

Countywide SENCO Forum- 31st January and 1st February 2024

Siobhan Price- Education Officer, Mainstream Inclusion (KCC)

Ruth Gately- SEND Specialist Adviser (The Education People)

Samantha Avison-Williams- SEND Quality Assurance and Practice
Development Officer (KCC)

Georgette Williams- Assessment, Placement and Tribunal Team (KCC)

Joy Nebo- Lead Paediatric Audiologist, NHS Kent and Medway

Rory Abbott- Project Lead (The Education People)

Housekeeping

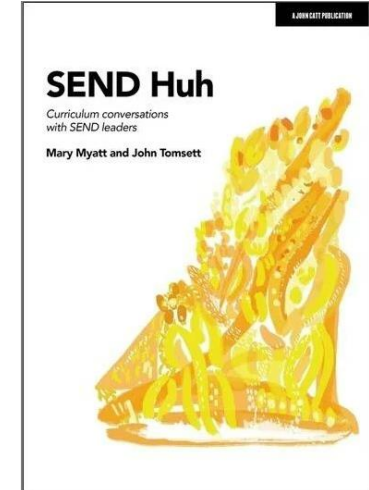
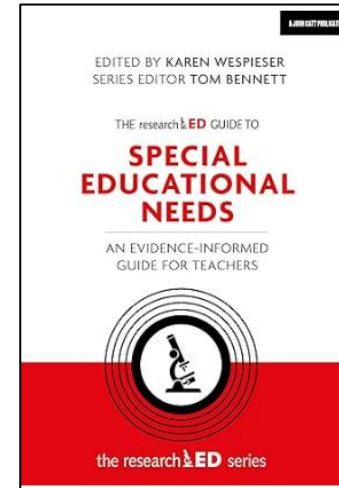
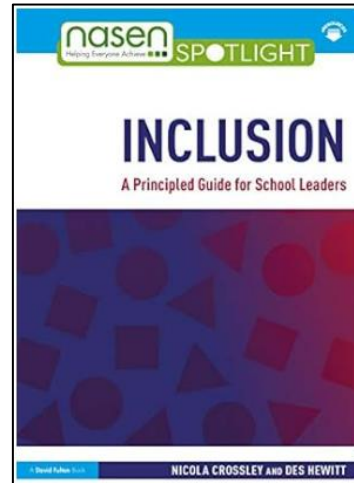
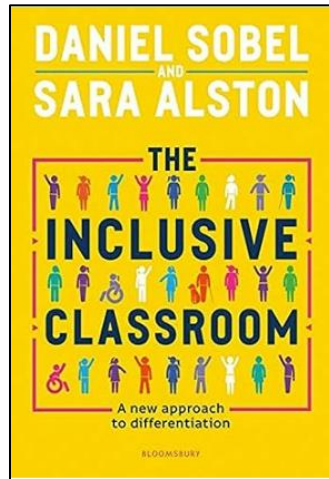
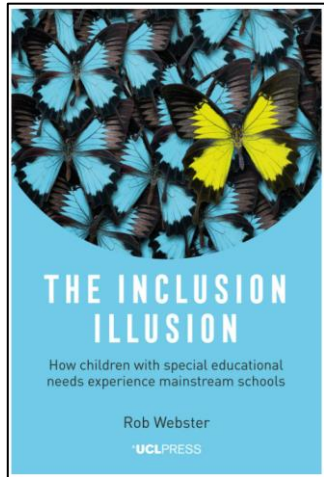
- Rory Abbott- Project Lead
 - Please change your name via the Participant tab so that we can see who is present;
 - You will be muted but if you have questions then please type them in the chat box using full sentences. If we can answer your question during the session we will but if not we will take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

Agenda

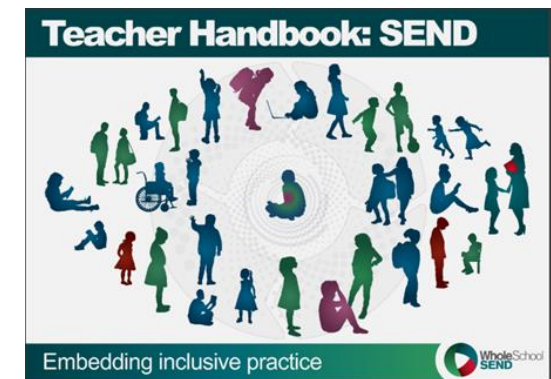
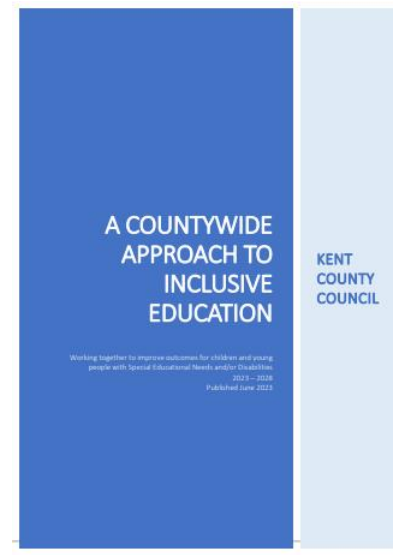
Item	Topic	Lead/Time
1	Welcome/Housekeeping (Rory Abbott- Project Lead, TEP)	5 mins
2	Introduction (Ruth Gately- Specialist SEND Lead Adviser, TEP)	5 mins
3	APP Update (Siobhan Price- Education Officer, Mainstream Inclusion, KCC)	15 mins
4	EHCNA Update (Georgette Williams- EHC Tribunal, Assessment and Placement Manager, KCC)	15 mins
5	SEND Quality Assurance and Practice Development- Parental Requests and Education Advice (Appendix 2) (Samantha Avison-Williams, SEND Quality Assurance and Practice Development Officer, KCC) This Section Will Include a Breakout Room.	25 mins
6	KCHFT Children's Hearing Service Overview (Joy Nebo- Lead Paediatric Audiologist, NHS)	10 mins
7	Localities Update (Siobhan Price- Education Officer, Mainstream Inclusion, KCC)	10 mins
8	Conclusion- Themes (Ruth Gately- Specialist SEND Lead Adviser, TEP) and Evaluation	5 mins

Inclusion by Design

‘Our vision is to create a more inclusive society that celebrates and enables success in all forms, with the cultures, attitudes and environments to offer every child and young person the support they need to participate fully, thrive and fulfil their potential’ DfE, 2023:7



[Link to UCL Press: Free download](#)



[Nasen Teacher Handbook: SEND January 2024.pdf](#)

Accelerated Progress Plan Update

Countywide SENCO Forum
31st January and 1st February 2024
Siobhán Price

Accelerated Progress Plan

- DfE monitoring visit in November 2023 – standard monitoring visit post Ofsted
- Local Area SEN Inspection
- Inspection of LA, NHS, schools and other partners.
- Thank you to the schools and parents who participated and gave evidence as part of triangulation
- Methodology very similar to a school inspection.
- Presented evidence on the 9 areas of weakness and progress made to date.
- Schools, parents and other partners were interviewed to check and triangulate.

