KENT LOCAL AREA PARTNERSHIP

# SEND STRATEGIC IMPROVEMENT PLAN

## 2026-2029

Kent County Council, NHS Kent and Medway Integrated Care Board, Education, Health and Care Partners.

Prepared in response to the July 2026 Area SEND inspection

Action plan aligned to the six Areas for Improvement identified through the July 2026 Area SEND inspection

## 1. Introduction:

The Kent Local Area Partnership is committed to improving the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND).

The July 2026 Area SEND inspection found that the partnership has made significant progress and identified a number of strengths. It also found that children and young people continue to have inconsistent experiences and outcomes and that further improvement is required.

The inspection found that some children and young people receive timely, well-coordinated support that helps them to participate and make progress. For others, there are delays, uncertainty about support and differences in access depending on where they live and the services available to them.

The central challenge for the partnership is therefore to make the improvements already achieved more consistent and equitable across Kent.

This Strategic Improvement Plan sets out how the partnership will respond to the six Areas for Improvement identified through the inspection.

It builds on Kent's existing SEND Strategy and proven improvement arrangements. It focuses on the changes required following inspection and the difference these changes should make for children, young people and families.

## 2. Our ambition:

Our ambition is that children and young people with SEND in Kent receive the right support at the right time and are able to participate, achieve and prepare well for adulthood.

We want children and young people to:

- Have their needs identified and understood early;
- Receive effective support without unnecessary delay;
- Participate fully in education and community life;
- Experience coordinated education, health and care support;
- Understand decisions about their support;
- Be listened to and involved;
- Be supported to prepare well for adulthood; and
- Have equitable access to support and opportunities across Kent.
- For parents and carers, this means a system that is clearer, better coordinated and more reliable.

## 3. Building on progress:

The inspection identified important strengths within the Kent SEND system that ensure the necessary environment for further improvements.

These include:

- Stronger shared leadership across education, health and social care;
- A collaborative partnership culture;
- Generally effective newer EHC plans;
- Developing needs-led approaches that reduce reliance on diagnosis as the only route to support;

- Improving use of data and intelligence;
- Increased opportunities for children, young people and families to contribute;
- Effective examples of multi-agency working;
- Increasingly strategic commissioning;
- Effective oversight of residential and out-of-area placements;
- Strengthened quality assurance of alternative provision;
- Effective use of the Dynamic Support Register; and
- Developing workforce capability.

Our approach is to build on these strengths while addressing the areas where practice and outcomes remain inconsistent.

The inspection identifies a clear theme across the six Areas for Improvement: effective practice exists, but it is not yet experienced consistently by children and young people across Kent.

## 4. Our six Areas for Improvement:

The partnership will focus on the six Areas for Improvement identified through the inspection.

For each area, we have set out what needs to change, what we intend to achieve and the main actions we will take.

Detailed milestones, measures, accountable officers and delivery risks will be maintained through the partnership's operational improvement plan and reported to the Kent SEND Partnership Board.

## Area of Improvement 1:

**Area for Improvement:** Strengthen data, monitoring, quality assurance and evaluation

**Narrative from the report:** The partnership's use of data and intelligence is improving, but leaders do not yet have a sufficiently strong understanding of the experiences and outcomes of some children and young people. Oversight needs to improve for children and young people on part-time timetables, experiencing disrupted education, attending alternative provision or otherwise not accessing SEND support or full-time education. Stronger information is also needed for commissioning, sufficiency planning, waiting-list management, placement planning and resource allocation.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Improving the Lived Experience of children and families**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP1.1** | Establish a single SEND partnership intelligence framework, bringing together agreed education, health and care information, definitions, ownership and reporting arrangements. | KCC MIU Team/ Quality Assurance Team | January 2027 | Better visibility of need, access, participation, waiting, quality and outcomes across the partnership. | Monitor the agreed intelligence framework and dashboard; review completeness, reliability and use of information through partnership governance. |
| **LAP1.2** | Strengthen oversight of children experiencing disrupted education, including part-time timetables, alternative provision, persistent or severe absence and children not accessing a full-time education offer. | KCC | September 2027 | Earlier identification and escalation of risk, with better visibility of children experiencing disrupted education. | Use performance information, case audit and thematic review to test whether children at risk are identified, escalated and supported earlier. |
| **LAP1.3** | Improve intelligence about waiting, including demand, capacity, longest waits, risk, support available while waiting and differences between localities. | NHS Community/ Mental Health Provider | January 2028 | A stronger understanding of waiting and demand, enabling more timely risk management and service response. | Track demand, capacity, longest waits, risk, interim support and locality variation; triangulate findings with lived experience. |
| **LAP1.4** | Strengthen the information used for commissioning and sufficiency planning, including demand, provision, placement flow, workforce, quality and outcomes. | Commissioning Teams | September 2028 | Commissioning and sufficiency decisions are more clearly informed by evidence. | Evidence how demand, provision, placement flow, workforce, quality and outcomes are used in commissioning and sufficiency decisions. |
| **LAP1.5** | Present regularly the partnership quality-assurance cycle, bringing together performance information, case audit, thematic review and lived experience. | KCC/ICB/Quality Assurance Team | April 2027 | Quality-assurance findings lead to demonstrable changes in practice and improved understanding of geographical variation. | Report six monthly on themes, recommendations, actions and evidence of change through the coordinated quality-assurance cycle. |

