





DRAFT

Impact Report on the

Local Area SEND Inspection Written Statement of Action (WSOA) in

Kingston upon Thames

March 2022

"Every child and young person with SEND belongs to a local, inclusive community that provides the education, health and social care support they need to develop their talents and skills, and that empowers them to live a happy and fulfilling life."

Kingston's vision for all children and young people with SEND

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1. Introduction

In September 2018, the Kingston Local Area SEND inspection recognised that 'Leaders were clear about the vision and desire to improve life chances for children and young people with SEN and /or disabilities'. It also identified that progress in implementing the 2014 SEND reforms had not been good enough in four areas, and asked the local area to produce and submit a Written Statement of Action to tackle these areas of weakness.

	Inspection finding	Aim / ambition of Written Statement of Action
1	The overall poor quality and monitoring of EHC plans, including contributions from health professionals	Every EHC plan will be fit for purpose and fulfil statutory requirements under the 2014 Children and Families Act
2	The timeliness of leaders ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN Code of Practice	Annual reviews and subsequent amendments for EHC plans will be completed effectively and in line with the statutory duties of the 2014 Children and Families Act
3	The strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms	To ensure the CCG effectively discharges its responsibilities under the Children and Families Act and demonstrates its contribution to improving outcomes for children and young people with SEND
4	To ensure that there is a productive and positive relationship between parents and parent representatives, including a Parent Carer Forum	To develop effective and proactive partnerships with parents, parent representatives and a Parent Carer Forum that facilitates effective engagement and co-production in the implementation and embedding of the SEND reforms

Since the inspection, Kingston partners across the SEND system have worked to secure impact across these four key areas; completing an aspirational SEND Futures Plan, developing strategic partnerships with the CCG alongside competence and confidence in the processes and duties in the 2014 Children and Families Act. Systematically, Kingston Council, Achieving for Children (which provides children's services for the Council), the Clinical Commissioning Group (at the time of inspection Kingston CCG and now South West London CCG), and partners and providers such as schools and Your Healthcare have prioritised improvement.

During the pandemic the local system has worked together effectively to listen to children, young people and families, schools and providers, to ensure appropriate and targeted support where and when it was needed. In these exceptional circumstances, Kingston's partnerships have been strong and our response provides sound evidence of local support, resources and care during these very challenging times.

2. Significant Weakness 1: the overall poor quality and monitoring of Education, Health and Care plans, including contributions from health professionals

a. Summary

Position at the time of the inspection	Position now	Next steps
Insufficient health and social care advice and provision	Health and social care advice received and used to inform specified provision.	Continue training programme to ensure statutory timeliness and quality of advice is consistent across all teams
Lack of specificity, weak outcomes and inconsistency of "Golden Thread"	Improved levels of specificity across all of education, health and care. Outcomes are SMART, Golden Thread consistently evident	Fully implement holistic outcomes approach and Preparing for Adulthood priorities
Lack of robust quality assurance processes across the range of organisations involved	Well established processes, including feedback loop to embed learning: - SEND team (every plan) - professional advice givers (Health 0-18 for every plan, Educational Psychology Service and social care via dip samples) - multi agency audit (bimonthly dip sample) - School Leaders QA - School Improvement Partners (dip Sample)	Broaden participation in multi agency processes to include parents and carers, practitioners (to increase the number of plans surveyed and as part of upskilling / ongoing training) and schools.

Improvement	Actions	Next steps
Strategic oversight	Governance strengthened via reporting to: - SEND Partnership Board (bi-monthly meetings since February 2019 chaired by CEO of RBK) - CCG Borough Committee (bi-monthly since Dec 2019 chaired by Director of Transformation, CCG) - Performance, Quality and Innovation Board (quarterly since March 2019 chaired by Director for Education Services, AfC) A Designated Clinical Officer has been in position since April 2019, and a Designated Social Care Officer for SEND since September 2020 (plus a SEND and Social Care Action Plan from November 2019).	Embed SEND as a priority within Integrated Care System

