your Choice: Bridging the Gap – ENGLAND (rnib.org.uk)

References and Source Materials

West Kent Schools Transition Protocols, KAH Transition Project
Yr 6 into 7 transition work with Maidstone schools
KCC Preparation for adulthood protocols
TEP- EYC Transition framework
Young Minds: Find Your Feet

Blog Optimus: Ensuring Successful Transition from Primary to Secondary Learning Disabilities: Moving on to Secondary School
Early Years Matters: Transitions
Reachout ASC: Post 16 Transition for Students with SEND/ASC
PDF: Special educational needs

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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,

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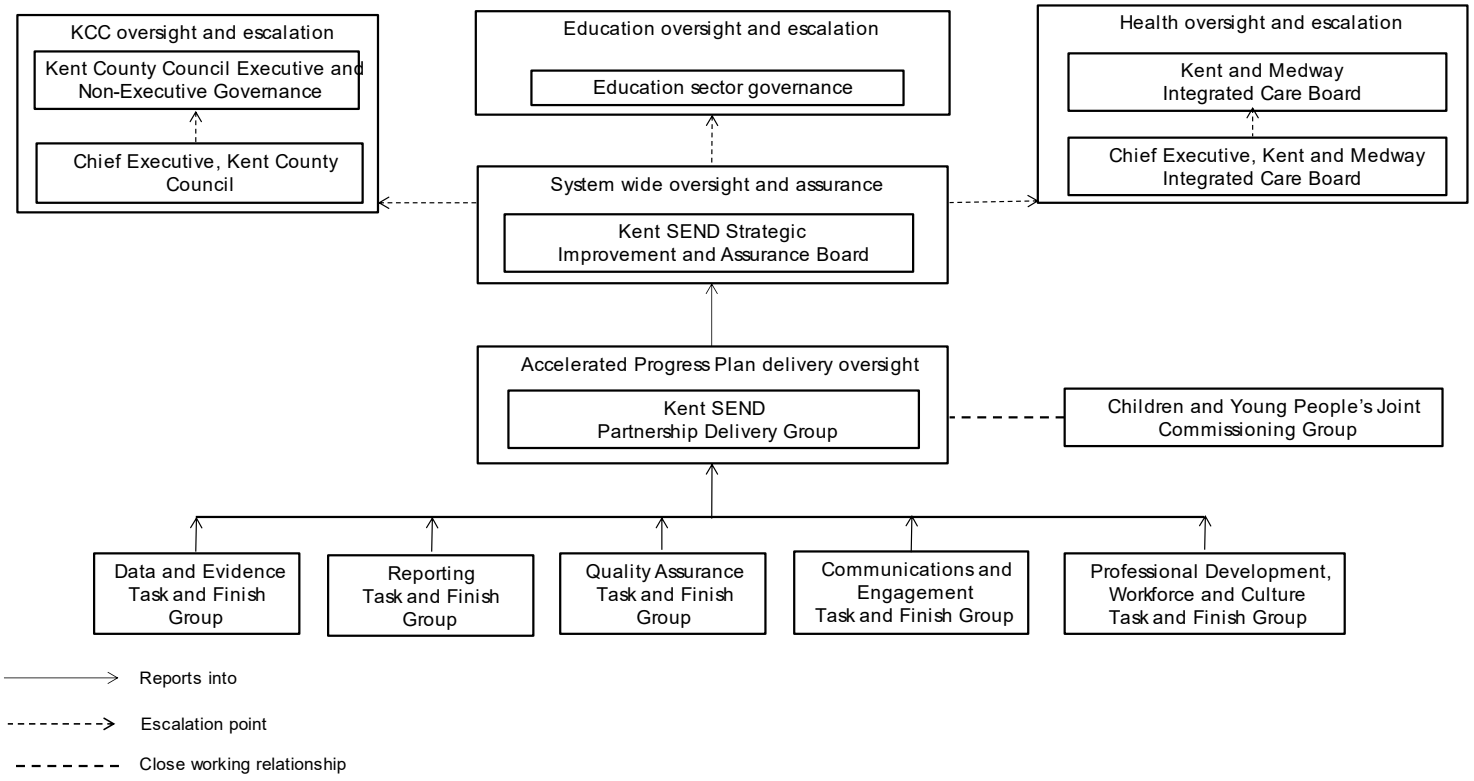
commissioning, and project plans. We will also be developing clear milestones for all actions over the summer, so we know we are on track for the long-term improvement needed.

