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Kent County Council
Sessions House County Hall
Children, Families & Education
Maidstone
ME14 1XQ

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Steve Tanner, Local Area Nominated Officer, Kent County Council

Dear Ms Hammond and Mr Bentley

Joint area SEND revisit in Kent

Between 27 and 29 September 2022 Ofsted and the Care Quality Commission (CQC) revisited the area of Kent to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 22 March 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 3 September 2019.

The area has not made sufficient progress in addressing any of the significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of His Majesty's Inspectors from Ofsted and a Children's Services Inspector from the CQC. An Ofsted Inspector was also on the inspection team.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers and representatives from the parent-

carer forum Parents and Carers Together (PACT), school leaders representing the range of educational provision across the area and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the nine significant weaknesses identified at the initial inspection, including the area's repositioning statement and self-evaluation. Inspectors scrutinised a sample of education, health and care plans (EHC Plans) and read all of the written submissions made to Ofsted by parents during the course of this inspection.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a wide range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

- At the initial inspection, inspectors found the following:

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 in the local area's ability to meet their children's needs is at an all-time low. In 2019, parents were said to be 'upset, angry and concerned'. In September 2022, almost two thousand parents took the time to share their views with inspectors. Representing the views of many, one aggrieved parent stated: 'Communication is poor; co-production is non-existent... It feels as though my son's needs are not being prioritised, and they don't care. They are incompetent.'

Three quarters of parents who completed Ofsted's inspection survey said that they do not feel supported by the local area in identifying and providing the right help and support for their child with SEND. Desperate and dispirited parents repeatedly told inspectors about their experiences, particularly of poor communication. Examples were evidenced where parents and school staff had attempted to call SEN officers forty or fifty times with no response. The same lack of response was reported for email communication. Parents consistently describe a system that is inconsistent and too hard to navigate, and that there is a lack of response when they complain or seek help. Parents do not feel that there is accountability in the area's SEND systems.

Several parents and some headteachers commented on 'insensitive' and 'unhelpful' communication from leaders which made parents feel they were being blamed for the 'cost' of having a child or young person with SEND. This messaging appears to have reinforced the idea in parents' minds that schools may not routinely help their children with SEND. It is parents' widely held belief that an EHC plan is essential to ensure their child's needs are met. Several commented that the only way to get action was through a direct appeal to their local member of parliament. Requests for

assessment, appeals to tribunal and demand for special school and independent special school places have continued to increase. The Kent area now has a 20% higher rate of children and young people on EHC Plans than the England average.

There is significant, widespread concern from parents. These concerns include a lack of access to, and availability of, services such as speech and language therapy and the educational psychology service. A lack of help for children and young people with anxiety and social, emotional and mental health needs was also frequently commented on. The length of wait for diagnoses and the length of time taken for EHC plans at several stages of the process also causes extreme frustration. Almost three quarters of parents who took part in the survey said that their views were not heard or acted on, and over half said that they do not feel involved in making decisions about their child. Half of parents who contributed to the inspection consider that their children's views are not represented well, and a similar proportion feel that the plans do not reflect need. The same proportion believe that their child's needs are not met well within their current setting.

Parents do praise the hard work and support of many individual schools, medical and local area staff and organisations. However, parents feel that they are 'lucky' if they find someone who listens to, and acts on, their concerns. For example, the special educational needs information and support group for Kent (IASK), and the special needs advisory and activities project, 'SNAAP', which offers weekly 'stay and play' sessions, were commented on positively.

Antenatal and postnatal support for families is limited. Health visiting services in Kent are experiencing workforce issues, which means that the healthy child programme is delivered in a more targeted way currently. Antenatal visits are only offered to targeted families, with the universal new birth visit undertaken by a public health staff nurse instead of a health visitor. The potential impact of this is that families are not benefiting from the specialist public health skills held by health visitors and the early identification of needs in the newborn period.

Inspectors found that the newly extended special school nursing service for all special schools has increased parental and teaching staff confidence. For example, school-wide training has allowed some children with specific medical needs to attend activities out of their traditional classroom setting as part of their community.

During the pandemic, the special school service provided extra support for those families who have a child requiring Aerosol Generating Procedures. This ensured that parents were supported in managing needs at home and children and young people were encouraged back into classrooms in a safe and supportive way.

