From:	Beverley Fordham, Cabinet Member for Education and Skills
To:	Scrutiny Committee, 22 January 2026
Subject:	Report discussing why Kent is an outlier with regards to SEND
Classification:	Unrestricted

Summary: This report provides a range of evidence and discussion about SEND related data and an update on the impact of some of the development work being undertaken.

Recommendation(s):

The committee is asked to note the report.

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1. Introduction and Context

1.1 SEND is a topic which is frequently in the media and links to a number of recent publications discussing the issues are included in Appendix 1. Nationally, the annual budget has risen by 58% in a decade to £10.7 billion in 2024-25, but this has not led to better outcomes for children with SEN. In Kent, an estimated £699 million (across the local authority and schools budgets) will be spent on education-related SEND excluding health spending in this financial year 2025-26 so understanding how this resource can be better invested to improve outcomes is critically important.

1.2 Kent continues to issue Education, Health and Care Plans at a rate significantly above national and regional comparators. As of January 2025, Kent had 20, 635 children and young people with EHCPs (SEN2 data)—approximately 6.2% of the 2–18 population, compared to 5.6% nationally and 4.9% across statistical neighbours. However, as discussed below, the gap between Kent and the national average is narrowing. Alongside having a higher proportion of children and young people with an EHCP, Kent also continues to have more children and young people attending special schools, both state-funded and independent, however the numbers in independent schools have remained relatively static for three years. An improvement plan is in place and there is clear evidence of improvements, however work continues apace to improve further.

1.3 **The National Context: The current legislative Framework and historic Ofsted reviews.** The Children and Families Act 2014 brought widescale reform to the SEND system supported by the statutory Special Educational

Needs and Disability Code of Practice: 0-25 years 2014, a comprehensive guidance document
https://assets.publishing.service.gov.uk/media/5a7dcb85ed915d2ac884d995/SEND_Code_of_Practice_January_2015.pdf

1.4 The model of support adopted for children and young people who meet a threshold of needing additional support was to introduce an Education, Health and Care Plan (EHCP) which details what support should be provided by each of the agencies in recognition that these should be developed for children and young people with the highest level of need. The COP also promotes the principle a 'mainstream school presumption'. This means children and young people with SEND have a right to attend a mainstream school and can only be refused if it would negatively impact the efficient education of other children and no reasonable steps can be taken to avoid this. The complexity of a child's needs is not a valid reason to refuse a mainstream placement. The Children and Families Act 2014 and subsequent guidance requires mainstream schools to have clear processes to support children with SEND and ensure they are able to engage in the school's activities alongside children who do not have special educational needs.

1.5 Accountability for implementing the legislation is tested through inspection, at a school and setting level and also at a SEND system level. The inspection framework for education settings made reference to SEND and SEND inclusion, with expectations gradually being strengthened as frameworks have been updated, with the new framework which will be fully operational from December 2025, having SEND inclusion as a key component.

1.6 The first local area SEND inspections led by Ofsted and CQC took place in May 2016, with the Kent area inspections taking place in September 2019 and again in September 2022. Since then, the most recent updated local area inspection framework and handbook were published in June 2025 https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook , which is the framework that officers are expecting to be used in the forthcoming Kent area inspection.

1.7 The previous government undertook a great deal of development work on SEND reform. In March 2022 the DfE and the Department of Health and Social Care (DHSC) jointly published a Green Paper which found the system created "vicious cycles" of worsening performance with needs being identified late, insufficient capacity, and a lack of confidence in the system. This was followed in March 2023, by an improvement plan which is still being implemented, until it is superseded by the forthcoming White Paper delayed to spring 2026. Through KCC's regular reporting to and assessments by both the DfE and NHS England officers are confident that improvement and transformation projects are in line with emerging government policy.

1.8 This report does not provide a detailed analysis or draw firm conclusions as this is outside the scope of the resources and expertise available. The report discusses the historical context, contributing factors, comparative data

and the strategic actions Kent County Council (KCC) is taking to address the issues and rebalance the system. It also discusses data related to reasons that have been suggested for the differences between Kent cohorts and that of others, for example considering data relating to premature birth. The report situates Kent's reforms within the wider national policy landscape, including the forthcoming SEND White Paper.

1.9 Prior to the change in legislation and guidance in 2014, Ofsted published a Special Educational Needs and Disability Review in 2010 https://www.gov.uk/government/publications/special-educational-needs-and-disability-review. At that point in England, just over one in five pupils (20%) or 1.7 million school-age children were identified as having special educational needs using the 2001 Special Educational Needs Code of Practice. There were three levels of identification according to the degree of support pupils required; School Action was for pupils with additional learning needs that could be met within the school, School Action Plus pupils meant staff working with them should receive advice or support from outside specialists and those pupils in need of the most intensive support were given a statement of special educational needs.

1.10 Drawing on an extensive evidence base, in this report Ofsted concluded that as many as half of all pupils identified for School Action would not be identified as having special educational needs if schools focused on improving teaching and learning for all, with individual goals for improvement. The team also found that the consistency of the identification of special educational needs varied widely, not only between different local areas but also within them, despite the guidance available.

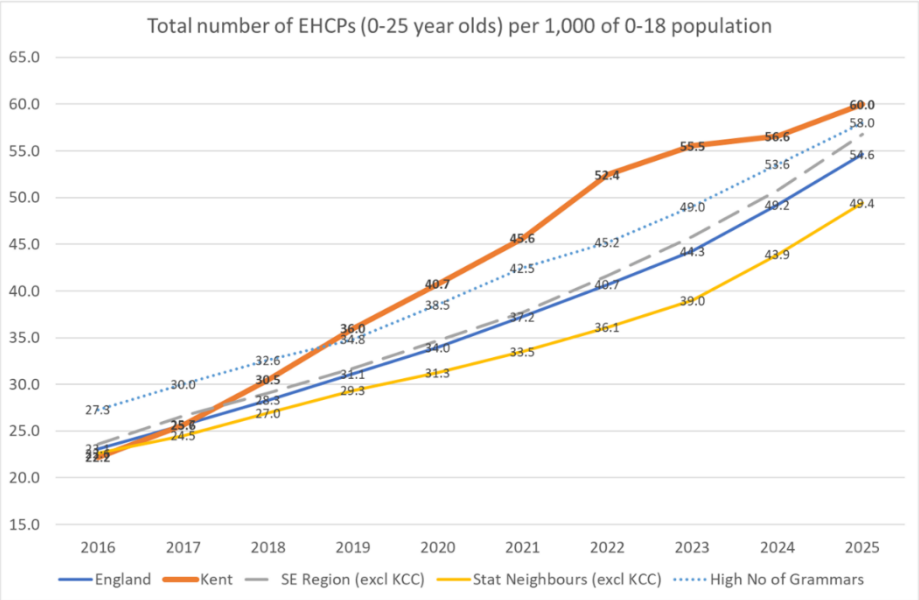
1.11 By 2021 when Ofsted published Supporting SEND: How children and young people's special educational needs (SEN) are met in mainstream schools https://www.gov.uk/government/publications/supporting-send seven years after the change in legislation, around 1.4 million or 15.5% of pupils in English schools were identified as having a special educational need (SEN) at two levels, SEND support and with an EHCP. The report commented on the rapidly rising numbers of pupils being identified as having SEND and Ofsted suggested that there are varying interpretations and practices across professionals, schools and local authorities in both SEN identification and provision. Considering this historic context demonstrates both that challenges in developing an effective and consistent SEND system is not a new issue and illustrates how policy and practice changes can impact on data.

2. The Current Position: Kent's Data in relation to Key Comparators

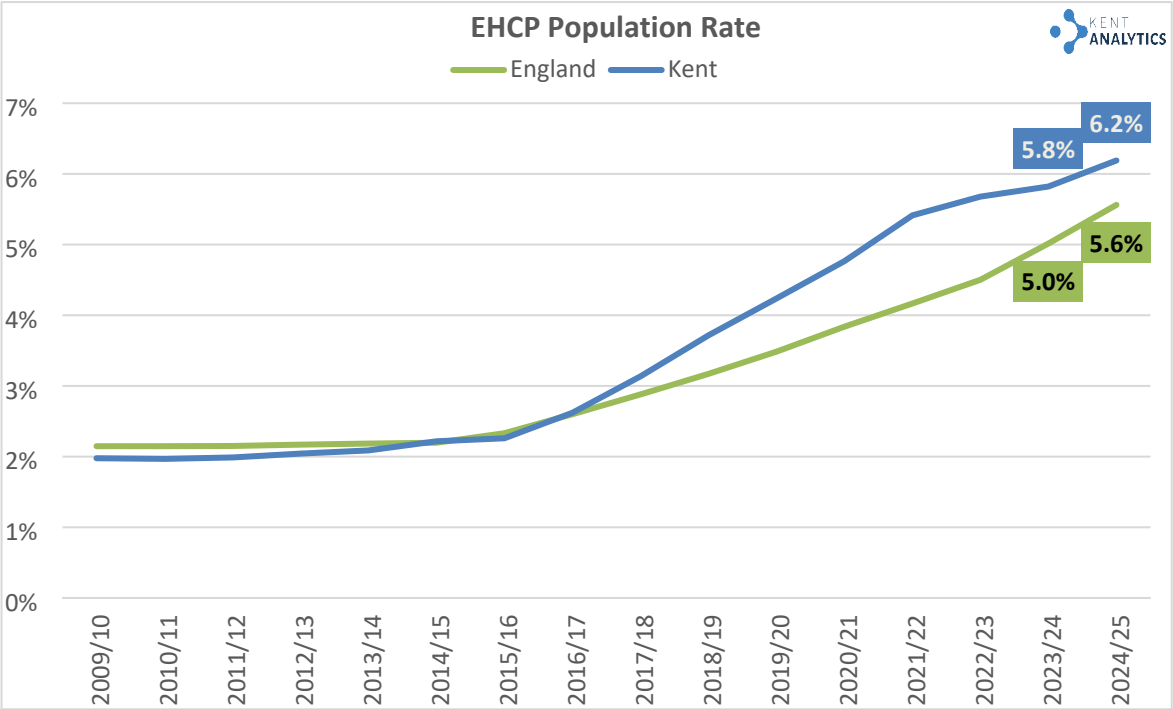
2.1 Population with an EHC plan rate England vs Kent

The graph below shows the data over time and in 2016 the proportion of children and young people with EHCPs in Kent was below the national (England) average. By 2017, Kent is slightly above the national average and by 2018 the gap is widening. By 2019 Kent is 4.9 per 1,000 head of 0-18

population above the national average, 6.7 above the rate for statistical neighbours and 1.2 above all other LAs with a high number of selective schools. The trajectory of growth continues to increase rapidly with the biggest divergence in 2022 when Kent had 52.4 (per 1,000 head of 0-18 population) children and young people aged 0–25-year-old with an EHCP, which was 16.3 more than statistical neighbours, 11.7 more than national figures and 7.2 more than other LAs with high numbers of selective schools. The trajectory slowed during 2022- 24, with a steeper trajectory 2024-25, but with the gap between Kent and the national average narrowing.



