

# **Working Together, Improving Outcomes**

## **Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities**

**2017- 2019**

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# Working Together, Improving Outcomes

## Introduction

The Children and Families Act 2014 introduced reforms to the way in which children and young people with special educational needs and disabilities (SEND) are supported to learn. At the core of these changes was a new statutory duty on the local authority to ensure that their views, wishes and feelings are given importance and that they and their families are provided with information and support to enable them to participate in decisions about them to help them achieve good outcomes.

In readiness to deliver the requirements of the Children and Families Act 2014, Kent's SEND Strategy, which forms the County Council's policy for SEND, was developed with stakeholders responsible for implementing the changes and in partnership with parents and carers.

Kent's SEND Strategy, launched in January 2014, set out three overarching aims to:

- 1) Improve the educational, health and emotional wellbeing outcomes for Kent's children and young people with SEN and disabilities
- 2) Ensure Kent delivers the statutory changes (required by the Children and Families Act 2014)
- 3) Address the gaps in provision for children and young people with SEN and disabilities; improve the quality of provision; develop the broadest range of providers, and encourage a mixed economy.

We set out firmly our commitment to delivering the reforms, which have now been in place for two years, and tested our approaches as a Pathfinder for the Department of Education.

Now, in 2017, we have completed a review of our progress in delivering the SEND Strategy and this document is our refreshed plan, setting out the next steps to improving the outcomes for every Kent child and young person with SEND.

Real progress has been made. We have continued to improve and expand our provision, we have seen steady improvements in progress and outcomes for children and young people with special educational needs and we have developed new ways of funding and supporting greater capacity in the system through High Needs funding and the development of the Local Inclusion Forum Team (LIFT) arrangements.

At the same time we have successfully implemented the reforms, introduced the new Education Health and Care Plans and developed the Local Offer. The revised statutory assessment process recognises the importance of co-production and engagement of children, young people and their families.

By the start of 2017, over 3,000 Kent children and young people were benefiting from the new arrangements and significantly more children and young people with SEN in Kent were receiving a better quality education. Kent continues to have many reasons to be proud of its services and the quality of its specialist provision. The number of specialist SEN places has significantly increased and we have delivered good value for money as well as creating sustainable capacity in mainstream and Special schools. We propose to develop more provision and we continue to focus on improving both the outcomes and rates of progress for children and young people with SEND.

Setting out a four-year transitional period to March 2018 to implement the national changes, the Government described the reforms as the most transformational change in SEN for thirty years, and acknowledged that the Act would require significant cultural and procedural changes and time to embed these.

Going forward we recognise that there is still much to do, to keep pace with demand, to improve the quality of provision further and to ensure that more children and young people can have the specialist support they need in local schools and early years settings.

Children and young people with SEN in Kent are achieving better progress than pupils with similar needs nationally. However it is disappointing that the gap between their attainment and that of other learners has remained very wide and shows little sign of diminishing.

One of the biggest challenges for the Strategy is to ensure that we can improve support for children with autism and speech and language needs across all schools, and that we improve our joint commissioning with the Health Service to ensure health inequalities and access to key services are addressed.

We must deliver this Strategy within the context of funding pressures. The Government is proposing to introduce a new National Funding Formula for schools in 2018-19 and in relation to High Needs, based on current proposals, we will not have any increases in the High Needs funding that Kent receives over the period 2018-2022. This will require even more effort to target our resources effectively and achieve even better value for money in the investments we make to improve pupil outcomes.

## **Our Vision and Priorities**

Our vision in Kent is to have a well-planned continuum of provision from birth to age 25 that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers, which ensure that individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention so that early help is provided in a timely way and children's and young people's needs do not increase.

We believe that every Kent child and young person should have their needs met, as far as possible in their local community, in local early years settings and schools, in Further Education colleges and work places. We expect every early years and post 16 provider, mainstream school and academy to make effective provision for children with SEN and disabilities so that they make good educational progress and can move on easily to the next stage of their education and later into employment and independent adult life.

Our vision is for all Early Years settings, schools, colleges and health and care support services to have the capacity, skills and confidence to deliver high quality provision for children and young people with special educational needs and those who are disabled (SEND), to improve their educational and health outcomes and their access to wider social development and opportunities to participate in their local community.

We expect education, care and health services to be delivered in an integrated way so that the experience of families accessing services is positive and children's and young people's learning and development, safety, well-being and health outcomes are well promoted alongside their educational progress and achievement.

We recognise the importance of providing good training for all staff, whichever setting they are working in. We aim to achieve this by using the best expertise and knowledge in schools and other services, to increase capacity throughout the county by sharing best practice and by promoting a model of collaborative working and shared responsibility.

We aim to improve our provision and increase parental choice, working in partnership with providers in the voluntary and independent sectors who share our vision and values.

We believe every Kent child and young person who is disabled has the right to live as ordinary a life as possible with easy access to local schools, other education settings and opportunities to use community and leisure facilities, and to the support services they and their families need. Kent's Strategy sets out our commitment to ensuring that families have their needs met early so that they do not experience the level of challenge and difficulty in their lives that require statutory interventions. We recognise that some young people with the most complex needs require significant levels of help and we aim to ensure they and their families can work with us to shape the services that will best ensure good outcomes for them.

Our plan is ambitious. To deliver it we must identify children with SEND at the earliest possible opportunity and provide them with the support they need to make good educational progress and achieve good outcomes so that they and their families feel well supported and have the resilience to look after their disabled child within the family home.

**In summary our priorities for 2017-19 are to continue to:**

1. Improve the progress rates and attainment outcomes for all children and young people with SEN and those who are disabled, so that we close the achievement gap between them and other children and achieve outcomes which are above national expectations for similar pupils. To achieve this improvement it will be essential to increase school attendance for SEND learners and ensure they are not excluded from school.
2. Improve provision for, and easy access to, appropriate local services in childcare, education, care and health in order that more families can care for their children in their home and fewer children are educated out of their local area or out of the county. This includes delivering the additional places in Special Schools, new Free Schools and Specialist Resourced Provisions as set out in this Strategy.
3. Develop the quality and capacity of early years providers, schools and colleges, in order to meet the needs of local families and their children with SEN and disability, especially in supporting learners with autism and speech and language needs. We will ensure the necessary training, advice and support is provided to increase capacity in meeting these needs.
4. Ensure there is effective use of High Needs funding in delivering the kinds of support and interventions for learners that impact successfully on improving their progress and attainment. As part of this we will carry out a review of High Needs funding in mainstream schools and colleges to identify the most effective practices and to achieve the best value from the available resources.
5. Develop the broadest range of providers to increase parental choice and offer provision which offers a flexible match to the needs of children and young people. We aim to have a continuum of provision across mainstream and special education, colleges, training and care providers, so that the needs of all children and young people in Kent can be met locally. We expect this to result in less need for extended journeys and reduced costs for SEN transport.
6. Improve transition planning at age 14 and, in partnership with schools and colleges, develop a wider range of learning options and pathways post 16 that cater well for the needs of SEND students, including high quality work experience and support for traineeships and apprenticeships. In this way we expect to see a significant reduction in the numbers of SEND learners who are NEET.
7. Build parents' confidence in the support provided and improve the engagement of parents by providing them with timely information, advice and support, and a high quality statutory assessment process which delivers to timescales. It is a priority to ensure that children and young people with SEND, and their parents and carers, are involved in decision making at every stage of the process.
8. Deliver the whole life pathway for disabled children and young people, and their families, so that they receive more integrated support especially as they transition to early adulthood. We aim to ensure disabled children and families have timely access to appropriate community equipment and wheelchair services to meet their current and future needs. Where it is helpful we also aim to build on personal budgets for social care making available personal budgets for education to families when it will improve independence and choice.

9. Deliver greater local integration and co-ordination of education, health and care services and plans for children and families in Kent ensuring this is extended to young people aged 25 where it is appropriate, and promote positive and seamless transitions at all stages between the ages of 0-25.
10. Develop new outcome focused approaches to joint commissioning and integrated working that promote early intervention and prevention whilst also ensuring that KCC and NHS Clinical Commissioning Groups meet their new statutory duties linked to the provision of services within the Education Health and Care Plan.
11. Develop innovative approaches to addressing gaps in services through joint commissioning and using evidence-based practice and research to improve the quality and availability of provision 0-25, with good transition to adult services.
12. Ensure the provision of high quality specialist services as appropriate and necessary, such as educational psychology, speech and language therapy and child and adolescent emotional and mental health support. We want the most medically vulnerable pupils with complex health conditions to have timely access to specialist nursing in schools and care settings working alongside school staff trained to respond to their medical needs.
13. Ensure we embed a culture of evaluating the impact of what we do, that the outcomes for children and young people are regularly reviewed and we monitor and invite feedback on parents' experiences of schools and systems.
14. Improve the effective and efficient use of our resources to meet increasing demand and remove perverse incentives so that costs do not escalate.

## **How Families have Informed the SEND Strategy**

Knowing that we are providing the right services and support for families has huge importance for us. We recognise that it is from the feedback we receive from parents and carers and what we know about their levels of satisfaction, that we gain a better understanding of how we should improve the areas where we do not get it right every time.

As we developed the SEND Strategy, Kent children and young people, along with their parents and carers, told us to keep their needs at the heart of the system. They and we recognise that better outcomes can be achieved when there is strong engagement with them and strong partnerships with schools, the local authority's services and health services.

There has been very positive work with the Kent Parent Carer Forum (KPCF) to build a strategic partnership. Their participation has helped us to better understand the views and wishes of Kent families, children and young people. KPCF now has parent representatives on a number of key strategic decision making groups and we are working together to agree protocols for working closely with families. We were pleased to support their whole day, free events for parents which took place in Broadstairs, Dover, Edenbridge, Gravesend and Maidstone. Staff from Portage, IASK and the Short-Breaks service provided information and advice stalls alongside NHS service providers. We were also able to input to workshops with key note presentations, offering open question and answer sessions. The views, questions and feedback at these events about how services are delivered have influenced our plans and areas of activity.

We have enhanced the statutory register of disabled children so that it is more easily accessed and completed. We have incorporated an option for individuals to consent to be part of developing services. We have used this to contact over 1500 parents of disabled children and young people to ensure their views influence care services.

Parents and carers told us that providing them with support and integrating our services should be a priority for us. We responded by broadening our helpline support for those who do not have web access to the local offer and we produced guidance targeted at parents and young people themselves. We have combined our education and social care advice services as the point of delivery for families.

We know from feedback they have given us that Kent families believe that we are now providing better quality information, that the waiting time for access to specialist equipment is now shorter and that access to a good school is easier. This is improving outcomes for children and young people with SEND.