Inclusion of parent, carer, child and young person voice	Establishment of standard operating procedures to: - share survey, complemented by telephone call, at issuance of every new EHC plan (and annual review) - collect views from children and young people via monthly health participation group attended by Designated Clinical Officer - arrange 'drop in events' for parents and carers on regular basis (impacted by pandemic) - systematically collect and act upon feedback received whether via this standard process or on "ad hoc" basis	Increase the number of families engaging with providing feedback and ensure it is representative of the total cohort using the new SEND Parent carer Engagement Officer.
Staff development		
Investment in SEND Team and IT systems / processes	The Council has made additional funding available to: - increase the number of staff within the SEND team to manage the growth in number of plans and reduce caseloads - improve IT systems (to improve efficiency of workflows and the information available to allow more proactive planning)	Maintain stability of staffing and launch Synergy IT system upgrade in September 2022
Implementation of QA processes	Processes include: - A range of standardised inputs from children and young people with SEND and their parents / carers - An established QA framework, including all services having access to a standardised QA tool for their advice - Every EHC plan issued being assessed for quality in a process overseen by Deputy SEND Team Service Manager, with learning captured and reflected in SEND Training schedule managed by AfC Workforce Development Team - Bi-monthly Quality Assurance workshops where professionals from across the system score a sample of EHC plans against a range of criteria, with results captured via an online system and learning again feeding into staff	Develop two further strands of QA activity, specifically including peer reviewing with other LAs, and including children and young

	training programme pe	eople and parents
	- School Leaders' quality assuring EHC Plans an	nd carers more
	- School Improvement Partners quality assuring (dip sample in schools) for	ormally

c. Impact of actions

Example of improved performance	Evidence				
Social care advice recorded as part of the EHC issuance process is significantly higher than at the time of the inspection (number of pieces of			1 /-		
advice)		2018/19	2019/2	0 2020/21	2021/22 YTD / FTE
		77	135	153	110 / 147
Social care advice recorded as part of the EHC issuance process as a			1		
proportion of the number of EHC plans issued is significantly higher than at the time of the inspection (number of pieces of advice)		2018/19	2019/2	2020/21	2021/22 YTD
		53%	74%	83%	71%
Health advice recorded as part of the EHC issuance process is significantly					
higher than at the time of the inspection (number of pieces of advice)		2018/19	2019/	20 2020/21	2021/22 YTD / FTE
		109	112	406	382 / 509
					·
Social care advice received as part of the EHC process within 6 weeks is					
significantly higher than at the time of the inspection	9/2018 to 3/2019	4/2019 to 3/2020		4/2020 to 3/2021	4/2021 to 12/2021
	56%	46%		43%	95%
		1			

Г	ı						
Health advice received as part of the EHC process within 6 weeks is significantly higher than at the time of the inspection	9/2018 to 3/2019 4/2019 to 3/2020		3/2020	020 4/2020 to 3/		4/2021 t	o 12/2021
	40%	87%		60%		56%	
Proportion of EHC plan issuance within 20 weeks remains significantly above	_						
the national average		2018/19 2019/20 2020/21 2021/22 YTD					
		83%	97%	89%	67	%	
Proportion of EHC plans judged to be good or better in internal QA process has improved significantly over the past three years	The quality assurance process judges EHC plans to be on average of significantly bette quality than at the time of the inspection			antly better			
	2018/19	2019/20 2020/21 2021/22					
	No data	48%		82%		84%	
External scrutiny of the quality of EHC plans confirm that elements identified by inspectors in September 2018 as areas for development have improved (Local Government Association SEND Peer Challenge, April 2021, random sample of 20)	· · · · · · · · · · · · · · · · · · ·						
Feedback collected from parents and carers suggest that the quality of EHC							
plans, and their involvement in its content, has improved since the time of the inspection				2021/22 upto Q3			
	The EHC assessmer been positive	nt process has		63%	75% (18/24)	84% (27/32)	72% (26/36)
	Confidence in the quality of the final Less than 92% 91% 81%			81%			

	1						
	EHC plan	75% (est.)	(22/24)	(29/32)	(29/36)		
	Involved, able to participate and express views throughout the EHC Needs Assessment process	70%	83% (20/24)	94% (30/32)	83% (30/36)		
competence and confidence of multi agency professionals from across system has improved considerably since the time of the inspection, as				ence and competence			
evidenced by data collected from SENDCOs	Feedback statements		2019/202	0 20	20/2021		
	Confident in the assessment process an of final EHC plans	56% 5/9	94 ⁹	% /32			
	The EHC plan accurately reflects the ch	67% 6/9	88° 28,	% /32			
	EHC plan makes significant improveme children/young people's access to teac and progress	89% 8/9	94	% /32			
	The provisions in the plan succeed in ensuring that children/young people reach the outcomes set out in the plan		89% 8/9	84 ¹ 27,	% /32		
	Annual reviews are helpful in ensuring learning and impacts positively on pup	67% (6/9)	97 ⁹	%)/31)			