Headlines

- https://www.kelsi.org.uk/_data/assets/pdf_file/0019/160084/SEND-6-month-review-feedback-letter-DfE-8-January-2024.pdf
- Recognised the hard work being done across the sector
- Recognised the challenges being faced.
- Recognised that schools, NHS and LA working better together.

- Still a long way to go.
- Will visit again in April

- Helpfully provided a list of impact measures to be scrutinised at the next visit.

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

- Parental confidence has improved across the wider group of parents and how this information will be gathered.
- Engagement with the wider group of parents on activity by the local area to drive improvements, including evidence such as surveys.
- The impact of the focus on SEN support in mainstream schools on parental confidence.
- The impact of the SEND enquiries hub on parental engagement and SEND complaints relating to communications from KCC.
- Co-production of the health offer for special schools.

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

- What plans have been put in place to improve the inclusion training offer to schools.
- The participation of schools that have not already engaged in the inclusion training offer.
- An analysis of the 15 February 2024 transfer data.
- The impact of progress made in reducing EHCNA requests as the core standards offer in schools becomes embedded and more widely understood and evidence of increased parental confidence in the SEN support offer in schools.
- • A review of special school places, including resource provision.

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

- Children and young people's perception of their involvement in strategic decisions.
- Parental perception of their role in reviewing and designing services.
- The impact of the audit tool on gathering and acting on parental views
- The impact of implementing the training and support being offered via the Council for Disabled Children.

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

- The direct impact these shared decisions have had on the lives of children and young people with SEND and their families.
- Evidence of how the newly established sit-reps have led to changes in joint commissioning that have positively influenced children and their families.

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

- The impact of the School Inclusion Champions.
- The impact of the work with schools and PRUs to improve attendance.
- How educational settings are using the district data to improve the outcomes for children and young people.
- A focus on the outcomes for the post 16 young people with SEND, as the wider offer for post 16 provision is established.

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

- The impact of actions evidenced through improved EHCP timeliness data, particularly beyond 30 and 52 weeks.
- Parent/carer, and children and young people's views on the assessment process.
- A robust quality assurance process being in place, and how this has impacted the work of the assessment and casework teams.
- The impact of the attendance of health professionals at annual review meetings.
- An improvement in parental engagement throughout the EHCP assessment process through the qualitative and quantitative data.
- Assurance that the sample size of the audits are representative of all EHCPs.
- Evidence of an improvement in the quality of EHCPs.

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

- The agreed area-wide ambition for children and young people with SEND is consistently seen across the partnership.
- An updated EHCP action plan that clearly shows sustained improvements in 3- month increments demonstrating that the 20-week timeliness is improving as well as the reduction in the number of assessments beyond 30 and 52 weeks

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

- How feedback from children and young people and their families is being consistently used to influence service design and delivery.
- The impact the significant changes of the community service's re-procurement exercise and neurodevelopmental assessment programme is beginning to have on families waiting.

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

- The qualitative and quantitative data such as attendance, exclusions and academic achievements
- The review of the Children and Young People's outcome framework as part of the SEND strategy.

Education, Health and Care plan Needs Assessment (EHCNA) UPDATE

Georgette Williams

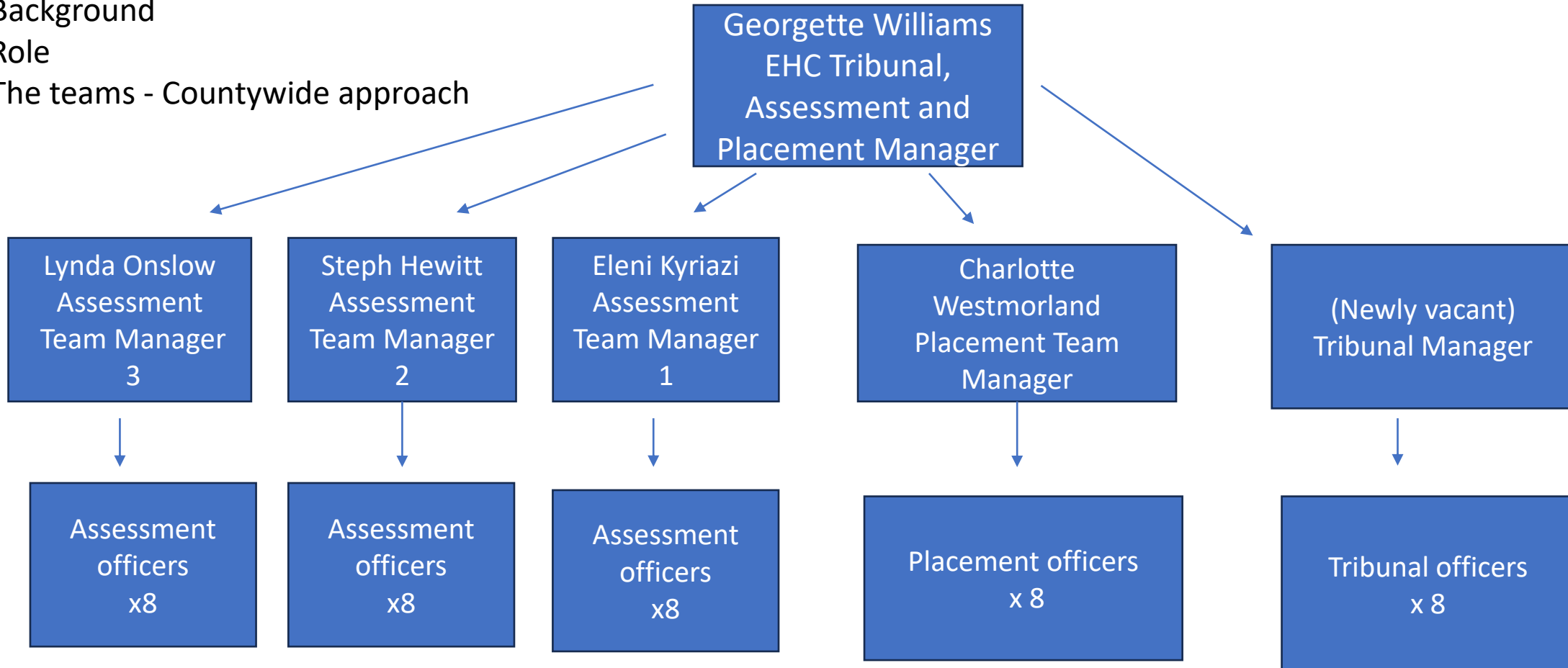


Introduction:



Background
Role

The teams - Countywide approach



Current Situation:



200 requests for EHC needs assessment on average, per week

60% parents 40% schools- recently changed to 50/50

Transition points increase

Majority Parental Preference - Special school

Approx 15% completed within 20 weeks – schools defence, tribunals, complaints, app for independent

Parents unaware of local offer and Mainstream Core Standards

Disconnect between schools and LA

Special school places vs number of children with an EHCP (increasing)

Overspend on special school places, independent and HNF

Making an EHCNA application:

Requests for needs assessment arrives in Business support- 20 wk deadline begins. Request put on carousel for allocation to Assessment Officer

Introductory email is sent to parents; info is requested from agencies and school

Application goes to panel for decision on whether to complete an EHCNA

Educational Psychologist (EP) request is made

EP arranges and carries out assessment

Application goes to panel for decision on whether to issue.

If panel decision suggests Special school is appropriate ratification undertaken

Draft plan is written

Draft plan is Quality Assured

Draft plan goes to parents (15 calendar days to respond)

Amendments made

Agreed plan goes to placement

Placement consider PP, consult nearest Mainstream or closest appropriate special school if LA view is special.

15 days wait for consultation response

Placement consider responses and next steps.

School is named

AO completes final plan and it is sent to school and parent

Key areas of concern:



- Number of EHC applications- *200 weekly average*
- Parental confidence in school
- School feeling they 'can't meet need' (request is what changes or adaptations can be made in order to meet Section F provision)
- Wanting specialist placement
- Funding
- Transition points
- Lack of understanding around MSCS from EY and parents
- Schools and the LA working together



Pre-assessment- have you accessed LIFT, HNF, SEN IA, Local Offer?

Schools responses to consults:

Writing a 'defence' statement VS considering how provision can be met

How to respond to a consultation request

Consults being sent during school holidays

Panel view based on the section F

Consideration of parental preference

Directing and naming a school (even when a child isn't attending- PIAS, EBSA Training)

Right of appeal

The presumption of mainstream by law:



*As part of its commitments under articles 7 and 24 of the United Nations Convention of the Rights of Persons with Disabilities, the **UK Government is committed to inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education.** The Children and Families Act 2014 secures the general **presumption in law of mainstream education in relation to decisions about where children and young people with SEN should be educated** and the Equality Act 2010 provides protection from discrimination for disabled people.*

(SEN Code of Practice 1.26)

Children with an EHC in MS education:



Parents being advised the school cannot meet need in EY without meeting the pupil

Instil confidence in parents that needs can be met

Community responsibility to those in our area

Increase on EHC needs assessments and EHC plans issued results in more demand on LA and schools

Parental Preference for Special does not mean Mainstream is unsuitable

New EHCNA application form:

Will be available soon on Kelsi for parents or schools

Highlights the need for education, health and care involvement

Ensures all relevant information is sent prior to starting the EHCNA process

Helps parents to understand the information needed prior to application

Will ensure a more joined up approach between school, parent and LA

Building relationships:



Special school visits- average number of consults vs places

Mainstream school- SENCO forums and HT briefings

Support of IAs when directed or EHCNA/EHCP is declined

Mutual support of pupils within the community- consideration of the necessity of an EHCNA



SEND Quality Assurance & Practice Development:

- (1) Parental Requests for EHCNA
- (2) Education Advice Template

Samantha Avison-Williams
SEND Quality Assurance &
Practice Development Officer

SEND Quality Assurance & Practice Development (QAPD) Service



The QAPD Service is part of Kent's wider SEND Engagement, Operations & Assurance Team.

The service contributes to the wider SEND service via:

- facilitating professional development & training for SEND service staff
- assuring policies & procedures across a wide range of teams & service partners
- auditing & moderating draft & final EHCP documents
- analysing feedback & information from service users
- conducting Multi-Agency audits

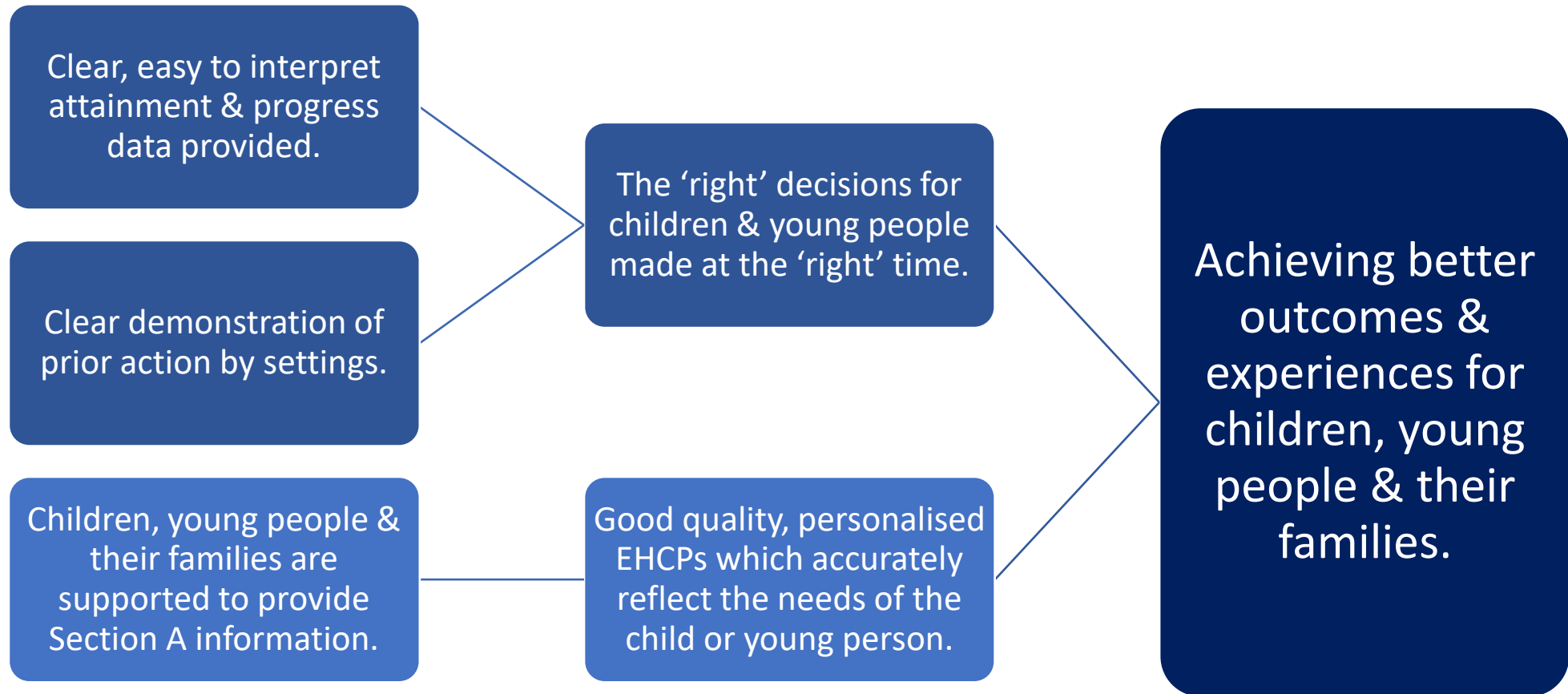
Most members of the QAPD service have a background in education.