2.2 The table below shows the same data by percentage and demonstrates the increase in EHCPs both in Kent and in England. The gap between the EHCP rate in Kent and England has now reduced to a 0.6% going gap, smaller than the gap in 2019/2020.



The data at a more granular level is included below.

Number of EHCPs Per 1000 2-18 years

	Jan 2020	Jan 2021	Jan 2022	Jan 2023	Jan 2024	Jan 2025
Kent	40.7	45.6	52.4	55.5	56.6	60.0
Buckinghamshire	38.0	40.3	44.1	47.8	54.2	58.4
Surrey	38.7	42.3	46.0	50.6	55.8	63.2
West Berkshire	30.4	31.5	35.3	39.1	45.5	50.4
Essex	31.2	33.8	36.2	37.7	42.1	45.8
Hertfordshire	27.7	31.9	35.8	39.8	45.1	49.0
England	34.0	37.2	40.7	44.3	49.2	54.6
SE Region (excl Kent)	34.7	37.7	41.6	45.8	50.8	56.8
Statistical Neighbours	31.3	33.5	36.1	39.0	43.9	49.4
High % Grammar	38.5	42.5	45.2	49.0	53.6	58.0

2.3 Kent's EHCP rate is the highest among its home county peers and significantly above the 'statistical neighbour' average and above the average for Local Authorities with a high proportion of selective schools (circa 1/3 of Kent mainstream secondary schools are selective).

2.4 **Placement patterns**
In addition to being an outlier in number of EHCPs, Kent is also an outlier with regard to where children and young people attend school with children and

young people are more likely to be attending a special school both state funded and independent.

Area	% placements in mainstream	*% placements in mainstream (including SRPs)	% Placements in Special Schools	% Placements in Independent/Non-maintained
Kent	30%	35%	31%	9%
England	39%	42%	25%	6%
Surrey	35%	39%	22%	13%
Essex	45%	46%	29%	4%
Hertfordshire	46%	47%	24%	4%
Buckinghamshire	40%	43%	25%	5%

	Per head of population (per 1000 of the 2 -18 population)			
Area	Placements in mainstream	Placements in mainstream (including SRPs)	Placements in Special Schools	Placements in Independent/Non-maintained
Kent	18.1	21.2	18.7	5.2
England	21.1	23.2	13.7	3.5
Surrey	21.9	24.8	13.7	8.4
Essex	20.5	21.1	13.1	1.8
Hertfordshire	22.8	23.2	11.6	2.2
Buckinghamshire	23.4	25.4	14.6	3.1

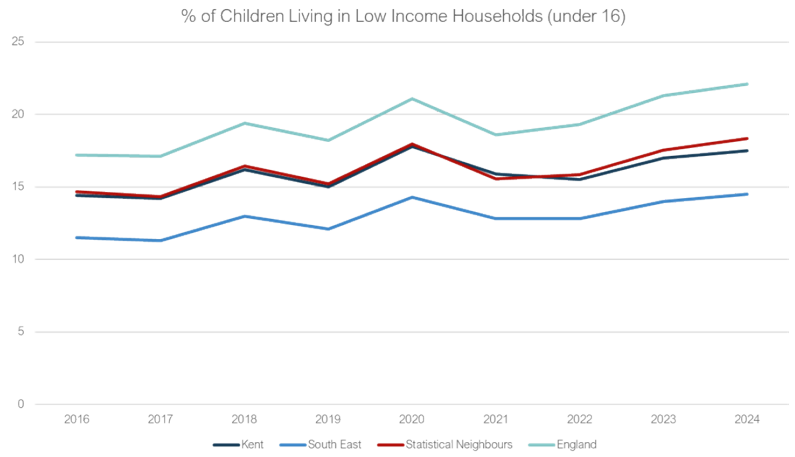
2.5 Kent places fewer children in mainstream settings than both the national average and comparator counties. Whilst special schools are a really important part of the educational landscape, some argue that placing a bigger proportion of children and young people in specialist settings is beneficial for them. If that were true, it would be reasonable to expect that at a statistical level outcomes for pupils with SEND in Kent would be better than the national average. However, outcomes for pupils with SEND in Kent were not good and this was commented on in the 2019 inspection report-"Educational outcomes for children and young people with SEND are not good enough." and in the 2022 report inspectors judged there had been insufficient progress in addressing the poor standards achieved and progress made by too many children and young people with SEND.

3. The key question: Why is Kent an outlier?

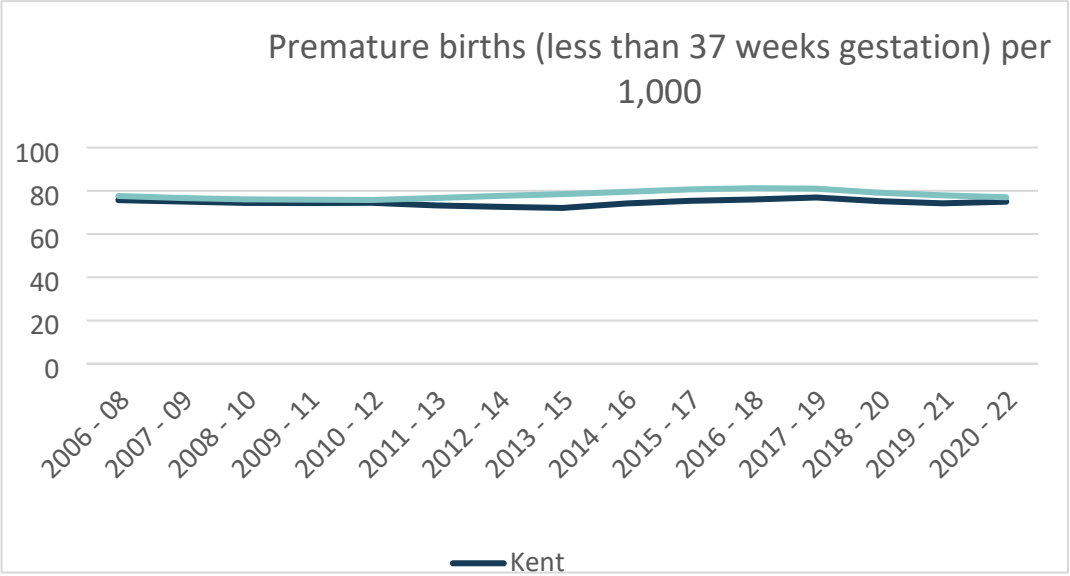
3.1 In this section we examine some of the hypotheses that have been suggested as influencing SEND demand. Firstly, is there a relationship with socio-economic factors? Evidence does suggest there is a relationship

between SEND and socio-economic factors however this does not translate into demand for EHCPs locally. The proportion of children (aged under 16) living in low-income households in Kent with an EHCP has been consistently lower than the national average and in line with statistical neighbours since 2016. Therefore, deprivation rates do not explain the higher ECHP rates in Kent compared to England since 2017.

Children in low-income Households and EHCPs



3.2 Premature Births - Kent's rate of premature births per 1,000 has been between 72 and 77 since 2006 and has been lower than the national average each year. This means that premature births have not been a contributor to the increased demand for EHCPs.

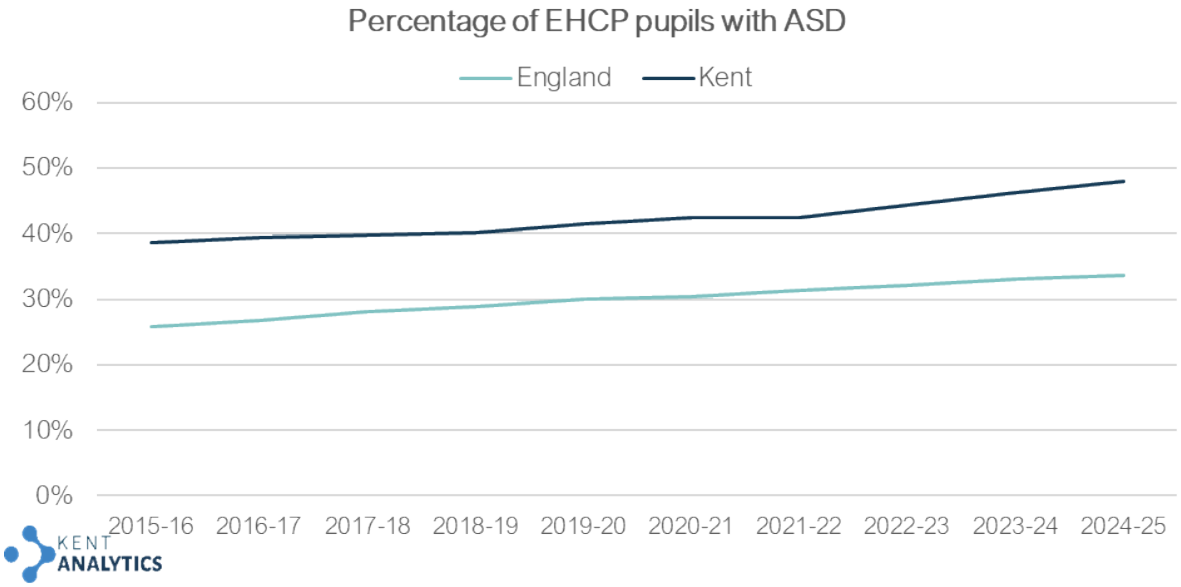


3.3 The national data shows that between 2015 and 2024 there was a 140% increase in children with an EHCP, and most of this increase related to autistic spectrum disorders, speech and language and communication needs and social, emotional and mental health needs.