3. Significant Weakness 2: The timeliness of leaders ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice

a. Summary

Position at the time of the inspection	Position now	Next steps
Lack of leadership and governance in relation to Annual Reviews	- KPIs agreed and regularly monitored by Council - SEND Partnership Board (bi-monthly) Performance Dashboard and scrutiny over data and problem solving challenges - SENDCo network sessions in relation to performance - bespoke communication with stakeholders and local leaders of providers to challenge/ improve performance issues	 Investment in the future IT solutions to ensure we can aggregate outcomes/ user data/ user feedback Develop quality assurance tools with leaders across the system and build quality assurance of annual reviews into system delivery.
Lack of adherence to statutory duties relating to annual reviews as specified in the SEND Code of Practice	Significantly improved adherence to statutory duties relating to annual reviews as specified in the SEND Code of Practice - Timeliness (Improvements) - Responsiveness - Personalisation See case studies.	- Continue to embed recent improvements and continue targeted training so that all partners know their responsibility Further extend the reach of the Transitions Working group, a multi agency including College Leaders and School Leaders, which focuses on transition, careers implementation of careers advice and guidance and quality of annual reviews.
Planning and oversight of the annual review process was managed using data stored on a series of Excel spreadsheets. Problems included the risks associated with human error.	A new information technology system / database has been purchased and installed allowing much improved planning and oversight of the annual review process, allowing the service to understand what the key barriers may be and act on these. See data showing improvement from 2020 +	To use the data more effectively with key partners, so that annual reviews can be forecast on annual cycles building in capacity where there are complexities for individual needs. Continue to seek opportunities to use technology to enhance the annual review process, for example to collect a wider range of views of children and young people through e.g. the "Have My Say" app.

There were examples of young people with Continue to develop holistic outcomes for Preparing for Improving quality at key transition points has significant needs having an annual review meeting in been a priority. Quality assurance data Adulthood e.g. Year 9 that resulted in "no amends" decisions shows the plans are improving as a result. when a subsequent audit concluded that changes to National curriculum years 5, 9,11 and 14 Develop the multi agency quality assurance processes to provision and focus on Preparation for Adulthood include a sub group which focuses primarily on year 9 + plans. consistently amended would be more appropriate. See data: (national curriculum years 5, 9,11 Improve the mechanism to record young people's views in a and 14) consistently amended centralised system, so that we are able to better use the data to inform practice, e.g. aggregate outcomes and user feedback. See quality assurance data: Implement the new Annual Review form and guidance to better

focus on Preparing for Adulthood outcomes.

Improvement	Actions	Next steps
New information technology system installed	The new system allows us to generate information telling us: - when a review is due with additional functionality such as sorting data by vulnerable groups - when the review meeting is due or overdue, when a decision needs to be made, an amendment notice issued or a plan needs to be finalised - Which sector is providing the AR reports late, e.g. after 2 weeks - Performance management in the SEND Team The upgrade to the system means that we can better monitor when there are challenges in the system causing delays and when there is a positive impact linked to activity.	Continue to develop systems including to better track outcomes and impact in Synergy
Processes improved	Examples are: - Updated annual review forms and associated guidance (see local offer, golden binder) Clearer uptake and information about: Personal Budgets PFA and Independent Travel Training - Health and Social Care partners receive a notification when all reviews are due - Established Annual Review Panel - quality issues	Further develop and improve the Annual Review quality assurance document. Ensure there is feedback loop to all

	- Amended letters to parents and young people so they are more personalised following decisions by LA	stakeholders
Investment in the SEND team staffing, structure and culture	Deliver training to individual EHC Coordinators to improve statutory performance. Ultimately this system enables managers to performance manage on an individual and team basis to increase quality and improve timeliness, and to support and challenge the local area with regard to understanding the quality and effectiveness of services The new data dashboard allows for greater forensic scrutiny in relation to performance at Council/ AFC level and in the wider system such as schools and providers. The feedback loop leads to targeted training Implementation of a transition tool to support transition Secondary to College	Person centred training including on co-producing holistic outcomes
Training delivered to SENDCOs by AfC	Training has been delivered to schools and Colleges. Schools feedback that they feel more secure in their knowledge and understanding of the legislation. More recently further training was offered to schools as bite size sessions, as we became aware that during the pandemic schools were re-arranging their reviews to be supportive of families which impacted timeliness Engagement with the NDTI session: Transition, Careers Advice and Guidance - this has allowed a working group across the borough to explore in more detail how CEIAG is implemented and incorporated into reviews. Working group	Schools and Colleges to participate in QA of Annual Reviews Quality review and impact of CEAIG
Adoption of online annual reviews	A positive outcome of changes to practice enforced by the pandemic was the use of online meetings to complete annual reviews. This increased attendance of multi agency professionals and eliminated travel time thus increasing efficiency and creating capacity to hold a higher number of meetings. Therapy staff, EPs and others report their attendance at meetings with families has increased - allowing them to attend more child focused sessions.	Use technology more proactively to identify additional efficiencies to continue to increase the number of annual reviews completed
Regular scrutiny of the data at Partnership Board, PQI Board	Strategic Leaders and Partners across the system understand the 'data' and the complexity of the annual review process. Those leaders and partners are part of the developmental work to ensure their services contribute to the process in a compliant way e.g. professional advice not always being received consistently from partners	Embed further quality improvement and feedback loops, including training to stakeholders and feedback from parents directly

