



Countywide SENCO Forum Q&A Document

All questions below were asked either during the sessions on the 31st Jan and the 1st Feb 2024, or within the post session evaluation.

EHCNA Update- Questions answered by Georgette Williams (EHC Tribunal, Assessment and Placement Manager, KCC)

- Several of our children's EHCP's have been amended and re-issued with all services removed such as SALT, OT, specialist teachers without evidence supporting this removal. Sometimes even without annual review meetings. I would be interested to know why and how this is happening please.
 - o The casework team deal with this part so I am unable to comment but have sent your question to the manager for response.

- Can you confirm that it is expectation for SENCOs to work during their annual leave following on from Georgette's presentation (with regards to what is set out in the SEN Code of Practice around the 15 day response period)?
 - o Not at all, I just wanted to explain why sometimes consults land during the school holidays and that we have 15 days to respond regardless. This is frustrating on both sides.

- How long do schools get to complete the appendix 2? is it not 6 weeks to submit App 2? so before the panel meets?
 - o Yes 6 weeks is correct

- This process has gone very wrong for a couple of my pupils. Had two agreed in spring of last year and still no draft. The case worker doesn't respond or has changed to someone else who then doesn't respond. Who can I contact about these pupils?
 - o Please email me at georgette.williams@kent.gov.uk the details and I will look into this one for you

- Why is there no flexibility on timescales for schools and parents during the holiday period? This seems very unfair when the local authority so rarely keep to their deadlines?
 - o The deadline is set by the Code of Practice not the LA, we do our best to keep to deadlines but as I explained within my presentation, there is much complexity within the 20 week process. However, the COP only allows schools a maximum of 15 calendar days to respond to a consultation.



- We have a parent who was told by the LA they weren't able to view the draft before the plan was sent out. Why is this?
 - o A draft is always sent to parents and they have 15 days to respond to it

- is there a timescale for KCC to send out a consultation once the EHCP has been drafted or redrafted following an AR review?
 - o This is within the 20 week deadline from start to finish

- Is there provision for additional support for parents who have their own learning needs. and may need guidance with what they have been sent by a caseworker? We aren't always kept informed of what has been shared.
 - o We try to work with parents and schools as much as possible, particularly when a parent also has specific needs. It is often helpful to have an SEN Inclusion Adviser attend reviews to help support too.

- I have had an instance where the mainstream school was held to the 15 day timeline over a holiday but the specialist school recommended for placement was given a longer time period to respond. Is this normal practice?
 - o No, but I will look into this with the placement team

- I would like more information on Tribunal processes, is there a link case worker for us?
 - o This would be different dependent on each case. You are best to liaise with your assessment officer. The tribunal process has been mentioned in feedback from SENCOs at previous SENCO Forums. I will therefore highlight this again to the Forum Agenda Planning Group to see if this subject can be covered at a future SENCO Forum.

- Is there a consistent school email address that consultations are sent to? Ours seem to come into 2 or 3 different ones which makes it hard to monitor in the holidays
 - o Consultations are sent to the senco and/ or headteacher. They will sometimes come from our placement team but may also come from the assessment or casework team so the sending address is not always the same email address.

- Is there an updated flow chart for the statutory assessment process? If so, where can I find it?
 - o I am endeavouring to find this answer for you. Many thanks, RA

- Is the disruption of learning to other children taken into account when making these decisions?
 - o We would always take into account the learning of others however the importance of a consult response is around what can be met within the section F and what support is needed around the areas you feel cannot be met and why.



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- So, if we make an application for Statutory SEN Assessment, will using the old form mean that the application is rejected?
 - o No, it will not be rejected.

- Who do I speak to about a missing EHCP still in QA ?
 - o Please email me at georgette.williams@kent.gov.uk the details and I will look into this one for you

- What is the school's right of appeal against being named after consultation when they have stated they can't meet the provision on the EHCP
 - o Schools can appeal to the secretary of state. However, it is the role of the Local Authority to place a child with an EHCP based on the EHCNA and the response of all schools consulted. There is no route to appeal through the LA.

- We have noticed that the amount of provision expected in an EHCP has increased and it is difficult to keep children in the classroom and meet the expectations of provision.
 - o This situation can often occur when a parent insists on amendments to the section F or takes the LA to tribunal for further provision to be added. If you have an EHC where you feel the provision in section F is too much, meet with the parent and where possible an SEN IA and look at changes as part of the AR. Parents will need to be in agreement.