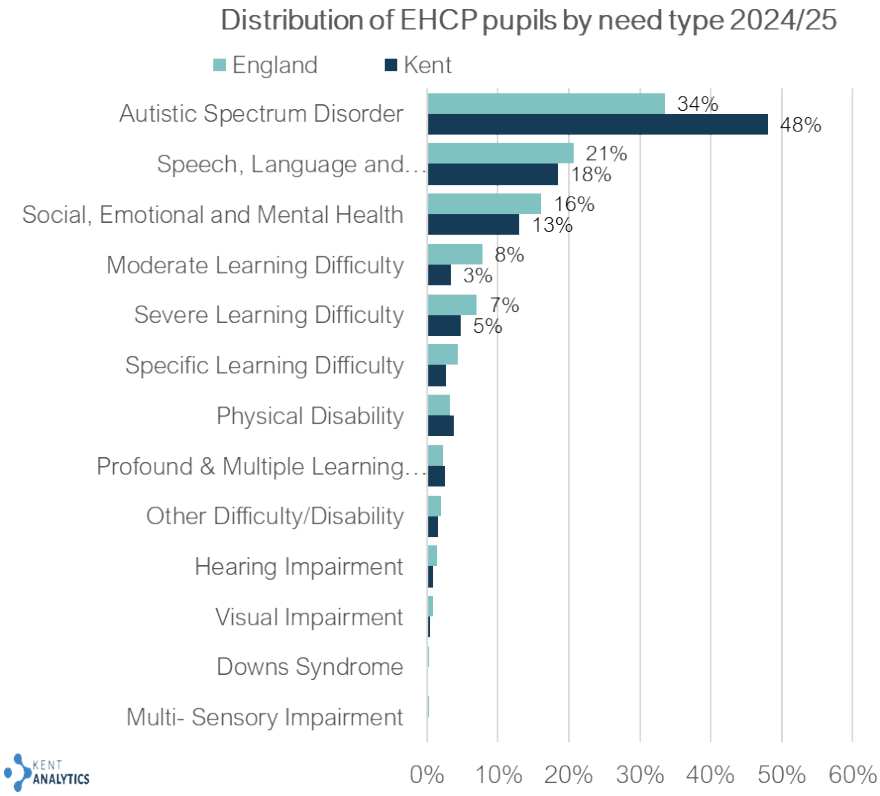
3.4 Environmental factors and the prevalence of autism

Kent has proportionally more pupils with an EHCP for autism spectrum disorder when compared to England. In the period focused on for data analysis, ASD in Kent has always been higher than England's rate, and the gap between Kent and national average continues to increase.

Children and young people with an EHCP and a diagnosis of ASD



This table shows the distribution of pupils with an EHCP by need type.



3.5 The question asked by Members, is to what extent can this be explained by environmental factors. The current medical view is that Autistic Spectrum Disorder (ASD) is due to gene–environment interplay, in which a genetic susceptibility may be triggered by toxic environmental influences. However, it is generally accepted that environmental influences account for a very small proportion of the increased prevalence which is believed to be due to three factors:

1. **Changes in diagnostic criteria:** Diagnostic guidelines have evolved, broadening the definition of autism. The modern autism diagnosis now includes people with lower support needs who previously got a different diagnosis or were overlooked entirely.
2. **Improved screening tools and procedures:** The development and widespread use of more effective screening tools have enabled earlier and more accurate identification of autism in all young children.
3. **Increased awareness:** Greater autism awareness in the public as well as among medical professionals has led to an increase in diagnoses.

While the impact of other genetic and environmental factors on prevalence is still being studied, they likely account for only a small part of the increase.

3.6 As can be seen in the graph above, the diagnosis in Kent increased by approximately 10% between 2015/16 and 2024/25, over a time period when significant work has been going on to improve environmental factors such as reducing car emissions. It is outside the scope of this paper to analyse causal factors for the increase particularly in Kent but it can be assumed that environmental factors such as car emissions will generally be much higher in major urban areas such as Greater London where concern about air quality has led to the introduction of the ULEZ charge, but London does not have the highest prevalence of ASD diagnosis. Another factor that has been suggested is exposure to pesticides, but again Kent is not unique in England in the extent of land which is farmed and where pesticides are applied.

3.7 With regard to any link with parental occupation being a factor, other counties such as Surrey, Essex and Cambridgeshire are likely to have the same if not a higher proportion of adults working in financial and technical services than Kent residents. Again, a detailed level of analysis is outside the scope of this paper.

3.8 Neurodivergence, a term which includes ASD as well as ADHD and dyslexia amongst other conditions, is a common topic for discussion in the media and social media, often with strong encouragement to pursue diagnosis. Alongside this, is the on-going public debate on wellbeing and mental health. This means there is a high level of awareness and possibly a number of perceived benefits to obtaining a diagnosis. The hypothesis put by the recent Policy Exchange report August 2025 is that there has been an extension of societal definitions of mental ill health and neurodivergence over time.

3.7 Factors which may influence demand for diagnosis and EHCPs

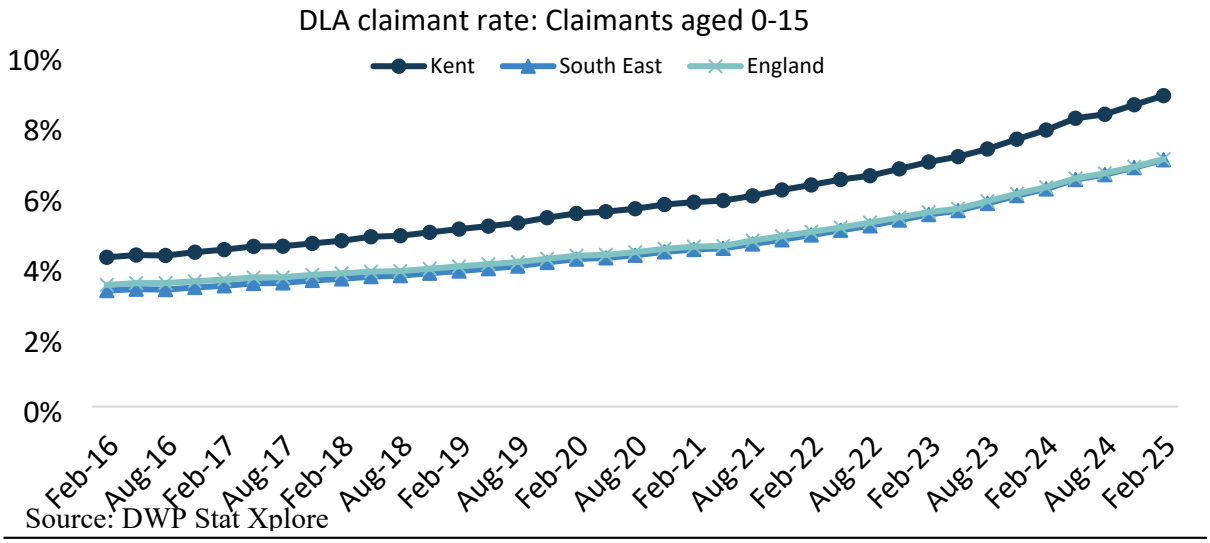
On the 11th of April 2025, The Telegraph published an article in the Money section entitled *How to get an EHCP for your child* which stated –

“ Among the list of benefits it can grant is the fact that an EHCP means parents will be exempt from the VAT charges placed on private school fees, which the Government introduced in January.”

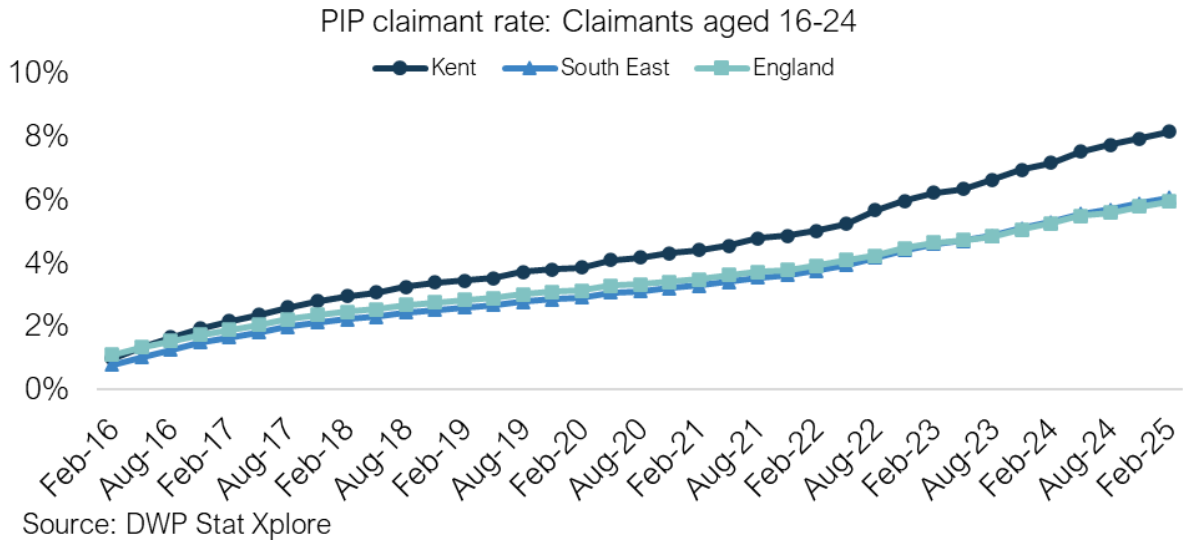
Some many argue, this could create a clear financial incentive for some families to pursue an EHCP.

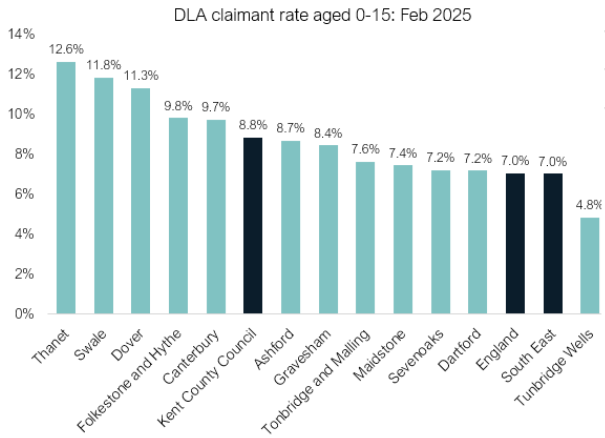
3.8 Other data which may be of relevance to this debate is the fact that Kent has a higher proportion of 0–15-year-olds receiving Disability Living Allowance (DLA) and 16-24 year olds receiving Personal Independence Payments (PIP) compared to the national average and this gap is increasing year on year. As of Feb 2025, 8.8% of 0-15 year olds in Kent were claiming DLA compared to 7% nationally while 8.1% of 16-24 year olds were claiming PIP compared to 5.9% in England. Claimant rates vary considerably by district and this is correlated with the deprivation rates in those districts.