linked to the QA tool
for ARs

c. Impact of actions on improved performance

I feel like my relationship with the coordinator is a true demonstration of collaboration. We work together and I trust her advice. She has completely overhauled my sons EHCP so that his voice can be heard. It's the first time that I feel like this has been effortless.

Mum of child with EHC plan, December 2020

Example of improved performance	Evidence						
A higher number of parents and carers report a satisfactory experience of the							
annual review process	Feedback statement	2019/20	2020/21	2021/22			
	Feeling fully engaged and views were listened to and considered at the Annual Review meeting	75%	88%	88%			
	Child/young person's views were listened to and considered at the Annual Review meeting	75%	76%	88%			
	Plan reflects child/young person's needs, outcomes and the provision needed to achieve this						
	Overall experience of the annual review process was positive	25%	75%	76%			
	"Very pleased with all the input from school and professionals. They all provided reports in good time and we had a chance to give feedback and to ask any questions. The EHC plan had been updated, as relevant", Kingston parent, 2021						
Staff in the SEND Team proactively lead the annual review process and engage other stakeholders as necessary	"I need to say that our AR officer was very good: she listened to parent, to child, to school. Contacted others who could provide valuable information. She kept us up to						

	needs. I th	date and - this is important: I feel she really took time to understand my son and his needs. I think [she] put a huge effort to make best plan that can be actionable. I felt she really cared". Kingston parent 03/09/2021					
Children and young people are frequently effectively engaged in their annual review and find the process worthwhile	"I enjoyed my annual review because it made me feel good about myself and my dad was pleased with me". Child aged 6 from a school in Kingston, March 2021						
School staff, and other partners, understand their duties relating to annual reviews and are innovative in their approaches to maximising their value. They also better understand local processes such as the SEND Team only attending priority reviews	"Following one of the Annual Review training sessions last year I have begun holding annual review tea parties. These are a real sense of celebration for the child and help parents feel more relaxed and part of the process". Feedback from SENCo at Kingston primary school, December 2019						
Increase in the number of Annual Review meetings held							
	2/2018 to 1/2019				2/2021 to 1/2022 ¹		
	128 181 221 326				326		
Annual review data shows sufficient improvement							
Full report: W Annual Review Data: Impact report .docx	Year	No of plans	Annual Review du (12 months)	Decision followi review (4 weeks	·		
	2018	1042	Unreliable data	Unreliable data	Unreliable data		
	2019	1161	Unreliable data	Unreliable data	Unreliable data		
	2020	1314	77% (898/1166*)	54% (485/898)	83% (231/278)		
	2021	1412	92% (1237/1345*	() 50% (619/1237)	82% (290/353)		
	 Additional reviews account for children under 5 who have new plans tha need to be reviewed within 6 months (2021 – 31, 2020 – 5) 						

¹ Calculated as pro rata from earlier actual data, actual tbc

External scrutiny and benchmarking confirms practice in Kingston has improved
and demonstrates good practice

Kingston's Associate Director for SEND was invited to present at a DfE regional event in February 2020 to showcase the work we have been doing in Kingston. This invitation from the DfE would imply that based on their experience of working with all LAs, improvements in Kingston are strong relative to others.

4. Significant Weakness 3: The strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms

a. Summary

Position at the time of the inspection	Position now	Next steps
Lack of ownership for SEND reforms at senior level in CCG	Absolute clarity of responsibility at senior level, with strong and active relationships between seniors and peers in local authority, education, health and care, including at bi-monthly SEND Partnership Board at CCG Executive Locality Director and Director of Transformation level	Increase governance oversight further with council's Health Oversight Panel scrutiny added in April 2022 Maintain this position of strength through the transition from CCG to ICS
Insufficient profile for SEND within CCG governance structures and priorities	SEND is a key priority for the CCG (including during the pandemic), included at bimonthly Borough Committee (membership includes senior clinical leads from Primary Care and CCG Quality Team) every two months, and attracting increased investment	Maintain this position of strength through the transition from CCG to ICS, including ensuring that sufficient funding is allocated to SEND for the CCG / ICS to meet their statutory duties. Including the implementation of children and young people's governance structure and plan agreed in December 2021, which includes specific programmes of work on SEND, complex care and transitions to adult services
No Designated Clinical Officer for SEND in post	Role filled in April 2019, with current incumbent a permanent officer in place since Sept 2019. Regularly reports to CCG Borough Committee on progress against SEND Written Statement of Action	Ensure role is supported with sufficient resource to embed the improvements already made and meet the growth in needs
Lack of appropriate commissioning strategies for health services	Joint Commissioning Strategy in place	Ensure SEND commissioning practice reflects the health priorities specified in the Health and Care Plan, so that SEND children and young people have their needs met in a timely way and waiting times are reduced from current levels across a number of diagnostic and support services. These include more children and young people with mental health issues and therapy needs accessing support earlier, more children and young people and their families with