We developed the Kent Local Offer with parents in order that the content serves their information needs and their role on the steering group means we can monitor how helpful and easily accessible it is for all parents and young people themselves. We consulted young people on the content and the format and we are publishing comments and questions so families are aware that their involvement is leading to improvements in information and services.

As parents asked us to ensure that the SEND Strategy increases the support in mainstream and Special school places closer to home, there are now more specialist SRP and satellite places available in local schools and when our building improvements in Special schools are completed there will be further increases. Parents are influencing



specialist resourced provision (SRP) in mainstream schools which host them because we have established steering groups with parent representatives.

We have introduced a mechanism to provide High Needs funding to mainstream schools without the need for a statutory assessment and help is now available earlier.

We have introduced statutory assessment meetings (SAMs) where we explain what families can expect to happen and when. There are now five formal points for parents to give us feedback on how we are doing in the assessment process and the collated early responses to how the assessment process was working in 2016 showed 100% satisfaction with the new approaches to co-producing EHC Plans. However we recognise the sample was very small at that point and we also recognised that there were families who did not feel the process was working well and they felt frustrated by delays or the quality of EHC Plans. Similarly when we asked parents about their experience of annual reviews 94% of parents (127 responses) were satisfied. Parents can be confident that these face to face meetings are influencing decisions and leading to co-produced EHC Plans.

We were aware that this positive feedback did not represent the experience of all Kent families and we recognise that those parents who were unhappy may not have responded, or may have formally complained. We used all feedback, including complaints, to learn more about the areas we need to improve so that all families can feel the assessment and review are positive experiences. Feedback from families influenced staff briefings, training and a new quality assurance framework for EHCPs commencing in the autumn 2016.

## What has been Achieved in 2013-16

For many families, feedback indicates that the reforms have brought about positive change. We must not be complacent. We must ensure that the cultural shift needed for real co-production is well-embedded and this will take time. We know that before we can achieve this, every education setting must demonstrate good SEN practice and a stronger commitment to ensuring each individual is truly included in their setting, school or college community. This is the most significant aim of the SEND Strategy.

## Improving Quality

The Strategy is dependent on the quality of teaching and learning in schools. Recent analysis of Ofsted outcomes for Kent schools shows that 89% of pupils are attending a good or outstanding school and this figure represented a rise of 6.8% from the previous year. By early 2017 further improvement indicated 15,000 more children were attending good or better Kent schools when compared to the position in 2014. And from 2016, all of Kent's Special schools were rated Ofsted good or outstanding.

Educational Setting	% Good or Outstanding
Primary	91.2
Secondary	87.5
Special	100
PRUS	85.7
Sixth Form (Schools)	75.0
EYFS (School)	90.8
EYFS (non-domestic)	96.4

One of the biggest challenges to the provision of successful learning for all pupils within a high quality setting is ensuring that the adults have the right level of skill and understanding of how pupils with special educational needs can be supported to achieve. To deliver this, effective outreach support from the Kent Special School Headteachers and the devolved Specialist Teaching and Learning Service (STLS), together with support from the Local Inclusion Forum Team (LIFT) has steadily increased the level of expertise in mainstream schools.

A review of the effectiveness of the STLS recognised the good work being done and recommended a more coordinated district approach. In May 2015 we consulted on proposals to transfer the Specialist Teaching and Learning Service (STLS) to 12 lead Special Schools and this was completed in January 2016. Outreach services now incorporate the STLS and staff from Special schools as a single integrated team.

We have invested significantly in ensuring these resources to support mainstream schools are available through the local team and LIFT. Schools report that 97% of LIFT activity has a positive impact (86% good or better) and 87% of schools rate the impact of STLS as good or better.

Through the Early Years and Childcare Service we have established targeted, bespoke support to Early Years and Childcare providers in the private, voluntary and independent sectors, to offer increasingly accessible and inclusive early education and childcare. We have developed Best Practice Guidance which mirrors the mainstream Core Standards for

schools and which we have provided in printed format for settings and providers. This guidance and newly established Early Years Local Inclusion Forums (EY LIFT) is supporting settings to increase their expertise in supporting children with SEND.

Attendance at LIFT and Early Years LIFT is an indicator of the commitment of educational settings to make the best possible provision for their SEND pupils. Although the attendance rate for Early Years LIFT averages 43.2% which is lower than the schools LIFT average of 74.2%, there is very positive feedback on the accessibility and impact of the advice and support.

**The impact of Early Years LIFT was also positive:**

- 91% of respondents agreed or strongly agreed that they were able to access support to make good provision for children with special educational needs
- 94% of respondents agreed or strongly agreed that their Early Years setting is well prepared to deliver the SEND Code of Practice
- 86% of respondents agreed or strongly agreed that Early Years Local Inclusion Forum meetings have been effective in providing advice and support
- 93% of respondents agreed or strongly agreed that the Local Authority provides timely, up to date and useful information through the KELSI website.

A survey of Early Years Foundation Stage settings reported that 74% of Kent settings engaged with the Equality and Inclusion Team in 2015-6. This included advice sought through visits and training.

The quality of EYFS provision for 2 year olds is high. The percentage of 2 year olds attending good or outstanding provision is higher than the national average and other comparators.

Area	% attending good/outstanding funded nursery provision
Kent	91.0%
South East	86.0%
Statistical Neighbours	85.6%
England	85.0%

In 2015/16 we delivered more than 32,000 hours of short breaks support to enable families across the county to have support. We have improved the availability of short breaks services and increased the range of support in school holidays.

Over 900 individual direct payments are now in place where a social care service has been assessed as needed. In order that young people in transition accessed the same service as we provide for younger children, we extended our direct payment support service for children to include those up to age 25 and to include education payments as well as social care where families are in receipt of direct payments for both.

We have put in place MAX cards which offer families of children with SEND easier access to a broad range of national and local community activities, some at reduced cost.

We have facilitated family events and workshops for parents of children and young people with SEND on the areas that they have asked for help with, such as advice and support

about sleep, autism and welfare benefits. Over 600 families attended events and 500 participated in workshops during the first part of 2016/17.

We have continued to deliver high quality overnight short breaks to the most complex disabled children. During 2015/16, we supported 281 children through 30 overnight breaks. All overnight short break units have been rated as good or better by Ofsted. We have increased choice about the most appropriate overnight short break venue for young people aged 16-19 to have by extending the remit of children's and adults' provisions.

## **Attainment and Progress for Pupils with SEND**

The latest results for Kent schools showed attainment and progress of pupils with special educational needs were above or in line with national attainment levels. However it is disappointing that the gap between their attainment and that of other learners has remained very wide and shows little sign of diminishing. Nevertheless pupils with SEN in Kent performed better than pupils with similar needs nationally.

In 2016, the percentage of SEN children in the **Early Years Foundation Stage** achieving a Good Level of Development increased from 26% in 2015 to 27% in 2016, compared to 23% nationally. However, the SEN achievement gap widened slightly from 52% in 2015 to 53% in 2016 which is one percentage point wider than the national gap figure.

**At Key Stage 1**, the attainment gap for SEN pupils was wide across all subjects in 2016. The proportion of SEN pupils who met or exceeded the expected standard in **Reading** was 30.7%, compared with 29.6% nationally. There was an attainment gap of 55% which is 3 percentage points wider than the national gap. Kent is ranked fifth for this measure amongst its statistical neighbours.

The attainment gap was widest in **Writing**. The proportion of SEN pupils who met or exceeded the expected standard was 21.5%, compared to 20.2% nationally. There was an attainment gap of 58% which is 4% wider than the national figure. Kent is ranked fifth for this measure amongst its statistical neighbours.

In **Mathematics**, 32.4% of pupils with SEN met or exceeded the expected standard, compared with 30.4% nationally. There was an attainment gap of 53% which was 3% wider than the national figure. Kent is ranked fifth for this measure amongst its statistical neighbours.

**At Key Stage 2**, the proportion of SEN pupils who achieved the 'expected standard' in Reading, Writing and Mathematics combined was 16%, compared with 15% nationally. There was an attainment gap of 52% which was 4% wider than the national figure. Kent is ranked ninth for this measure amongst its statistical neighbours.

In **Reading**, 32% pupils with SEN in Kent achieved the 'expected standard' compared with 29% nationally. There was an attainment gap of 45% which was in line with the national gap. Kent is ranked second for this measure amongst its statistical neighbours.

The attainment gap was widest in **Writing**. The proportion of SEN pupils who achieved the 'expected standard' was 32% of pupils compared with 29% nationally. There was an attainment gap of 57% which was 2% wider than the national gap. Kent is ranked fourth for this measure amongst its statistical neighbours.

In **Grammar, Punctuation and Spelling**, 32% of SEN pupils achieved the 'expected standard' compared to 29% nationally. There was an attainment gap of 45% which is in line with the national gap. Kent is ranked second for this measure amongst its statistical neighbours.

In **Mathematics**, 31% of SEN pupils achieved the 'expected standard' compared to 32% nationally. There was an attainment gap of 48% which was 2 percentage points wider than the national gap. Kent is ranked fourth for this measure amongst its statistical neighbours.

At **Key Stage 4**, pupils with special educational needs achieved significantly below the national average for A-C grade GCSEs in English and Maths. 27% of SEND pupils attained this outcome compared to 63% of all pupils in Kent. Kent pupils with SEN outperformed the national average of 24% by 3%. The average Progress 8 score for SEND pupils was -0.72, which is significantly less good progress compared to the -0.04 for score all pupils. The progress 8 score for pupils with EHC Plans in Kent is -1.18 while nationally it is - 1.03. The progress 8 score for pupils with SEN support in Kent is -0.50 while nationally it is - 0.38. Attainment in the English baccalaureate was 9% for SEND pupils compared to 26.5% for all pupils.

Clearly the gaps in attainment are very wide for SEND pupils and their progress rates need to improve further.

## **Workforce Development**

To deliver the cultural and practice improvements needed, the SEND Strategy is supported by a workforce development plan which aims to ensure teachers have the skills to support children with SEND, particularly those with autism, speech and language difficulties and emotional and behavioural needs.

In the last year we have delivered a programme of training in each district through the lead Special school; over 40 different training modules were delivered to over 75% of schools. The evaluation demonstrates the staff who attended were more confident about their ability to support pupils with special educational needs.

To support this work we produced a training framework: <http://www.kelsi.org.uk/special-education-needs/special-educational-needs/sen-training>. We piloted the framework to influence, at a strategic level, the culture and practice across the whole workforce within schools. Participating schools in the pilot achieved externally accredited awards and individual professionals were accredited by Canterbury Christchurch University. We used the learning from this pilot to encourage other schools to ensure their practice is inclusive and that their training and support for staff ensures they have the right skills to meet children's special educational needs.