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**
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).	30 September 2023	Marketing and Resident Experience Partner, KCC.	Green	Red	• Customer feedback. • Insight from EHCP and inclusion surveys. • Updated list of communication channels to use.	APP04 APP08 APP12 APP15 APP16 APP18 APP21 APP31 • Number of website visits • Time spent on site. • Top pages. • Social sharing.

1A2: Implementation of new communication working practices by SEND officers in relation to keeping parents informed during education, health and care (**EHC**) processes.	31 May 2023	Performance and Analytics Manager (Continuous Improvement), KCC	Amber	Amber	• 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.	APP05 APP12 APP13
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.	1 October 2023	Marketing and Resident Experience Partner, KCC.	Amber	Red	• Targeted social media engagements. • Click-throughs to news articles. • Video views. • Positive feedback from children, young people, parents, and carers.	APP04 APP12 We monitor the reach and level of interactions through our media channels, including: • 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.
1A4: Increase compliance of health professionals against the SEND training assurance framework.	30 April 2024	Designated Clinical Officer (**DCO**) Kent and Medway, NHS.	Green	Red	• Evidence of the scoping exercise with stakeholders. • Multi-agency quality assurance framework audit cycles reported to Strategic Improvement and	APP08 APP09

					Assurance Board (**SIAB**) from May 2023.	

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	• 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: • 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	• 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: • 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	• Requests for EHCNA by parents reduce. • Analysis of parental feedback	APP08 APP09

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	• 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

					• 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	• 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	• 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: • 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	• New teams and working processes established. • Training delivered to new teams.	APP13 APP21 APP22

and Placement Teams is in place and understood.					• Operational guidance is in place. • Systems of monitoring performance of teams is in place. • Changes to structure communicated to stakeholders.	

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
DD1: Improve access and availability to Educational Psychology (**EP**) services.	31 October 2023	Assistant Director/Principal Educational Psychologist (EP), KCC.	Amber	Red	• 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.

					• 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	• 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.

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	• CATIE survey analysis. • CATIE Monitoring and Evaluation Group, led by Qualitative Manager in Analytics.	% of parents and carers who complete the CATIE survey.

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.	30 April 2024	Designated Clinical Officer (**DCO**) Kent and Medway, NHS.	Amber	Red	• 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.	APP08 APP09 APP10
1E3: To coproduce the health offer across the universal, target and specialist health services for special schools.	31 December 2023	Designated Clinical Officer (**DCO**) Kent and Medway, NHS.	Green	Red	• 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.	APP08 APP09 APP10

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	• 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	• 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	• 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.

					with evaluation of consultation findings in September 23. • Increased promotion of antenatal parenting offer through Family Hubs test sites from July to September 23. • Pilot of Dad's antenatal support.	

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.

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	• 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	• Stakeholder engagement - July 23.	APP08 APP09 Critical success factors will be defined once review

					• 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	• 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	APP08 APP09 APP18 APP31 SEND Strategy Priority Two: objectives: • 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.

						• 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	• 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.	• 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
2B1: Produce and promote video interviews with teachers, pupils and parents as case studies that illustrate the benefits of inclusive practice.	March 2023 pilot	Marketing and Resident Experience Partner, KCC.	Green	Red	• Video views. • Targeted social media reach. • Click throughs on website. • Inclusion survey. • Other feedback sought from teachers, pupils, and parents.	APP04 APP08 We monitor the reach and level of interactions through our media channels, including: • video views • reach • engagement rate.
2B2: Review of phase transfer process.	31 March 2023	Interim Assistant Director for SEND Processes.	Amber	Amber	• 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	APP08 APP09 APP18 APP19 APP31
2B3: Preparing for phase transfer implementation 2024/2025.	31 March 2024	Interim Assistant Director for SEND Processes.	Amber	Amber	• 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	APP08 APP09 APP11 APP18 APP19 APP31