Local area leaders acknowledge that parental confidence has continued to diminish. They are saddened by this position and are apologetic towards families who have not received effective and timely help and support. Leaders acknowledge that,

collectively, they 'haven't got leadership right' and know that fractured, complicated and changing systems have contributed to families' negative experiences.

Acknowledging the insufficient improvements since the previous inspection, local authority leaders demonstrate a sense of renewed vigour and determination. Strengthening senior leadership across the area is being recognised by numerous school leaders and partners, but it is too early to see any impact on the experiences of children, young people and their families.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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.

Despite the availability and take-up of local training and guidance, there continues to be too wide a variation in the quality of provision and in commitment to inclusion in schools. The lack of willingness of some schools to accommodate children with SEND has continued.

There is a widely held view among parents and some schools that certain secondary schools, in particular, are not inclusive. Parents worry, therefore, that their children would not cope in those environments. Parents' concerns often include the possibility of 'rough' behaviour in non-selective secondary schools, and some parents expressed anxiety over strict behaviour regimes that may place their child with SEND at a disadvantage. Consequently, this adds weight to the view that the only way to ensure children's needs are supported in secondary school is to secure an EHC plan before they leave primary and to request a place in a special or independent school. A child or young person with SEND in Kent is more likely to attend a special school than elsewhere in England, including other areas that are statistically similar. A child or young person with SEND in Kent is more than twice as likely to attend an independent special school than a pupil anywhere else in the country.

School leaders and local area staff express concern that specialist places are not allocated rigorously according to need, but rather in response to the level of challenge from parents and politicians. Consequently, this adds to inequities in the area's SEND system, and there is anxiety that some children and young people who really do need a specialist place are not able to access one.

Many schools welcome children with SEND and ensure that they receive a high quality of education and care. These schools typically engage well with the local authority and attend training and update events relating to SEND. Some schools offer a warm welcome to children with SEND and their families, but participate less in locally offered training or networking events. Other schools neither participate in

opportunities to share and learn from good practice nor overtly welcome children with SEND. This wide variation leads to uncertainty and dissatisfaction among area leaders, school leaders and families alike. Typically, those schools 'known' to be inclusive admit more children with SEND, and this results in increased pressure on finite resources. School leaders assert that local authority systems to date have failed to address the unequal admission of children with SEND across the local area and across school types. In addition, some school leaders are of the view that the local authority has failed, over time, to identify and utilise expertise in the sector. Such leaders spoke of their willingness to share established strong practice in their own schools with others, but no effective system has been in place for this to happen as a matter of routine. The 'Inclusive Leadership' programme will include opportunities for school and area leaders to identify and share solutions to barriers and challenges, as well as to share effective practice. The first cohort of participants will reach this point of the programme in January 2023.

Area leaders acknowledge the uneven distribution of children with SEND across the county's schools and are committed to creating a more equitable and inclusive culture. A core group of school leaders are helping to drive forward this agenda, but collectively articulate the huge amount of work needed for this to be successful. Poor communication over time, between area leaders and schools, has hampered progress. An air of mistrust continues. While some school leaders believe relationships and communication are improving, others, including some multi-academy trusts, do not feel included in important decisions or consulted with fully. Beginning to address these concerns, the new Director for Education has already visited over 100 schools.

In tackling inequity of provision for children and young people with SEND, the local area has implemented the 'mainstream core standards'. The standards set out clearly what schools should do routinely to support children with their learning. School leaders are familiar with the standards and believe they have already had a positive impact on the practice in some schools.

Local area leaders have developed a new policy and diagnostic tool, the Countywide Approach to Inclusive Education (CATIE). The narrative document sets out ambitious aims for inclusive education and the diagnostic tool has the potential to enable localities to compare data relating to inclusion. Local area leaders intend that sharing this information will lead to a more even distribution of children with SEND across the county. School leaders have mixed views about the CATIE diagnostic tool. Not all understand the intended purpose, what it will show or how it will help. Some feel it is not the right approach to achieve an equitable system, and there is a considerable sense of apprehension.

Other documents, projects and reviews intended to promote positive change and achieve greater equity across the large county are at various stages of development or implementation. For example, a review of the terms of reference for the local

inclusion forum (LIFT) executives has just commenced. A transition charter exists. Some leaders are aware of it, but others not. School leaders are universally unaware of the recent co-production charter.