We have put in place a forum for providers of care services for disabled children to increase joint working, training opportunities and knowledge of the wider children's services agenda. Providers report a positive impact on their ability to signpost families to the breadth of services available for them and on access to workforce development.

## **Delivering the Statutory Changes**

From September 2014, the Children and Families Act 2014 introduced new duties and responsibilities to ensure children and young people with special educational needs and disabilities (SEND) are supported to learn.

### **The Local Offer**

We have developed the Kent Local Offer through co-production with parents, carers and a range of partner agencies in order to comply with a new duty to publish information about the services which the local authority expects families to be able to access in the area.

The content is being regularly reviewed and improved in light of feedback. We have established a multi-agency steering group to monitor the quality and the relevance of information for families. To date it has highlighted that parents who use the local offer consider it helpful and easily accessible as well as increasing the information which is published about personal budgets. We will continue to promote it as we develop this resource for parents of children with SEND and young people themselves.

### **High Needs Funding**

We have developed a new approach to allocating high needs funding to mainstream schools to support earlier intervention and better targeting of resources to meet the needs of pupils with special educational needs. This funding identifies high needs pupils and provides schools with a top-up funding for pupils with additional support costing more than £6,000 a year. This is in line with Government policy. Funding is available without the need for a statutory assessment which means it can be targeted much earlier, before gaps widen.

By the end of 2016 we were providing high needs funding for 1,680 mainstream pupils and by March 2017 this had increased to over 2000. The latest forecast for 2017-18 indicates this will increase to 2,500. Almost half of all current funded pupils (47%) did not have a statutory assessment and are not subject to an EHCP. Over 500 were pupils have ASD, 300 with SLCN and 300 with SEMH needs.

Pupils in Year 1 represented the largest group, followed closely by Year 2. This bears out our commitment to early identification and earlier intervention.

Secondary schools make fewer applications per school compared with Primary schools but 63% of non-grammar Secondary schools and 47% of Grammar schools have made applications.

Schools received training and advice from the Local Authority to implement the system with 66% of schools receiving an individual support visit. 94% of the schools who gave feedback felt the support and advice they had received was very good or better and 94% thought that the funding helped to support their pupil's progress.

Currently £23m is being spent on high needs funding in mainstream schools, compared to £8.7m in 2014. The numbers of pupils in mainstream schools supported by high needs funding has increased from 802 in 2014 to 2,129 in 2017. This represents a very significant increase in resources and the numbers of pupils being supported.

Overall in Kent in 2017-18, £151m is being spent on SEN funding, which includes the budgets for Special schools, SEN support in colleges and specialist resourced provision. In addition £120m is delivered to schools in the general schools budget for notional SEN. These resources are considerable and we expect there to be high quality provision and very good pupil outcomes as a result.

## **Statutory Assessment**

Since launching the SEND Strategy in 2013, we have made good progress in improving performance in completing SEN statutory assessments. During 2014, Kent performance for assessments completed in 26 weeks was 92%, compared to 82% nationally.

From September 2014, the new statutory timescale requires assessment completion within 20 weeks. Our current performance is 82%. DfE published data for 2015 showed Kent was performing well, issuing 86% within 20 weeks, compared to 59% nationally. We have set ourselves a target to have embedded the new 20 week process firmly by 2017 and to be achieving 95% of Education, Health and Care plan (EHC) assessments in 20 weeks.

We remain committed to high quality personalised plans co-produced with families. We have received positive feedback from parents on this approach. The casework service provides a named point of contact for every family.

## **Transitioning Statements to EHCPs**

All local authorities are required to transfer existing Statements of SEN to Education Health and Care Plans by 2018.

In the first year (2014-15), we completed 500 EHCPs. By the end of 2016, we were able to convert 3,781. By 2016 Kent had transferred 30% of all Statements compared to a national average of 19%. In the remaining time to 2018 the authority must complete an average of 166 statements per month.

## **Integrated Working**

We recognise that in order for this Strategy to be successful, the key agencies and services must work in a more integrated way and take shared responsibility for improving the provision in Kent. Under the legislation we have an education driven assessment and funding system which has served its purpose well for many years but which has recognised shortcomings in securing the necessary health and social care services that schools, children, young people and families need to achieve the best outcomes. This Strategy is designed to deliver a more effective joint commissioning process that delivers investment in high impact, low cost solutions, pools the available resources in education, health and social care and which promotes a continuum of provision from birth to early adulthood.

We have put in place a new process to complete assessments within statutory timescales and given clarity to all health professionals about these in order that they understand the timescale to complete their advice without delays. Protocols are in place for information sharing, data protection and governance.

We know that young people need support to make their own choices and decisions once they become young adults and that going forward we need to recognise the differences in the way we provide support and advice to parents for their children as they approach adulthood. Our starting point is a presumption that young people can participate in decisions about their future needs and we have trained our staff to understand their capacity to do so.

We have completed a mapping exercise for all transition points from 0-25 to improve integrated working and joint strategic commissioning to ensure a smooth transition to adult services. We want to reduce reliance on residential placements outside of the county and

we recognise that multi-agency working to ensure earlier, effective support and a joined up approach to pathway planning for individual children and young people can avoid the need for placement outside Kent. We know that investment in workforce development as part of a preventative approach will mean that we are identifying gaps in existing provision to inform our commissioning intentions.

From April 2017 our Social Care teams for disabled children and young people have been restructured to address the difficulties experienced by families of young people moving into adulthood and changing from Children's to Adult Social Services at age 18. We now have teams that work with disabled children and their families from age 0-15, Young People's teams working with those aged 16-25, and Adult Learning Disability teams for those aged 26 and above. Extensive consultation was carried out before making these changes and young people and their families have welcomed them. We will evaluate the impact of these changes to ensure that outcomes for young people are improved.

## **Youth Justice**

It is well established that high numbers of young people who come to the attention of youth justice services have complex support needs, low levels of educational attainment, and more unmet health needs than other children of their age. Wider changes to the SEND system introduced new duties towards those young people in custody with SEND. In Kent we want to ensure timely identification of relevant young people and we have put in place working arrangements to deliver a new approach based on good communication between the key people involved, most importantly Youth Justice, the custodial establishments and the local authority SEND Teams. We have clarified the lines of communication when a child or young person is either remanded to Youth Detention Accommodation or Sentenced to Custody. This is ensuring Youth Justice staff alert SEND services to the possible needs of a young person. Given the average length of a period in custody is 3 to 4 months we know a timely response is critical as is ensuring the Youth Justice worker is aware of young people who have SEND and those who have an EHC Plan.

Since April 2015, only one young people from Kent who received custodial sentence was subject to an EHCP and pre planning for their education was undertaken prior to them being released. In addition four of Kent's young people known to the Youth Justice Service had assessments to transition an existing Statement to an EHC Plan. There is currently one young person subject to an EHCP in detention.

## **Joint Commissioning**

To improve joint commissioning, we joined our Family Advice Service for short breaks with IASK, the Information Advice Service (formerly known as Parent Partnership) so that we are providing advice for families across the county through a single point which can signpost other services.

For disabled children and young people who need specialist equipment recommended by Occupational Therapy, we have changed the eligibility criteria and extended the remit of the Integrated Community Equipment Service so that those who do not have a Statement or EHC Plan are now eligible. This means that specialist equipment can be recycled to support therapy needs and intervene earlier to support those needs.

We have established 'dispute resolution and mediation' arrangements which allow Kent parents considering an appeal to the SEND Tribunal to ask for mediation across all three agencies in order that they can have their views about education, health and social care



discussed in a single conversation. Whilst there is a legal duty to offer mediation, this innovative approach, which 15 other local authorities have followed, has improved the service for families and also increased the procurement benefit for Kent. We have also brokered mediation arrangements on behalf of Kent's settings and schools.

Kent was selected by the DfE as a pilot area to test new arrangements for Tribunal appeals. This pilot, which ended in August 2016, gives Kent families extended rights of appeal against health and care elements of their EHC Plans, although the decisions will be recommendations rather than be legally enforced. As the largest local authority taking part in the pilot, Kent families will have directly influenced the outcome. This pilot and the arrangements for mediation mean that Kent families who are unhappy about provision have a joined up approach to having their concerns heard.

Parents and carers told us about the positive impact that access to health care specialists can have. Parents of young children value the support and advice of Health Visitors in supporting their families in the early years. We want to ensure Health Visitors and our Children's Centres have access to training and support from the specialist workforce, for example, around speech and language development.

Parents have also told us that they are concerned about having timely access to health services, particularly therapies. We know that there are differences in the models of therapy services in parts of the county and that some eligibility for services is linked to the commissioning arrangement with the service provider, whilst other variations relate to the age group of the child or young person.

In the past year, we began a strategic assessment of children with speech, language and communication needs (SLCN), working with the developers of the Balance System Model ©, in order to develop a Kent wide approach to supporting early years settings, Children's Centres and schools to meet the SLCN of children and young people. Through a detailed mapping exercise engaging a broad range of settings and professionals, including therapy providers and specialist resourced provision in schools, we identified the level of need in Kent in comparison with national prevalence data, current provision and how the current level of need in each CCG area should be supported. As a result, we have developed a proposal for joint commissioning and a draft specification for a jointly commissioned service. The relevant implications for each Clinical Commissioning Group area have been drawn up to support their commissioning intentions.

We have been developing a multi-agency governance system for assessment and planning to ensure NHS Clinical Commissioning Groups and KCC are able to meet their new statutory obligations to deliver integrated Education, Health and Care Plans.

We carried out a strategic audit of the nurse led medical interventions for pupils with the most severe medical conditions within our Special schools in order to understand the commissioning need for specialist nursing provision.

We know we must maximise further opportunities to address inequalities in access to health services to ensure we can take timely and cost effective decisions. There are now good examples of effective joint commissioning to improve the services we provide.

### **Multi-Agency Specialist Hubs**

Significant capital investment has been made in building three new Multi-Agency Specialist Hubs (MASHs) in Ashford, Sittingbourne and Margate, enabling co-location of services and the delivery of short breaks for children and young people who are disabled. Other

capital expenditure has included sports and play equipment, toy libraries and navigational aids for visually impaired children. Accessible vehicles have been provided to enable voluntary sector providers to meet the needs of more disabled children. There have also been major improvements at our five in-house overnight short break units and accessible accommodation at short break foster care homes.

The user surveys evidence high levels of satisfaction across the three existing Multi-Agency Service Hubs (MASH); 81% in Swale, 96% in Ashford and 97% in Thanet. We are planning to extend the multi-agency hub model to deliver a single point of access for families to advice, information and practical support, building on the work of the MASH centres. For example, we replaced the existing child development centre in Shepway with a co-located provision on the site of the Beacon Special School in 2016.