Overview:

- Revisit learning shared during the last SENCo forum
- Parental requests for EHCNA – changing the narrative
- Evolving the Education advice template (appendix 2)

Revisit: December 2023



Feedback from December 23 Forum:

I agree about parental EHCP requests for children not on the SEND register. There needs to be a way for KCC to triage these requests before schools are asked to complete Appendix 2 to avoid unnecessary paperwork which adds even more to already heavy workloads.

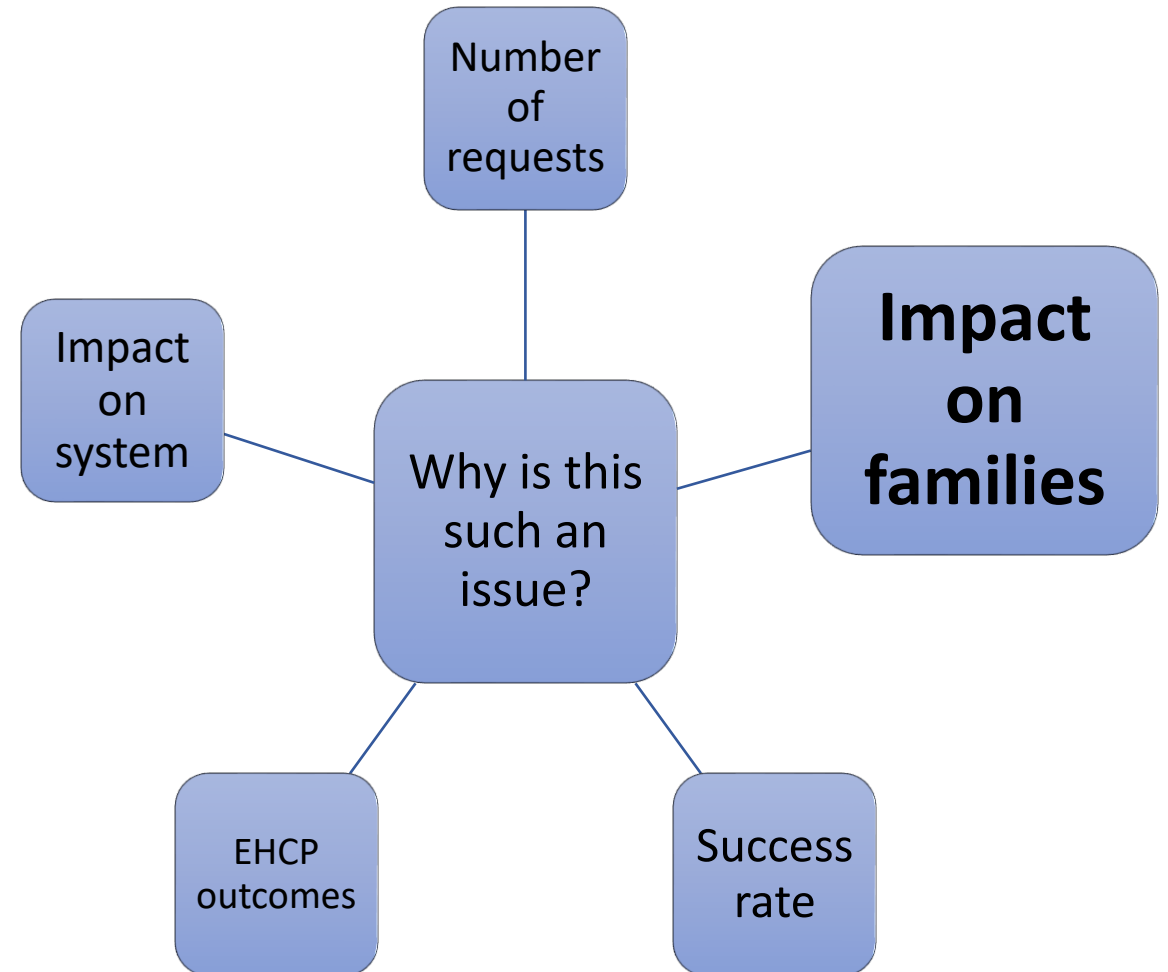
If parents request a statutory assessment without informing schools - there often isn't a plan.

Parental Requests for EHCNA

Parental requests supported by school & other professionals

‘v’

Requests where there is a discrepancy between the views & actions of parents & schools



Data Insights: number of requests (1)

County Level

January – December 2023 Average parental requests per month	
Number	161
As a percentage of all EHCNA requests received (%)	50.9%

- Peak month = March (218 requests)
- Number of requests ranged from 166-199 in Jan, Feb, May, June, Sept, Oct & Nov
- Low months = August (82 requests)
December (92 requests)

	Peak Year Group(s)	Number of Requests (year: 2023)
Nursery/EY (N1-N2)	N2	290
Primary (R-Y6)	Y5	201
	Y6	180
Secondary (Y7-Y13)	Y8	176

What does this data tell us?

Data Insights: number of requests (2)

Area Level

January – December 2023 Average parental requests per month	
Area	Number
North	34
East	56
South	30
West	38

Local Level

Date Range: 1/3/23 – 31/8/23		
	Number of Parental Requests	Number of School Requests
Primary School 'X'	11	2
Secondary School 'Y'	10	1

- Why are there so many parental requests?
- Why is there such a discrepancy between parent & school requests?