The inclusive quality of provision in Kent's schools remains hugely variable. Some school leaders, heavily involved and engaged in trying to shift the culture of inclusion, state that it has regressed since the previous inspection. Young people with SEND spoke articulately to inspectors about a lack of understanding of their needs from staff at schools or colleges they have attended.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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

At the time of the previous inspection, parents had no representation with area leaders, and consequently they were playing little part in reviewing or designing services for children and young people with SEND. Since that time, a new parent carer forum has been established.

PACT are working hard to reach as many parents and carers as possible, and since April 2022, have trebled their membership. However, membership still represents only a very small proportion of parents. Two thirds of parents who responded to Ofsted's survey said that they had not heard of PACT, and approximately 90% reported no involvement in reviewing or developing services.

The presence and role of the parent carer forum has been welcomed by area leaders. PACT representatives routinely attend the area's strategic meetings. PACT leaders are positioned well to increasingly represent parents and carers and to play a more significant role in the shaping of services. For example, PACT have played a key part in ensuring that the recent transport issues have been responded to with a sufficient degree of seriousness.

Other successes include participation in the EHC plan quality assurance process. The Designated Clinical Officer (DCO) and teamwork alongside PACT to quality assure anonymised plans. This means that the team can gain the parental viewpoint on plans and share learning with health teams. Despite these positives, the reach of PACT is still small and the role of parents and carers overall, in reviewing and designing services for children, is currently limited.

Other examples of parental involvement in designing and shaping services include the joint commissioning team for Child and Adolescent Mental Health Services (CAMHS) redevelopment of services. This team has an 'expert by experience' who helps them to formulate questions and strategies for pilot work with families.

Numerous support groups for children and young people with SEND and their families exist across Kent. These provide opportunities for informal support and for children to enjoy activities beyond school. Kent's SEND information and advice service for children, young people and their parents, 'Information, Advice and Support Kent' (IASK), offers workshops to parents and practitioners. This has given rise to positive feedback, such as the following comment from a parent, 'I've taken from this what a school should do to support my child,' and this from a practitioner, '...it has given me an insight into the parents' perspective.' Such groups are appreciated and valued by parents, but they do not influence strategic decision-making.

On an individual level, co-production, including parents, carers and children and young people, is still not always achieved through the EHC assessment, planning and annual review process. In particular, parents express concern about recent plans being 'rushed' and 'inaccurate' and annual reviews not taking place in a timely way and/or plans not being updated.

The local area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

An inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.

Since the inspection in 2019, the joint commissioning team has become more cohesive in its approach, and this represents a significant cultural change. Commissioning leaders understand their own accountabilities, multi-agency roles and statutory duties. However, leaders identify that they have been significantly held back, over time, by weak bureaucratic processes, silo working and persistent financial disagreements.

An example of change is the approach to funding. Commissioners have introduced a three-way cost division between education, care and health in relation to the finances required to support a child. This is helping to shift the focus away from the bureaucracy of budgets and is enabling the team to focus on the child or young person's individual needs in a more timely way.

An example of successful joint commissioning identified is the 'keyworker programme'. The programme helps to support children who are 'stuck' in tier 4 CAMHS provision or who are at risk of needing it. The keyworker will broker individualised provision to meet needs. The impact of this has been to reduce the number of children in tier 4 inpatient provision from 20 to four.

The members of the joint commissioning group are ambitious to secure parental engagement and influence as new services are designed. Commissioners spoke to inspectors about a number of new projects and pilots that they have recently co-produced with parents to access support and services. This demonstrated a joint approach to supporting families. The projects and pilots are mainly in the development stage. Therefore, there has not been any opportunity to measure impact or to scale projects up across the county. Initial feedback and evaluations have been positive.

While there have been notable improvements in the joint commissioning process, leaders recognise that much of this work is known to be at an early stage of development. Historic weaknesses and gaps are not sufficiently addressed.

The area has not made sufficient progress in addressing this weakness.

■ At the initial inspection, inspectors found the following:

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

The drive to improve standards and progress has been slow. This is due, in part, to the problematic, fluid nature of leadership and staffing in the local authority over time, exacerbated by the impact of the pandemic. While the COVID-19 pandemic has impacted on the availability of data sets that would enable leaders to monitor standards more readily, leaders remain of the view that while many schools in Kent have a commitment to inclusion, the outcomes achieved, and progress made, by these children and young people are not good enough.

