

**Kent Children and Young People's Joint Commissioning Board**  
**Strategy for Children and Young People with Special Educational**  
**Needs and Disabilities**

**(post consultation version June 2013)**

**CONTENTS**

	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>What Young People and Parents Have Told Us</b>	<b>5</b>
<b>Our Vision</b>	<b>6</b>
<b>The Aims of the Strategy</b>	<b>7</b>
<b>Kent's Role as SEND Pathfinder</b>	<b>9</b>
<b>Early Intervention and Prevention Strategy</b>	<b>10</b>
<b>Our Priorities</b>	<b>10</b>
<b>Where Are we Now</b>	<b>11</b>
<b>What We Will Do Next</b>	<b>16</b>
<b>How We Will Know We have Succeeded</b>	<b>22</b>
<b>Appendices</b>	
<b>Definitions of SEN and Disability</b>	<b>23</b>
<b>The National Context and The Children and Families Bill</b>	<b>24</b>
<b>Resources to Help us Deliver</b>	<b>27</b>
<b>SEN Budgets</b>	<b>29</b>



## Introduction

Kent is ambitious for all children and young people and has set out a challenging agenda for improvement firstly in Every Day Matters, its Children and Young People's Plan, and in Bold Steps for Education. Children and young people (CYP) with the most complex special educational needs and disabilities (SEND) deserve the best provision and every opportunity to achieve well. While Kent has many reasons to be proud of its existing services and the quality of provision, especially in Special Schools, specialist provision in some mainstream schools and its Disabled Children service, there is more we need to do to improve outcomes for these children and young people. This is an ambitious strategy that will call for greater integration of services, particularly with health and with adult services.

There has been significant investment in Kent Special schools in recent years and most of the provision is good or outstanding. This is an enormous strength. Special schools are developing their outreach work to support other mainstream schools and lead schools in each district have taken on the management of the Specialist Teaching and Learning Service to improve progress and support for 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.

There has been significant improvement in the support available for parents of disabled children through the short breaks programme and the development of the Multi-Agency Specialist Hubs and the Early Support Programme has improved the coordination of services for many families and provided them with more effective support. There has also been a welcome improvement in palliative care for children and young people.

There is much to be celebrated but we also know that our provision has not kept pace with changing needs, for example in relation to developing our capacity to meet the increasing autistic spectrum disorder needs, speech and language needs and emotional, social and behavioural needs of young people or in relation to the support services their families rightly expect.

In spite of significant financial resources across health, education and social care and good capital investment in Special schools and other specialist hubs, we do not have enough local specialist provision in mainstream schools and too many children and young people have to go to a Special School too far from home, and sometimes out of the County, to have their education, health and care needs met. Consequently we are spending too much money on transport that should be invested in education and care services that directly benefit children and young people. Families tell us that they have to struggle to access the right services in a well coordinated way. Many children are unable to access social activities in their local community because some universal services feel unable to include them. Too many children have to go to a Special School because the right provision and skills are not available in local mainstream schools. And in many schools pupils with special educational needs do not make good enough progress and there are wide achievement gaps between them and other learners. At age 16 many young people with special educational needs and who are disabled do not have the same opportunities as other young people to progress to further learning and training, and to access employment and independent living as they move into early adulthood.

While much progress has been achieved in recent years we are aware that a more integrated strategy is needed to ensure we achieve further improvements, and that

education, health and social care must work more closely together and with the voluntary sector to address the challenges we face. This strategy is designed to address these issues and to bring about the necessary improvements in the quality of provision and outcomes for these children and young people, from the early years of childhood to early adulthood.

We are publishing this strategy at a time of very significant change, with some of the biggest shifts in national policy for health, special educational needs and disability in over 30 years. The strategy is also intended, therefore, to ensure that Kent is well positioned to implement these changes for the benefit of children, young people and families.

The Aiming High for Disabled Children programme and more recently the Government's proposed reforms to improve outcomes for disabled children and those with SEN, as set out in the Children and Families Bill, make it more important than ever that Kent County Council, schools, colleges, the NHS and other partners work closely with parents, carers, children and young people to improve services.

There is a requirement within the Children and Families Bill, Mandate for the NHS and the Health and Social Care Act for the Local Authority, Clinical Commissioning Groups and NHS England to jointly commission services and promote integrated working based on shared outcomes and shared approaches.

The Health and Wellbeing Board under the Health and Social Care Act is the main statutory body for promoting integrated working and joint commissioning between children's and adults' health and social services. This is reflected in the Kent Joint Health and Wellbeing Strategy *Outcomes for Kent*. This SEND Strategy has strong links to the Kent Joint Health and Wellbeing Strategy.

Kent's Health and Wellbeing Board will provide leadership and oversight of how children's and adult services can both become more integrated and work with GP Clinical Commissioning Groups to effectively jointly commission health and social care services.

This strategy has been produced in response to the significant government reforms to education, health and social care in working with disabled children and young people and those with SEN, aged between 0-25, and their families and carers.

The national reforms require:

- The local authority to develop and publish a local offer, and to work closely with the NHS and schools to use resources through joint commissioning to improve the range of support available in a local area.
- The local authority to provide a range of short breaks to carers of disabled children and to publish a statement as to how they will be provided.
- A more flexible model of joint commissioning that promotes access to personal budgets, focuses on specific groups of children or areas within the county and ensures that children and young people's needs are met wherever they live in Kent.
- A cultural change in the way in which we listen to and engage with children, young people and their parents and carers.
- A new integrated assessment model leading to a single Education, Health and Care Plan.

- Better commissioning of new provision to ensure needs are met in local schools and by local community services
- A skilled workforce that is able to meet the needs of children and young people with SEN and those who are disabled.
- Services that support families to meet their children's needs and help children to remain in their local community.
- Positive transitions at all key stages within a 0-25 age range, especially a more successful transition to adult life
- Improved quality and range of information available for children, young people and their parents and carers enabling them to make informed choices.

## **What young people and their parents have told us**

Children, young people, parents and carers have told us that they want children and young people's needs and outcomes to be at the heart of the system, and to be treated with respect and valued as individuals who have a valuable contribution to make to their school, their community and wider society. They want:

- to be listened to and supported to use the appropriate communication method
- services that are more responsive and pro-active, rather than reactive and waiting for a crisis to happen, and that are close to home and co-located where possible
- one key contact person to support the family and professionals that talk to one another so that they do not have to tell their story over and over again.
- to be actively involved in the assessment process and the implementation of any single multi-agency plan, as well as involvement in the development and evaluation of the services that they receive.
- to be able to go to a local school and to have a workforce in schools and in other services that is trained to meet their needs.
- services that work together to promote independence and access to leisure, training and employment
- information that is easy to access and understand and more information about wheelchairs and equipment availability
- to wait less time for equipment assessment, delivery and review
- wheelchair clinics to be more child friendly environments
- to have access to support at school when needed but to be able to retain as much independence as possible
- protection from bullying and abuse and somewhere safe to go to ask for help and advice
- to be consulted when services and provisions for children and young people are being developed
- to have opportunities to participate in the everyday activities that all children and young people have access to in their local community.

Parents and carers have told us that this strategy is focussing on the right outcomes for their children and they want the opportunity to be involved as full and equal partners in the decisions regarding their children's future. Parents told us that providing them with support and integrating our services across agencies are their most important priorities.