Data Insights: success rate

County Level

January – December 2023 Decision to Assess: Average rate per month (%)		
	Parental Requests	School Requests
<u>Yes</u> Decisions	43.2%	83.1%
<u>No</u> Decisions	56.8%	16.9%

- Parental applications are less likely to progress to the next phase of assessment compared to school-led applications (Kent Analytics, April 2022).
- 2023 data does not support the perception that ‘parental requests are quicker or more successful’.

Data Insights: EHCP outcomes



Progress & Attainment 2023		
	Kent	England
EYFS Profile % GLD ECHP Gap	70.8	n/a
EYFS Profile % GLD SEND Support Gap	50.9	n/a
KS2 % Expected in RWM EHCP Gap	61.0	62.0
KS2 % Expected in RWM SEND Support Gap	46.0	46.0
GCSE Progress 8 EHCP Gap	1.43	1.22
GCSE Progress 8 SEN Support Gap	0.69	0.55

An EHCP does not guarantee better outcomes for a child or young person.

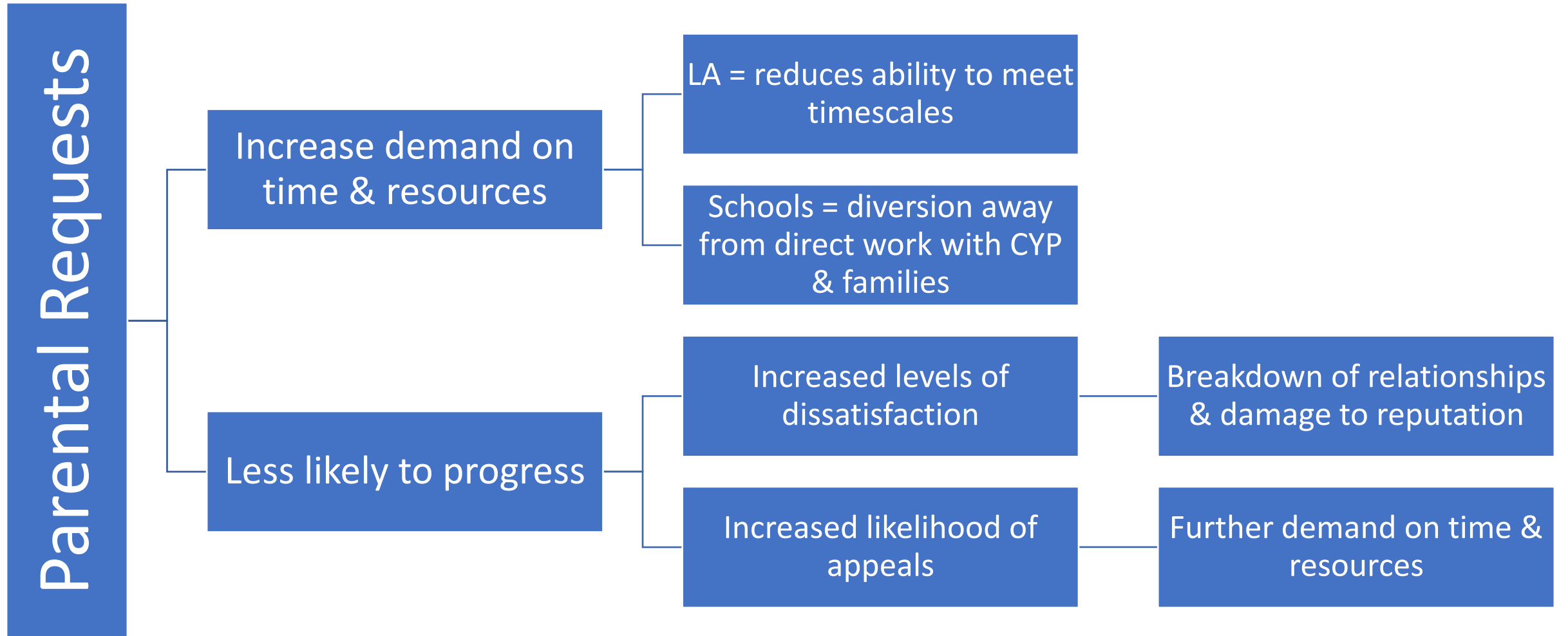
Autumn 2022/Spring 2023 Combined Percentage Total Absence (all schools)		
	Kent	England
Pupils with an EHCP	14.0	12.4
Pupils with SEN Support	11.2	10.1

88.7% of 16-17 year olds flagged as having an EHC plan were in education and training in March 2022 compared with **93.7%** of those with having neither SEND support nor an EHC plan (DfE, June 2023).

What drives parents to apply?

- Fear, anxiety, desperation or crisis
- Limited knowledge & understanding of support available – 'only option' belief
- Desire for extra support
- New diagnosis
- Suggested by another professional
- Lack of confidence in school/s to meet needs
- Approaching a transition point
- Belief that it will lead to 1:1 support
- Choice of school/setting

Impact: The system



Changing the 'only option' narrative:

- Move from a 'reactive' to a 'preventative action' approach.
- Use resources more efficiently & effectively.
- Build confidence & belief amongst all stakeholders.

Using your insight & experience to shape change.

Breakout Room Discussion Questions:



- 1) What preventative action have you taken (past or present) that has worked well?
(e.g. parent workshops, coffee mornings, open-door policy)
- 2) What factors do you think may be driving parental requests within your school community and/or local area?

What next ...

On the evaluation form you will find the breakout room discussion questions.

Please do take the time to record your ideas, experiences & thoughts.

QAPD Service will use this information to guide action & shape change.



Education Advice (Appendix 2) Template

Evolving the template:

1. Child/Young Person's personal details			
Full Name:			
DOB:		Current Year Group:	
Gender at birth:	Male/Female		
Which gender does the child/young person identify with (if different from above)?	Male/Female/ Gender Neutral		
Is the child/young person gender transitioning?	Yes/No		
Pupil Premium:	Yes/No	Child in Care (CiC):	Yes/No
EAL:	Yes/No	Is a translator required:	Yes/No
NHS Number:			
Address:			

Education advice is vital for accurate decision-making and for the production of high quality EHC plans.

Aim:

- Evolve rather than re-draft
- (previous consultation)

Proposed Outcome:

- More user friendly
- Increased clarity to avoid duplication & to support the collection of clear & complete information

Your Feedback:



A copy of the advice template will be emailed out to you.