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
2C1: Review of Special Schools The scope of the review includes: • 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.	31 December 2023	Assistant Director/Principal Educational Psychologist, KCC.	Amber	TBC in September 23 reporting	• 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.	APP08 APP09 Explore stage data includes: • 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
2D1: Deliver Pathways to Independence - Sufficiency Planning.	2 September 2024	Interim Assistant Director for SEND Operations, KCC.	Green	Green	• 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.	APP39
2D2: Develop and review the transition charter.	31 July 2024	Education Officer, Mainstream Inclusion, KCC.	Green	Amber	• 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.	APP08 APP09 APP11 APP18 APP19 APP31
2D3: Development of Social, Emotional and Mental Health (**SEMH**) guidance for mainstream schools and mapping of resources available for schools.	30 April 2024	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	• Deep dive report completed, and recommendations being reviewed to progress through governance arrangements. • Production of resources for schools	APP08 APP09 APP45 APP46

2D4: To plan to collect meaningful student voice from young people and have infrastructure in place to respond and improve appropriately.	31 July 2024	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	• 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	SRP contract/service level agreement includes annual monitoring on student voice from September 2023.

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
2E1: Review of the Countywide Approach to Inclusive Education (**CATIE**).	01 September 2023	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	• Updated CATIE document formally adopted as council strategy. • CATIE Steering Group chaired by a mainstream headteacher	APP09 APP49 APP50 APP57 – APP64

					will provide oversight from September 23 – terms of reference in place. • 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.	
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. 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).	31 July 2024	Education Officer, Mainstream Inclusion, KCC Assistant Director/Principal Educational Psychologist, KCC.	Green	Red	• 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.	• 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	• 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	• 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	• 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.
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	• 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

					• 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.
3B3: Involve parents in reviewing the impact of the new SEND operating model including the SEND enquiries hub (local offer).	31 March 2024	SEND Engagement, Operations and Assurance Manager, KCC.	Amber	Green	• 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	• 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	• 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	• 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	• 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)					• Quarterly and annual reviews of MoU. • Evidence of engagement and reach with broader range of parents and carers.	

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	• 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	• 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	• Co-production feedback received.	APP05 APP12

education, health, and care (**EHC**) processes.					• EHC survey. • Inclusion survey. • Customer feedback	

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	• 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	• 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.

Page 236					• 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	

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	• 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	• 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

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	• 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	• 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	• 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	• 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	• 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	• 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

					• 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.	

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
5B1: Locality based resources project.	1 April 2024	Education Officer, Mainstream Inclusion, KCC.	Amber	Amber	• 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

					• 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	• 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.

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	• 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

					• 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	
5C2: Liaise with Pupil Referral Units (**PRUs**) to ensure continuity of support for children and young people who require specialist support.	30 September 2023	PIAS Manager (PRU, Inclusion and Attendance Service), KCC	Green	Green	• 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.	APP57 – APP64

					• 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.	
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.	31 December 2023	Client Transport Manager and Designated Clinical Officer (**DCO**) Kent and Medway, NHS.	Amber	TBC in September 23 reporting.	• Ratified transport framework	APP58 APP59 In addition to APP Scorecard KPI's: • 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	• 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

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	• Increase inclusion in mainstream schools. • CATIE Steering Group oversight	No. and % of participating schools.

5E2: Implementation of the Countywide Approach to Inclusive Education (**CATIE**) - Deliver the Inclusion Leadership commissioned programme.	31 March 2024	Commissioner – Disabled Children and Young People Services, KCC.	Green	Green	• 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).	No. and % of participating schools.
5E3: Implementation of the Countywide Approach to Inclusive Education (**CATIE**) - Develop and promote the school resource directory.	31 October 2023	SEND Engagement, Operations and Assurance Manager, KCC.	Green	Green	• 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.	Planning underway on development of data and measures, including links to school inclusion survey data, inclusion dashboard and training by August 2023.