The strategy is focused, therefore, on developing a new approach to the engagement of parents, carers, children and young people with SEN or disabilities. Involving them in developing an integrated approach to assessment will mean that there is a robust discussion about what works and where we can achieve the best outcomes for Kent's

children and young people. Better outcomes are achieved when partnership is strong and parents, carers, children and young people work closely with front line professionals to find and implement solutions. This will be a key driver in ensuring this strategy is a success.

Parents have asked us to ensure that the Strategy increases support in mainstream schools and specialist provision to ensure children can be educated nearer to home.

Some children with physical disabilities who are academically able and do not have learning difficulties and others with lower levels of special educational needs will not meet the criteria for an integrated Education, Health and Care Plan. Parents have asked us to tell them where they can get help if their child does not meet the criteria.

We also 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 existing 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 care services that schools, children, young people and families need to achieve the best outcomes. The 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 care and which promotes a continuum of provision from birth to early adulthood.

The strategy is also dependent on good SEN practice in every school, a stronger commitment to inclusion, closer partnership between Special Schools and mainstream schools, investment in more mainstream schools becoming centres of specialist expertise and more effective commissioning of placements procured outside of the maintained sector. One of our biggest challenges is to ensure that all children and young people with special educational needs and who are disabled receive good teaching at all times so that they make good progress, and the adults supporting them have the right levels of skill to promote good learning and achievement.

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.

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.

In this strategy we use the definition of SEN that is within the current Code of Practice and we use the definition of disability used within the Equality Act 2010. (See appendix 1) The Equality Act definition 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.

## **Our Vision**

Our vision is for a well planned continuum of provision from birth to age 25 in Kent 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 and where individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention so that children's and young people's needs do not increase because early help is provided in a timely way.

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 and that they should be offered high quality provision which ensures good health and care and good educational progress and achievement.

We expect every early years provider, mainstream school and post 16 setting to make effective provision for disabled children and those with SEN so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and adult life.

We also 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 safety, well being and health outcomes are well promoted alongside their educational progress and achievement.

Our vision is to have effective services in place for young people with additional needs up to age 25. They should be recognised as full citizens with their own contributions to make to their local communities and society. This means we will extend the age range of our current services to ensure we are supporting their transition to adulthood. We want transition to be a good experience for every young person. We want them to be talking to the right people in the right places at the right time. The consultation has highlighted successful transition support in practice between some schools and FE Colleges, and the adult ASD service which could become involved at an earlier point in the lives of young people.

We believe every Kent child and young person who is disabled has the right to live as ordinary a life as possible in the local community, with easy access to local schools and leisure facilities, and to the support services they and their families need. 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 and their inclusion in society.

Our vision is for all early years settings, schools, colleges and health and care support services to have the capacity and confidence to deliver high quality provision for children and young people with special educational needs and who are disabled (SEND), to improve their educational and health outcomes, and their access to social opportunities. We want to improve our provision and parental choice by working in partnership with providers in the voluntary and independent sectors who share our vision and values. We will 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 recognise the importance of providing good training for all schools and Early Years and FE sector partners. We are using Service Level Agreements to clarify the role of Special schools providing outreach support for others to ensure individual schools do not become overburdened by playing a leading and supporting role for others and there is a more comprehensive network of support across all schools.

The vision of the Health and Wellbeing Board is to deliver better quality care, improve health outcomes, and improve the public's experience of health and social care services.

The Kent Children and Young People's Joint Commissioning Board vision is for every child and young person in Kent to achieve their full potential in life, whatever their background.

## **The Aims of the Strategy**

The over-arching aim of this strategy is to improve educational, health and emotional wellbeing outcomes for all of Kent's children and young people with SEN and who are disabled. They do significantly less well in comparison to other children and young people.

The second key aim is to ensure Kent effectively delivers the necessary changes to the assessment of needs and joint commissioning of provision by 2014, as set out in the Children and Families Bill, so that our services are joined up, professionals have good up to date knowledge of each others' practice and children and young people have better integrated support across education, health and social care.

Our third key aim is to address the gaps in provision, and improve the quality of provision, for children and young people with special educational needs and who are disabled. This will mean challenging universal services to be more inclusive of children and young people with special educational needs or who are disabled, developing the range of social care, health and education providers and encouraging a mixed economy of provision across the maintained Special schools and mainstream schools in Kent, as well as the highest quality and cost effective independent and non maintained Special schools where some children and young people are placed.

There is considerable good practice in Kent across all agencies but there are also significant gaps in what we provide. This strategy aims to address those gaps, specifically:

- Insufficient specialist provision and skills in local mainstream schools
- The lack of enough specialist provision and school places for children and young people with autistic spectrum disorder needs and behavioural, emotional and social needs
- Our increasing need to transport children and young people considerable distances from home in order to go to a school that can meet their needs
- Delays in medical and educational assessments which mean it takes longer for children and young people to receive the help they need
- Gaps in educational achievement and progress for children and young people with special educational needs and who are disabled
- The lack of appropriate provision post 16 for young people with learning difficulties and disabilities



- Insufficient provision for speech and language therapy, physiotherapy and occupational therapy in schools and Further Education Colleges
- Insufficient provision of child and adolescent mental health services, especially for children and young people with a learning difficulty, autism and those with challenging behaviour
- Gaps in community nursing support for pupils with complex health needs in schools
- Insufficient joint working between agencies
- A workforce that does not always include children in community activities and services
- A lack of equity in provision of short break opportunities across the county

In aiming to ensure that all children continue to get a good start in life, it is important to ensure that their needs can be identified and met in the early years. We aim to ensure there is more joined up work by professionals who work with very young children and their families, particularly Early Years education and childcare providers across all sectors, health practitioners and those providing services through our Children's Centres, so that we achieve the highest quality support for children with special educational needs and disabilities aged 0 to 5.

We aim to ensure the excellent expertise in some schools is used for the benefit of other schools, so that there is capacity in every school or setting to intervene earlier and provide the most effective support to children and young people. Key to this is ensuring that every school can deliver the SEN core standards and that by 2014 there are staff in all schools with training and expertise in ASD, BESN and speech and language needs.

We aim to ensure all specialist SEN provision accessed by Kent children and young people is good or better and all Kent Special schools can be effective centres of excellence, providing models of best practice and high quality training and support for other schools. We aim to build on the existing vocational skills provision in FE Colleges.

We aim to have in place provision which offers a flexible match to the needs of our children and young people. We aim to develop our partnership with providers in the independent and non-maintained sector, who share our values and ambition for Kent's children, to help manage demand and drive down the overall cost of placements and transport. We recognise that we cannot achieve our ambitions without working in partnership with all providers.

We aim to ensure that transitions from one stage of education to the next are well managed, so that there is continuity of support for children and young people with special educational needs and who are disabled. A key transition is into post 16 education or training, and at age 19 into employment and early adulthood. These transitions are challenging and our aim is to ensure young people with learning difficulties and those with disabilities up to age 25 are engaged in purposeful education and training, they are well prepared for skilled employment and independent or supported adult living and for those who need it, there is good support from adult social

care services. We aim to improve access to physiotherapy and occupational therapy for young people progressing to further education.