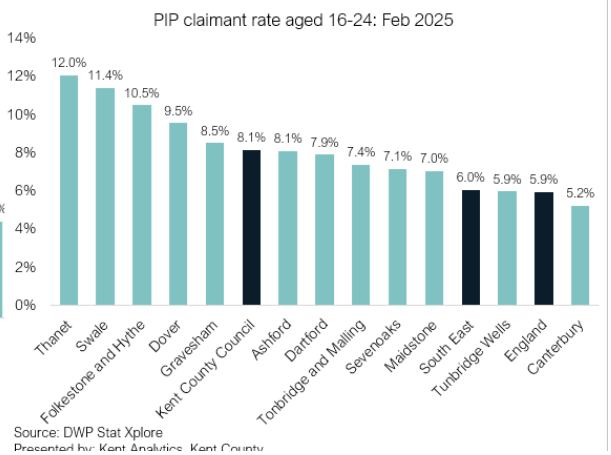
DLA and PIP Claimants



Source: DWP Stat Xplore

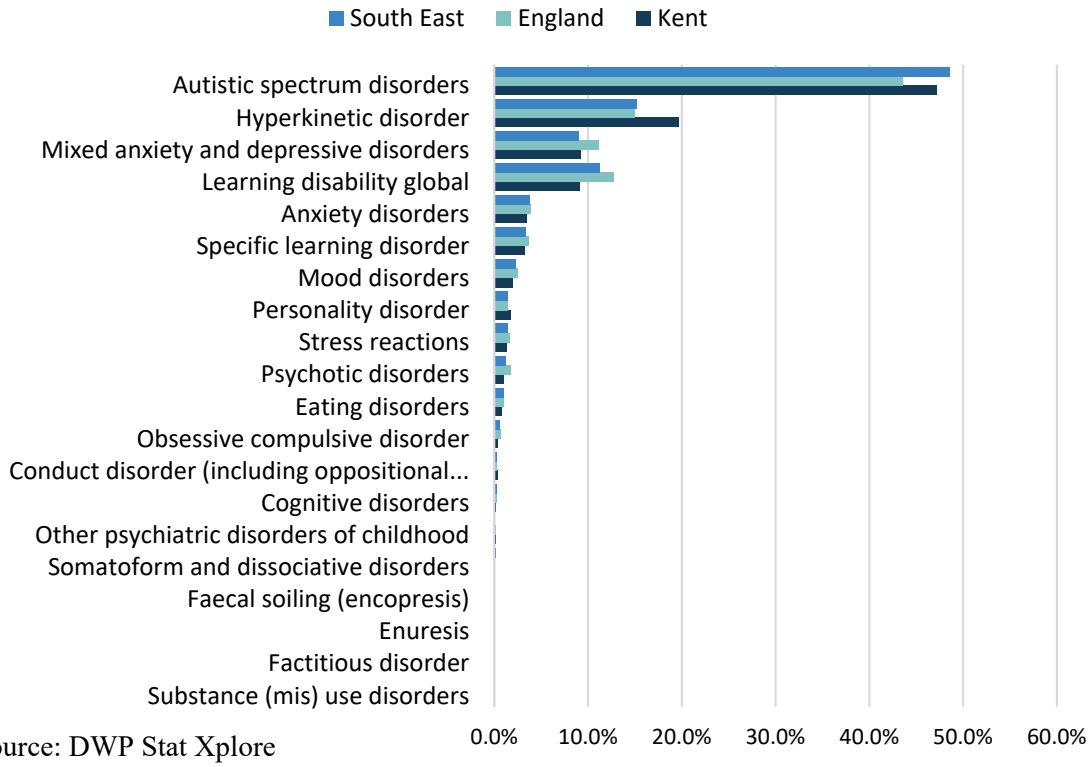






3.9 Males aged 16-24 were more likely to claim PIP than Females aged 16-24, with 9.1% of males in this age group claiming PIP compared to 7.1% of females. Nationally the rates are 6.6% and 5.2% respectively. Kent has a very similar profile of health conditions for those claiming PIP compared to national and regional comparators. However, is it possible that the higher rates of ASD in Kent could be a factor in Kent having a higher rate of 16-24 year olds claiming PIP.

Pip claimants aged 16-24 detailed psychiatric disorders, Feb 2025



Source: DWP Stat Xplore
Presented by: Kent Analytics, Kent

3. 10 Does the way the system is led and managed impact on demand?
Whilst an increased in demand for an EHCP and an increase in spending on SEND relative to national and other benchmarks started prior to 2019 when the first area inspection took place, Kent's divergence from other LAs really gathered pace following this inspection. This can be seen in the graph included in 2.1 (above) Total number of EHCPs per 1000 population, but also in the graphs below.

3.11 The 2019 inspection found that there were systemic issues impacting on SEND services and support including:

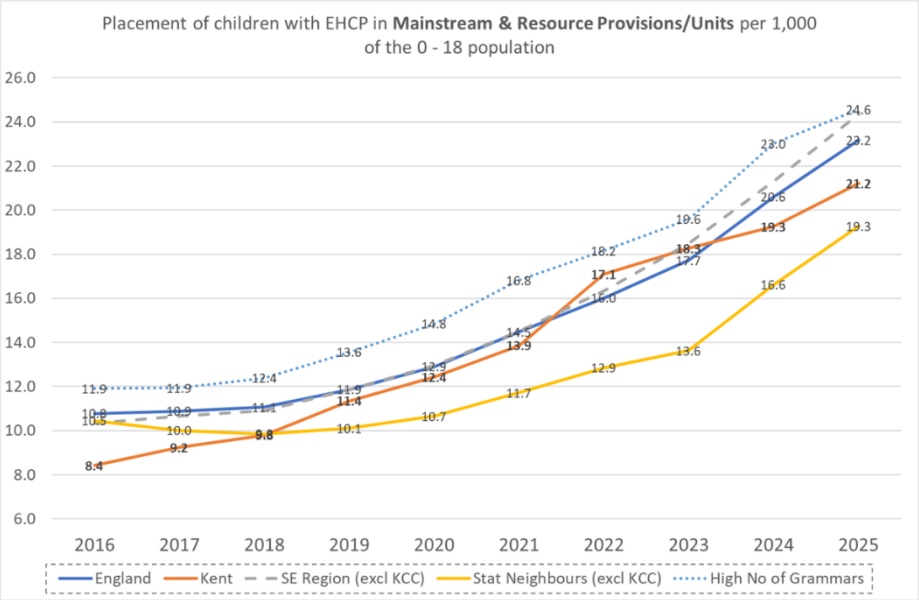
- Poor communication with parents
- Lack of co-production in planning and delivering services
- Inconsistent support across schools
- Underdeveloped health and social care integration
- Educational inequality

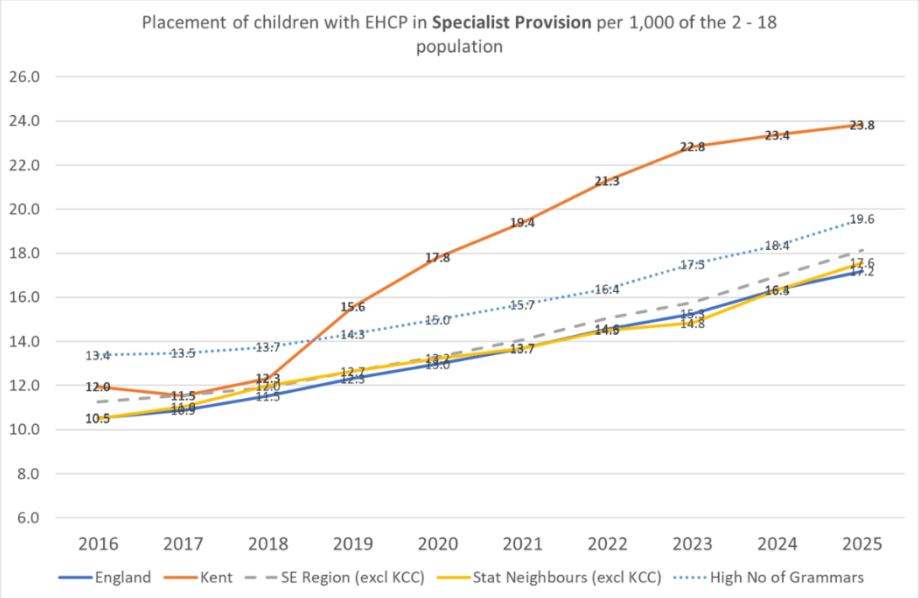
3.12 Parents were very unhappy and anxious which will have been a driver for increased demand. It seems likely that the LA's response to this situation was to become more permissive in its management of the system rather than instigating a root and branch reform to address the systemic issue identified by the inspection. This approach was not effective as evidenced by outcomes of the 2022 inspection which found there had been insufficient progress against all nine of the Areas of Weakness identified in 2019, alongside a

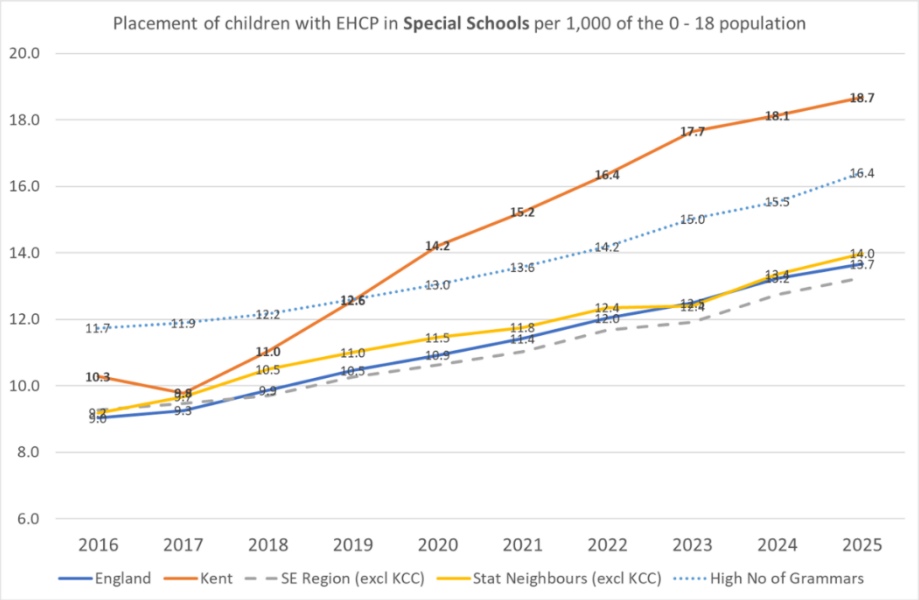
growing deficit which resulted in KCC entering into a Safety Valve agreement with the DfE.

3.13 KCC entered the DfE's Safety Valve Programme for those Councils with the highest deficits to support the development of a sustainable plan for recovery in 2022-23; this includes annual funding from the DfE, totalling £140m by 2027-28 (plus £2m of project costs), to pay off part of the deficit but only if the Council can demonstrate and deliver a credible plan to develop a more sustainable SEND system. Over the same period the Council is also expected to contribute towards the residual deficit which at the time of agreement was estimated to totalling £82m. This has avoided having to identify £222m of savings across the SEN system. The DSG deficit is the Council's single biggest financial risk; therefore, the successful implementation of the Council's deficit recovery plan is critical. It is recognised, the Government's proposals to reform the SEND and alternative provision (AP) system to support a more sustainable high needs funding will not impact immediately and local actions are required.