Please use the link at the bottom of the document to leave your feedback.

If you would like to discuss your feedback (advice template or parental requests)

in more depth, I will be available on

Thursday 8th February 8am-12pm

Please call 03000 413603

KCHFT Children's Hearing Service Overview

Joy Nebo

Lead Paediatric Audiologist

31/01/2024 and 01/02/2024



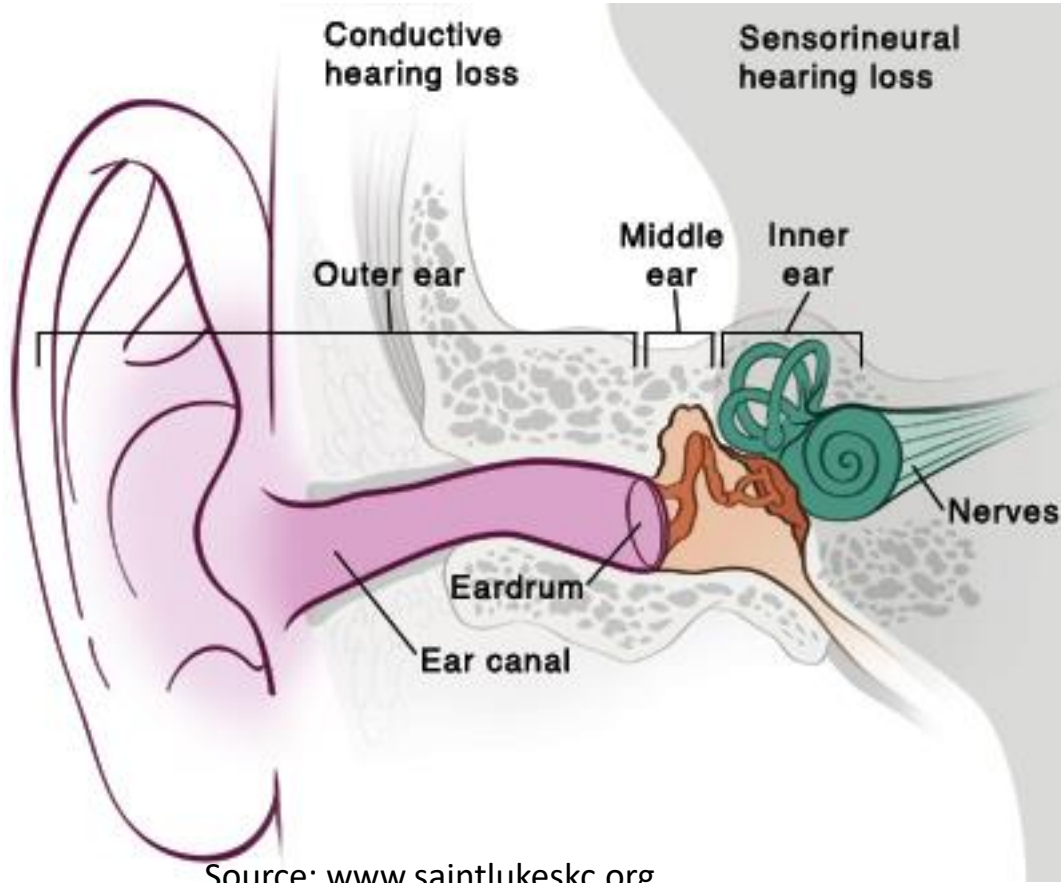
Overview

- Facts about hearing loss/Deafness
- About our service
- Our partners
- Referrals
- Assessment
- Management
- APD
- Other services

Facts about Hearing loss/Deafness

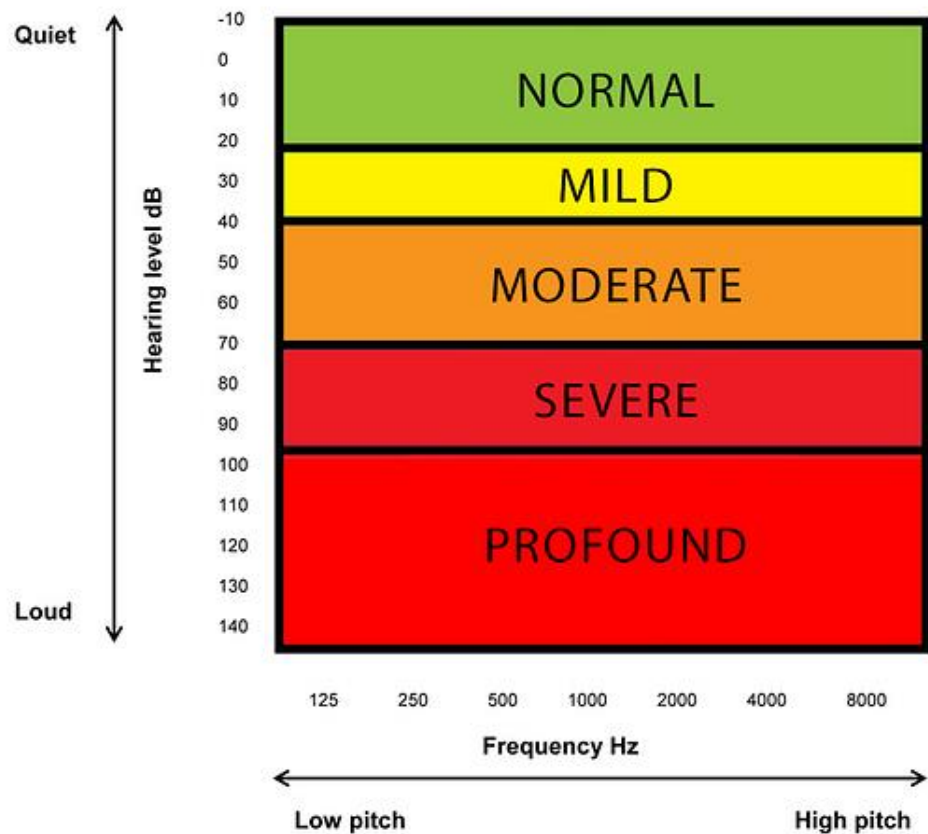
- A person is said to have a hearing loss if they cannot hear sounds that are 20dB or quieter in both ears.
- Prevalence:
 - 1-2 babies in every 1000 are born with a hearing loss in one or 2 ears (www.nhs.uk)
 - 46404 Deaf children in England; 78% of these children attend mainstream school (NDCS, 2021)

Facts about hearing loss - Anatomy of the ear and types of hearing losses/disorders and causes