We recognise that services need to be more flexible if they are to meet individual needs. We aim to provide better personalisation and to develop services with the active involvement of young people and their families, as well as provide personal budgets where that will support greater independence and choice. We believe that developing a mixed economy with the broadest range of providers will increase parental choice.

Lastly a key aim of the strategy is to provide a 'tell us once' approach to sharing information and delivering services, so families and young people do not have to repeat their story to different agencies. This will be achieved by developing an integrated service for disabled children and young people and a key worker model for all families.

## **What are we aiming to do?**

1. Improve provision for, and access to, local services in education, care and health, which means families can access appropriate health, care and social opportunities locally, and fewer children will need to be educated out of their local area and out of the county.
2. 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. We want to provide the training and support they need.
3. 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 want a continuum of provision across mainstream and special education so that providers can develop and maintain specialist skills.
4. Improve progress rates and 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.
5. Build parents' confidence in the support provided and improve the engagement of parents by providing them with timely information, advice and support.
6. Develop and improve services for children, young people and families with their active participation, and make available personal budgets where it will improve independence and choice.
7. 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 and promote positive transitions at all stages between the ages of 0-25.
8. Develop new outcome focused approaches to joint commissioning and integrated working that promote early intervention and prevention whilst also ensuring that KCC and NHS CCGs meet their new statutory duties linked to the provision of services within the Education Health and Care Plan
9. 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.

10. Ensure the provision of high quality specialist services as appropriate and necessary, such as educational psychology, speech and language therapy and child and adolescent mental health support.
11. Ensure we improve the effective and efficient use of our resources to meet increasing demand and remove perverse incentives, so that costs do not escalate.
12. Ensure disabled children and families have timely access to appropriate community equipment and wheelchair services to meet their current and future needs.
13. Work with partners in health to ensure more effective commissioning and adequate provision for speech and language therapy, child and adolescent mental health services and school and community nursing for children with complex health needs.

## **Where are we now?**

Kent has a school population of 233,000, of whom around 2.8% (more than 6,500) are children and young people subject to a Statement of Special Educational Needs. Less than half (around 2,500) of Kent's children and young people with statements attend a mainstream school. This is less than the national average and we would expect more children to be in a local mainstream school.

Around 4% of Kent's children and young people with a statement are placed in independent and non-maintained Special schools (with a further 2% looked-after children and young people from other local authorities). Where Kent makes this type of placement it usually reflects a good use of resources for low incidence disabilities or where Kent's own maintained provision is at capacity; which is largely ASD and BESD. However it means over 400 children and young people currently attend schools in the independent and non maintained sector because their special educational needs cannot be met in a local Kent school. In recent months we placed 40 pupils in out-of-county placements who could have been educated in Kent if the places had been available. The largest numbers of pupils have autism spectrum disorder needs or emotional, social and behavioural needs. We aim to increase the provision for these kinds of needs in Kent Special and mainstream schools.

Less than the equivalent of 1% of young people with a statement will need to transfer into similar independent specialist colleges post 16 because the range of courses and access levels available in further education mean that most young people can be supported to continue learning in a local college. Most local FE colleges are committed to developing their provision for students with learning difficulties and disabilities.

There are 22,961 disabled children and young people aged between 0-18 in Kent, of whom 3,804 have been identified with an autism spectrum disorder, compared to 2,157 pupils identified by schools as pupils with ASD. This means that not all of those with a medical diagnosis are identified as SEN. Swale and Thanet, the two most deprived districts in Kent, have the two largest concentrations of disabled children and young people who are in receipt of Disability Living Allowance.

## **Statutory Assessment**

The number of children subject to a statutory assessment and statement has remained stable over the past 4 years. Whilst the number identified with an Autistic Spectrum Disorder (ASD) has significantly increased, it has been offset by a significant reduction in the proportion identified with Moderate Learning Difficulties (MLD) and Specific Learning Difficulties (SLD).

Of the children with statements in mainstream schools, 53% attract further per-pupil funding known as Individually Assigned Resources (IAR) with 29% as part of a placement in one of Kent's 47 schools with specialist provisions (previously referred to as units) and 24% receiving IAR funding to enhance their inclusion in a local mainstream school.

SEN Regulations which accompany the Code of Practice prescribe that the statutory assessment process should not normally exceed 26 weeks. However our 2010-11 performance was 88% completed in time, when the national average was 95% and our statistical neighbours were achieving 98%. Performance in August 2012 fell to 70%, which is poor. We have published, in *Bold Steps for Education*, an ambitious target to ensure by 2015 we are completing 95% of all statutory assessments within 26 weeks. In order to achieve this target we must be securely at 90% by March 2013. Reducing protracted resourcing negotiations with schools, increasing placement capacity and ensuring we have more timely speech and language therapy assessments are critical to improving our performance.

There were 181 appeals against Kent registered by the SEN and Disability Tribunal in 2011-12. This represents an increase of 35% over the previous year, with the most significant increases experienced in East Kent. 40% of appeals were against a refusal to carry out a statutory assessment and 36% related to the level of support and school placement. 57% of the appeals against Kent were in relation to children with autism or speech and language difficulties. The number of appeals found in favour of the authority increased to 72% from 50% the previous year. This level of contention and lack of parental confidence highlights the need for this strategy to give special priority to working more closely with parents. The appeals also highlight the need to improve our provision for speech and language needs and autism.

## **Commissioning Provision**

Local authorities have significant core responsibilities as strategic commissioners of education and other provision, operating in an increasingly diverse educational environment to secure sufficient, high quality provision in the right locations. Kent has a long history of working with private and voluntary education providers in the pre-school and school sector. This collaboration offers parents greater choice and a best value approach to low incidence high cost needs. Greater diversity in the market is also likely to give the most cost effective response to managing fluctuating pressure in capacity.

The Education Commissioning Plan will focus on a more systematic approach to the forward planning of SEND provision in schools, to increase capacity in Special schools and resourced provision in mainstream schools. This strategy has a priority to create at least 275 additional places for ASD and BESN.

Families and Social Care services commission over 80 providers of short breaks. These, include after school clubs, youth groups, holiday play schemes, weekend activities, family days and overnight short breaks for the children and young people with the most complex needs. We have successfully commissioned some of these short breaks with health.

While there have been some notable successes in relation to jointly commissioning services between education, health and social care, there is more work to do and joint commissioning across education, health and social care is a priority for improvement. The current Joint Resources and Assessment Panel, which agrees joint funding for complex needs placements requires improvement and better decision making, with pooled funding, to ensure we address delays and secure the most appropriate and cost effective placements for children and young people with complex needs.

## **Pupil Progress and Attainment**

The attainment of pupils with special educational needs shows wide gaps compared to other learners. In 2012 the percentage of pupils with SEN (statemented and non statemented pupils) that achieved Level 4 in English and mathematics at Key Stage 2 was 43%. There was a 48% gap between SEN pupils and other pupils. This is similar to the national gap of 49%. The percentages who made 2 levels of progress between Key Stage 1 and Key Stage 2 were 76% in English and 69% in Maths. The progress gap between SEN pupils and other pupils was 16% in English and 23% in mathematics.

These are wider than the national progress gaps which are 14% in English and 21% in mathematics.