We have delivered a range of high quality, and age appropriate short breaks in partnership with the voluntary and community sectors in light of parent carer feedback. All targeted and specialist day group short breaks have been co-produced with parents and carers and the bids to deliver these services were jointly evaluated with the parents. In North Kent we have joined up the commissioning of overnight and day short breaks with Swale CCG and established a pooled budget.

### **Personal Budgets**

We developed a joined up approach across social care and education to introduce personal budgets, which we are extending to health and which will deliver health, care and education personal budgets specified in EHC plans. Families can now access the same personal budget system for their social care and education budgets.

We surveyed more than 30% of parent and carers accessing SEN transport to seek their views on ways in which we can improve the quality, choice and flexibility of transport arrangements whilst delivering reductions in the overall cost. Following some initial development work we introduced Personal Transport Budgets as an alternative to the existing service and over 100 families are benefiting from participation in the scheme.

## Addressing the Gaps in our Provision

The revised SEND Strategy sets out a vision of a well-planned continuum of provision, from birth to age 25. It builds on earlier investment in Kent Special schools, setting out key priorities to improve and expand provision in mainstream and Special schools.

Alongside this we recognise the need to increase the capacity of the market of care and short break providers to meet the needs of children with complex health and care needs within their local community and school.

It continues to be a priority for this Strategy to provide additional capacity to keep in step with the demand for places in Special Schools as well as responding to changes in children's and young people's learning needs. Additional capacity will also be created in mainstream schools and specialist resourced based provision (SRP - sometimes called units).

We publish demographic data and our commissioning plans for school places at: <http://www.kent.gov.uk/education-and-children/schools/education-provision/education-provision-plan>

The rise in the overall school population combined with new statutory duties means that the number of children and young people with Education, Health and Care Plans (EHCP) and SEN Statements, for whom we are arranging specialist provision, has increased over three years as follows:

### The Number of Children and Young people with EHCP or Statement, as at January

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Under age 5	267	269	315	343
Aged 5 to 10	2156	2243	2480	2441
Aged 11 to 15	3155	3095	3156	2995
Aged 16 to 19	694	845	933	1241
Aged 20 to 25				23
<b>TOTAL</b>	<b>6272</b>	<b>6452</b>	<b>6884</b>	<b>7043</b>

In response to this increase we have continued to increase the number of commissioned places in maintained provision to ensure that more children and young people are accessing the appropriate specialist provision for their special educational needs in a local school:

## The Number of Children and Young People Receiving Provision

	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
	Actual	Actual	Actual	Actual	Latest forecast
Special Schools	3,272	3,349	3,572	3,688	3,733
Resource Provision	804	810	874	859	900
Mainstream Schools	802	860	1,475	1,916	2,129
Independent - pre 16	458	491	521	533	533
Independent post 16	87	71	64	52	52
Independent	545	562	585	585	585
OLA Maintained	95	103	87	108	108
FE Colleges	467	570	636	845	845
SPI and CCP				55	141
<b>TOTALS</b>	<b>5,985</b>	<b>6,254</b>	<b>7,229</b>	<b>8,001</b>	<b>8,299</b>

Almost all the additional provision required has been created in maintained schools and local FE Colleges. Although we have been unable to reduce the overall number of placements in the independent sector, we have reduced this as a proportion of all placements. The increased number reflects an increasing demand and rising population.

Where we have increased our maintained Special school provision, we have made sustainable changes that increase the number of pupils who can access good quality provision. At Five Acre Wood and Oakley Schools, where our plans are extending the age range to include nursery, we are targeting an additional age group.

New SRP places in mainstream schools have enabled us to support the development of staff skills and expertise. Establishing additional places in SRPs means we have increased the number of children and young people who are served very well by a local mainstream school. SRP host schools are able to support their wider workforce and contribute to the expertise in the district, which means that the Specialist Teaching and Learning Service resources can be redeployed more widely.

Over three years we have seen that the average cost of Kent maintained provision is much lower than provision offered by the independent sector. We are delivering value for money by increasing the proportion of pupils supported in our maintained schools, which means spending our resources in the most cost effective way.

	2013-14	2014-15	2015-16	2016-17
<b>Average (mean) cost per place</b>	Actual £000	Actual £000	Actual £000	Latest forecast
Special School places in Kent	20.5	20.5	19.1	19.1
SRP places	16.3	18.4	17.5	18.6
Mainstream High Needs	10.9	10.3	9.8	10.9
Non Maintained and Independent schools and colleges	43.3	44.8	45.9	48.4
Special school places in other LAs	24.2	24.6	30.6	30.1
FE Colleges	9.1	8.7	10.8	9.9
Charity sector post 16				6.7
<b>Annual average cost</b>	<b>19.9</b>	<b>20.0</b>	<b>18.6</b>	<b>18.4</b>

### Special School Provision

There has been significant investment in Kent Special Schools in recent years and almost all of the provision is good or outstanding. This is a great strength. Special schools are continuing to develop their outreach work to support mainstream schools and Lead Special Schools in each District have taken on the management of the Specialist Teaching and Learning Service to support pupils with special educational needs in all schools. This is a very positive development. The Specialist Resourced Provision in mainstream schools also provides much needed support for many SEN pupils to be educated in a local school.

The SEND Strategy identifies Autistic Spectrum Disorder (ASD) as the most prevalent and fast growing need type in Kent and sets out an intention to provide at least 275 additional places for pupils with autism (ASD) or behavioural, emotional and social needs (BESN) and increase Special school places from 3491 to 3700 by 2018.

A capital programme encompassing Special Schools, which is just coming to completion, has been steadily improving the physical capacity and quality of Special school accommodation through rebuilding. This will result in a significant increase in the overall the number of places.

#### Projects at 5 schools have now been completed:

- Oakley (West Kent) – Extension and refurbishment to both junior and senior sites.
- Stone Bay (East Kent) – New Emergency Fire Exit
- Laleham Gap (East Kent) - EfA managed new build
- St Antony's (East Kent) - New sports hall and ancillary spaces
- Foxwood and Highview (South Kent) – New build as a single school; The Beacon

#### With 5 school projects all underway:

- Broomhill Bank (West Kent) – new classes, changing facilities and studio hall
- Foreland (East Kent) - Relocation and new build project
- Five Acre Wood (West Kent) - Extension on existing site
- Portal House School (South Kent) – New build on existing site
- Ridge View (West Kent) Relocation and new build

We have already delivered 3,680 Special School places with plans in place for additional places as building projects are completed. The additional places are predominantly in our PSCN and SLCN schools; both types cater for pupils with ASD although PSCN schools also cater for a wide range of learning difficulties.

The completion of work at Five Acre Wood expands the age range to include provision for pre-school children. Oakley School has also agreed to establishing a nursery for up to 24 children (12 f.t.e) in 2017.

We have established PSCN satellite provision in mainstream schools for pupils from:

- Five Acre Wood School (Maidstone) at East Borough Primary School and Holmesdale Technology College for secondary age
- Oakley School (Tunbridge Wells) at Skinners Kent Primary School
- St Nicholas School (Canterbury) at Chartham Primary School.

Plans are in place for a satellite of Ridge View School (Tonbridge & Malling) at Wouldham Primary School as part of a new purpose built mainstream school in 2017.

In 2016, provision for Primary aged pupils with SLCN and autism which had been hosted by Leigh Academy Trust at Dartford Primary Academy in North Kent formally moved into a satellite of the Trust's Milestone Special Academy.

### **Specialist Resourced Provisions (SRPs)**

Approximately 11% of pupils with an Education Health and Care Plan placed in mainstream schools require a level of specialist teaching not usually available even with access to High Needs funding. These pupils are supported in designated Specialist Resourced Provisions in host schools, where we have established new SRPs for ASD, SLCN and SEMH.

We have created capacity for up to 1032 pupils to be supported in specialist provision in mainstream schools (508 in Primary and 524 in Secondary schools). We have phased admissions to newly established provision over 3-4 intakes.

At the same time, we have opened Primary School SRPs for pupils with autism in North Kent at Oakfield Primary School and in East Kent at Canterbury Primary Academy. Plans are in place for further places in schools opening in West and South Kent at Kingshill, Langley in Maidstone and Martello Grove in Folkestone.

We have also opened SRP places for children with speech and language needs in South Kent at River Primary School and places for children with Speech Language and Communication Needs (SLCN) in East Kent at West Minster Primary School (Swale). We have plans in place for SLCN SRP in a new school in North Kent from 2017.

We have established SRP for social emotional and mental health needs (SEMH) in East Kent at Thistle Hill Primary School, in South Kent at Nonnington and Finberry Primary Schools and provision in West Kent at Holborough and Snodland Schools is expected to open in 2017.

Primary SRP Places	ASD	HI	PD	SEMH	SLCN	SLD	VI	Total
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By Need Type								
Ashford	6	0	0	15	12	0	0	33
Dover*	0	0	0	6	12	80	5	103
Shepway	12	8	0	0	19	0	5	44
South Kent	18	8	0	21	43	80	10	180
Canterbury	43	0	0	0	35	0	0	78
Swale	0	0	0	15	55	0	0	70
Thanet	0	0	7	0	0	0	0	7
East Kent	43	0	7	15	90	0	0	155
Dartford	30	14	0	0	12	0	0	56
Gravesham	0	0	5	0	0	0	0	5
Sevenoaks	0	0	0	0	0	0	0	0
North Kent	30	14	5	0	12	0	0	61
Maidstone	15	12	0	0	17	0	0	44
Tonbridge And Malling	40	6	0	16	0	0	0	62
Tunbridge Wells	0	0	6	0	0	0	0	6
West Kent	55	18	6	16	17	0	0	112
Total Places	146	40	18	52	162	80	10	508

\*80 primary places are in Whitfield Aspen1 which serves as the district PSCN specialist setting.

Through re-commissioning, we have increased the places for Secondary aged pupils with SLCN, in North Kent at the Leigh Academy Trust. In South Kent, the SRP at Goodwin Academy (formerly known as Castle Community College in Deal) has been re-designated to SLCN.

For Secondary aged pupils with ASD we have created additional provision at Holmesdale Technology College and Hugh Christie Technology College in West Kent and in North Kent at Wilmington Academy.

We are aware of the need to ensure pathways to appropriate Secondary provision and we recognise that twice as many Secondary pupils who are placed in mainstream schools access provision in SRPs than in Primary schools (6% in contrast to 3%).

We plan also to address the need for Secondary ASD places for Primary pupils in Shepway.