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
6A1: Review decision-making processes for education, health, and care needs assessments (**EHCNAs**).	31 May 2023	Performance and Analytics Manager (Continuous Improvement), KCC.	Green	Green	• 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
6A2: Designated Clinical Officer (**DCO**) to work with SEND service to review and	30 June 2023	Designated Clinical Officer	Blue	Green	• 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.			• 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.
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	• 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	• Monthly audits delivered as per quality assurance audit forward plan shared with SIAB from May 2023.	APP03 APP22

					• 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
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.	30 April 2023	Assistant Director – Quality Assurance and Social Work Lead within Special Educational Needs and Disabilities, KCC.	Red	Red	• 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.
6C2: Develop multi-disciplinary training package for level 3 health practitioners to share learning from audits/tribunal outcomes and enhance knowledge of statutory duties.	31 March 2023	Designated Clinical Officer (DCO) Kent and Medway / SEN, NHS	Green	Amber	• Monthly post training feedback. • Number of level 3 health practitioners trained.	APP05 APP06 APP07 APP08 APP09

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
6D1: Process Improvements for annual reviews.	31 May 2023	Performance and Analytics Manager (Continuous Improvement), KCC.	Green	Green	• 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	APP02 APP11 APP20
6D2: Develop a SEND handbook.	31 August 2023	SEND Strategic Development Manager, KCC.	Green	Amber	• Handbook is circulated to staff and relevant stakeholders.	APP35 APP36 Reduction in the number of queries from schools in relation to SEND processes.

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	• 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	• 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	• 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	• 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	• A designated key worker in post. • Reduced hospital admission. • Prevention of escalation of young people in crisis.	• Number of 18– to 25-year-olds on the Dynamic Support Database (**DSD**) Programme.

					• Action plan in place to track progress	• Number and percentage of 18 to 25-year-olds on the DSD programme with a Designated Key Worker.
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.	01 June 2024	Interim Assistant Director for SEND Operations, KCC.	Green	Green	• 4 forums delivered across the county in March. • Attendance at future forums from providers and future providers. • Monitoring number of supported internships.	APP39 Number of supported internships in Kent.
6F4: Develop and implement a communications plan to promote the support and advice available for young people moving into adulthood.	31 October 2023	Marketing and Resident Experience Partner, KCC.	Green	Red	• 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	APP04 We monitor the reach and level of interactions through our media channels, including: • 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
6G1: Review the timescales and workload of Education Health and Care Needs Assessment (**EHCNAs**)	31 May 2023	Interim Assistant Director for SEND Operations, KCC.	Green	Green	• 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	APP17 • 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

						month of 2023 compared to 2020-22). • Total EP responses of assessments completed in time for the month - to see what proportion of those EHCPs each month were provided in timescale.

6h) Only approximately half of annual review meetings happen on time.

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	• 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	• 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	• 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	• 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	• 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

					• 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	• 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.

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	• All governance arrangements updated.	Not applicable

					• 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	• 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	• 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	• Terms of Reference created. • Minutes of meetings.	APP08 APP09 APP10

arrangements for children and young people (**CYP**) with SEND.					• Evidence that lived experience informs the work of the SEND Network • Update to Strategic Improvement and Assurance Board (**SIAB**) in June 2023.	
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	• 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	• SEND strategy review undertaken. • Evidence of engagement and co-production with children, young people and parents/carers and partners.	Not applicable.

					• 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	• 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
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	• Information published on SEND information hub (local offer) page. • Engagement with Kent PACT on communications and engagement planning.	APP04 • 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	• 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	• 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).	• 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	• 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

					• Escalations to senior leaders via Independent Chair of SIAB, as required.	
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.						
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**
7E1: To establish a Strategic Improvement and Assurance Board (**SIAB**) and Partnership Delivery Group (**PDG**) with clear Terms of Reference (ToR) and Membership.	28 February 2023	Director for Education and SEND.	Green	Green	• 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