Similarly in 2102 the percentage of pupils with SEN (statemented and non statemented pupils) that achieved 5 GCSE grades at A\*-C with English and mathematics was 26%. There was a 47% gap between SEN pupils and other pupils, which is the same as the national gap. The percentages who made 3 levels of progress between Key Stage 2 and Key Stage 3 were 42% in English and 40% in mathematics. The progress gap between SEN pupils and other pupils was 34% in English and 39% in mathematics. These are wider than the national progress gaps which are 30% in English and 37% in mathematics.

In addition, 31% of young people aged 16 to 24 who are NEET are those with learning difficulties and disabilities. This is unacceptably high.

## **Exclusions**

During the 2011-12 school year permanent exclusions in Kent reduced by 16%, to 211 from 252 the previous year. There has been further reduction since September 2012, to below 200 permanent exclusions. While this downward trend is encouraging too many excluded children and young people have special educational needs. (More than two thirds of all those permanently excluded in the past year have SEN). Exclusion is an inappropriate response to addressing the learning needs of children and young people with SEN and those who are disabled.

The target by 2016 is to reduce the number of permanent exclusions to no more than 40 in an academic year, and at the same time dramatically reduce exclusions for pupils with SEN statements. The strategy to reduce exclusions includes the review of the Pupil Referral Units and Alternative Provision, designed to improve more inclusive and collaborative work between schools in each District. This approach will ensure the

needs of children and young people with special educational needs and disabilities are better met

## **School Quality**

There are 23 local authority maintained Special schools and one Special Academy in Kent educating and supporting over 3,000 pupils with Statements of SEN. The overall effectiveness of Special schools (all Kent and all Special in England) is set out in appendix 5. This shows that 80% of Kent Special schools are good or better, compared to 81% nationally.

Eleven Special schools are designated as District Special Schools for children aged 3-19 with Profound, Severe and Complex Needs (PSCN). Two of these schools are federated. Dover and Deal are served by units attached to Whitfield (Aspen I) Primary School and Dover Christchurch Academy (Aspen II). We believe that some of the children who are currently supported in our PSCN schools should be supported in their local mainstream schools and it is a priority to address this and offer parents a choice of mainstream and Special school in future. We need to do this by creating an appropriate educational offer in mainstream schools.

The overall effectiveness of Primary schools with SEN units shows that only 43% of Primary schools with SEN Units are good or better, compared to 69% nationally and 61% of all Primary schools in Kent. We aim to improve this as part of implementing the strategy.

The overall effectiveness of Secondary schools with SEN units shows that only 54% of Secondary schools with SEN Units are good or better, compared to 72% nationally and 70% of all Secondary schools in Kent. This also is a focus for improvement as part of implementing this strategy.

We recognise that there is much expertise and good practice in schools. We know from parents and governors that committed staff in many schools are doing a good job in supporting children and young people with complex needs.

A key priority for this strategy is for all schools that host specialist SEN provision to be good or better schools. We recognise that children and young people with SEN are in every local early years setting and school and we want every setting and school to be good or better. Bold Steps for Education already sets out ambitious targets and activities to improve the quality of provision in all schools and early years provision.

## **Short Breaks**

The Aiming High for Disabled Children programme has enabled Kent to do well in transforming services for disabled children and young people, and their families. The parent led charities including the Parents' Consortium and Kent Parents as Equal Partners (KPEPs) have contributed strongly to this. Over 700 families receive direct payments to meet the cost of short break support for their children. There has also been a strong emphasis on promoting the participation of children and young people in transforming services, for example being involved in developing new service specifications, using them as Young Inspectors for the short break programme and introducing person centred planning into the 14+ transition review process in Special

schools. Parent led groups have been successful in reaching families who previously did not access support from services.

The number of short breaks for disabled children has trebled since 2007. There is now a wide variety of short breaks which are becoming more evenly distributed across the county.

Providers of services have come together in 5 localities across the county to plan together and identify local needs.

### **Palliative Care**

The Kent and Medway Children and Young People's Palliative Care Network has made significant progress in ensuring there is a consistent, joined up approach to implementing the national care pathway for children and young people with palliative care needs and their families. Over the last 2 years the Kent and Medway Children and Young People's Palliative Care Network has been able to use a £750,000 grant from the Department of Health to increase the awareness of the palliative care needs of children and young people amongst a broad range of professionals including teachers, social workers, nurses, and therapists. It has developed a new Advance Care Plan for children and their families to provide a joined up multi-agency approach to meeting the child's and family's needs, and worked with parent carers, children and young people on how services can be improved. This has resulted in an increased availability of short breaks for this group of children and families and improved access seven days a week to specialist advice and support for parent and carers with children who have palliative care needs.

### **Early Support Programme**

Another success is the Early Support Programme, which is a multi-agency approach to meeting the assessed needs of young disabled children with complex needs and their families in a person centred and co-ordinated way from birth to age 7. There are nine multi-agency Early Support points of access providing good support for families.

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

Significant capital investment has been made in building 3 new Multi-Agency Specialist Hubs (MASHs) in Ashford, Sittingbourne and Margate, enabling co-location of services and the delivery of short breaks. Other capital expenditure has included sports and play equipment, toy libraries, navigational aids for visually impaired children, major improvements at our 5 in-house overnight short break units, and accessible accommodation at Bewl Water, Swattenden, Allsworth Court and short break foster care homes.

### **SEN Transport Initiative**

We currently spend £17 million transporting to schools more than 4000 children and young people with special education needs and who are disabled. The costs are increasing and reflect the fact that we are becoming less able to find places to meet some children's needs in schools closer to home. We have recently surveyed more than 30% of parent and carers accessing SEN transport to seek their views on ways in which we can improve quality, choice and flexibility whilst delivering reductions in the overall cost of providing transport assistance. We have used their suggestions to develop a new

approach which involves offering personalised transport budgets to more than 500 parents and carers in the Ashford and Shepway areas on a trial basis. We plan to use this trial to develop the approach and roll it out across the County from May 2013 onwards.

### **The Specialist Teaching and Learning Service**

We have recently devolved the management of the Specialist Teaching and Learning Service (STLS) to 12 District Special Schools to lead improvements by supporting all schools to improve provision and outcomes for children and young people with SEN or who are disabled. Each multi skilled District team is led by a Coordinator, who also carries the County lead responsibility for a specific area of SEN, under the leadership of the Special school Headteacher. Specialist teachers within the team are qualified and experienced in at least one area of special educational need and disability and act as a County resource to support schools. In addition a County Professional Lead for Sensory Impairment and two County Coordinators, for hearing and visual impairment, provide professional leadership for sensory staff.

### **The Education Psychology Service**

Educational Psychologists have extensive skills and knowledge in facilitating change at different levels for children and young people with Special Educational Needs and for families and groups of staff in schools.

All schools have access to the Kent Educational Psychology Service whose core offer includes psychological advice provided as part of the statutory assessment process, consultation at Local Inclusion Forum Teams for individual children and young people, crisis support for schools and team around the family interventions. The service provides an extensive range of additional work on a traded basis to schools. This includes assessment, training, courses, staff development programmes, interventions, projects, research and specialist work. This builds on good professional relationships and expert knowledge which supports the delivery of the SEN core standards, improves staff confidence, knowledge and skills and engages a wide range of multi-agency partners to improve outcomes for children and young people.