3.14 Longitudinal data showing changes post inspection in 2019 and in 2022 following a change in leadership of SEND




Placement of children with EHCP in **Specialist Provision** per 1,000 of the 2 - 18 population
26.0
24.0
22.0
20.0
18.0
16.0
14.0
12.0
10.0
8.0
6.0
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
England
Kent
SE Region (excl KCC)
Stat Neighbours (excl KCC)
High No of Grammars


Placement of children with EHCP in **Special Schools** per 1,000 of the 0 - 18 population
20.0
18.0
16.0
14.0
12.0
10.0
8.0
6.0
2016
2017
2018
2019
2020
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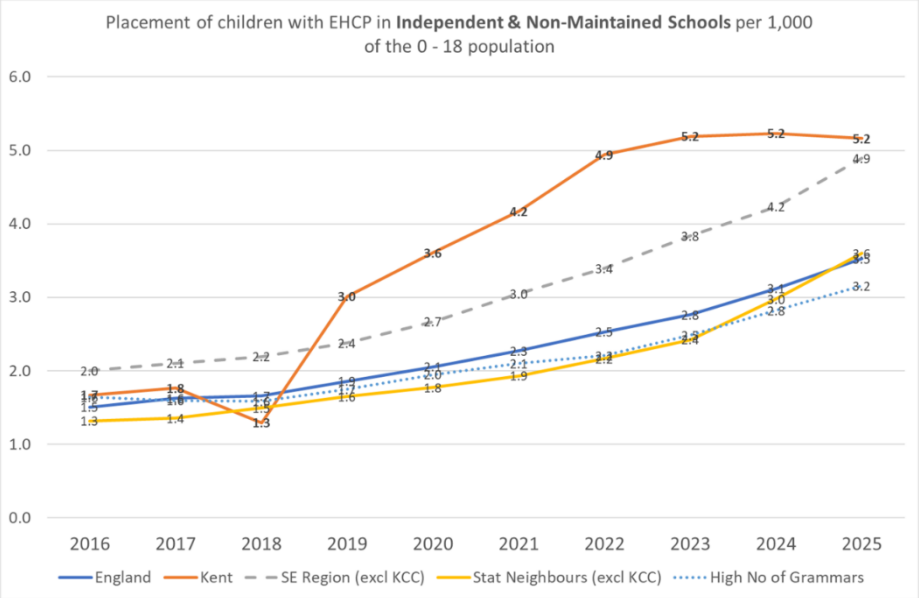
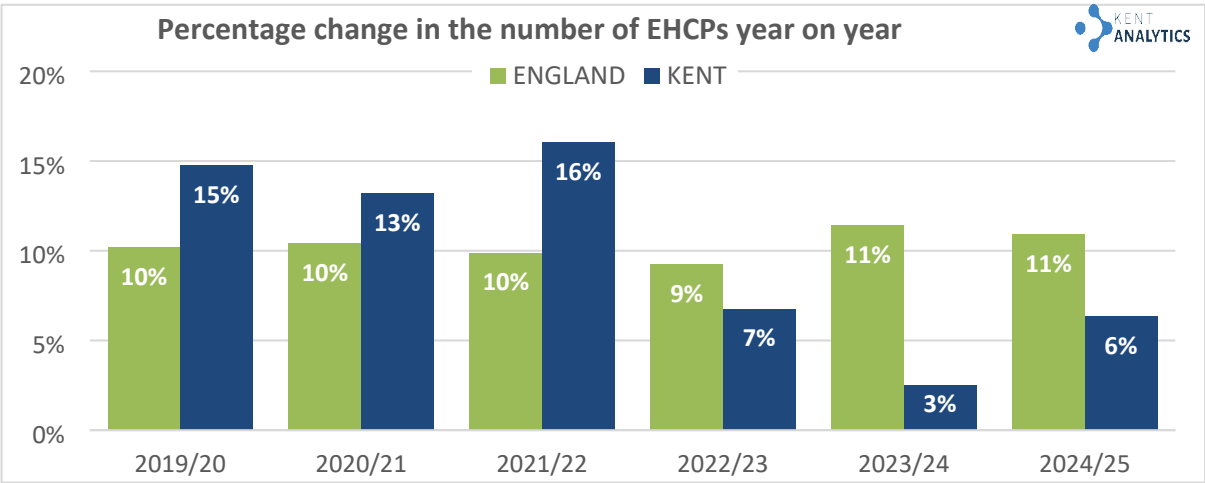
High No of Grammars



3.15 Evidence supporting the hypothesis that management of and confidence in the system is a critical factor is the change in trajectory in each of these graphs from 2023 when SEND came under the leadership of the Education Division. The final graph is of particular interest where it can be seen that the placement of children with an EHCP in independent and non-maintained schools per 1000 of the population has remained steady at 5.2 since 2023.

3.16 With regard to EHCPs, this bar chart shows the reduction by year.



3.17 Officers have reported regularly on the SEND reform and improvement programme. An update is included below and we are starting to see the evidence of the positive impact of greater inclusion in mainstream schools in relation to the number of children with EHCPs and the number of children being placed in special schools. In regard to EHCPs, a recent (October 2025) comparison of Kent performance to national averages indicates that:

- The percentage of the population with an EHCP is consistently increasing in Kent and England. Although Kent's rate remains higher than the national average the gap is continuing to narrow.
- The percentage increase in the number of EHCPs between 2022/2023 and 2024/25 in Kent was lower than the increase reported in England.
- Kent accounted for 3.23% of England's EHCPs in 2024/25, down from a peak of 3.7% in 2021/022.
- The number of EHCPs requested per 1,000 of 0-25 population in 2024/25 in Kent was lower than the national average. Compared to 2020 and 2021 when the number of requests for EHCP's per 1,000 in 0-25 population was significantly higher than the national average.
- The approval rate of ECHP rates in Kent has been lower than England, South East and Statistical Neighbours over the last 3 years.
- Over the last two years Kent has had a higher rate of EHCP plans cease compared to the national average.
- In 2023 this was 10.5% compared to 6.8% nationally.
- This is reflected in the high percentage decreases in EHCPs for those aged 20+ that have been recorded over the last two years in Kent.

3.18 Extract of our SEN2 data return as of July 2025 illustrates a slowing of the number of children placed in either a maintained special school or independent school. This is within the context of recognising that Kent places more children in these settings than most of country.

	2022	2023	2024	2025
Independent Schools	1,671	1,769	1,795	1,776
State-funded Special Schools	5,534	6,018	6,222	6,427
Total	7,205	7,787	8,017	8,203
% Year On Year change	11%	8%	3%	2%
% Year On Year change – National	7%	5%	7%	5%

*Between 2022 and 2025, the number of independent and state-funded special school places increased by 19%, whilst in Kent it was 14%.

3.19 In conclusion, whilst environmental and genetic factor may have some influence on the SEND system, there may be other drivers. The data shows the way the system is managed and led is more critical and evidence has been presented of the changes in the data following implementation of an improvement programme.

3.20 The use of data is critical, but there are caveats which are explained in Appendix 2. The consistent identification of SEND is challenging, largely due to the subjective and interpretative nature of the existing SEND frameworks and the overarching definitions first established in the late 1970s and 1980s

and not appropriately reviewed or updated since. As a result, comparisons and judgements made about incidences of SEND are challenging to make and uphold in a robust way.

3.21 These challenges are well documented, and have been identified by subsequent governments and independent experts over decades (House of Commons Select Committee, 2006; OFSTED, 2010; DfE, 2011; DfE 2023; Education Policy Institute, 2025), and include:

- Inconsistent application and differing interpretation and implementation of policy in different areas
- Lack of a clear, unambiguous and universal understanding of what SEND is and how to identify it
- Masking of needs by children and young people, particularly those with social, emotional, or neurodevelopmental differences
- Impact and implications of the whole-school environment, curriculum and provision on whether needs are able to be met without identifying as SEND
- Parental influence - understanding need and knowing when and how to support identification through external assessment and diagnosis.

3.22 This is why multiple data sets are used wherever possible, to enable triangulation and more robust conclusions to be drawn. It also supports the rationale for Kent developing its own draft SEND Continuum of needs and provision in the absence of any national guidance https://www.kelsi.org.uk/__data/assets/pdf_file/0008/215576/DRAFT-Kent-Continuum-of-Need-and-Provision-Published-June-2025.pdf . This ground-breaking document provides a framework and toolkit for all education settings in Kent to support consistent understanding and discussions about expectations for meeting the needs of all children and young people. It was developed to provide clarification and consistency in discussions and practices for meeting the needs of pupils with more complex needs across our education system, informed by the tremendous expertise within the Kent system.

3.23 The section below described some of the work being undertaken to improve outcomes for children, young people and families whilst at the same time contributing to a more efficient system. Initial evidence suggests a significant positive impact and this data is being tested against other data sets to see if the initial findings can be relied upon.

4. Kent's Strategic response to inspection outcomes

4.1 A summary of systemic changes

Following the 2022 inspection a wholesale transformation of the SEND system has been underway which has included:

- A strengthened policy framework through the publication of the Education Strategy, the SEND strategy, the Accessibility Strategy which provides a clearer rationale for capital investment.
- Development of a service model which brings clarity and consistency to expectations of universal, targeted and specialist services particularly with regard to schools and settings. Building on the original Mainstream Core Standards, this work includes the Early Years Ordinarily Available Provision, The SEND continuum of needs and provision, extensive training and support programmes for school leaders, SENCOs, staff and governors
- More effective commissioning of school places through the development of an agreed, statutorily compliant continuum of education provision from which offer differentiated levels of support in response to complexity of pupil need from mainstream to Specialist Resource Provision and Alternative Provision to Special Schools. Significant growth in the number of state funded special school places and planned growth in SRP places (CYPE Cabinet Committee November 2025).
- Improving the management and productivity of statutory processes as evidenced by a rolling average of completion of EHCPs at circa 65% approximately 15% above the national average and significant improvement in the completion of Annual Reviews since inspection
- Cultural and structural development of the SEND staffing cohort
- More effective deployment of non-statutory SEND services to support schools and families.
- Structural changes to encourage and enable better use of expertise in the system, collaborative working and peer review at a local level (Communities of Schools)
- Significant investment in supporting the development of SEND inclusion in mainstream schools, including the continued funding of several non-statutory SEND support services, despite the budgetary pressures
- School SEND funding reform
- Investment in improved communications.

4.2 As can be seen, KCC's strategic response is multi-faceted with an emphasis on early intervention, cultural change including mainstream core standards and Communities of schools, sufficiency and infrastructure change These align with the DfE's Five Principles for SEND Reform:

1. Early and local support
2. Evidence-based provision
3. Fair resourcing
4. Integrated Services
5. Safeguarded specialist

This government framework is used to update on some of the development work within the Kent SEND system, below. Emerging evidence does suggest

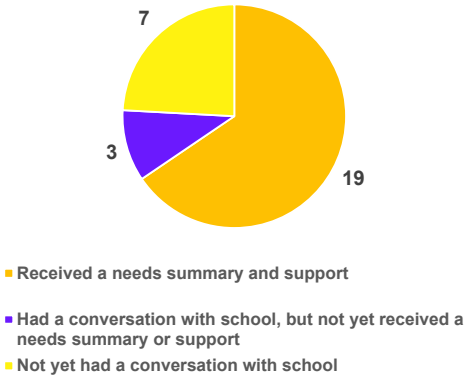
that the approaches are having impact, adding weight to the hypothesis that effective management of the SEND system and evidence-based decisions about the best use of resources are critical to improvement rather than ever more resources.