		complex health needs and disabilities being supported to lead independent and fulfilling lives and children looked after being supported to lead healthy lives.
Health priorities identified in Kingston's <u>SEND JSNA</u> of <u>April 2018</u> not prioritised in local improvement work	Health priorities fully embedded in Kingston's <u>SEND</u> <u>Futures Plan</u> , the strategic programme to improve outcomes for children and young people with SEND	Implementation of the Children and Young People Dynamic Support Register, a revised neurodevelopmental pathway and recommissioned therapy services.

Improvement	Actions	Next steps
Public confirmation of CCG's commitment to SEND	Statement of intent issued: "The CCG is committed to ensuring the commissioning and delivery of high quality health services for parents/carers and children and young people with special education needs and disability that results in improved outcomes and life chances through exceeding where necessary our statutory duties and responsibilities outlined in the Children & Families Act 2014."	Embed same commitment within ICS arrangements
Section 75 agreement between CCG and LA improved	Agreed priorities include collaborative leadership and a person-centred and co-productive approach	Update for establishment of ICS
Increased SEND training for health staff	- Establishment of SEND Health Clinical Reference group which ensures all health services (including health visiting and school nursing) are familiar with developments within the Written Statement of Action and the SEND Futures plan. - Expansion of SEND continuous professional development opportunities for health practitioners across multiple organisations e.g. Your Healthcare and AfC, including occupational therapy, physiotherapy, speech and language therapy, community paediatrics, Emotional Health Service and CAMHS. Largely delivered via CCG's Designated Clinical Officer and AfC online. Topics include understanding of provider responsibilities under the Children and Families Act and improving the quality of health advice - Training on Annual Health Checks for young people with Learning Disabilities to GPs, surgery non clinical staff and trainee GPs	Continue to train staff in outcome based commissioning framework. Further awareness raising of SEND within Primary Care to improve signposting and reasonable adjustments
Increased staffing	In addition to a Designated Clinical Officer being in place from April 2019 (0.5 FTE), the Designated Medical Officer time	Review and redesign

allocated to SEND	allocation has been doubled from 0.1 session per week to 0.2, a new joint commissioning post (jointly funded and line managed by the CCG and AfC) has been created and occupied since March 2021, speech and language therapy staffing has increased, and new roles to support families pre and post diagnosis created	of Paediatric Service	
Increased financial investment for SEND health services	In March 2020 the CCG agreed to increase their annual investment in therapy provision by £250k in 2020/21, £450,00 in 2021/22 and £580,000 in 2022/23. In addition to this, funding for emotional wellbeing and mental health services has increased and £95k added for Positive Behavioural Support for children and young people with Learning Disabilities	Use JSNA and insights from annual review process to inform commissioning decisions and budget decisions	
Improved quality assurance processes	Establishment of health advice quality assurance framework	Continued multi agency quality assurance around advice and final EHCPs	
Co production with / voices of children and young people included in improvement work in systematic way	Establishment of monthly Health Participation Group where the Designated Clinical Officer meets children and young people with SEND with agenda driven by children and young people themselves and / or by specific pieces of improvement work Joint work with the Children and Young People's Board at Kingston Hospital	Continue to expand the number of service users and their families involved in this work, ensuring accessibility	
Co production with / voices of parents and carers included in improvement work in systematic way	Designated Clinical Officer meets monthly with representatives of the Parent Carer Forum and Parent Consortium and bi monthly with the Chair of the Parent Carer Forum, the Director of Children's Services and AfC's Programme Director to agree strategic priorities and monitor progress.	and fair representation acros the SEND community	
COVID specific work	The Designated Clinical Officer has lead work on: - frequent Parent Carer Forum meetings to understand the experience and needs of children and young people with SEND, and their families, during the pandemic - working with health providers to ensure updated advice about status of local services was made available to families.	Capture learning and improvements delivered during the pandemic, such as the use of technology	

	 conducting audits of service delivery of statutory provision establishing a shared register of children and young people who were clinically extremely vulnerable in order to consider school attendance and provision of services promoting the use of personal health budgets and agreeing more flexibility in its use (also adopted by families who have a direct payment from the local authority). 	to deliver online reviews, to deliver additional improvements
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c. Impact of actions on improved performance