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	• 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	• 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
8A1: Increase uptake of online school health assessments to support early identification and intervention for young people and families.	31 December 2023	Head of Strategic Commissioning (Public Health), KCC.	Green	Amber	• 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	• 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.
8A2: Offer neurodiversity (**ND**) alternative screening and support interventions that meet holistic needs.	31 December 2023	Deputy Director Children's Services – SEND, NHS.	Amber	Amber	• Evaluation of the impact of the screening tool (Reception Year and	APP16 APP42 APP43 APP45 APP46

					Year 6) to be provided by 6-month review. • Children, young people and family surveys and interviews.	• Number of families seeking private assessments. • Number of families transferring care to NHS after private assessment.
8A3: Increase the number of 14+ with a learning disability (**LD**) having an annual health check.	31 December 2023	Learning, Disabilities, and Autism Associate Director, NHS.	Green	TBC in September 23 reporting.	• 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.	• Number of 14+ on the LD register. • Number of 14+ with a LD having an annual health check.
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.	30 September 2023	Deputy Director Children's Services – SEND. Programme Manager (Children's Neurodevelopment), NHS.	Amber	Red	• 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	APP40 APP41 APP42 APP43

					proportionate clinical confirmation of condition. • CYP that need Autism Diagnostic Observation Schedule (**ADOS**) diagnosis for education and care purposes are prioritised.	
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.	31 July 2023	Associate Director (Children's Mental Health), NHS.	Blue	Green	• 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
8B1: Develop a responsive alternative prescribing and reviews model for children and young people (**CYP**) with ADHD in line with national safe best practice.	31 January 2024	NHS Deputy Director Children's Services – SEND, NHS.	Amber	Amber	• Baseline for National Institute for Health and Care Excellence (**NICE**) compliance. • 6-month children and young people feedback from pathway.	APP41 APP43 NICE guidance compliance reporting via contract management.

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
8C1: Improve and increase access to Educational Psychology (**EP**) Services.	30 April 2024	Deputy Director Children's Services – SEND ICB, NHS. Assistant Director – Principal Educational Psychologist.	Amber	Amber	• 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	• % of schools that have had direct EP support (including emotion-based school avoidance intervention; emotional literacy support assistants training; crisis support).

Page 267					scorecard from Sept 2023. • Improved completion of EP advice (Appendix 5) for education, health, and care needs assessment (**EHCNA**) within 6 weeks. • Evidence of parents and schools' feedback	• 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. By March 2024: • 75% in 6 weeks; 85% in 7 weeks and 100% in 10 weeks.
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.	30 April 2024	Deputy Director Children's Services – SEND Integrated Care Board (**ICB**), NHS. SEND Lead SLT for SEND Therapies Team, KCC.	Green	Amber	• 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**)	• Waiting times for children and young people (data in development). • % increase in families accessing appropriate SLT

					data improvement programme is developed. • Evidence of co-production and co-design with families and partners.	services per district.

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
8D1: Improve and increase access to Speech and Language Therapy (**SLT**) services and an identified range of Speech, Language Communication Needs (**SLCN**) provisions.	30 April 2024	Deputy Director Children's Services – SEND Integrated Care Board (**ICB**), NHS. SEND Lead SLT for SEND Therapies Team, KCC.	Amber	Red	• 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.	• 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	• 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	• 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
9A1: Co-ordinating delivery of internal tuition provision.	31 August 2025	Senior Commissioner, KCC.	Amber	Green	• 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.	APP34 Attendance of children and young people to The Education Programme's face to face sessions, virtual or in person.
9A2: Co-ordinating delivery of external tuition provision.	31 August 2026	Senior Commissioner, KCC.	Amber	Green	• Providers in place to deliver tuition services	APP34 Attendance of children and young people with

						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	• Training delivered to schools. • Early intervention programmes delivered with schools. • Countywide Steering Group set up.	Number of delegates attending training sessions. APP57 – APP64
9b) 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	• 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.

- 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	• 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	• 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	• 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.

			• 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	• 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	• 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	• 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.		• 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	• 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	• 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.

			• 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	• 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	• 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.		• 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	• 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.

			• 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	• 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

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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