4.3 **Early and local support & Evidence based provision and integrated services-**
Developing capacity in mainstreams schools to support neurodivergent children and young people. The range of work going on across the system to build capacity is extensive and has been reported on previously, so this section confines itself to just a few examples. Recognising the need to respond proactively to pupil needs, KCC invested in a project with the Autism Education Trust to deliver training across Kent more than three years ago. In parallel the ICB invested in a successful pilot project to identify and support ND children in mainstream schools, called This is Me and more information can be seen here: This is me :: Kent & Medway ICS. Informed by evidence of impact from the This is Me pilot, Kent and Medway made a successful bid for a new DfE pilot, PINS (Promoting Neurodiversity in Schools) which focused on the development of the school organizational capacity. In 2024 Kent launched a successful amalgamation of This is Me and PINS which developed school capacity through targeted training, whilst providing individual support for identified children and families and evaluation findings are promising. The model is explained in greater detail in Appendix 3, together with evidence of impact.

4.4 This approach was piloted in Maidstone providing coverage for 30,000 pupils across all mainstream schools in the district. This places Kent as one of a handful of Integrated Care Systems nationally to have substantively commissioned a needs-led support pathway for neurodivergent children. A short public-facing video explaining 'This is Me' can be found here. All 60 mainstream schools received a 2-day training course in conducting in-depth 'strengths and needs conversations' with families of neurodivergent children and young people, which also covers key elements of neuro-affirmative practice. Since the first tranche of schools were trained, more than 200 children have been provided support through the new pathway within education, 58 of whom have received more intensive support from the new Community Neurodiversity Support Team. Between 1000 and 1500 children and young people in the Maidstone area or circa 10% of the pupil population, were supported during the initial year through education, utilising training, resources, advice and guidance from the new community neurodiversity team.

4.5 Early evaluation is promising, and some key points are shared here

This is Me – family questionnaire



- **89%** of those who have received a needs summary and support **reported a positive experience**
- **68%** of those who have received a needs summary and support **report a positive impact**
- **68%** of those who have received a needs summary and support **have used it in other situations**

This is Me – 'What was good about This is Me?'

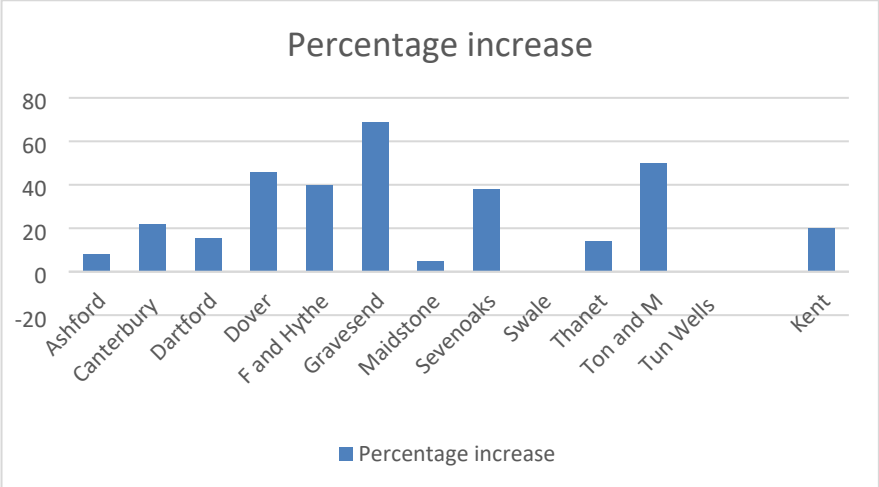
"It was very detailed and helpful for my son, it was good that the teachers and staff at his school were knowledgeable about his needs, it was 2 hours so very thorough."

"This has been a huge eye opener linking home with school behaviour. Seeing Mrs Goldson in action was truly amazing! The advise and guidance that came from Mrs Goldson has been applied at home and there is a great difference for us a family. There were also topics that we could bring to school , that is now making school easier for my son and we can see that his anxiety levels have come down."

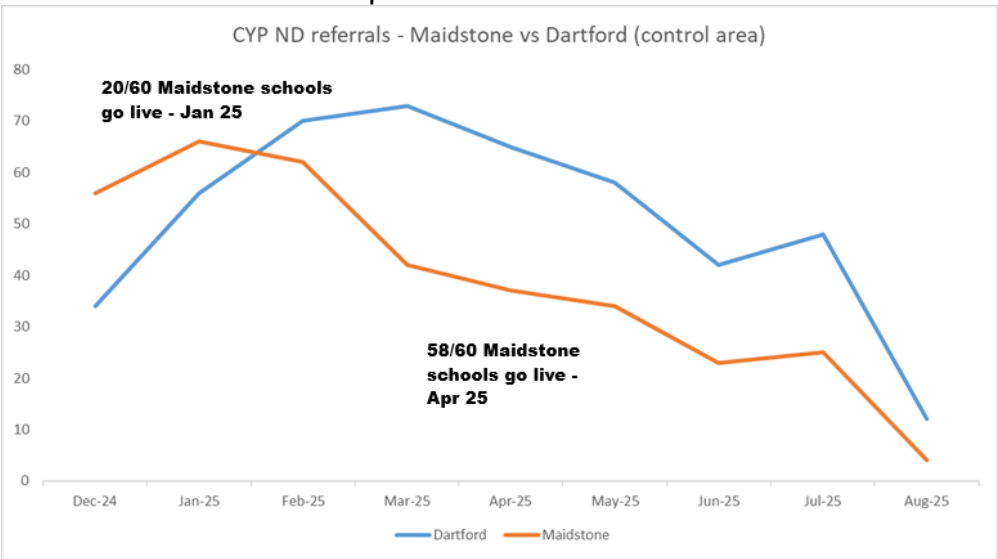
"It's been really helpful to gain a better understanding of my child which I've been able to share with family for them to better understand to. It's also been incredibly helpful for my child to help her understand why she is the way she is."

"My daughter has a plan & a safe place. A lot more settled. Teachers are aware of her needs."

4.6 The evidence of impact:
Maidstone saw a decline in diagnostic requests compared to Dartford. This suggests that early intervention may reduce pressure on diagnostic pathways, but further triangulation is underway to substantiate this. With regard to Statutory Needs Assessments & EHC plans, Maidstone saw a 9.66% increase in requests (below Kent's 11% average) and the rate of requests per pupil (1.6%) is among the lowest in Kent. Maidstone's figures when analysed over two years rather than one, show that there has been very little increase in Requests, compared to the majority of Kent Districts.



There has also been a drop in ND referrals



This academic year, the programme is being rolled out in Swale and has been very enthusiastically received. Findings and recommendations are being disseminated across the county. There is an intention to roll out the programme to all schools over time.

4.7 Making changes to adult services to create a unified service pathway
A child/young person's Education Health and Care plan be in place from 0-25 years where it is still required. This poses additional challenges both locally and nationally due to other services operating to different age models (i.e. 0-18yrs). Therefore, it is essential adult services also work with those in education and SEN. In alignment with the children's transformation above, adult's Neurodevelopmental pathway services are being recommissioned on a support-first model designed around four key pillars: self-management, keyworker and community support, diagnostic, and intensive support. (see Adult's ASD Support Pathway Approach).

4.8 A Lived Experience Board has been established with commissioning responsibilities for the expanded self-management and community support elements, which will embed co-production for services delivered to autistic adults in Kent and Medway. This new arrangement has been operational since April 2025, though the co-production of the self-management and community support elements is still underway.

4.9 For those areas operating under the new Neurodevelopmental Support Pathway already, there has been a reduction of referrals to the ND waiting list that replicates the experience elsewhere in the country. In combination with the strong positive feedback received from families supported through 'This is Me', we are confident that the new Neurodevelopmental Support Pathway will put our waiting list figures onto a downward trajectory by meeting the needs of families earlier.

4.10 In parallel to the new pathway transformation, Kent and Medway ICS has undertaken a service improvement programme to ensure current services are functioning as effectively as possible. This has resulted in:

- Recommissioned paediatric ND assessment services live from October 2025

- Implementation of agreed prioritisation criteria across clinical providers to ensure children and young people at most need are assessed soonest

- Implemented a rapid assessment pathway for children who are identified as being suitable for single-clinician assessment where clinically appropriate

- Created a central public-facing website providing information on support, services and transformation across Kent and Medway.

- Provided Personal Health Budgets (PHBs) to 103 children and young people currently waiting for assessment for ASD or ADHD

- A pilot exploring innovative approaches to supporting neurodivergent children and young people within primary care has been undertaken in 5 Primary Care Networks across Kent

- Contacted almost all families currently awaiting assessment to provide advice, signposting, and a check to ensure their prioritisation status on the waiting list is correct.

- NELFT have provided regular freely accessible ND workshops to support people pre- and post-diagnostically on a number of frequently identified challenges Information on these, and other resources available for families while they wait can be found on NELFT's website. These have had 22 attendees to date.

- Sample feedback: *"I thought it would be another high-level information sharing session but the organizer knew the topic very well and were sharing detailed, pertinent info."*

4.11 **Safeguarded specialist provision & Fair resourcing - Developing a sustainable school system in Kent including the special school review.** Work is continuing with mainstream schools and settings extend the existing effective SEND inclusion practice across the county through the Communities of Schools model of delivery which went live on 1st April 2025, more information can be seen here https://www.kelsi.org.uk/special-education-needs/inclusion/localities-model-for-school-inclusion/communities-of-schools

4.12 Representatives of all schools, including special schools, continued to work with Dr Alison Ekin of Valley Invicta Multi Academy Trust to develop the final draft of the SEND continuum of Needs and Provision (https://www.kelsi.org.uk/news-and-events/news/primary/continuum-of-need-and-provision) which provides greater clarity over the expectations of mainstream, Specialist Resource Provision, Special School Satellites, Pupil Referral Units and Special Schools in educating children and young people with special and additional needs. The contents will be finalised when the next schools White Paper is published.

4.13 The KCC Education Accessibility Strategy 2025-28 is live https://www.kelsi.org.uk/special-education-needs/inclusion/education-accessibility-strategy-2025-28 with supporting School Access Initiative and Policy https://www.kelsi.org.uk/special-education-needs/inclusion/school-access-initiative-sai-policy-and-procedure Whilst the strategies and policies may be new, KCC's commitment to improving accessibility has been supported by prioritising the use of capital funding. Over the 5-year period 2019-24, £3,152,274 was spent on 83 school accessibility projects. This investment (together with other support) has enabled children and young people with physical disabilities and/or complex medical needs to access education at a local school in their community. Investment going forward will be used more strategically to develop accessible school buildings across the county so that all families have improved access to an adapted school locally.