Secondary SRP Places By Need Type	ASD	HI	PD	SEMH	SLCN	SLD	VI	Total
Ashford	17	0	0	0	0	0	0	17
Dover*	0	0	0	0	20	40	0	60
Shepway	0	0	0	0	0	0	0	0
South Kent	17	0	0	0	20	40	0	77
Canterbury	15	0	16	0	21	0	21	73
Swale	33	0	20	0	29	0	0	82
Thanet	0	5	0	0	0	0	6	11
East Kent	48	5	36	0	50	0	27	166
Dartford	55	7	0	0	44	0	0	106

Secondary SRP Places By Need Type	ASD	HI	PD	SEMH	SLCN	SLD	VI	Total
Gravesham	16	0	10	0	0	0	0	26
Sevenoaks	0	0	0	0	0	0	0	0
North Kent	71	7	10	0	44	0	0	132
Maidstone	0	0	0	0	0	0	4	4
Tonbridge And Malling	44		0	0	90	0	0	134
Tunbridge Wells	0	11	0	0	0	0	0	11
West Kent	44	11	0	0	90	0	4	149
Total Places	180	23	46	0	204	40	31	524

\*40 secondary places are at DCCA Aspen2 which serves as the district PSCN specialist setting.

## Provision for 16-24 year olds

Over the last three years we have increased the number of students supported in Further Education Colleges by provision set out in a statutory EHCP from 467 to 845.

In 2016 we commissioned 55 places from providers in the charitable and commercial sectors delivering local specialist support and our commissioning arrangements for 2017 onwards will see additional providers and additional places become available.

This Strategy sets out action to ensure access to an appropriate route for 16-24 year olds and this includes working with vulnerable young people with SEND to access specialist training and apprenticeships.

The post 16 programme for BESN (behavioural, emotional and social needs) learners has been successful in reducing NEETS for this vulnerable group. The service has supported 173 young people from BESN Special Schools over the past year with 70% of these learners remaining in education or taking up apprenticeships.

New supported employment pathways are being developed by the Kent Supported Employment Team. This new programme has begun at Grange Park and Ifield Special Schools and is working with 10 learners to support them into employment.

We have delivered 68 supported internships during in the 2016-17 academic year. The charitable and commercial sector is having a positive impact; for example, our partnership with Catch 22 has seen them delivering over half of the supported internships in the County.

## Placements in Non-Maintained and Independent Special Schools

Where the needs of individual pupils cannot be met in Kent maintained Special Schools we have commissioned placements in the independent non-maintained sector (sometimes referred to as 'Out of County'). There are currently over 500 Kent children and young people in these schools. We are working in partnership with local providers who are approved under Section 41 of the Children's and Families Act, to have the broadest range of specialist education for pupils with SEN, to increase choice for families and to provide best value for public resources.



<b>2016-17 placements in non-maintained and independent settings</b>	<b>Total</b>	<b>Within Kent</b>	<b>Out County</b>	<i>Multi-agency funded</i>
Independent Schools	443	328	115	26
Independent Post 16	52	6	46	0
Non Maintained Schools and Colleges	90	41	49	7
<b>Total</b>	<b>585</b>	<b>375</b>	<b>210</b>	<b>33</b>

The SEND Strategy recognises that working in partnership with settings outside of the maintained sector provides the broadest range of specialist providers for Kent's children and young people with the most complex needs. It extends the choices for families and by working in partnership with settings based in the independent and non-maintained sector, particularly within Kent's boundaries, the Council can drive down the overall cost of placements and transport.

Our intention to reduce the need for unnecessary travel by increasing the number of pupils who can be supported in a local school means that we have reduced the proportion of out-county placements, from over 13% of EHCPs to just below 12%. We recognise this percentage needs to reduce further as we build more capacity in Kent to meet the needs of pupils.

<b>2016-17 Latest Forecast</b>	ASD	SLCN	SEMH	MLD	SLD	PMLD	PD	SPLD	HI	VI	Total
Indep Special	245	34	124	7	4	0	3	25	0	1	443
Indep Post16	21	4	0	4	10	1	10	0	0	2	52
Non Maint Sch/Colleges	17	12	31	3	4	6	7	3	5	2	90
<b>Total</b>	<b>283</b>	<b>50</b>	<b>155</b>	<b>14</b>	<b>18</b>	<b>7</b>	<b>20</b>	<b>28</b>	<b>5</b>	<b>5</b>	<b>585</b>

Placements continue to be most frequently made for children and young people whose primary need is autism, although this reflects the full range of learning difficulties and severity of communication disorder.

The Strategy sets out a commitment to ensure more effective procurement of timely and cost-effective placements. To deliver this we have worked with West Sussex County Council (WSSCC) and introduced a dynamic procurement system (DPS). The partnership work attracted interest from the Department for Education to undertake a feasibility study of a national procurement tool for Specialist Schools and Colleges. Whilst the arrangement with West Sussex comes to a conclusion in 2018, we are using this experience to help us further improve procurement in Kent and shape a bespoke, Kent framework.

Through a multi-agency decision making forum (JRAP) we are ensuring joint funded placements can be delivered and providers can evidence more cost effective outcomes for education, health and care needs.

## **Future Priorities for Improvement**

This Strategy is focused on ensuring good SEN practice in every school and a stronger commitment to inclusion. Through the core standards delivered by a skilled workforce across all schools, and Best Practice Guidance for Early Years Settings we have been improving educational outcomes.

To deliver the further improvements needed, the SEND Strategy is supported by a workforce development plan which aims to ensure teachers have the skills to support children, particularly those with autism, speech and language needs and behavioural needs.

The SEND Code of Practice 2015 introduced an expectation that schools will use their best endeavours to support the most vulnerable pupils. We want to ensure that this means that pupils with SEND are socially and educationally included in the life of their schools.

We know some pupils with SEN have poor levels of attendance and that they are over represented in exclusions. The Strategy aims to improve attendance and reduce exclusions for SEND learners.

We want to reduce the SEN gaps in achievement and we know that they will need good levels of attendance to be fully benefiting from inclusion in the classroom.

We want the relationship between families and schools to positively support children's progress, and aim to increase parents' levels of satisfaction with the provision being made for their child.

We want to have better links between the resources available for pre-school children with severe and complex needs and the support available in schools.

We want a clear pathway for children with autism who are high functioning that supports families within their local community and maximises the services which are available.

Over the last five years, the proportion of the total pupil population with a Statement and Education, Health and Care Plan (EHCP) has remained stable at 2.9%. Increases in the Kent school population have been mirrored by an increase in the number of pupils subject to an EHCP. Kent's Demographic Trends sets out significant population growth and therefore a growth in the demand for SEND specialist provision is forecast

Despite the introduction of High Needs funding, and significant increases in the amount of funding being allocated to schools to provide specialist support without the need for a statutory assessment and an Education, Health and Care Plan (EHCP), we have yet to see a reduction in requests for statutory assessment. This is unsustainable and it must be a focus of the Strategy to reduce reliance on statutory assessment because appropriate support is available in mainstream schools through High Needs funding.

## **FORECAST**

<b>No of EHCP</b>	<b>Jan-16</b>	<b>Mar-17</b>	<b>Mar-18</b>	<b>Mar-19</b>	<b>Mar-20</b>	<b>Increase 2016 to 2020</b>
Under age 5	343	343	352	356	358	4%
Aged 5 to 10	2441	2801	2550	2575	2600	6%
Aged 11 to 15	2995	3050	3334	3433	3567	19%
Aged 16 to 19	1241	1244	1250	1280	1295	4%
Aged 20 to 25	23	27	38	51	64	
<b>TOTAL</b>	<b>7,043</b>	<b>7,465</b>	<b>7,524</b>	<b>7,695</b>	<b>7,884</b>	<b>11%</b>

For many pupils appropriate early intervention and suitable placement is available in mainstream Primary schools. However, when they reach Secondary age an increasing number require Special School provision. Analysis of current placements shows a marked reduction in the proportion accessing mainstream school after Year 6.

55% of Primary aged pupils are successfully placed in mainstream schools with fewer than 45% needing a Special School placement. Of those Primary pupils with an EHCP in mainstream school, only 3% are placed in a Specialist Resourced Provision.

At Secondary age, the proportion of SEND pupils in mainstream school drops significantly to 40%, with 6% of those requiring placement in a mainstream Specialist Resourced Provision to access support. 60% of Secondary aged pupils with an EHCP are taught in Special Schools.

The number of Primary pupils moving into the Secondary sector is likely to result in an increase of 30 Secondary aged pupils with an EHCP in every district by 2023, creating demand for specialist places in Maidstone, Tonbridge and Tunbridge Wells where the forecast indicates 55% (102) will require Special provision.

Whilst the growth in the number of Primary pupils with EHCPs is expected to continue to rise at a slower rate, it is likely this will require 10 additional specialist Primary places in Maidstone and in Swale.

Provision has been created to address some immediate pressures coming forward for Primary aged pupils across the county. However, the current bulge is moving through to Secondary School and where we currently have pupils for whom local provision cannot be found, pupils are travelling far greater distances each day.

Forecasts indicate that there will be significant pressure for Secondary provision within our Special schools from 2018/19 onwards.

We are proposing to increase the number of commissioned places as follows:

<b>SEN Provision</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
	Latest	Target	Target	Target	Target
Special School (and Free Schools)	3,688	3,876	3,987	4,162	4,289
Commissioned SRP places	859	927	951	987	1,003
Independent and Non Main FEC	533	530	500	420	500
Special schools in other LAs	108	95	90	75	70
Post 16 (excl 6th forms)	900	795	858	928	968
<b>Funded places:</b>	<b>6,088</b>	<b>6,223</b>	<b>6,386</b>	<b>6,572</b>	<b>6,830</b>
Mainstream high needs	1,916	1,875	1,800	1,700	1,600
<b>Total children and young people</b>	<b>8,004</b>	<b>8,098</b>	<b>8,186</b>	<b>8,272</b>	<b>8,430</b>

The current pattern of High Needs funding is targeting pupils in Key Stage 1. More pupils are supported in Special school provision at Secondary age than Primary. As the current bulge of Primary aged pupils moves into Secondary education, and mainstream Secondary schools arrange support through pupil groupings and differentiation, the number receiving high needs funding is likely to reduce.

### **Placement Preference**

In 2016, 45% of Kent pupils subject to EHCPs and Statements were receiving their education in mainstream schools, academies and general Further Education Colleges (FEC). Excluding FEC, this figure falls to 38% which is much lower than the national average of 47%. There is a reasonable expectation, therefore, that more pupils with SEND could be educated in mainstream schools.

Over 700 Kent pupils with an EHCP are taught in specialist resourced provision (SRP), sometimes referred to as a unit, hosted within a mainstream school. This means that the proportion of Kent pupils with an EHCP for whom the Council is making specialist provision (within a Special school or SRP) is 65%.