### **The Communication and Assistive Technology Service**

The Communication and Assistive Technology (CAT) Service is a joint funded team of education professionals, NHS therapists and engineers who work in partnership with families, local therapists and professionals to undertake individual assessments of children with significant difficulties with oral and written communication. The team works alongside those already supporting children, to assess how highly specialist technology can help overcome their communication difficulties.

### **Integrated Community Equipment Service**

There is joint provision of equipment between health, education and social care, recycling specialist equipment whenever possible, which is a more efficient use of resources. The right equipment provided at the right time supports greater independence and may prevent additional impairment.



## **Kent's Role as SEND Pathfinder**

Key to transforming Kent's services is testing out the proposals in the Children and Families Bill. Twenty Pathfinders (31 local authorities) were invited to trial the SEN Green Paper proposals and Kent is a member of the SE7 Pathfinder group with Brighton and Hove, East and West Sussex, Hampshire, Surrey and Medway. The learning from the Pathfinder experiences will inform the draft regulations and the writing of a new SEN Code of Practice in 2013.

SE7 is developing a common framework for assessment and applying agreed core principles with partners. At the heart of this, is the development of a Child and Family Centred Plan bringing services together and improving outcomes. Kent's work has been focused on the development of the local offer, the use of personal budgets and the development of an integrated plan, working with a small number of families within one district initially.

The Pathfinder was initially due to finish in March 2013, but has now been extended by the Department for Education along with the majority of other Pathfinders nationally until September 2014. This provides an exciting opportunity to accelerate and expand the reach of the Kent Pathfinder beyond the initial one district approach and expand our trialling across Kent. We are well on the way to achieving a minimum of 35 families with completed plans and personal budgets by July 2013 and we are developing our plans to scale up our approach across the whole of Kent in readiness from September 2013, for full implementation from September 2014.

Recently the SE7 Pathfinder group was designated as a champion for this work, and we will be working with other local authorities to share our experience of developing this new integrated approach to meeting the needs of children and young people.

## **Kent's Early Intervention and Prevention Strategy**

Kent's Early Intervention and Prevention Strategy has identified its priorities as:

- Safeguarding children from harm and preventing problems escalating;
- Focusing services on families with a high level of need;
- Meeting the needs of vulnerable adolescents;
- Ensuring support during the early years;
- Improving the emotional health and wellbeing of children and young people;
- Ensuring early support for disabled children, young people and their families.

This strategy reflects, therefore, these priorities and it will be a major vehicle for implementing them. It also reflects national priorities to improve provision and outcomes for vulnerable groups, especially children and young people with special educational needs and those who are disabled.

This multi-agency strategy is owned by the Children and Young People's Joint Commissioning Board and the Health and Wellbeing Board, which are responsible for commissioning the improvements needed. We will ensure these have clear oversight of improvements and joint commissioning arrangements across education, health and social care, in achieving better outcomes for children and young people with SEN and

those who are disabled. We will also ensure regular performance reports are made available to the boards to monitor progress in delivering this strategy.

## **What we will do next:**

### **1. Develop the local offer**

- We will improve progress rates and outcomes for all children and young people with SEN and those who are disabled, narrowing the gap between those with SEND and other children and young people to better than the national average.
- We will work with local early years providers, schools and colleges to develop and improve the quality and capacity of local SEND provision, improving Kent's capacity to educate, care for and promote the good health of children with SEN and disabilities. We will maintain resources which are working well whilst supporting centres of expertise to work with other schools.
- We will increase the proportion of Kent schools with SEN units that are good or better to 70% in line with national data by 2015, from 43% in Primary and 54% in Secondary.
- We will refocus our specialist provision in mainstream and Special schools to meet the changing needs of children and young people, including planning additional provision for post 16 students. We aim to increase the number of places in Special schools from 3491 to 3700 and expand mainstream resourced provision to create at least 100 additional resourced places.
- We will develop our partnership with providers based in the independent and non-maintained sector where this can help to drive down the overall cost of placements and transport.
- Where we procure placements from external providers, we will develop more effective joint commissioning arrangements to ensure we can take timely and cost effective decisions.
- We will ensure there is better supported and more effective transition from one educational provision to another, from early years through to post 16 and beyond. We will develop a protocol and also gather and disseminate examples of best practice.
- We will improve information management systems for SEN provision with agreed common data sets which track learner outcomes, achievement and destinations and enable the quality of provision to be evaluated.
- We will clarify and publish the local offer in Kent provided by schools, early years providers, FE colleges, health and social care services, including services that promote transition to adulthood, short break services, physiotherapy and occupational therapy for young people progressing to FE, and new services commissioned by health CCGs from April 2014.
- We will ensure the local offer is informative, helpful and easily accessible. We will make clear the routes of complaint and redress and our commitment to ensure

that services are developed through co-production with young people and their parents and carers.

- We will commission family advice and support services across the county to provide information about local short breaks and signposting to other services.
- We will use the evidence from the Kent multi-agency commissioning framework for children with speech, language and communication needs, and its strategic assessment, to develop a Kent wide approach to supporting early years settings, children's centres and schools to meet the speech, language and communication needs of children and young people.
- We will develop a new approach to enabling disabled children and young people with complex health needs to be included in early years settings and schools.
- We will develop a new approach to supporting disabled children with challenging behaviour, and their families, which provides effective strategies to minimise the impact of the behaviour on family life, education and access to community services.
- We will ensure the Kent Health Visiting Implementation Plan will roll out Actice Movement across the county.
- We will work collaboratively to develop more pooled budget arrangements between KCC and Clinical Commissioning Groups, to improve services and outcomes for children and young people.

## **2. Ensure young people aged 16 - 24 access an appropriate education, employment or training route**

- We will ensure all young people with SEN and disabilities participate in education or employment with training until they are 18. We will develop high quality and appropriate post 16 provision and we will ensure 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 will continue to offer support to vulnerable learners to take up apprenticeships, and increase their numbers in line with targets in the 14-24 Learning, Skills and Employment strategy.
- We will ensure there is an increasing focus on developing high quality vocational programmes which lead to employment and support independent living, particularly for the post 16 offer for ASD and BESD learners through Vocational Skills Centres, FE Colleges and Special Schools.
- We will develop progression agreements with FE Colleges and Work Based Learning providers so that all young people aged 16-25 with a learning difficulty or disability can participate in learning, training and supported employment .
- We will improve the quality of information available through the assessment process to guide transition planning at age 14. We will provide support and guidance for young people 16-24 with SEN and disabilities to access education

and training. By September 2013 we will publish clear criteria for when we will carry out a learning disability assessment (LDA).

### **3. Develop the new single assessment process and plan in Kent**

- We will develop outcome focused approaches to integrated working and joint strategic commissioning to develop and improve the quality and availability of provision 0-25, with good transition to adult services. This will mean, for example, new multi-agency commissioning frameworks for specific groups of children, with speech and language needs and disabled children with a physical impairment.
- We will deliver more integrated services for disabled children and young people, and those with more complex special educational needs and their families in Kent, to successfully deliver the Kent approach to integrated education, health and care planning by September 2014.
- We will ensure that by April 2014 clear protocols and processes are in place for health, education and social care working together to provide integrated services and deliver the strategy.
- We will ensure children, families and young people are at the centre of the assessment and planning process and are involved in making decisions throughout. We will adopt a key worker approach to support families and young people through the process by providing a single point of contact, particularly in more complex cases and during difficult transitional periods.
- By 2014 we will ensure all health professionals complete their assessments in time and delays in placement are avoided so that 95% of statutory assessments will be completed in the time allowed.
- We will develop a new multi-agency governance system for assessment and planning to ensure KCC and the NHS Clinical Commissioning Groups are able to meet their new statutory obligations to deliver integrated Education, Health and Care Plans.
- We will ensure the local Health and Wellbeing Board has clear oversight of improvements and joint commissioning arrangements across education, health and social care, in achieving better outcomes for children and young people with SEN and those who are disabled.