4.14 There are currently 72 Specialist Resource Provisions operating in 68 mainstream schools. Following a review of the existing provisions and robust pupil data it has been identified there would be a clear benefit to put a total of 55 new SRPs in place over the next three years across the four areas of Kent.

Overall total planned SRPs:

	Primary	Secondary	Total
East	4	5	9
North	12	7	19
South	9	6	15
West	5	7	12
Total	30	25	55

4.15 Each one of these SRPs will have an individual business case. The two highest incidences of need are neurodiversity (autism, ADHD /communication and interaction) and Social, Emotional and Mental Health. KCC has invested significantly in developing school capacity and expertise through work disseminating the Autism Education Trust materials and more recently in partnership with the Integrated Care System on This is Me programme as well as the DfE funded Promoting Neurodiversity in Schools (PINS) pathfinder. Gaps in existing SRP provision for children and young people who are neurodivergent have been identified through KCC's work on school sufficiency and proposals will be brought forward to address these gaps. With regard to SEMH, the new SRPs planned will make an important contribution to developing capacity to better meet SEMH needs.

4.16 Developing the Kent education offer; special schools
Kent officers and Special School heads are working together with special schools in order to (where appropriate) widen admission criteria and the needs of pupils for whom it can cater in order to reflect local requirements. This joint work, and the other work presented above, will ensure those children and young people with the special educational needs will be able to attend a suitable educational setting locally. The individual plans for these schools will commence rollout in September 2026, in line with the original plan.

5. Conclusions

5.1 The question posed by members is a complex one and this report will not answer all the questions as there are many unknowns, for example a definitive understanding of the priorities within the SEND service post 2019 and how these may have contributed to the pressures. This period is when the biggest rise in spending occurred, but this exponential increase in spending did not result in improved satisfaction, better pupil outcomes or an improved SEND system. This is an important point as there is an assumption that putting ever increasing resources into SEND will 'fix' the issues and address parental concerns. The experience in Kent clearly shows that unless the leadership and management of the system is right, additional resources make no difference at all.

5.2 Using longitudinal data, officers have attempted to show how changes in approach impacts on the data. At a more operational level, the emerging impact that the innovative ASD case study of This is Me rolled out in collaboration with PINS is having on local demand for EHCPs is discussed. It is premature to have too much confidence in the outcomes to date, but the data does look promising, and officers will continue to collect, analyse and triangulate data, using the findings to further strengthen the system and to build financial sustainability.

6. Recommendation(s)

The committee is asked to note the contents of the report.

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7. Contact Details

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8. Appendices

Appendix 1 - Key recent SEND publications

Appendix 2 - National Challenges with the identification of SEND and use of SEND data

Appendix 3 - Supporting Neurodiversity in Kent - Member Briefing

Appendix 1 Key recent national SEND publications

- National Audit Office report *Support for Children and Young People with SEND* October 2024 https://www.nao.org.uk/wp-content/uploads/2024/10/support-for-children-and-young-people-with-special-educational-needs.pdf

- ISOS Partnership commissioned by the Local Government Association June 2025 *Reform of the SEND System* https://www.local.gov.uk/publications/reform-send-system-what-might-next-stage-look-and-how-can-we-build-consensus

- The Policy Exchange August 2025 *Out of Control* https://policyexchange.org.uk/publication/out-of-control/

- Institute for Fiscal Studies September 2025 https://ifs.org.uk/articles/englands-send-crisis-costs-challenges-and-case-reform

- ISOS Partnership commissioned by the County Councils Network November 2025 *SEND in England* file:///C:/Users/McInnC01/Downloads/CCN-Isos-SEND-in-England-How-we-got-to-crisis-point-why-we-need-reform-1.pdf

Appendix 2. National challenges with the identification of SEND and use of SEND data

The consistent identification of SEND remains fraught with challenges, largely due to the subjective and interpretative nature of the existing SEND frameworks and the overarching definitions. These frameworks, originally set up in the late 1970s and 1980s, have not been appropriately reviewed or updated since. As a result, comparisons and judgements made about incidences of SEND are challenging to make and uphold in a robust way.

These challenges are well documented, and have been identified by subsequent governments and independent experts over decades (House of Commons Select Committee, 2006; OFSTED, 2010; DfE, 2011; DfE 2023; Education Policy Institute, 2025), and include:

- Inconsistent application and differing interpretation and implementation of policy in different areas
- Lack of a clear, unambiguous and universal understanding of what SEND is and how to identify it
- Masking of needs by children and young people, particularly those with social, emotional, or neurodevelopmental differences
- Impact and implications of the whole-school environment, curriculum and provision on whether needs are able to be met without identifying as SEND
- Parental influence - understanding need and knowing when and how to support identification through external assessment and diagnosis

The Education Policy Institute (2025) has further explored these challenges, identifying the following key areas for consideration (some of which continue to evidence the long-term systemic issues set out above):

- Postcode lottery- ‘The school attended was more important than anything about the individual child in explaining who was identified with SEND’ (EPI, 2025: 6). ‘Local authorities played a smaller-than-expected role in the chances of SEND identification’ (EPI, 2025: 7).
- Link between SEND identification and deprivation- Rates of SEND identification are influenced by access to enriching experiences. Early Personal, Social and Emotional Development at age 5 as being a key indicator of future SEND identification
- Link between looked-after status and early childhood experiences- Children with adverse early experiences or in care are disproportionately likely to be identified with SEND.
- Gender disparities - Emotional and neurodevelopmental needs in girls are frequently masked or misinterpreted, leading to later or missed identification.

Understanding the Challenges: SEND Data and Identification

Across England, there are national challenges in how children and young people with SEND are identified and supported. The quality and consistency of data play a big part in this.

- Different definitions and thresholds: Schools and local authorities don't always use the same criteria to decide when a pupil has SEND. This makes national data difficult to compare or rely on.

- Data that misses the detail: Numbers alone don't show the full picture — for example, they may overlook children whose needs are emerging or unmet, or whether the help they receive is making a difference.

- Separate systems: Education, health, and social care often hold data separately, which makes it hard to build a full picture of a child's needs and outcomes.

- Looking backwards, not forwards: National data often relies on test results or exclusion figures, which show what has already happened rather than what support is needed early on.

Consequently, national SEND data provides only a partial view of what children need and how well the system is working.

What This Means for Local Authorities

These national issues directly affect how local authorities plan, fund, and monitor SEND support in their areas.

- Getting the local picture right: If schools record SEND differently, the local authority can't get a true sense of how many children need support or what kind of help is most needed.

- Fair funding: Inconsistent data can lead to funding being unevenly distributed — some areas may have hidden unmet need, while others face financial strain from over-identification.

- Early help and inclusion: If needs aren't identified early, children are less likely to get timely support. This can lead to bigger challenges later, such as exclusions or the need for specialist placements.

- Using data for improvement: When education, health, and social care data aren't joined up, it's harder for local authorities to track progress, understand impact, and plan better services.

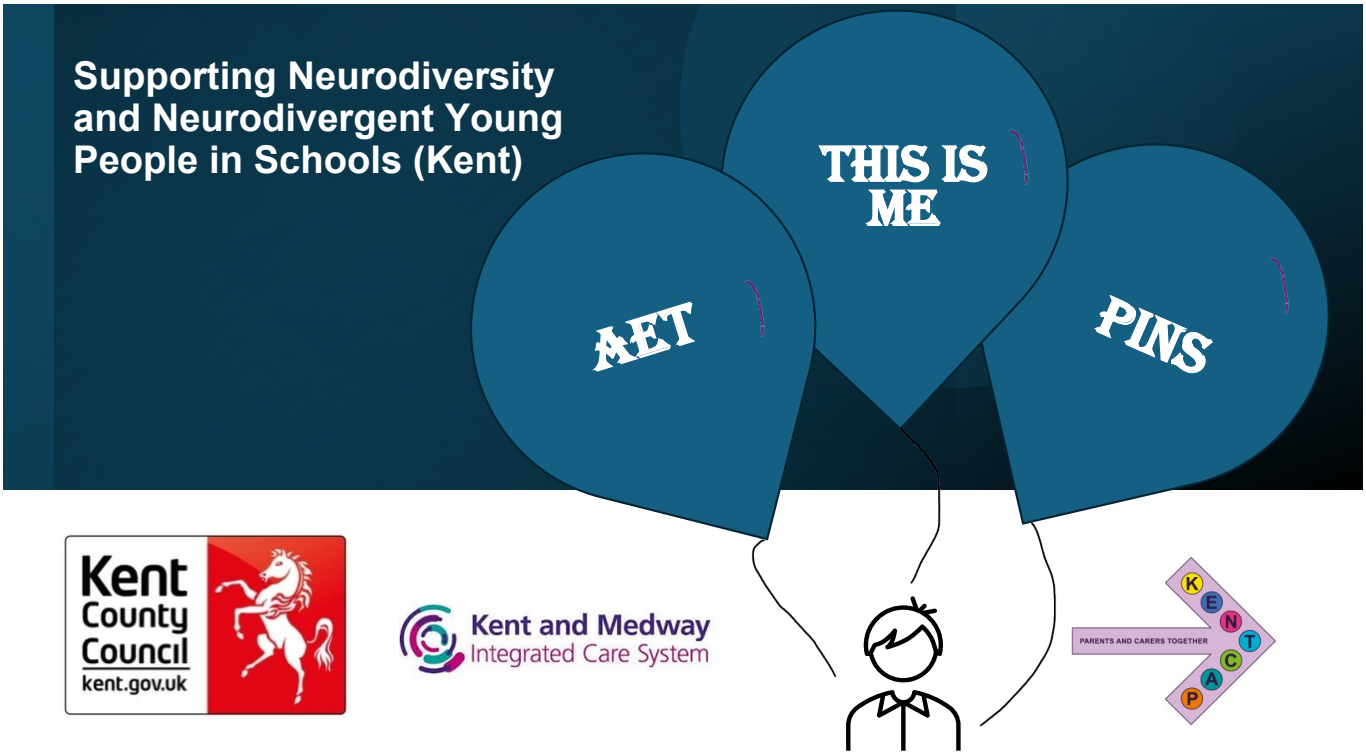
Without clearer and more consistent data, access to SEND support can depend too much on where a child lives or how well their needs are understood, rather than on the level of need itself. Improving data quality and coordination is key to ensuring fair, effective support for all children and young people.

Further detail about these challenges and proposals for how to address them more effectively are expected in the pending DfE policy updates- expected Autumn 2025. The SEND and Alternative Provision (AP) Improvement Plan (DfE, 2023) commits to greater standardisation and transparency through the introduction of a national banding framework, consistent EHCP templates, and

strengthened local inclusion partnerships. These initiatives aim to improve consistency, but their success will depend on coherent implementation, workforce development, and effective data integration.