The proportion of Kent children with an EHCP who have an Autistic Spectrum Disorder (ASD) has risen more than the overall increase for all children. Over a five year period, the number of Statements and EHCPs for ASD has increased by 1100. The Department for Education's latest SEN Statistical Release shows that nationally 24.5% of all pupils subject to a Statement or EHC plan were recorded as having Autistic Spectrum Disorder as their primary barrier to learning. In Kent this figure is significantly higher at 38%.

In Kent, 54% of pupils with an EHCP for ASD are supported in Kent Special Schools and the number of placements in Kent Special Schools has increased by over 200 since 2014.

While specialist provision for pupils with emotional and behavioural difficulties has been known as EBD, in Kent we have refined the definition of our provision into schools which cater for those with underlying learning difficulties. The Department for Education has recognised there have been changes to the classification of type of need so that now the previous pupil classification of 'Behaviour, Emotional and Social Difficulties (BESD)' has been removed. A new classification of need 'Social, Emotional and Mental Health (SEMH)' has been introduced. The number of Kent pupils whose EHCP identifies behaviour as

their primary need has increased slightly (+0.6%) and there continues to be a demand for this kind of specialist provision.

We plan to create an additional 36 places for ASD in Specialist Resourced Provision in mainstream schools (24 in Secondary schools) and 12 places for social emotional and mental health needs in Secondary schools.

We also plan to create 600 new Special school places. We will do this by increasing the number of places in Kent maintained and academy Special schools by at least 100 and through commissioned places in new Special Free Schools:

<b>New Free School</b>	<b>2018-19</b>	<b>2019-20 cumulative</b>	<b>2020-21 cumulative</b>
Primary ASD	16	40	56
Secondary ASD	45	90	112
B&L Sheppey	36	60	84
PSCN Dover	48	72	84
ASD SLD North	30	40	60
<b>TOTAL</b>	<b>175</b>	<b>302</b>	<b>396</b>

The cost of home to school transport and the implications of the Council needing to reduce the cost pressure means that we must make further improvements which increase the capacity of local schools to support pupils without the need for extended journeys to school.

### **The Early Years**

We have seen the greatest increases in the number of children and young people identified as having SEND in the early years and after statutory school age. We want to increase the provision that is available for them.

We want early identification by health around developmental milestones to lead to earlier support. We aim for professionals working with families, such as Health Visitors, to make early referrals. We want earlier and effective involvement of speech and language and occupational therapy services. There also need to be improvements in the waiting times to access direct therapies.

### **Care Services**

We want universal services to meet the needs of the widest range of children. In Kent, we want to ensure that as many as possible are able to meet the needs of disabled children; around 7% of the population.

We know that from time to time, some disabled children living in Kent, around 3% of the population, may need services that are specifically for disabled children. They would like services that they can access directly and do not require a social worker.

There is a smaller group of children, (0.35% of child population) who will need support for very complex health and social care needs for their full lifespan. They usually meet the criteria for the Specialist Disabled Children's Social Work Team and following an

assessment of social care need carried out by a Social Worker, they have a package of support around themselves and their parent or carer.

In addition to all the above there will be children who need to access health funded provision due to their life limiting or life threatening conditions. These services are accessed following the identification of a health need from an assessment by a health professional.

The population in Kent is increasing, so that between 2016- 2020 the 0-25 population will increase by an average of 2.5%. However it is increasing at a greater rate in Dartford 11.7%, Tonbridge & Malling 3.6% and in Canterbury 12.7%% and this will put pressure on services in those districts.

In line with the requirements of the Children and Families Act 2014 we will be purchasing services that cater for young people in transition to adult life. This means we will be looking for services which can support young people up to age 25 rather than just 18 and which work within the changes in employment, education and training legislation

Table 1 Predicted population numbers of disabled children

Age range	2016	2018	2020	7% of 2020	3% of 2020	0.35% of 2020
0 – 18	531,400	357,000	367,000	25,690	11,101	1,211
0 - 25	480,900	486,000	493,000	34,510	14,790	1,626

We are planning to develop a framework of quality providers of individual care which parents and carers and young people in receipt of a direct payment can use as well as social workers.

We are planning to recommission our group day short breaks in school holidays and weekends to support disabled young people still in school aged over 18 and offer a range of short breaks activities suitable for children with the most complex needs under the age of 8.

We recognise Equalities Act duties apply to parish and district councils and we want to work with them to gather the views of families about how they can be supported to access their local community leisure services. We also want to work with the parish and district councils as they develop and refurbish play parks and in their delivery of school holiday activities in order that there are more community venues with facilities which can cater for children and young people with complex needs.

### Gaps in Health Provision

We aim to tackle the inequalities that arise from gaps in occupational therapy and physiotherapy in different parts of Kent. We want missed treatment and appointments to be followed up to ensure that there are no safeguarding or accessibility concerns.

We want social communication, emotional and mental health needs to be well met and supported through a multi-disciplinary approach including good access to child and adolescent young people’s mental health services. We want clear pathways to timely assessment, diagnosis and action.

The number of children and young people in Kent's maintained Special Schools for pupils with profound, severe and complex needs (PSCN) or physical disabilities (PD) who have a diagnosed and assessed chronic medical condition is significant. For the great majority of these pupils, a healthcare plan and personalised intervention can be implemented by trained school-based adults with oversight from medically qualified professionals. For others, access to medically qualified staff is an essential component of the specialist provision they require during the time that they are attending school. We recognise that the level of qualified and specialist nurses which is currently available is historic and does not reflect the most current profile of some children and young people in our schools.

We want all partners in health and in the local authority to ensure more effective commissioning and adequate provision for Occupational, Speech and Language therapy, child and adolescent mental health services and school and community nursing for children with complex health needs. We want the Designated Medical and Clinical Officer for each Clinical Commissioning Group to help facilitate the collaborative approach needed for integrated commissioning.

### **Other key plans**

As life expectancy increases, health services in every part of England are under significant pressure to deliver services within budget and are feeling the strain. Proposals, called Sustainability and Transformation plans (STPs) have been agreed around the needs of the local population to improve health and care and the proposals for Kent:

<https://www.kmpt.nhs.uk/information-and-advice/stp.htm> stretch across all areas of the County and Medway.

The STP sets out common-sense changes to how the NHS works and by ensuring collaboration between organisations it aims to give nurses, doctors and care staff the best chance of success in improving healthcare services for Kent children and young people. The STP seeks ongoing feedback from groups for disabled people and their families. Partners from the 0-25 Health and Well Being Board are focused on how STP proposals impact on and improve services for children and young people.

The Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing is driven by the Standing group for Emotional and Mental Health. This group looks across the whole system of provision, for improving children's emotional wellbeing and aims to reduce the need for specialist services. Kent has benefitted from successfully bidding for £10m of Big Lottery funding for the Headstart programme to build resilience in children and support them to understand how to look after their mental health.

The Transforming Care Partnership Board (TCPB) has a specific focus on autism and mental health. It has an identified lead for children and young people and a standing agenda item on the needs of children and young people in each (TCPB) meeting. West Kent CCG's Chief Accountable Officer acts as the Kent and Medway project lead. There are clear plans for identifying the group of children and young people who would be part of the Transforming Care cohort (including those at risk of admission). Plans clearly identify those already in placements and support Treatment Reviews. Strategic work has been initiated to look at how to identify some of those at risk of admission.

### **Post 16 Provision**

We want to ensure all young people are well prepared for adulthood; for employment; for higher education; and to live as independently as they are able; to enjoy good health in adulthood and to be full participants in their communities.

We recognise the need to ensure all young people with SEN and disabilities participate in education or employment with training until they are 18, and those who need continuing education to age 25 are able to access appropriate settings. For those who are moving on from school we want to develop the range of post 16 providers through effective commissioning and clear pathways which provide good preparation for employment for young people with SEND.

The Government reports that 93% of people with moderate to severe learning disabilities are unemployed. We know that work experience helps young people with SEND to flourish in the labour market and we want to be able to build strong relationships with employers of all sizes so that more work experience and supported internships for young people with special educational needs are available.

We want to work with Further Education Colleges and schools to significantly increase the number of supported internships and study programmes that include personalised support and high quality work experience placements.

We aim to ensure that pathways for SEND learners aged 16-24 are coherent, offer appropriate choices and are clear about intended outcomes at ages 16, 19 and 24. We have increased the number of students who are supported through High Needs funding in Further Education Colleges and for some individual students we have put in place bespoke provision.

We have increased the number of places we commission from specialist charitable or voluntary sector providers who are not part of the maintained sector (SPI). We are working with SPI providers to support them in seeking the Secretary of State's approval for the provision they can offer. We will ensure LDD learners are offered support to take up apprenticeships, and increase their numbers in line with targets in the 14-24 Learning, Skills and Employment Strategy.

## **Inspection of Local SEND Arrangements**

In March 2015, the DfE outlined its plans to introduce new inspection arrangements for the SEN reforms in the Children and Families Act 2014.

Ofsted invited Kent to participate in a pilot exercise in developing the inspection framework. This provided a good opportunity to ensure that Kent's local arrangements are achieving better outcomes. A fieldwork team of Ofsted HMI and CQC (Health and Social Care inspectors) visited KCC in May 2015, covering Early Years settings, schools and colleges as well as hosting a webinar for parents.

The findings were positive. Although there was no formal written feedback from the process Kent's SEND Strategy was acknowledged by the team as clear and aspirational, with clear priorities, targets and outcomes. Kent's Parent Carer Forum was recognised as having a strong role. Our approach to EHC Plans was judged to be child centred at all age phases. The inspectors recognised the demands of converting 7,000 Statements to EHC Plans and they reported the positive views of parents about the new SEND process. However they also found wide dissatisfaction among the stakeholders they met and



variations across districts in access to health services. They challenged KCC and health partners to address the unequal access which currently exists.

Following the pilot inspection work, in June 2016 Ofsted and the Care Quality Commission (CQC), implemented their new inspection framework to hold local areas to account and champion the rights of children and young people. Inspectors began a cycle of inspection and review of how local areas meet their responsibilities to children and young people who have special educational needs or disabilities (or both). We will continue to use the learning from inspections which have taken place and the published findings to ensure that Kent learns from where there is more effective practice.

## **Governance, Monitoring and Review**

The SEND Strategy falls within the remit of the 0-25 Health and Well Being Board.

Ensuring delivery of the strategy through regular performance monitoring and review of this Strategy is undertaken through the Kent Children's and Young People's Health and Wellbeing Standing Group for disabled children and young people and those with special educational needs. This is chaired by the Corporate Director, Children, Young People and Education Services. Membership includes Officers from the County Council, all CCGs, schools and settings.