### **4. Develop the wider workforce**

- We will develop a framework for continuous professional development to influence at a strategic level, the culture and practice across the whole workforce, including community providers, training and supporting staff to have the right skills to meet children's needs.
- We will ensure outreach work from Special schools has a direct and positive impact on the support for pupils with SEN and disabilities in mainstream schools.

- We will provide training to ensure by 2014 all early years providers and mainstream schools have skilled staff to support the needs of children and young people, with ASD, BESN and speech and language needs.
- We will ensure practitioners engaged in the single assessment process and carrying out a key worker function are trained in person centred approaches for assessment.

## **5. Support and engage parents, children and young people**

- We will ensure parents are fully engaged in developing services and making decisions about their child's education and care, to ensure support is personalised.
- We will support parents by providing timely information and advice for them. We will increase parents' confidence in the services we are providing by being clear about eligibility criteria and levels of entitlement, to ensure they can have a reasonable expectation and understanding of the choices available.
- We will provide direct support to parents through evidenced based approaches e.g. Portage, EarlyBird and those for speech, language and communication needs.
- We will ensure information is available in accessible formats for children and young people and we will put in place training to support their meaningful participation whatever their method of communication. We aim to reflect the rights of the individual at 18 and as they move towards adulthood.
- We will reduce transport costs and enable parents to explore alternative travel arrangements with a personal budget and offer greater flexibility in entitlement, enabling their children to achieve independence.
- We will build on the success of the Kent and Medway Children and Young People's Palliative Care Network by creating new networks that promote the engagement of parents and carers in the development of new services.
- We will introduce personal budgets to deliver health, care and education specified in integrated plans. We will have tested and be delivering this approach by 2014.
- We will encourage schools to provide more support for parents and school based support groups and we will encourage parents to support each other, signposting where there are support groups for parents by parents.
- We aim to publish information about our criteria to access services and where help is available if children do not meet the criteria for an education, health and care plan.

## **6. Integrate Education, Health and Social Care services for disabled children and those with complex needs**

- We will use learning from the Pathfinder and the MASHs to test out and develop integrated assessment and provision.
- We will develop a multi-agency hub model which can deliver a single point of access to advice, information and practical support within localities, building on the work of the MASH centres, and we will expand the range of professionals delivering a key worker approach.
- We will improve support for children with challenging behaviour and their families which minimises the impact and promotes resilience.
- We will develop a pooled budget to resource high-cost specialist placements for the most complex children and young people
- We will ensure there is greater integration of our equipment and occupational therapy services.
- We will ensure the delivery of high quality, fun and age appropriate short breaks.

## **How will we know we have succeeded?**

By 2016, there will be

### **Better pupil outcomes**

- KS1 improved attainment at level 2B to 82% for reading, writing and mathematics in 2016 from 76% Reading, 62% writing and 77% mathematics in 2012
- KS2 improved attainment at level 4 for English and Maths to 87% in 2016 from 78% in 2012
- KS4 improved attainment at 5+ GCSE A\*-C including English and mathematics to 70% in 2016 from 60.6% in 2012
- Progress rates for pupils with SEN will be above the national average and statistical neighbours
- The achievement gaps at key stage 2 and 4 for pupils with SEN will be less than the national gaps and those of statistical neighbours

### **Improved quality of educational provision**

- The percentage of Kent Special schools judged good or better in OFSTED inspection will improve from 80% in 2012 to 100% in 2016
- The percentage of mainstream schools judged good or better in OFSTED inspections will improve in Primary schools from 60% in 2012 to 90% in 2016 and in Secondary schools from 73% in 2012 to 90% in 2016, ensuring more pupils with SEND are well taught and make good progress

- The percentage of mainstream schools with specialist resourced SEN provision, judged good or better by Ofsted, will increase to 90%
- Further Education Colleges in Kent will be good or better and this will be reflected in improved outcomes for young people with learning difficulties and disabilities.

### **More effective early intervention and less need for more specialist intervention**

- The range of support and short break services provided to families will meet their children's needs at an early stage, improving emotional wellbeing and family resilience and reducing the need for higher level intervention.
- There will be comprehensive services that meet the needs of children and young people with challenging behaviour
- There will be a reduction in the number of Statements from 6633 in October 2012, to 6500 by 2016 arising from effective earlier intervention
- There will be a reduction in the number of non maintained and out of County placements from 415 in October 2012 to less than 300 in 2016
- There will be fewer requests for statutory assessment, year on year, and a reduction in the percentage of assessments turned down
- By 2016 the number of permanent exclusions in an academic year will reduce to fewer than 40, from 200 in September 2012, and no young person with a statement will be permanently excluded.
- There will be improved attendance and reduced persistent absence for those with SEN in primary schools from 3.5% in 2012 and in secondary schools from 7.0% in 2012.
- Children and young people with SEN or who are disabled will be able to access universal services alongside their peers.
- All schools will be making good use of the educational psychology service to support the delivery of the SEN core standards, to improve early intervention and ensure targeted preventative support.

### **More provision and engagement in post 16 learning and training**

- 95% of young people with SEN and disabilities aged 16-19 will be engaged in learning or training
- More vulnerable learners with learning difficulties or disabilities, including those at level 1, will be following and completing an apprenticeship
- All young people who need the support of adult social care will have made a successful transition to adult services

## **Additional Provision and Improved Services**

- The local authority, Further Education Colleges and partner agencies will have a clear local offer, which sets out what is available and what parents can expect to be provided for children and young people with special educational needs and disabilities from 0-25
- Joint assessment and planning will be embedded in practice across all agencies
- There will be at least a further 275 additional specialist places in Kent Special and mainstream schools for pupils with ASD and BESN.
- All mainstream schools will have staff with specialist expertise in supporting pupils with ASD, BESN and speech and language needs.
- The balance of placements will shift so that more than 50% of pupils with statements will be educated in mainstream schools
- There will be a mixed economy of providers, increasing parental choice and a good match to the needs of our children and young people.
- More parents will be allocated a personal budget and the costs of SEN transport will be reduced by at least £1.5m.
- There will be integrated services for disabled children and their families in each local area
- Access to speech and language therapy and CAMHs will have improved and meet local needs
- All disabled children and families will have access to appropriate community equipment and wheelchair services.
- Families who need it will be able to benefit from short breaks.
- All young people with learning difficulties and disabilities will receive support into employment and independent living across the county.
- Young people with additional needs, but without SEN, e.g. those with Asperger's Syndrome, will be supported to achieve their potential

## **Improved parental confidence and engagement**

- There will be fewer tribunals as parents become more engaged in developing integrated education, health and care plans and as confidence increases in the provision in local schools
- There will be positive feedback from parents on the usefulness of timely advice and information and the benefits of having a key worker



- Reviews of children, including the review of the Statement, will be based on the Team around the Family approach and include all those involved with the child and their family
- There will be an increase in choice and flexibility as a result of more parents having a personal budget and direct payments
- A wider group of parents will engage in shaping and developing services
- There will be clear information about what services are available, how to access them and the referral routes will be clear and simple. We will tell parents where help is available if children and young people not meet service criteria for a statutory plan.