"The DCO has investigated, interrogated and presented the data to provide accuracy and dashboards to see trends performance easily, and therefore for us to respond to

The quality and consistency of report content is improved—the DCO has been available, tenacious, supportive and informative when guiding us on what is necessary to complete a quality report. QA system is also built in.

Understanding and supporting holistic outcomes – DCO role has been instrumental in working with CDC to arrive at "us" defining the outcomes and people in the system having an understanding of these and how to contribute to making these happen."

(Lead for Children's Services, Speech and Language Therapy, Your Healthcare)

Example of improved performance	Evidence
Increase in CCG funding has allowed speech and language therapy staffing to increase from 17.5 FTE in 2018 to 25.5 FTE in December 2021	At the time of inspection in September 2018 Kingston maintained 1123 EHC plans. By January 2022 this had grown to 1539, an increase of 37% with a corresponding increase in demand for speech and language therapy. This increased investment by the CCG has been vital in ensuring statutory duties can continue to be delivered.

Increase in CCG funding has allowed two new pre and post diagnosis support	Kingston families supported by these new posts in December 2021										
officer posts to be created from January 2021		Pre diagnosis suppor		ort	67						
		Post o	iagnosis supp	ort	106						
Inclusion of views of children and young people	Agreement to develop a service promise for therapy providers about their interact with children and young people, and the wording for proposed strategic outcomes part of outcomes based commissioning for therapies										
Inclusion of views of parents and carers	Named parent carer representatives are involved in the ongoing improvement and development work relating for example, to therapy provision and the outcomes framework.										
New quality assurance process reviewed the quality of health provider advice as part of EHC assessment process	A nev		emplate was c	leveloped	in consultation v	with parents and y	oung				
The number of personal health budgets in Kingston has increased											
			2018	2022	1						
			3	17							
The growth are of Argueral Health Charles for your property with Learning											
The number of Annual Health Checks for young people with Learning Disabilities aged 14 to 25 has increased			March 2020 March 2021		March 2020 March		March 2020 March 2021		21	August 2021	
			54%		80%						
Health advice recorded as part of the EHC issuance process is significantly higher than at the time of the inspection (number of pieces of advice)											

		2018/19	2019/20	2020/21 406	1	1/22 YTD / FTE / 509
Health advice received as part of the EHC process within 6 weeks is significantly higher than at the time of the inspection	9/2018 to 3/2019 40%	4/2019 to 87%	3/2020	4/2020 to 3/2	021	4/2021 to 12/2021 56%
Timeliness of advice from paediatricians as part of the EHC process is considerably higher now than it was at the time of the inspection (% received within 6 weeks)	2018/9	2019/20		2020/21		2021/22 62%

5. Significant Weakness 4: To ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum

a. Summary

Position at the time of the inspection	Position now	Next steps
September 2018's inspection report described how most parents who contributed to the inspection were unhappy with the local area. "Communication to and from the local area" was given as an example of concern.	A range of processes to improve two way communication are now embedded and communication is frequent and honest	Increase the number of families accessing information, engaging with SEND services and providing feedback, and ensure that those doing so are representative of the underlying cohort.
The relationship with the PCF in the months prior to inspection was described as "difficult and challenging for both the PCF and leaders". Just after the inspection, the PCF gave notice that it would be closing.	A new PCF has been established, with steering group members meeting with the wider Parent Consortium and local area leaders monthly. The chair of the PCF co-leads the "Participation, Engagement and Co-production" workstream of Kingstons SEND Futures Plan and meets with the Director of Children's Services and the CCG's Designated Clinical Officer bi-monthly	Support the PCF to expand its steering group, grow its membership and mature into a sustainable organisation.
The report went on to say that "Overall, leaders have not ensured that they have established a productive and positive relationship with parents and/or their representatives"	Senior officers from the local area meet with parents and their representatives on a regular basis. A new post of SEND Parent Carer Engagement Officer has been created within AfC and filled on a permanent basis. Relationships with parents and carers are now generally productive and positive, with feedback on services welcomed and in the main presented in a constructive and positive way.	Continue to build trust with parents and carers across the system using the principles agreed with the PCF in the document "A commitment to co-producing SEND services with parents and carers in Kingston" co-signed by the PCF, the Council and the CCG.