Area leaders currently hold only a very partial view of the quality of provision and consequent rates of progress and standards achieved by children and young people with SEND. This is caused by fragmented relationships with schools, differing processes in different localities, and an absence of data. For example, information relating to standards and progress of children and young people placed in independent schools has not been gathered or considered over time. From an uncertain base, leaders are seeking to establish and implement plans for improvement.

As at the inspection of 2019, the high rates of absence and persistent absence of children with an EHC plan have continued. Due to ongoing concerns about attendance and the use of suspensions for those with SEN support and EHC plans, detailed analysis has been carried out to explore trends, patterns and issues. Work is underway, with the attendance service and early help, to remove barriers to school attendance. Actions taken to date have not brought about significant improvement.

Leaders have devised a variety of new county-wide strategies to improve academic standards achieved by children and young people with SEND. This particularly

includes the implementation of the 'mainstream core standards', which has been complemented by county-wide training. School leaders and SENCOs report that these standards are understood well and implemented widely.

Other systems and strategies are less well developed, known or implemented. Examples include the transition charter and the particularly notable CATIE diagnostic tool and its associated dashboard. School leaders demonstrated an awareness of the dashboard, but were largely unaware of the narrative document, which sets out a strong commitment to educating a greater proportion of children and young people with SEND in mainstream schools. Area leaders anticipate that the dashboard will be key in driving improvement, will promote inclusion and facilitate the targeting of commissioned resources more effectively. It is very early days for these system-wide strategies, but school leaders actively involved in the work share the ambition voiced by area leaders.

Major reviews of education provision, including the post-16 offer, and understanding the number of places in different types of provision required for children and young people with SEND are ongoing. The Commissioning Plan for Education Provision in Kent 2022 to 2026 indicates that an additional 770 additional specialist places will be created across the Plan period. Leaders of schools with specially resourced provision report that in some cases, there is excessive demand for places and in other cases, there is unused capacity. Each scenario impacts negatively on children and young people's opportunities to make good progress and achieve well. Reviews of the use and impact of specially resourced provision are also scheduled.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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.

Leaders' analysis and work to improve EHC plans are beginning to result in more precise and coherent targets on newly produced plans. However, the need for further improvement remains. The quality assurance process is now regular and involves a range of stakeholders. The system used to audit EHC plans allows stakeholders, including parent representatives, to analyse selected plans in depth. Learning points from the analysis are then fed back into the system and result in appropriate training to further improve EHC plans. Consequently, plans are steadily, but slowly, improving. The percentage of new EHC plans judged by the area to require improvement is still almost 40%. This is not good enough but represents a considerable improvement since the last inspection.

When an EHC plan is identified as requiring improvement during the audit process, the required improvements never get made. This is because the plans being quality assured are already final. Leaders recognise that carrying out the quality assurance process while plans are in the draft stage would alleviate this.

The DCO team also reviews the quality of EHC plans and reports improvements in the health contributions. However, the sample considered is too small to assure the team members that these improvements have been secured at a county-wide level. Annual reviews are not included in this process and so there is no understanding of quality at this stage of the process.

Inspectors scrutinised a sample of EHC plans from 2018, 2021 and 2022. Improvements identified include amendments to the template and plans written so that they are easier to understand by children, young people and their parents and carers. Improved plans also more clearly include the child or young person's voice and an increased contribution to plans from health and social care.

One plan that inspectors sampled included all health needs for the child or young person as well as those that related to their SEND needs. This allowed practitioners to provide a holistic approach to care. However, other plans reviewed identified health or social care needs, but there was no evident health professional or social care involvement or planned care. Similarly, there remain few planned outcomes for health and social care, where needs have been identified. Some EHC plans still contain blank sections or health, education and social care input that does not link together well. Educational provision and targets are sometimes generic or ambiguous and not specific to the individual child or young person. There is still too little consideration given to preparing young people for adulthood.

Despite improvements in the EHC plan template and process, too much inconsistency remains. The timeliness of EHC plans being issued and updated remains a huge challenge. Leaders' analysis has demonstrated that delays are largely due to the waiting time for educational psychology advice and naming a school at end of the cycle. Leaders believe this situation is arising from the 60% increase in demand for the number of needs assessments since 2019. Only very recently have effective steps been proposed and agreed to reduce or manage demand, currently most evident in the pre-school cohort of children. Only approximately half of annual review meetings happen on time. Many parents and carers and school leaders are disheartened and frustrated by the review process. They told inspectors of plans that are years out of date. When annual review meetings are held, only 50% of EHC plans are updated promptly. School leaders explained the negative impact this has on children's provision. School leaders also spoke about the negative impact on children and young people because of the lack of attendance of health professionals at annual review meetings.