## Definition of special educational needs

Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children have a learning difficulty if they:

- a) Have a significantly greater difficulty in learning from the majority of children of the same age; or
- b) Have a disability which prevents or hinders them from making use of educational facilities of any kind generally provided for children of the same age in schools within the area of the Local Education Authority
- c) Under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

## Definition of disability

1. The Equality Act 2010 states a person (P) has a disability if –
  - a) They have a physical or mental impairment and
  - b) the impairment has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities
2. The Government guidance<sup>1</sup> states that the term *substantial* means more than minor or trivial. The term *physical and mental impairment* implies that a disability can arise from a wide range of impairments such as:
  - Long term medical conditions such as asthma and diabetes
  - Fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease
  - Mental health conditions such as bipolar disorder or depression
  - Learning difficulties such as dyslexia
  - Learning disabilities such as Down's syndrome and autism spectrum disorders
  - Cancer
  - Multiple sclerosis
  - HIV / AIDS
3. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect in day to day activities.

---

<sup>1</sup> Equality Act 2010: What do I need to know? Disability Quick Start Guide, Government Equalities Office, 2010.

### The National Context

The statutory framework for the identification and assessment of children with special educational needs is set out in the Education Act 1996, the Special Educational Needs and Disability Act 2001 and the SEN Code of Practice. SEN Regulations prescribe the time allowed for each stage in the statutory assessment process.

The Code gives guidance on the processes and procedures to be followed, describing a graduated approach offering most help for children with the greatest difficulties and less help as things improve.

Despite this statutory framework to support the most vulnerable learners and significant progress to support the inclusion of individual children and young people with SEN and those who are disabled, significant numbers of them do not do well at school.

- The achievement gaps for children and young people with special educational needs and disabilities are wide.
- At Key stage 2 for pupils with statements, the attainment gap for reaching level 4 over the last five years has remained similar and for pupils with SEN (without statements) the attainment gap for English and mathematics over last five years has narrowed by only five percentage points.
- At GCSE 5 A\*- C (including English and mathematics) for pupils with statements, the attainment gap has increased by six percentage points over five years and for pupils with SEN (without statements) the attainment gap has narrowed by only one percentage point.
- Disabled children are 13 times more likely to be excluded from school and 3 times more likely to be abused than other children.
- Children with early persistent language disorders are 5 times more likely to have literacy and numeracy difficulties; only 50% remain in full-time education post-16 (ICAN 'The Cost to the Nation of Children's Poor Communication').
- Children and young people with special educational needs and disabilities are over represented in disadvantaged groups:
  - those receiving free school meals
  - looked after by the local authority
  - minority ethnic groups
  - exclusions
  - low attendance
- Nationally there are 1.7 million school-aged children identified as having special educational needs. In secondary schools SEN without a statement has increased from 13% in 2003 to 19.7% in 2011, and there is a wide range from 70% SEN in some schools to below 5% in others.

There is evidence that the families of children with disabilities also face poverty. It costs up to three times as much to raise a disabled child and only 16% of mothers

with disabled children work compared to 61% of other mothers. One study found 13% of couples caring for a disabled child identified major relationship problems and 9% actually separated.

In 2010 the Government published the results of an inquiry into parental confidence in the SEN framework which had been undertaken by Brian Lamb. He reported that he met some of the happiest parents in the country and their children were well supported and making good progress. However he also met parents for whom the education and care system represents a battle to get the needs of their child identified and for those needs to be met. Crucially both experiences stemmed from the same system because implementation too often failed to deliver.

Lamb called for major reform of the SEN system in four key areas:

1. Children's outcomes to be at the heart of the system
2. A stronger voice for parents
3. A system with a greater focus on children's needs
4. A more accountable system that delivers better services

He concluded that we need the best teachers and resources better-targeted to those most in need, but most of all we need to change the culture of low expectations for children with SEN and disabilities.

## **The Children and Families Bill**

The Government's response to the Lamb report was to publish a Green Paper in 2011 consulting on proposals to transform the SEN statutory landscape, and outlining steps to reduce barriers, bureaucracy and delays experienced by families and goals to:

- Enable children, young people and their families to have an active role in implementing any plan designed to meet their identified needs.
- Improve the quality and range of information available to children, young people and their families to enable them to make informed choices.
- Create a Local Offer which not only describes the range of services available, but also what families can expect from each of the services listed.
- Build on the success of the Early Support programme and create a new 0-25 integrated specialist assessment and planning process for children with special educational needs or who are disabled and their families, resulting in a single Education, Health and Care Plan.
- Improve the way in which Local Authorities, NHS and schools use their resources through joint commissioning to achieve improvements in the range of support available within a local area.
- Enable young people to have the option of a personal budget.

These proposals are set out in the Children and Families Bill, published in February 2013 and expected to become law from September 2014. We will have a single and shorter assessment process leading to a combined Education, Health and Care Plan to replace both SEN Statements and Learning Difficulty Assessments for 0-25 year olds. We also expect some children and young people subject to an integrated plan to have personal budgets and to choose direct payments. This strategy will have as a key priority the development of the 'local offer' in Kent.

## **Health Commission Changes: New health duties, roles and responsibilities**

From 1<sup>st</sup> April 2013 many statutory responsibilities for commissioning health services for children and adults will move from Primary Care Trusts to new Clinical Commissioning Groups. Clinical Commissioning Groups (CCGs) are statutory organisations within the NHS that are led by General Practitioners. CCGs will be overseen by a new NHS Commissioning Board responsible for quality and performance standards across the country as well as directly commissioning very high cost, specialist services such as specialist mental health placements.

As part of this, from the 1<sup>st</sup> April 2013 Local Authorities will be responsible for commissioning universal school nursing services, which fall within their new broader responsibilities for Public Health. Each Local Authority area will establish a Health and Wellbeing Board to provide leadership and oversight of how children's and adult services can both become more integrated and work with Clinical Commissioning Groups to effectively jointly commission health and social care services.

From 1<sup>st</sup> September 2014 there will be a new statutory duty on Local Authorities to work with CCGs to jointly commission services for disabled children and children with special educational needs. This offers new opportunities for joint commissioning to deliver greater personalisation of budgets for health care alongside social care and education, improving service delivery and achieving efficiencies.

The Department of Health has recently published the mandate for the new NHS Commissioning Board where there is a specific objective to ensure children with special educational needs and disabled children have access to the services identified in their agreed plan and that parents have the option of a personal budget based on a single assessment across health, social care and education.

### Resources to help us deliver

Kent allocates more than **£200m annually** (20% of the DSG) in supporting the needs of children and young people with SEN and those who are disabled, in budgets held by schools and the County to meet the additional and special educational needs of pupils. This amount of funding is above average. (See appendix 7).