- We have had confusion around panels deciding that specialist schools are appropriate for a child, but this then being 'bounced back' and taken to an SRP panel due to lack of spaces. How can this be managed better when it is clear from all sides that a child would be successful in a specialist setting?
 - o If there is a chance a child can be successful in an SRP/ Mainstream, we would always lean towards this option. Sometimes a decision can come out of panel but is then ratified. It may be that the parent chased for an outcome and then after the decision was ratified it was decided the child may cope in mainstream? If special school places are full we will look for alternatives, if SRP is deemed appropriate that may be something we can explore.

- Ideally I would like to liaise regularly with the EHC assessment and placement managers to provide an additional viewpoint based on knowledge of CYP, their families and the school/setting. One SENDCo in the breakout room highlighted that although they have been able to meet the needs of a young person in their school for several years, since the Draft EHCP has arrived, they are no longer able to meet need due to the therapeutic interventions that have been stipulated in it. The school have no TAs/support staff to undertake the interventions. I feel it would be prudent to discuss with the school the provision already in place, liaise with STLS (not just for the appendix 7, but actually discuss the child's need and what has been recommended to the school etc.) The problem with a Draft EHCP going out to parents first is the expectation that the school will meet what is stated in it, whereas negotiation with the school, STLS and Health before the draft is issued will allow the school /



setting to consider alternative methods of support that could have the same outcome, but be more easily addressed in school.

- This would be really useful- we are always happy to have these discussions with schools-this is why the response to consults are so important. Schools need to inform us what they can provide in the section F and what they will struggle to put in place- this way we can work with them to support the child where possible.

SEND Quality Assurance and Practice Development- Questions answered by Samantha Avison-Williams (SEND Quality Assurance and Practice Development Officer, KCC)

- Does the parental requests for EHCNA diagram Sam is showing us, include requests from parents whose chn attend Private Schools?
 - The 'County & Area Level' data presented relates to all parental requests received by KCC, this will include any requests from parents whose children attend private schools. Primary School 'X' and Secondary School 'Y' referred to in the 'Local Level' data table are not private or independent schools. This data set relates only to Kent LA schools.
- Sam, is the 8th February a drop in session on February 8th or do we have to book a time?
 - It is a drop in session but if you would like to pre-book a particular time please drop Rory an email & I will get back to you to arrange.
- I am confused by the data on attainment being no better for students with EHCPs than those on SEN Support: Firstly how is attainment measured - are we talking purely about academic results? Secondly, is this children in mainstream schools or does the EHCP data include children in special schools (who don't collect academic data?) While I appreciate that there are certainly children with EHCPs who don't really need them (and children on SEN Support who perhaps do) surely under a graduated approach the majority of students with EHCPs should have more severe and complex needs than those on SEN Support - so if their achievement is not any better that is not necessarily a surprise? (Given the caveats above?)
 - The data presented relates to the attainment/progress gap for children & young people with EHCPs & for those receiving SEND Support. The data shows the gap for those with EHCPs is significantly wider than for those receiving SEND Support. The data is comprised of the academic assessment outcomes provided by all Kent schools at the end of EYFS, KS2 & KS4. As you suggest, it might be expected that, due to complex & severe needs, some children & young people with EHCPs will not attain or progress at the 'expected' level. However, that is not the case for all children & young people with EHCPs. The data presented on the slide supports the finding that an EHCP does not guarantee better outcomes for a child or young person. This finding sits within the wider discussion around parental perceptions & their hope for a 'magic wand' solution driving high volumes of parental requests.



- Parents also want happy, included and confident children, many consider RWM as secondary but this seems to be all that is measured?
 - o As a parent myself, I absolutely agree. Unfortunately, for as long as children, young people, schools & local authorities are measured on academic performance, we will have little choice but to report on & draw conclusions from such data. If anyone currently uses a system/approach within their setting to routinely measure variables beyond academic attainment & progress for pupils with SEND/EHCP, I would be really interested to hear about it. Please share your contact details with Rory & I will get in touch.

APP Update- Questions answered by Siobhan Price **(Education Officer- Mainstream Inclusion, KCC)**