Around half of all parents and carers who participated in the inspection consider that neither their views nor their child's views are well represented on EHC plans and annual reviews. The same proportion consider that their child's EHC plan is not sufficiently reflective of need. For example, parents reported concerns about plans with missing health information. Inspectors heard a number of allegations from parents and school leaders of purposeful misrepresentation and falsification of views and plans. Numerous accounts were heard from parents and carers and school leaders asserting that new plans do not reflect current needs, in part due to rushed or weak assessment processes. For example, school leaders believe that online assessments are not always used appropriately or effectively. Consequently, written reports are considered inaccurate and unhelpful and cause difficulty in obtaining the correct support.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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.

Leadership and governance of SEND in the Kent area is weak. Repeated changes in staffing at all levels across the organisation, internal restructuring, the array of projects and plans at different stages of construction, reconstruction or implementation, a major lack of communication and the impact of the COVID pandemic all combine to generate the current sense of chaos and uncertainty. There is no commonly understood, or agreed, area-wide ambition for children and young people with SEND. There is an absence of shared strategy and planning to secure essential improvements. There is an unacceptably weak understanding, across the range of stakeholders, including those who are charged with delivering and managing provisions and services, of the gravity of the unsustainable position that the Kent area is in.

The area is seeing increasing requests for assessments, increasing numbers of EHC plans being granted (at a rate 18% above the national average) and increasing requests from parents and carers, school leaders and others for more special school places, including provision at independent schools. Dissatisfaction with provision for children and young people with SEND in Kent remains widespread, despite the local area spending more per child or young person than anywhere else in the country. The newly appointed Director of Children's Services has rapidly assessed the current situation. She understands the enormity of the task ahead.

The established SEND Improvement Board has been ineffective in driving improvement over time. Board minutes frequently reveal a lack of challenge and a lack of understanding of the complexity of what needs to be achieved. Leaders' evaluations of progress against the areas of weakness identified at the inspection of

February 2019 are too superficial to be helpful. For example, red, amber, green (RAG) ratings relate to completed actions and do not consider the impact of actions on securing improvement.

Minutes indicate that the SEND Improvement Board meeting is used to share information and not to offer scrutiny, challenge or to hold leaders to account. Some very sensible, positive suggestions, including that it would be pertinent to have an agreed assessment of the current position, have not been followed through. Minutes are weak and do not provide an informative record.

While pathways exist for information to reach and to be considered at the Children, Young People and Education Divisional Management Team and Cabinet committees, as well as at the Integrated Care Board (ICB), the information being shared is not routinely of good quality. This renders discussions, evaluations and further planning futile.

More positively, oversight of children looked after who have SEND is comprehensive. However, not all children and young people in this group are appropriately placed. The local area has recognised the need for a DCO for SEND. The DCO role is a shared role across Kent and Medway. The job descriptions for the DCO, deputy and SEND health lead roles include responsibility for quality assuring the health input of EHCPs, training around EHCPs and staff development to support best practice. The DCO offers SEND level 1 and 2 training to all local area staff, ensuring that 'SEND is everyone's business'. The chief nurse represents health staff at a strategic county-wide level, profiling need and pressures in the health system.

The ICB for Kent and Medway was proactive in 2020, when it was formed from the merger of eight Clinical Commissioning Groups, ahead of many other areas. They recognise the vast challenge in streamlining services across a large area and with different offers from acute and therapy services for children with SEND. This can be seen most obviously with Speech and Language Therapy Services and neurodiversity teams. The ICB holds oversight of developments, delegating authority for specific programmes of work, including relating to children with SEND.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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.

Children, young people and their families continue to wait too long for assessments. The particularly unacceptable waiting times for children on the neurodevelopmental pathway, identified at the 2019 inspection, have not improved. Extensive waits, for

up to four years, impact on education provision and access to other services, and cause immense stress to children and families.

Since the last inspection, CAMHS and Child Development Centre providers across Kent have come together to 'understand their position'. Positively, the pandemic supported and facilitated closer working relationships with a move to digital communication. Adverse effects of the pandemic, however, have included a reduction in face-to-face appointments. Parents and school staff are of the view that online assessments do not reliably result in helpful advice and can therefore impede next steps in securing precisely the right support.