Dr. Alison Ekins, Director of SEND Valley Invicta Academy Trust
Kristina Yates, Former principal of Turner Free School Kent and Independent consultant specializing in SEND.
October 2025

Appendix 3 – Supporting neurodiversity in Kent



Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)

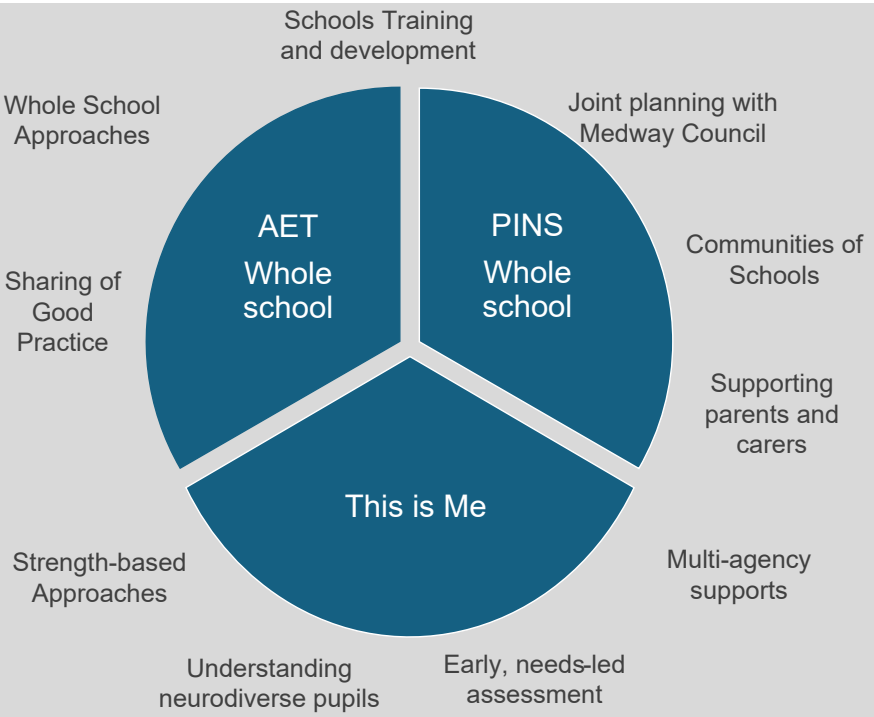
Autism Education Trust (AET) 2022-present) is a workforce development package/autism training and frameworks (KCC) being offered to all mainstream settings, from Early Years to Post 16. It pre-dates PINS, and is a KCC-led initiative to support schools around inclusion of autistic/neurodivergent pupils.

This is Me (**2024 to present)** is a health-initiated (but increasingly integrated) early intervention approach for neurodivergent children and young people. Schools with parents to co-produce a Needs Summary, which leads to the deliver of greater understanding of an individuals needs. This then leads to direct interventions for neurodivergent children and young people, and their families.

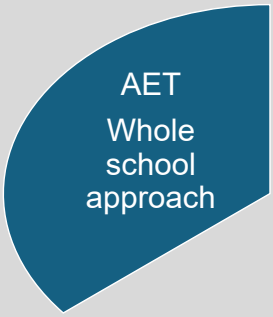
Partnership for Inclusion in Neurodiversity in Schools (PINS) (**Jan 2024 to present)** is a national initiative from the DfE and NHSE in partnership. Similarly to AET it's aimed at workforce development in schools (explicitly not for direct interventions with pupils). 38 schools in Maidstone and now Swale have been involved; we're using the learning for the schools localities approach.

Wider linking to future **Outcomes Framework,** yearly measurement and public site of outcomes

Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)



Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)



- Ensure consistent approach to training and information linked to school improvement
- Ensure that there is a single consistent message around Autism and neurodiversity across Kent. This reinforces that there is a long-term investment from KCC in this programme and building the cultural change around supporting more autistic pupils in mainstream.

	Making Sense of Autism	Good Autism Practice	Other Modules	Delegates
Early Years	278	15	10	2,424
School Age	453	100	41	17,779
Post 16	49	9	0	722
Total	780	124	51	11,252

Aet have trained **208,509** delegates since 2022.
Kent has trained **11%** of all their delegates.

Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)

PINS

Whole school Approach

- The PINS programme is testing a new model for supporting good outcomes in mainstream schools for Neurodivergent pupils and strengthening parent/carer and school partnerships.
- The DfE and NHS England aim is that there will be guidance, and a possible strategy produced after September 2026
- Bringing Education and Health partners together to underpin truly connected normal everyday practice in schools.

Maidstone March 2024 – March 2025

- 20 schools in Maidstone took part in PINS; 826 staff members were trained
- 208 training sessions were delivered in just six months

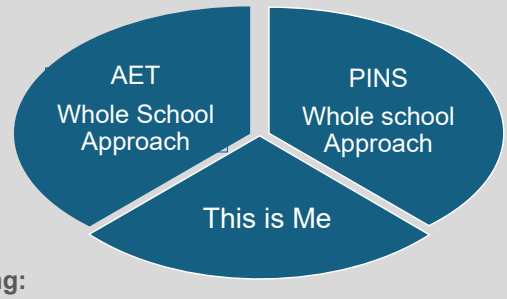
DfE and NHS England described Kent Model as the **'art of the possible'**

Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)

- **This is Me** is a health-initiated (but increasingly integrated) early intervention approach for neurodivergent children and young people.
- It's delivering direct interventions to neurodivergent children and young people, the first stage through education with advice and guidance from health, and if that does not work health staff act as a point of escalation.

This is Me

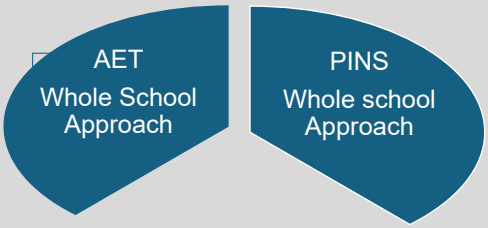
Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)



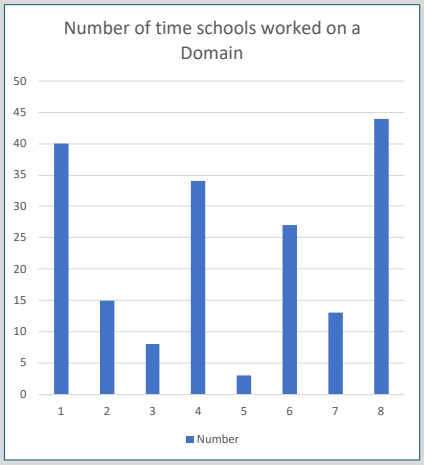
Learning:

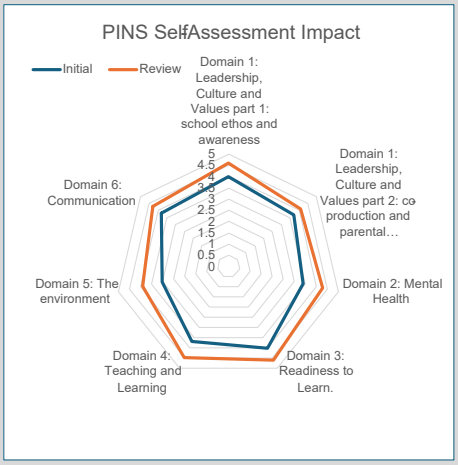
- Whole School Approaches
- Co production value of parent and pupil voice in designing supports
- Connected Agency Working – shared approaches and understanding
- Community – education settings, parents and pupils providing peer support
- Core training and understanding – Speech and Language (Balanced System, Sensory and Physical Impacts, Information Processing - Classroom approaches)

Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)



Schools Self Assessment





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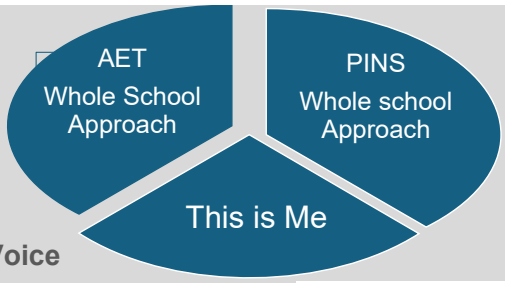
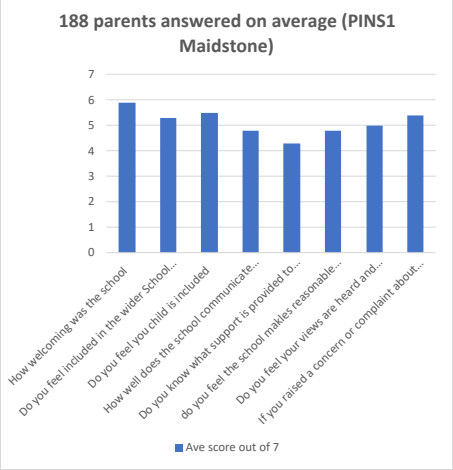
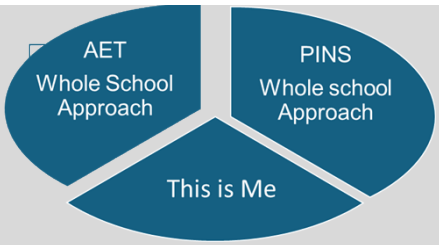


Parent Voice



Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)



Pupil Voice

- **Peer Awareness:** *Educate my peers about autism*
- **Professional Knowledge:** *Teachers needs to know the signs so they can help*
- **Safe Spaces:** *More safe spaces for anxious children*
- **Language:** *When taking things literally, by accident, I mean no offence*
- **Sensory:** *Don't force people to wear the blazers (they're uncomfortable)*
- **Movement:** *Understand that when we fidget it doesn't mean we're not focusing*
- **Time:** *Don't move on from tasks until everyone is done*
- **Recognition and Understanding:** *Don't compare us to other autistic people.*
- **Ways To Engage Us:** *Ask what would help rather than just assuming or not doing anything*

Supporting Neurodiversity and Neurodivergent Young People in Schools (Kent)

What PINS Phase 1 Schools said…

PINS
Whole school Approach

PINS allowed us to support our collaborative approach as a federation.

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Relationship building with new colleagues and making links with other professionals, particularly health.

The menu of support has helped us to pull out "are we doing everything we can?"

Through the children we have learnt that they want more say in their own classroom environments.

Our adults have a much better understanding of the individuals' needs of ND children.

Access to training would not have been offered otherwise

Having Frances come and work alongside us has helped us engage with our parents of ND children.

Reciprocity – this is an area of focus that has had a big impact.

Staff confidence has improved. Our PACT group is now starting to be led by the parent of a ND child.

You need someone to drive the work for PINS within your school.