The standing group's role is to ensure services are co-produced with parents and carers, recognising that while the lead role rests with the local authority, successful implementation of the SEND Strategy requires effective partnership across all agencies and engagement by other partners.

The group, which has representation from NHS partners and the Kent Parent Carer Forum, has been established to oversee the development of multi-agency governance to ensure KCC and Clinical Commissioning Group partners are able to meet their new statutory obligations to deliver integrated Education, Health and Care Plans.

## **Conclusion**

Much has been achieved in expanding SEND provision, ensuring better quality education and support for SEND learners, developing a wider range of options for parents and increasing high needs funding and the capital funding to expand and improve Special Schools. As a result there have been improvements in attainment and progress for SEND learners, although attainment gaps remain very wide and progress rates need to improve further.

The range of support, advice and training for schools and direct additional support for the teaching of SEND learners, through the LIFT process, has improved and levels of satisfaction with the local arrangements are high. As we continue to see the incidence of ASD increase we need to do more to ensure all schools have the expertise needed to support and teach these pupils so that they make good progress.

We have significantly increased high needs funding and more pupils are supported through this mechanism without the need for a lengthy statutory assessment and Education Health and Care Plan. This has increased earlier intervention and achieved better targeting of the available resources to the needs of individual pupils. However referrals for statutory assessment continue to increase, which is costly and time

consuming, and where pupils can be supported just as well through high needs funding we need to do more to give parents confidence in this approach.

Finally we have successfully implemented the SEND reforms, introduced Education Health and Care Plans and a new statutory assessment process with the closer involvement of parents, delivered a new Local Offer and made good progress in transferring Statements to the new Plans.

In taking the SEND Strategy forward to 2019 we recognise there is more to do to keep pace with changing needs and levels of demand, and to improve educational outcomes further.

In particular we want to continue to improve our provision for ASD learners across all schools, and work more effectively in partnership with Health Service Commissioners and providers to improve Occupational, Speech and Language provision, other therapies, specialist nursing and mental health support.

We are also giving more priority to improving earlier identification and capacity in the early years, to ensure children's needs are identified at the right time and earlier interventions can have greater impact on supporting their development. This involves continuing to improve SEND support in Early Years settings and more integrated working with Health Visitors and Children's Centres.

Looking ahead we also need to continue to increase provision, in Special Schools and Specialist Resourced Provisions in mainstream schools, as well as ensure that new Special Free Schools deliver the additional places we need in parts of Kent where there are still gaps in our SEND provision. Consequently we aim to ensure that fewer children will need to be educated out of their local area and out of the county and as a further consequence we expect to see a reduced level of need for SEN transport.

The numbers of pupils supported by high needs funding have increased. The Government is proposing to introduce a National Funding Formula from 2018-19 and based on current proposals, we are unlikely to see any increases in the High Needs funding that Kent receives over the period 2018-2022.

As we continue to see our high needs expenditure increase, and indications are that the National Funding formula will cap this, we aim to work in partnership with schools to develop more effective ways to use high needs funding in mainstream schools. We have commenced a review of high needs funding and in partnership with schools we want to look at practice and provision where there are an above average number of applications for funding (for the size of school) and particularly where the applications include a majority of one to one provision or the funding exceeds the cost of a place in a Special school for that need type. We want to draw out evidence of impact and progress and link this work to the role of the LIFT and the available support to increase capacity in schools. We will implement any changes from later in 2017.

## Action Plan for 2017-2019:

**What are we going to do, and how we will know we have been successful?**

KEY ACTIVITY	WHAT WE WILL DO
<p><b>Identify the children and young people with SEND and those who have a disability and ensure intervention is timely</b></p>	<p><b>Improve progress rates and outcomes, close the achievement gap. Increase attendance and reduce exclusion</b></p> <p><b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Have produced a county-wide baseline of % outcomes achieved at annual review and robust review of progress</li> <li>• Provide guidance to School Governing Bodies about fulfilling their 'best endeavours' duty</li> <li>• Ensure the support we give schools and settings means they are able to make decisions about how and when to seek external advice for children and young people who need additional support</li> <li>• Tackled persistent absence or pupils with SEND through a feedback system with schools</li> <li>• Consult schools on a Kent wide agreement to end permanent exclusions for SEND pupils in primary schools</li> <li>• Review how we ensure how children educated elsewhere are responding well to the provision being made for them</li> </ul> <p><b>By 2019 we will</b></p> <ul style="list-style-type: none"> <li>• Have increased the support and guidance for SENCOs so that their capacity to identify the most vulnerable pupils increases</li> <li>• Publish comparison data about schools' SEN Registers to focus on levels of identification</li> <li>• Ensure professionals who come into contact with young children signpost specialist services quickly and sensitively</li> <li>• Identify vulnerable families, so that multi-agency support from services such as Portage can be quickly in place</li> <li>• Work with professionals from secondary schools to eliminate the use of permanent exclusion for SEND pupils</li> <li>• Ensure that systems for early identification used by all services and agencies give priority to Kent children and young people in public care</li> </ul> <p><b>We will know we are achieving when</b></p> <ul style="list-style-type: none"> <li>• Children and young people achieve outcomes in their EHCP</li> <li>• Teaching is rated as good (90% of schools) and SEN pupils are making such good progress that SEN Register % reduce</li> <li>• SEN achievement, including EYFS development, is above national expectations</li> <li>• Ofsted Inspection evidence confirm SEND provision in Kent schools serves children and young people well</li> <li>• Persistent absence is below the national average</li> <li>• No Kent primary schools permanently exclude SEND pupils and in secondary schools it is very rare</li> <li>• The no. of young people whose whereabouts is not known, or who are NEETs shows a year on year reduction</li> </ul>

KEY ACTIVITY	WHAT WE WILL DO
<p><b>Ensure assessment is effective, provision is meeting need and young people achieve better outcomes</b></p>	<p><b>Improve access to local services, ensure fewer need educating out of the area. Deliver additional places.</b>  <b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Ensure Kent's Commissioning Plan (KCP) for school places identifies where further new secondary provision is required</li> </ul> <p><b>By 2019 we will</b></p> <ul style="list-style-type: none"> <li>• Increased the range of specialist provision, particularly for autism, so every child has been offered a good (Ofsted judgement) school place</li> </ul> <p><b>Develop the quality and capacity of providers, particularly ASD and speech and language. Provide training and support.</b>  <b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Offer training and development opportunities to Early Years providers, particularly private, voluntary and independent sector settings, to support their understanding of early identification</li> <li>• Increase the no. of Kent children and young people with SEND who go to a school rated by Ofsted as good or better setting; all Kent Special Schools will be good or better</li> <li>• Ensure all SRPs are Ofsted good or better</li> </ul> <p><b>Ensure High Needs funding impacts successfully on progress. Review funding to achieve best value from resources.</b>  <b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Review the links between funding for complex children pre-school (SCARF) and high needs in school</li> <li>• Have disseminated best practice in the use of high needs funding and put in place recommendations from our review</li> </ul> <p><b>Increase parental choice across schools and colleges, reducing cost of SEN transport.</b>  <b>By 2019 we will</b></p> <ul style="list-style-type: none"> <li>• Ensure the continuum of provision across mainstream and special schools and colleges offers a flexible match to the needs of children and young people</li> </ul> <p><b>Improve transition planning at age 14, develop options post 16; work experience; apprenticeships. Reduce NEET.</b>  <b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Ensure that planning for adulthood takes place from year 9</li> <li>• Commission Post 16 SEND provision from a range of providers delivering evidence-based practice and preparation for adulthood, to increase choice</li> </ul> <p><b>By 2019 we will</b></p> <ul style="list-style-type: none"> <li>• Publish the findings of targeted work to reduce SEND NEETs including how progress can be maintained</li> <li>• Improved the way in which we engage young people with SEND about their aspirations, ambitions and choices</li> <li>• Ensure learners, including those at level 1, will be following and completing an apprenticeship</li> </ul>

KEY ACTIVITY	WHAT WE WILL DO
	<p><b>Deliver the whole life pathway, transition to adulthood, access to equipment and wheelchairs. Make personal budgets available to improve independence and choice. Use evidence-based practice to improve the quality and availability. Deliver greater local integration of services</b></p> <p><b>By 2018</b></p> <ul style="list-style-type: none"> <li>• Improve transition to adult services</li> <li>• Have increased the range of 19-25 pathways developed and offer a broader range of choice</li> <li>• Reviewed the offer of group day time short breaks activities in school holidays and weekends and commissioned a revised offer.</li> </ul> <p><b>By 2019</b></p> <ul style="list-style-type: none"> <li>• Review and publish neurodevelopmental pathways and services which support ASD and SEMH</li> <li>• Develop outcome focused joint commissioning of services within EHCPs</li> </ul> <p><b>Develop KCC and CCGs joint commissioning to promote early intervention, prevention and meet EHCP duties.</b></p> <p><b>By 2018 we will</b></p> <ul style="list-style-type: none"> <li>• Through the STP have developed commissioning frameworks in place for services that support groups of children, including those with speech and language needs and physical impairment</li> </ul> <p><b>By 2019</b></p> <ul style="list-style-type: none"> <li>• Have a well-developed cycle of jointly commissioning services and streamlined approaches to provision for complex cases</li> <li>• KCC and the CCGs will work together to jointly agree commissioning priorities and streamline our commissioning approach to ensure we improve the quality of provision to those children with the most complex needs. We will work in partnership through the implementation of the joint plans, that reflect our priorities including those within the Kent and Medway Sustainability and Transformation plan.</li> <li>• Deliver greater local co-ordination of education, health and care services and plans for children and families</li> <li>• Review the impact of individual commissioning for care in the family home and procure a framework of quality providers which can be utilised by those in receipt of a direct payment</li> </ul> <p><b>Ensure specialist services, therapy, mental health support and timely access to specialist nursing in schools alongside trained school staff</b></p> <p><b>By 2018</b></p> <ul style="list-style-type: none"> <li>• Demonstrate that Health Visitors are making effective early referrals to services that support SEN and disabilities</li> <li>• Review the impact of Healthy Child programme to ensure it is</li> </ul>