Improvement	Actions	Next steps
Parent voice established at strategic level	The PCF has two seats on the bi-monthly multiagency <u>SEND Partnership Board</u> (chaired by the Council CEO), and actively contributes to the meeting, including through a standard agenda item. The Council has provided additional funding to the PCF to supplement their annual DfE grant and promote expansion and sustainability.	Ensure parent voice is prioritised in the design and delivery of the new Integrated Care System
Co-production priorities agreed	Specific members of the PCF volunteered to work with local area leaders on service improvements such as therapy provision, short breaks recommissioning and a new outcomes framework.	Ensure co-production is prioritised in local improvements and recommissioning
Communication channels expanded and progress made with accessing underrepresented groups	The launch of a new SEND Register for Kingston, designed in collaboration with the PCF, has already significantly increased the opportunities for more Kingston families to understand, share feedback on, and be involved in improvements to local SEND services. The recent relaunch included a flyer advertising the PCF being sent to about 4000 Kingston families either with a child with an EHC plan or with a child registered for SEN Support at a Kingston School. Communications to families, for example this letter sent to about 4000 families in Kingston with children and young with SEND, are routinely jointly signed by the PCF, the Council, the CCG and AfC. An advert for the PCF was included in a Council newsletter circulated to 65,000 households in Kingston in summer 2020. Standard practice now embedded within the EHC process includes a parent / carer survey being conducted after the issuance of every new EHC plan and after every annual review. If the online survey is not completed the family is contacted using the GOV.UK Notify system to contact parents by email and/or text message. A range of opportunities for parents and carers to meet face to face with officers are also arranged (subject to covid) for example coffee mornings to "meet the SEND Team", phase transfer events, and Early Years Chat and Play sessions where parents with concerns about their child (0 - 5yrs) can have an informal chat with a specialist (such as an Educational Psychologist, speech and language or occupational therapist, or an officer from the Portage Service) about their child. A survey of SEN Support families is now routinely available online. The % of parents and carers from minority ethnic groups contributing to feedback on the EHC plan and annual review processes was 38% (8/21) in Q3 2021/2 compared to 35% of EHC plans being from these groups.	Include opportunities to improve information further in the recommissioning of the SENDIASS contract, with contract spec to be co produced with families
Financial investment	Agreement for additional council funding for a permanent 0.5 FTE Parent Carer Engagement Officer for Kingston	Support the post

in parent carer engagement		holder to further diversify and expand engagement activity
Multi agency working to expand engagement	The PCF has worked collaboratively with the Council's Public Health team and AfC to specifically target minority ethnic groups. Reciprocal cross posting of information now happens between the growing PCF Facebook page and the Afcinfo/SEND LocalOffer Facebook page to increase awareness of services and PCF events and activities for example recent PCF evening workshops. The PCF are included in regular communication emails and newsletters to voluntary sector organisations about local services, including community groups targeted by the Council's Public Health team.	Leverage existing (e.g voluntary sector network) and develop new engagement infrastructure
Sharing of the impact of joint working with parents and carers to build momentum	"You said, we did" examples regularly published on Local Offer e.g.: - <a fee_dback-and-comments-you-said-we-did="" href="https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/participation-and-involvement-activities/fee_dback-and-comments-you-said-we-did/kingston-you-said-we-did/ - https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/participation-and-involvement-activities/fee_dback-and-comments-you-said-we-did/you-said-we-did-2021	Use well advertised case studies to build momentum further

c. Impact of actions on improved performance

"So much information incredibly helpful Thank you! Just the last section alone going through each section is so incredibly informative! THANK YOU SO MUCH! This session is so incredibly insightful"

"Thank you very much for such an informative session. It has been very much eyes opener for us"

Parents and carers attending Local Offer briefing arranged by voluntary group, January 2021

I	Example of improved performance	Evidence
	More parents and carers are accessing nformation about local services	Approaching 800 families have now signed up to the new SEND Register. Not only do they receive regular direct communications, but the Local Offer is now receiving many more visits. In the month prior to the register being