Kent CAMHS providers have a joint plan for children on autism spectrum disorder waiting lists. They propose to have 2 different pathways for under and over 11-year-olds. Kent CAMHS services have moved to a psycho-educational model approach. This means joint working across the health, education, care and voluntary landscapes to support the needs of families of children with autism spectrum disorder. Alongside this, they teach families, schools and settings how to manage each child's particular areas of need. For example, how to manage sensory needs. This is an enabling approach, supporting parents, carers and teaching professionals alike to work well with their children. Kent CAMHS services have worked with parents, allied health professionals, voluntary sector providers and the Local Authority to provide a 'needs-led' offer for families awaiting diagnosis. This means that families are not fully reliant on diagnosis to access help and support. Despite positive plans and actions to provide support more flexibly and promptly, the long waiting times for individual assessment remain highly problematic.

Attention deficit hyperactivity disorder services across Kent remain fragmented, particularly around medication reviews. This is confusing as some families receive follow up support from primary care providers, while for others there is no shared care agreement in place. The local area is working to address this with pilot projects in progress. Nevertheless, the inequity is felt deeply by those families with less support.

Leaders have developed a vision of a more consistent and cohesive approach for children requiring autism spectrum disorder diagnosis, attention deficit hyperactivity disorder diagnosis, monitoring of medication and the CAMHS offer more widely. There are a number of positive initiatives underway. However, leaders know that they are still some way off achieving what they need to.

Following the 2019 inspection, the providers of speech and language services and wider partners met together and jointly commissioned the 'Better Communication strategy for Kent'. A five-year programme of system change to support children and young people with speech, language and communication needs. The area has adopted the 'Balanced System' approach, an offer which will see multiple providers delivering the same outcomes. The programme was launched in schools in 2020.

This approach seeks to ensure that children's needs will be identified in a timely way, that schools and settings will have the resources to support the children and their families, and that fewer referrals will be made for specialist therapeutic work so that those children and young people who need more specialist help can be prioritised.

Despite this, the long waiting times from referral to treatment for children and young people with speech, language and communication needs, identified in the 2019 inspection, have not improved for some parts of Kent. In these areas, there is fragmented provision due to capacity issues within the speech and language therapy workforce. This means that not all children are seen within reasonable timescales.

Parents repeatedly spoke or wrote about the lack of available services, including speech and language therapy and the educational psychologist service. Over half of those who responded to the parent survey, who have had access to local area services, such as CAMHS, autism spectrum disorder services, attention deficit hyperactivity disorder services, wheelchair services and early help, say they do not feel supported promptly or effectively. Some special school leaders also spoke with frustration regarding the length of time that children and young people have to wait for health equipment.

Extremely long waiting times are leading some schools and families to buy private assessments or counselling sessions. Families, schools and local area leaders spoke about this as deepening the inequality of opportunity for children and young people in Kent as many families cannot afford to do this.

The area has not made sufficient progress in addressing this weakness.

- At the initial inspection, inspectors found the following:

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.

Leaders have not successfully addressed this area of weakness. Little evidence was established during the inspection to indicate that leaders had planned or implemented systems for identifying children and young people adversely affected by previous weaknesses in provision. Consequently, little has been done to enable such children and young people to catch up and secure improved outcomes.

The strategy for children and young people with SEND details the 'Children and Young People's Outcomes framework' as a way to measure progress against wider outcomes. Monitoring against this framework is through surveys by different agencies. However, area SEND leaders have not analysed or evaluated any of this work. Consequently, there is a lack of oversight and knowledge of code of practice outcomes and wider outcomes.

Kent has 73 maintained schools with specialist resourced provision. Operational reports provide leaders with some detail about the academic progress of the children and young people who currently access the provision. In particular, the reports highlight the need for 'consistency of approach, (and) a robust quality assurance and moderation process'.

Positively, the introduction of the county-wide special school nursing service has ensured improved health and educational outcomes for those children with the most complex health needs. This can be measured by reduced hospital admission and increased school attendance.

The area has not made sufficient progress in addressing this weakness.

The area has not made sufficient progress in addressing any of the significant weaknesses identified at the initial inspection. As none of the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Hilary Macdonald
His Majesty's Inspector

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cc: Department for Education
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