- If we do not have access to the data dashboard how do we get this? Do we need to be sent a login?
 - o This is the link to the dashboard. You do not need any login details to access this.
[District Dashboard - KELS!](#)
- In relation to your comments about ASD, do we consider that sometimes a diagnosis is crucial in gaining support through secondary years and beyond? Should we be encouraging parents to come off waiting lists?
 - o A diagnosis is not crucial to get any support in school. No mainstream schools should be asking for diagnosis in order to guarantee support, this includes moving from primary to secondary. If this is the case, we need to hear this more from parents.
- Early diagnosis is a part of the Government's Autism Strategy 2021-2026. How does that fit with those initiatives talked about?
 - o The government's autism strategy is early intervention, not necessarily early diagnosis. If the intervention is activated early, the diagnosis may not be necessary but it is still a choice for the YP or parent for the future. However, early intervention (as is proven in the This Is Me pilot) has often meant that parents or YP feel that the diagnosis is not necessary. There is also frustration in parent groups (both locally and nationally) that YP have been sitting on waiting lists for a long time, a diagnosis is given, but that is all. Nothing changes. A diagnosis does not lead to anything extra.
- I still don't feel clear about when the Localities Model is going to be started. Is there still HNF available until April 2025? Can I still apply for HNF for children starting with me in September 2024?
 - o HNF in it's current form will exist until April 2025. Applications for Sept 2024 can be placed as normal. More information will be available in April 2024 as to what will happen in the future.



- Can you clarify the point about parental preference and the law please?
 - o Parental preference is just that, a preference, and therefore it is not always guaranteed.

Children's Hearing Service Overview- Questions answered **by Joy Nebo (Lead Paediatric Audiologist, NHS)/Claire** **Packman (Health Lead for SEND, NHS)**

A. What is the criteria for a referral for auditory processing difficulties? GPs have told parents that they can't refer for this? Can we refer? I have been told previously that we needed an Ed Psych report before we could refer for APD.

Referral criteria and exclusions:

1. Referrals will only be accepted if the child lives within our catchment area
2. Minimum age: Developmental, Cognitive, Speech and Language age of 7 years at least.
Maximum age: not exceeding 16 years at the time of appointment
3. There should be suspicion of APD by Educational and healthcare professionals such as teachers, speech and language therapists, educational or clinical psychologists, psychiatrists, ENT surgeons, Paediatricians or Audiologists or the GP (please refer to BSA APD information and Guidelines – <http://www.thebsa.org.uk/bsa-groups/group-apdi/>)
4. Either a Speech and Language assessment report (assessed within last 2 years) must be provided and attached to the referral, an educational psychologist report, occupational therapy or a developmental review must be attached to the referral
5. Completed **CHAPs and Fisher** questionnaire (See Appendix #)

Exclusions:

- Untreated ADD/ADHD
- ASD (see below*)
- Severe speech and language disorder
- Significant Cognitive delay (non-verbal IQ should not be below 85)
- We do not accept children who have additional needs or concerns that would impact on their ability to respond reliably to the APD tests **

B. I am in the Canterbury area and was told APD could not be assessed without an EP report. Is this correct?

In our service either one of these must be provided and attached to the referral: a Speech and Language assessment report (assessed within last 2 years), an educational psychologist report, occupational therapy or a developmental review. We do not see patients from Canterbury so referral criteria may be different in your area.



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C. How do we refer for APD? Can you provide us with contact details for this please?

Please complete our referral form and send alongside CHAP and Fisher's questionnaire.



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Criteria shown in answer to question A will need to be met.

Our contact details: 03001232670/ kentchft.childhearing@nhs.net

D. Please can we be signposted to any training about how schools can support a child with APD? We currently have a child with an EHCP which states that school must access training on this and despite best efforts we cannot find any. Many thanks.

I have been unable to find relevant courses for schools either.

I would advise you speak to National Deaf Children Society. They may be able to signpost you into the right direction. I have found this page on their website [APD and childhood deafness | APD and deafness support \(ndcs.org.uk\)](#). I wonder whether any of the organisations mentioned there may be able to help.

E. I work in Canterbury, do I refer to you?

Unfortunately, Canterbury is out of our area. I know there are 2 separate audiology departments in East Kent and I always get confused about who see which patients. I wonder whether [Children's hearing service - East Kent Hospitals University NHS Foundation Trust \(ekhuft.nhs.uk\)](#) are who you would need to refer to.

F. Are children being fitted with hearing aids due to the delay in getting grommet operations? A parent told me this.

With the new NICE guidance released last year, we are expecting to see an increased number of requests for hearing aids for patients with glue ear. Additionally, due to concerns about long wait times in ENT, as you said, some audiologists may be more willing to fit hearing aids to children with glue ear, when they may have only considered a referral to ENT in the past. Obviously, this will cause pressure on audiology services due to increased costs and stretched capacity. Discussions are going on at service level across the country to see how to manage this. The new guidance can be found here: [Overview | Otitis media with effusion in under 12s | Guidance | NICE](#)

G. Can we refer for an APD assessment if a child lives in Swanley?

We do see some patients from the Swanley area. Whether referral is accepted will depend on the location of their GP surgery. The 3 GP surgeries I saw on our system from the Swanley area are: The Cedars surgery, Hextable Surgery and The Oaks partnership. I hope this hel



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