	launched, there were 4,181 page views on the Local Offer ² and 1473 user sessions. In the month of the communications campaign these increased to 10,793 and 2,234 respectively.
The Kingston Parent Carer Forum is an established and valued organisation	The PCF was established in late 2019. Families continue to "sign up" to the PCF, with followers on their Facebook page growing from 166 in November 2020 to 310 in April 2021 and 550 in Mar 2022.
Parent carer voice influences Local Offer content	At the suggestion of the PCF a "New to SEND" section was created and "Recite Me" (translation) functionality added, with confirmation from the PCF steering group that this has improved the accessibility of information for some families
Parent carer voice influences local services	Members of the PCF influenced the launch and structure of Kingston's new SEND Register, for example the design of the registration form including tone of language and terminology used for example changing the terminology used from Autistic Spectrum Disorder to Autistic Spectrum Condition to reflect the feelings and wishes of parents and carers. Parents from the PCF (and wider Parent Consortium) and their children were consulted about the design of a new improved Disability Awareness Card and approved the final design
	A subgroup of Consortium parents and carers formed to focus on improving access to short breaks for children and young people with severe and complex learning difficulties. An impact of this has been much improved feedback from parents and carers about the support provided, including the quality of the care. Some of the impact of the work of this short breaks sub group was to improve the short breaks and specialist foster care offer and adapt and improve the flexibility of the direct payments scheme. "The Family Link worker provided an extra day per week which made a world of difference" "After our child's surgery, which meant we could not access our normal short breaks provision, we received extra direct payments that we were able to spend on a carer". "My child was very well looked after. Thank you" Parents and carers of children and young people with severe learning difficulties and complex health needs, summer 2020
	At the January 2020 Consortium meeting the Associate Director for SEND, AfC led a session on the quality assurance process of EHC plan annual reviews and the annual review process (notes of meeting here). The impact is that feedback received was included in the new redesigned annual review form that was launched in April 2020. The Consortium meetings continue on a monthly basis .
	At the May 2020 SEND Partnership Board meeting it was highlighted that many families are unable to use their Activity Fund money as many related activities such as swimming and horse riding were at that time not possible

² Note the Local Offer is shared by Kingston and Richmond

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	due to the pandemic. In the context of Kingston's SEND system aiming to be as flexible as it could be during COVID times and to respond to the needs that SEND families have and the particular pressures they are under, the terms of the Activity Fund were changed to be more flexible. Families were able to spend the money on a broader range of activities, including on the purchase of equipment for use at home. Many families reported back that they had then been able to buy equipment that had a significantly positive impact on their family situation during these particularly challenging times. The number of families benefiting from the Activity Fund increased from 243 in 2019/20 to 262 in 2020/21. In addition to this 149 families accessed a new Summer Activity Fund (up to £200 per child funded by diverting funding normally used for other purposes but not spent due to COVID restrictions). This shows that an increasing number of families are aware of and accessing these services. "Thank you! We've been shielding and thought we would simply have to lose these (opportunities). (Child) will be very happy." "I am so grateful for (child) being accepted for the activity fund, during these difficult times, I'm hopeful this will bring him some happiness and a focus to learn a new skill" "I didn't know that such a little device can make such a huge difference. (Child) is now enjoying and learning in a fun way and without him knowing and without a fuss. He learnt all phase 2 phonics sounds and counting to 20! Thank you so much. You have taken a lot of time to explain it all and have made a massive difference. Am so, so grateful, thank you!" "I am so grateful that the funding has been approved for these items for (child). It has been such a hard time for him and I am sure it will benefit his well-being and health going forward." Parents and carers of children and young people accessing adapted Activity Fund, summer 2020
The PCF has access to senior officers in the local area who listen to and act on their feedback.	During the first pandemic lockdown in 2020, the PCF conveyed concerns to statutory bodies that not all parents and carers were aware of the "risk assessment" process being conducted by schools to manage school attendance for children and young with EHC plans. The impact of this was that every family with an EHC plan was personally written to by the DCS and the CCG Executive Locality Director explaining the process and signposting them to more information, so that every family was able to compare the practice in their child's school with the official process

6. Conclusion

The local area believes that significant and sufficient progress has been made since the inspection in all four areas and that this improvement has been endorsed by the Local Government Association SEND Peer Challenge in April 2021 and by the range of scrutiny and quality assurance mechanisms we now have in place. The much improved engagement with parents and carers also helps us to know that services are better. We continue to maintain a learning culture, recognise that more needs to be done and regularly reflect on performance, informed by a range of well embedded data collection and feedback mechanisms. Our priorities, such as the development of holistic outcomes, are informed by our parents and carers and we work with them and their representatives on the local area's continuing improvement journey.

In some areas the strongest improvements were seen pre-pandemic, and despite the resultant additional challenges such as the extra demands on health professionals, the local area has managed to sustain a performance that is significantly better than at the time of the original inspection in September 2018. We maintain and monitor a local area SEND performance risk register and act proactively as a system to mitigate key issues such as the increasing needs amongst children and young people (including mental health), access to therapy provision, the prioritisation of SEND across all our schools, and the uncertainty inherent in the establishment of the local Integrated Care System.

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