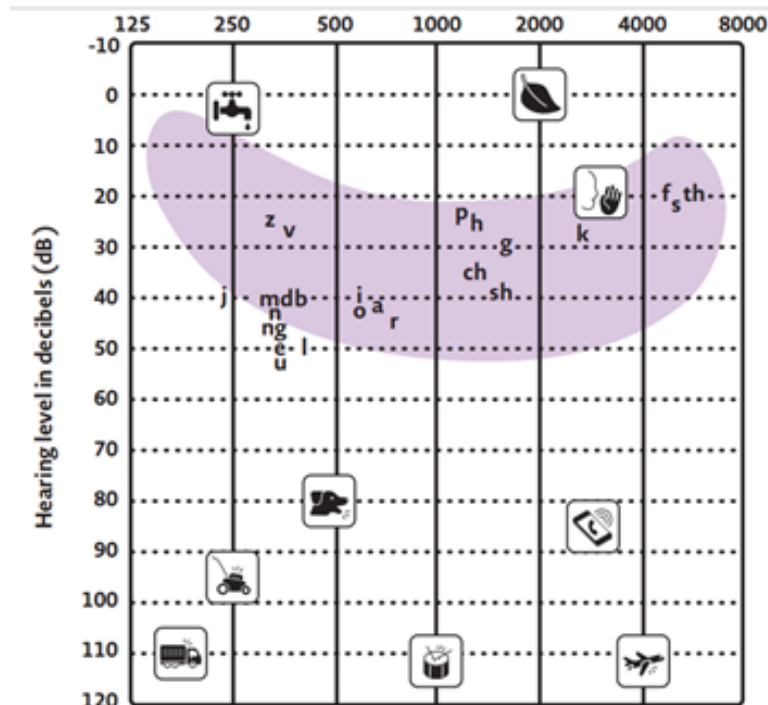


Hearing disorders: Auditory Neuropathy Spectrum Disorder (ANSD), Auditory Processing Disorder (APD)

Facts about hearing loss - Hearing loss severity



Source: hearingtracker.com



Source: NDCS

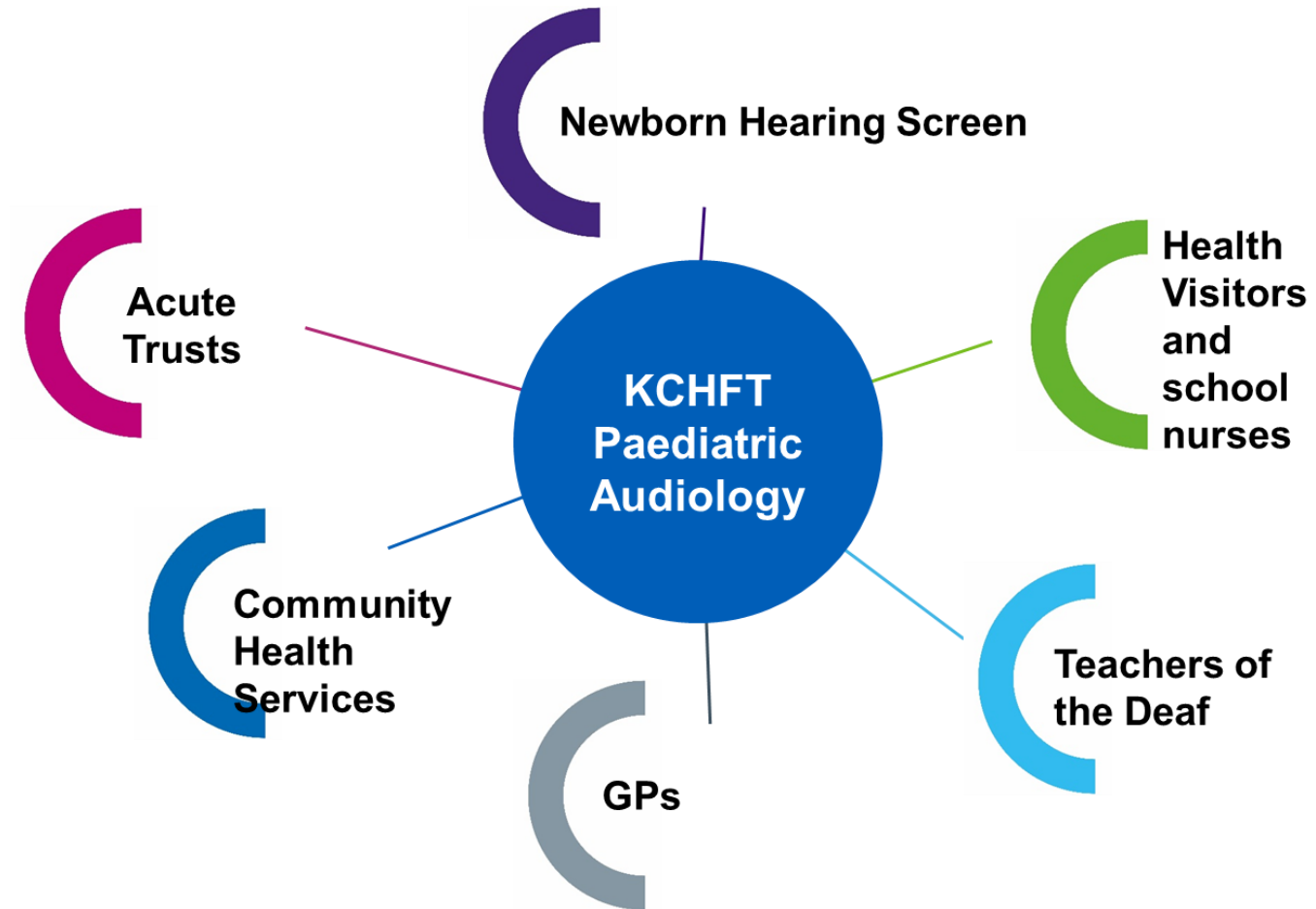
Facts about hearing loss - Impact

- It can have an impact on areas such as:
 - Speech and language development
 - Social development
 - Education
 - Behaviour
- Unaddressed hearing loss can lead to poor life outcomes

About KCHFT Paediatric Audiology

- Substantive clinical team is currently made up of 14 people(Audiologists, Speciality Doctor and Audiology Assistant)
- Provide hearing care services to patients aged 0-16 years
- Coverage area: West and North Kent, Medway and part of Swale
- 4 Clinic locations
- Clinic times: 8.15-17.30 (Monday-Thursday) and 8.15-17.00 on Fridays