KEY ACTIVITY	WHAT WE WILL DO
	<p>reducing health inequalities for the most vulnerable</p> <ul style="list-style-type: none"> <li>• Establish a clear baseline of the timescales for assessment and diagnosis of ASD to monitor that the new CAMHS pathway is effective and take prompt action if delay occurs.</li> <li>• Publish waiting times for therapy (occupational, physio and speech and language) and steps to reduce delay</li> <li>• Ensure families know that the community nursing is accessible 7 days a week</li> </ul> <p><b>By 2019</b></p> <ul style="list-style-type: none"> <li>• Ensure providers commissioned to undertake an assessment have systems to deliver their accessibility policy and failed appointments related to safeguarding or access is picked up</li> <li>• Review the impact of special school nursing arrangements</li> <li>• Ensure access to community equipment and wheelchair services are highly regarded and effective</li> <li>• Have reviewed how early health services can support identification of pre-school children with greatest difficulty</li> <li>• Actively promote early intervention and prevention whilst also ensuring that KCC and NHS CCGs meet their EHCP duties</li> <li>• All settings evaluate training and outreach as highly effective</li> <li>• from parents of complex children shows early identification by health professionals led to timely provision</li> <li>• Have specialist school nursing for complex health conditions</li> <li>• Have closed the gaps in speech and language support for 0-18 year olds, and have pathways for 19-25 year olds</li> </ul> <p><b>We will know we are achieving when</b></p> <ul style="list-style-type: none"> <li>• 95% of young people 16-19 with SEND will be EET</li> <li>• 100% of young people who meet the eligibility criteria for adult social care have a seamless transition to adult services</li> <li>• Kent's young people have improved life chances, wellbeing, safety and personal independence</li> <li>• EHCP are consistently good quality and outcomes effective</li> <li>• The quality and availability of provision 0-25 is good</li> <li>• Adequate health provision for SEND is available in schools</li> <li>• School nursing is available for all children including those who are not on the roll of a school (EOTAS)</li> <li>• Day group short break services offer reflects commonly identified needs through the EHCP process</li> <li>• A framework of care providers is available for use by those in receipt of a direct payment</li> </ul>
<p><b>Children and young people with SEND and their parents are involved in decision making</b></p>	<p><b>Build parents' confidence by providing them with timely information, advice and support, and a high quality statutory assessment process which delivers to timescales. children and young people and their parents are involved in decision making at every stage</b></p> <p><b>By 2018</b></p> <ul style="list-style-type: none"> <li>• Monitor the availability of SEN Information published by schools and give them feedback on statutory compliance</li> <li>• Have transferred all Statements and be delivering</li> </ul>

KEY ACTIVITY	WHAT WE WILL DO
	<p>consistently good quality EHC Plans</p> <ul style="list-style-type: none"> <li>• Promote high quality information sharing and effective practice in support school to school (and college) transitions</li> <li>• Ensure there is good staff training in understanding (S.19) of the Children and Families Act and mental capacity</li> <li>• Have well developed principles for co-production and awareness of them in all agencies and services</li> <li>• Be making best use of parental engagement at a strategic level, shaping the services that are commissioned</li> <li>• Publish how feedback from families is influencing services</li> <li>• Have produced broad range of information about specialist services and how to access them</li> <li>• Continue to promote awareness of the Local Offer</li> <li>• Have reduced parents frustrations with statutory assessment delay or accessibility</li> <li>• Embed a culture of evaluating the impact of what we do to regularly monitor and review parent experiences of systems</li> <li>• Have a high quality statutory assessment process which engages parents at each step</li> </ul> <p><b>By 2019 we will</b></p> <ul style="list-style-type: none"> <li>• Have involved families in transitioning all Statements</li> <li>• Increased the number of parents whose views we have collated and the proportion whose experience is positive</li> <li>• Have parents and carers on every SRP steering group</li> </ul> <p><b>We will know we are achieving when</b></p> <ul style="list-style-type: none"> <li>• Feedback from the Parent Carer Forum evidences they are working directly with decision makers in all agencies</li> <li>• Feedback shows parents feel listened to and that their views are acted upon</li> <li>• Young people are influencing decisions about them</li> <li>• Parents report they are highly satisfied with SEND provision in schools and have confidence in the support provided</li> <li>• There is evidence of high levels of parental involvement in SEND assessment and review</li> <li>• The steering group for our local offer is able to judge the content as informative, well known and used by families</li> <li>• 75% of parents express confidence in commissioned services</li> </ul>

## **Working Together Improving Outcomes**

### **Kent's Strategy for Special Educational Needs and Disabilities (SEND)**

[https://www.kent.gov.uk/data/assets/pdf\\_file/0012/13323/Strategy-children-young-people-SEN-Disabilities.pdf](https://www.kent.gov.uk/data/assets/pdf_file/0012/13323/Strategy-children-young-people-SEN-Disabilities.pdf)

### **Easy read version**

[http://www.kelsi.org.uk/data/assets/pdf\\_file/0008/29924/SEND-strategy-EasyRead-Working-together-improving-outcomes.pdf](http://www.kelsi.org.uk/data/assets/pdf_file/0008/29924/SEND-strategy-EasyRead-Working-together-improving-outcomes.pdf)

The Strategy meets our legal requirement to set out our SEN policy. We are required by the Education (Special Educational Needs) (Provision of Information by local authorities) (England) Regulations 2001 to publish the aims of our policy for special educational needs, as well as specific action we are taking to address SEN issues.

We use the definition of SEN within the SEND Code of Practice and the definition of disability used within the Equality Act 2010 which is broad enough to include those children and young people described as being disabled in the SEN Code of Practice as well as those receiving health and social care services.

## **The SEND Code of Practice**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND Code of Practice January 2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

The Strategy also reflects our commitment to, and responsibility for, safeguarding and protecting children and young people with SEN and who are disabled. The Children Acts 1989 and 2004 emphasise the shared responsibility we all have for protecting them.

## **Kent's core standards and Best Practice Guidance for Early Years**

<http://www.kelsi.org.uk/special-education-needs/special-educational-needs/local-inclusion-forum-teams>

## **The Sustainability and Transformation Plan (STP)**

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/transforming-health-and-social-care-in-kent-and-medway>

## **The Local Transformation Plans (LTP) for Children and Young People's Mental Health and Wellbeing**

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/emotional-wellbeing-strategy>

## **Transforming Care**

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/transforming-care-plans>



## Appendix 2

### Education Health and Care Plans (EHCP) and Statements Maintained by Kent

In 2016, the annual SEN pupil census, Kent was maintaining 7043 EHCP and Statements. Kent's combined total is the third highest in England; Birmingham: 7,425, Essex: 7290.

The total number of Kent EHCP and Statements increased by 6% between 2015 and 2016.

#### Number of Pupils in Kent Schools with an EHCP Spring 2016

District	2015 Number of Pupils with an EHCP	2016 Number of Pupils with an EHCP	Number +/- change since 2015	Percentage Change since 2015	District % of all 2016 Pupils with an EHCP
Ashford	590	610	20	3.3%	8%
Canterbury	716	761	45	5.9%	10%
Dartford	416	446	30	6.7%	6%
Dover	512	539	27	5.0%	7%
Gravesham	523	560	37	6.6%	7%
Maidstone	733	795	62	7.8%	10%
Sevenoaks	438	432	-6	-1.4%	6%
Shepway	531	521	-10	-1.9%	7%
Swale	914	1029	115	11.2%	13%
Thanet	797	914	117	12.8%	12%
Tonbridge & Malling	575	604	29	4.8%	8%
Tunbridge Wells	434	449	15	3.3%	6%
OLEA/Other	195	190	-5	-2.6%	2%
<b>Kent Total</b>	<b>7374</b>	<b>7850</b>	<b>476</b>	<b>6.1%</b>	<b>100%</b>

(Source: Impulse FIO Report January 2016)

In May 2016, national data published by the DfE highlighted that across England 29% were now EHC Plans and 71% Statements. Kent compares favourably, having 34% with an EHCP and 66% with Statements.

Because schools data includes Looked After Children (LAC) who are not Kent's financial responsibility and pupils from neighbouring areas travelling to Kent for their education, the number of EHCP by District is higher than the County aggregate figures given above. In 2016, the largest number of new Statements issued was in East Kent and Maidstone.

The most significant increases were in the age range for pre-school aged children (19%) and Post 16 students (33%). (Source: DfE SEN Statistical Release January 2016).

## Appendix 3

### Workforce Development

Continuing Professional Learning Development (CPLD) and Inclusion Quality Mark (IQM) awards were presented to:

Name of School	CPLD Award Level	IQM Award Level
Five Acre Wood		Centre of Excellence
St Thomas More Pre School	Bronze	
Ridge View School Early Years Department	Silver	
The Abbey School	Bronze	Inclusion Quality Mark
Cliftonville Primary School	Bronze	Inclusion Quality Mark
The Foxwood and Highview Federation	Gold	Inclusion Quality Mark
Hartsdown Academy	Silver	Flagship
Invicta Girls' Grammar School	Bronze	Centre of Excellence
Joy Lane Primary School	Not assessed	Inclusion Quality Mark
Kingsnorth CEP Primary School	Bronze	Inclusion Quality Mark
Longfield Academy	Bronze	Inclusion Quality Mark
Paddock Wood Primary School	Bronze	Centre of Excellence
Maidstone Skills Centre (Education Catch 22)	Bronze	Inclusion Quality Mark
The Malling School	Silver	Centre of Excellence
The McGinty Speech & Language Centre/West Malling CEP School	Not assessed	Inclusion Quality Mark
Temple Ewell CE Primary School	Silver	Centre of Excellence
East Kent College	Bronze	Inclusion Quality Mark
Springfield Education & Training	Single Award Level	Inclusion Quality Mark
Profile Education and Training	Single Award Level	Inclusion Quality Mark
Nisai Group	Single Award Level	Inclusion Quality Mark

## Glossary

ASD	Autistic Spectrum Disorder
BESD	Behavioural, Emotional and Social Needs
CCG	Clinical Commissioning Group
CHWB-SEND	Children's Health & Wellbeing Standing Group for disabled children and young people and special educational needs
CPLD	Continuing Professional Learning Development
CQC	Care Quality Commission
DfE	Department for Education
EET	Employment, Education or Training
EHCP	Education, Health and Care Plan
EOTAS	Education other than at school
EYFS	Early Years Foundation Stage
FE	Further Education
FTE	Full time equivalent
GCSE	General Certificate of Education
HI	Hearing impairment
HMI	Her Majesty's Inspector
IQM	Inclusion Quality Mark
KCC	Kent County Council
KCP	Kent Commissioning Plan for school places
KCPF	Kent Parent Carer Forum
KELSI	Kent Education Learning Skills Information
LA	Local Authority
LDA	Learning Disability Assessment
LIFT	Local Inclusion Forum Team
LDD	Learning difficulties and disabilities
MLD	Moderate Learning Difficulties
NEET	Not in Education, employment or training
PD	Physical disabilities
PSCN	Profound, Severe and Complex Needs
SEMH	Social Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SLA	Service Level Agreement
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SRBP	Specialist resourced based provision
STLS	Specialist teaching and learning service
STP	Sustainability and Transformation Plan
VI	Visual Impairment