£104m is delegated to mainstream schools; £86m as notional AEN/SEN and a further £18m for high needs pupils. £63m is delegated to Special schools (appendix7). Despite this significant funding, more than 460 of Kent's pupils subject to a Statement cannot be supported in a maintained school in the County due to lack of capacity.

For pupils who cannot be supported in a maintained school, the local authority procures placement in the independent and non-maintained sector. Average day placement fees are £30,000 per pupil per annum and boarding places average £50,000. Fees for the most complex needs pupils can be significantly higher, for example an individual boarding placement can cost over £200,000 per annum. Kent placements in this sector have increased by 25% over the last year. While more than 40 pupils clearly matched Kent's existing specialist provision, the schools were at capacity.

There is a clear expectation that local authorities make best use of the funding available, especially as there is increasing demand and pressure in meeting needs. The Government's proposals to reduce annual increases are like to reduce available resources in real terms. We cannot increase the size of the budget for independent and non-maintained sector fees without an impact on the resources available for all schools.

From April 2013, changes to schools' delegated budgets will fund SEN differently. Schools will be expected to make provision of up to £10,000 per pupil with SEN, before seeking top up funding for pupils with higher level needs. There are currently 450 pupils whose mainstream schools receive individually assigned resources at a fixed rate (range from £10,600 to £19,000). We aim to develop a more sensitive cost based funding mechanism to individually assign resources for high needs pupils.

We also aim to ensure that resources are used to put in place interventions where the outcomes are evidence based. We will ensure a better match of schools' expertise and the pupils who need additional support, and our work to develop outreach relationships between Special schools and other schools will help to develop a wider range of ASD and BESN expertise in Kent mainstream schools. In doing so, we aim to reduce the number of pupils who need statutory assessment in order to access specialist intervention.

In addition to the funding for pupil support, the budget for SEN transport is £17m. We are providing transport to the nearest school with capacity, rather than the nearest suitable school. If we can increase the number of children who are supported in their local schools, we will be able to divert funding currently tied up in transport, into increasing the funding available for direct services and additional school places.

The average rate for Individually Assigned Resources in mainstream is £15,000 (the range is from £10,000 to £19,000), the average cost of a place in a Kent Special school is £20,000 and the average independent/non-maintained day place is £30,000. We aim to move provision from more expensive independent and non-maintained settings, into Kent schools to enhance the local provision in Special and mainstream schools.

We are continuing to complete the Special School review with further capital investment in the remaining nine schools that have so far not received investment. This is currently costing between £30m and £40m. As well as accommodation improvements, the changes will increase the number of pupils who can be admitted into a re-developed school.

In order to plan more effectively for future provision we are developing our commissioning and place planning model to ensure the specialist SEN places are available in the local areas where they are needed. This will involve more effective tracking of pupils in the early years and in Primary schools to inform the availability and continuity of provision as children get older and their needs change.

We recognise that a key part of our strategy must be to increase parents' confidence in the expertise in their local school and the arrangements we have in place to ensure there are sufficient places. Where it is necessary to procure placements from external providers, we want to have in place robust commissioning arrangements to ensure we can take timely and cost effective decisions.

We believe that developing a mixed economy with the broadest range of providers will increase parental choice. We want to explore where robust commissioning arrangements can drive up the quality of provision and offer a cost effective solution to placement pressure. We recognise that that we cannot achieve our ambitions for our children and young people without working in partnership with all providers.

## **Post 16 High Needs SEN Funding**

From August 2013 local authorities will have the responsibility for the provision of all 16-24 year old High Needs SEN learners. Funding for this provision will be allocated to local authorities through the Dedicated Schools Grant (DSG).

Funding for Post 16 High Needs provision is made up from three different sources: the SEN Funding block, Independent Specialist Provision (ISP) Funding and Further Education( FE) and Alternative Learning Support (ALS) funding. The provision for ISP and FE ALS was the responsibility of the Education Funding Agency (EFA) and has now been transferred to local authorities. The SEN block historically managed by the local authority was the EFA's contribution towards Post 16 High Needs SEN funding in Special Schools, Mainstream schools and Independent Schools.

Post 16 High Needs SEN learners will from August 2013 be funded under the new universal methodology for High Needs pupils known as Place Plus. The basic principle is that each High Needs learner will have attached to them a defined cost and the cost of provision. The provision will then be broken down into three elements. Elements 1 & 2 will broadly be in the region of £10,000 and will be guaranteed place funding, Element 3 will be the difference between the total cost of provision less elements 1 & 2 and will be funded on a monthly basis in or close to the real time movement of the pupil.

In addition KCC spends £19m annually on disabled children's services which includes £2.76m on overnight residential short breaks. The health budget for supporting pupils with special educational needs and disabilities is to follow.



## Special Educational Needs (SEN) Budgets

2010-11 Budget	2011-12 Budget	2012-13 Budget	2013-14 Budget	
Net Budget £000's	Net Budget £000's	Net Budget £000's	Net Budget £000's	Notes

### Schools Delegated Budgets

#### Mainstream

Notional AEN/SEN Budget	DSG	<b>70,005</b>	<b>86,058</b>	<b>87,693</b>	<b>1</b>
High Needs SEN funding	DSG	<b>15,327</b>	<b>18,143</b>	<b>17,536</b>	<b>2</b>
High Needs SEN Post 16 FE and ISP	DSG			<b>10,600</b>	
<b>Total</b>		<b>85,331</b>	<b>104,201</b>	<b>105,229</b>	
Special Schools	DSG	<b>58,027</b>	<b>63,183</b>	<b>65,752</b>	<b>3</b>

### Non-delegated School SEN Budgets - Education Learning Skills (ELS)

SEN Unit	ABG	<b>610</b>	<b>0</b>	<b>0</b>
SEN Unit	DSG	<b>17,588</b>	<b>17,610</b>	<b>15,378</b>
SEN Unit	EIG	<b>103</b>	<b>109</b>	<b>109</b>
SEN Unit	Base	<b>2,470</b>	<b>2,244</b>	<b>1,308</b>
SEN home to school transport	Base	<b>18,740</b>	<b>17,039</b>	<b>17,271</b>
<b>Total</b>		<b>39,511</b>	<b>37,002</b>	<b>34,066</b>

### Advocacy and Entitlement (ELS)

<b>Total</b>	<b>Base</b>	<b>852</b>	<b>862</b>	<b>612</b>
<b>Total</b>	<b>DSG</b>	<b>5,605</b>	<b>5,639</b>	<b>5,608</b>

### Specialist Children's Services (SCS)

Base	<b>12,567</b>	<b>12,567</b>	<b>15,383</b>
------	---------------	---------------	---------------

Prior years

<b>Capital Funding</b>	<b>49,394</b>	<b>14,635</b>	<b>10,027</b>
------------------------	---------------	---------------	---------------

#### Key

ABG - Area Based Grant

DSG- Dedicated Schools Grant

EIG - Early Intervention Grant

Base- Council Tax and Formula Grant

#### Notes

1) Increase between 2010-11 and 2011-12- Mainstreaming of grants SDG, SGG & SSGP

2) Increase 2010-11 to 2011-12 - Protection Units - Increase 2011-12 to 2012-13 further delegation of maintained units

3) Increase 2010-11 and 2011-12- New Special Schools formula 7/12 2010-11 and 12/12 2011-12