Some of our partners



Referrals

- 300-400 referrals received on average every month
- Referral form to be sent to service by email
- Pre-appointment questionnaire sent to parents within a week of receipt of referral, if referral is accepted
- All accepted new referrals are offered a face to face appointment
- KPIs:
 - 95% of babies referred by NHSP to be seen within 4 weeks
 - 99% of other new diagnostic referrals to be seen within 6 weeks
- Access policy applicable if appointments are cancelled/missed

Clinical Assessment

- Subjective tests
- Objective tests
- Outcome Questionnaires

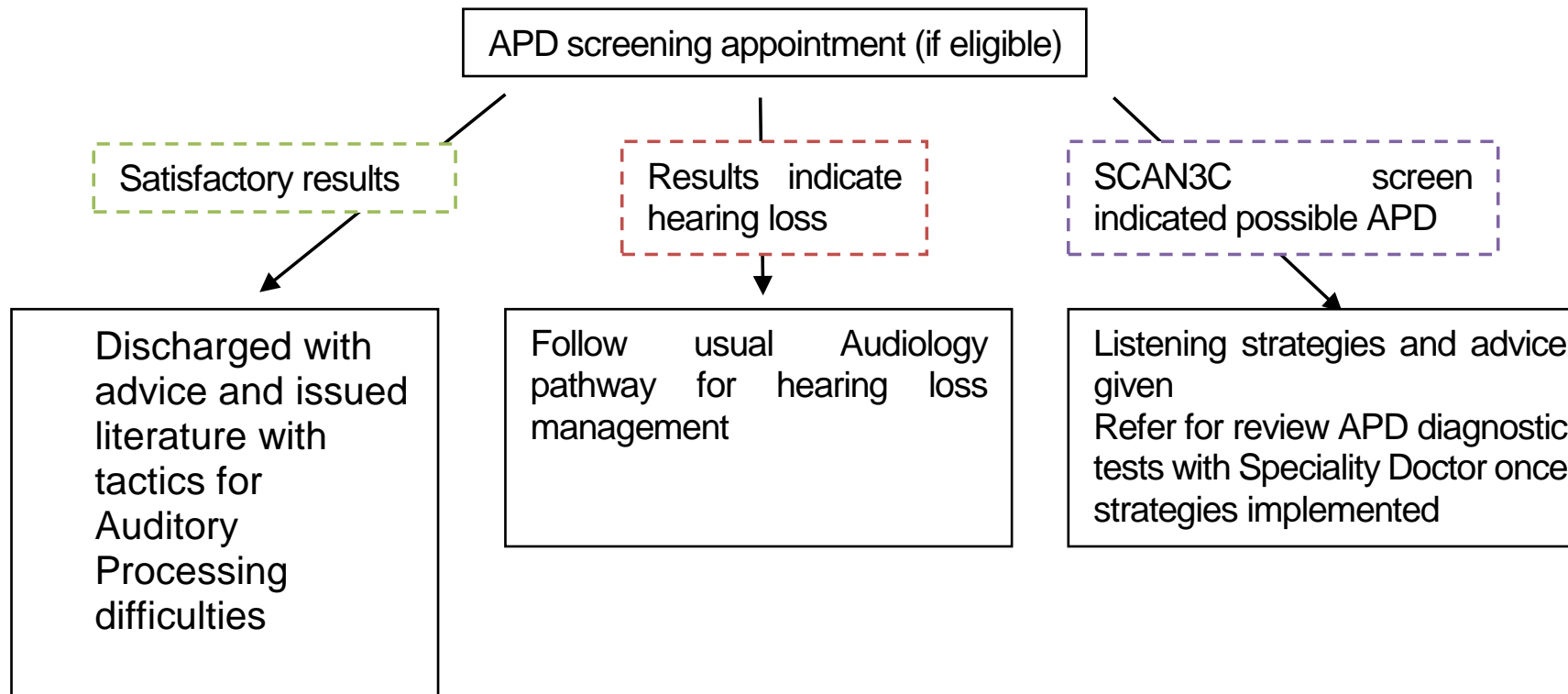
Patient Management

- Management type depends on test results
- Our main pathways are:
 - Audiologist-led
 - Active monitoring
 - Unaided hearing loss
 - Targeted follow up
 - Glue ear
 - Auditory Processing Disorder (APD)
 - Hearing aid
 - 4th tier
 - Transition (for hearing aid wearers)
- Use of medical priorities to manage caseload

APD- What is it?

- It is a condition which affects how the brain interprets sounds despite normal hearing function
- There are 3 types: developmental, acquired, secondary

APD- Assessment and Management



APD- Criteria for referral

- The child lives within our catchment area
- Child must be at least 7 years old, both chronologically and developmentally.
- There is a suspicion of APD by educational and healthcare professionals e.g. a teacher, speech and language therapist, education or clinical psychologist, ENT surgeon, paediatrician, audiologist or GP. Please refer to [BSA APD information and guidelines](#)
- There is a recent (within the last two years) report from speech and language, educational psychologist or occupational therapist. The report must state any concerns about APD and if assessments performed, details of these.
- CHAPS and Fisher questionnaire has been completed.

APD- Exclusion

- Untreated ADD/ADHD
- ASD *
- 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

Examples of Other Services offered

- Liaison
- Hearing aid panel
- Clinical panel
- These help us manage medical priorities, safeguarding concerns etc.

Useful Resources

- [Children's Hearing Service \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
- [Hearing impairment | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
- [National Deaf Children's Society | Supporting deaf children \(ndcs.org.uk\)](http://ndcs.org.uk)
- Hearing loss simulator: <https://youtu.be/ar1Dq-M2ok4?feature=shared>

References

- [dcyp-in-the-uk-info-sheet.pdf \(ndcs.org.uk\)](#)
- [Newborn hearing screening - NHS \(www.nhs.uk\)](#)
- [Types of Hearing Loss and Disorders in Children | Saint Luke's Health System \(saintlukeskc.org\)](#)
- [Understanding your child's hearing tests | Documents and resources \(ndcs.org.uk\)](#)
- [2 months old with Unilateral Hearing loss - Hearing Loss - Hearing Aid Forum - Active Hearing Loss Community \(hearingtracker.com\)](#)



Compassionate



Aspirational



Responsive



Excellent

(In everything we do, we care)

Localities Update

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31st January and 1st February 2024
Siobhán Price

Session Feedback and Evaluation

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

<https://forms.office.com/e/nyq3mAMDTj>

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



**Thank You for listening and
taking part**

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