## Area of Improvement 2:

**Area for Improvement:** Improve the quality, timeliness and oversight of EHC plans and the annual review process

**Narrative from the report:** The quality and timeliness of newer EHC plans were identified as a strength. The challenge is to sustain this improvement and ensure plans continue to reflect children's changing needs and circumstances. Annual reviews, decisions and amendments are not always timely, some older plans do not sufficiently reflect current need, and the quality and timeliness of professional advice need to be more consistent.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Achieving the Best Outcomes through inclusion and participation**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP2.1** | Maintain the quality of newer EHC plans through continued quality assurance and moderation. | KCC Quality Assurance Team | April 2027 | The quality of newer EHC plans is sustained. | Use regular quality assurance and moderation to monitor plan quality and identify required improvements. Including parental feedback. |
| **LAP2.2** | Strengthening oversight of the annual review process, including reviews due, outstanding decisions, amendments and professional advice. | KCC SEN | December 2027 | Improved annual review timeliness and fewer long-standing outstanding decisions and amendments. | Monitor reviews due, outstanding decisions, amendments and advice, with escalation where progress is insufficient. |
| **LAP2.3** | Prioritize older plans where there has been significant change in need, provision, placement or transition. | KCC SEN Quality Assurance Team | January 2028 | Older plans more accurately reflect current need and circumstances. | Prioritizing and reviewing older plans and evidence to ensure compliance, with timely updates following significant change. |
| **LAP2.4** | Strengthening quality of education, health and social-care advice so that it is timely, specific and clear about required provision. | Education, NHS health providers & social care | January 2028 | Professional advice is more timely, specific and clear. | Review quality of communication, timeliness and quality of multi-agency advice through audit and moderation. |
| **LAP2.5** | Use regular multi-agency moderation, thematic audits, and review of neurodevelopmental assessment pathways and outcomes to identify areas requiring further improvement, promote consistency of practice, and ensure children and young people receive timely and appropriate support | KCC Quality Assurance Tea | January 2029 | Children and families report that plans are relevant and useful. | Triangulate moderation and audit findings with feedback from children, young people and families and track resulting practice changes. |

## Area of Improvement 3:

**Area for Improvement:** Strengthen communication, co-production, transparency and information-sharing

**Narrative from the report:** The inspection identified positive examples of engagement but mixed experiences for children, young people and families. Some families are unclear about how decisions are made, why support is agreed or declined, what support is available or what happens next. Schools and settings can also be unclear about changes, processes, commissioning and funding. Information is not always shared effectively between services, creating duplication, delay and repeated storytelling.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Working Together with CYP with SEND and their families**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP 3.1** | Strengthen consistent use of Kent's existing co-production arrangements, with clear expectations for how children, young people and families influence strategy, commissioning and service development. | KCC / ICB | January 2029 | Clearer evidence that co-production has influenced strategy, commissioning and service development. | Record involvement, influence and resulting changes, and test experience with children, young people and families. |
| **LAP 3.2** | Introduce a regular "You said - We did - Difference made" approach so that children and families can see how their feedback has influenced improvement. As well as clearly articulate why not all feedback can be actioned and provide alternative approaches wherever possible. | Comms and engagement teams | April 2027 | Children and families can see how their feedback has influenced improvement. | Publish and review regular updates showing feedback received, action taken and the difference made. |
| **LAP 3.3** | Review priority SEND communications so that decisions, reasons, next steps, timescales and routes for further advice are clear. | Comms and engagement teams | September 2027 | Improved family understanding of decisions and next steps. | Audit priority communications and seek feedback on clarity, timeliness and usefulness through KCC Parent Survey. |
| **LAP 3.4** | Work with schools and settings to develop communication pathways about services, funding, commissioning and significant changes with clear engagement expectations across all partners. | Comms and engagement teams | September 2028 | Greater provider confidence in partnership communication. | Use provider feedback and communication reviews to test whether information is clear, timely and consistent. |
| **LAP 3.5** | Improve information-sharing in priority pathways where duplication or repeated storytelling is contributing to delay or poor experience. | KCC/NHS health providers | January 2028 | Fewer families report repeated storytelling and better coordinated communication across services. | Use pathway review, case audit and lived experience to identify and reduce duplication, delay and repeated storytelling. |

## Area of Improvement 4:

**Area for Improvement:** Improve consistency of support and address gaps in provision and sufficiency

**Narrative from the report:** Developing needs-led approaches and effective early support were recognised, but these are not yet consistent across Kent. Some children and young people experience long waits in specialist pathways, inconsistent support while waiting, delays in provision or placement decisions and differences in access to specialist support. Gaps remain in early intervention, specialist provision and alternative provision.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Access to the Right Support at the Right Time in the Right Place**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP 4.1** | Establish clearer expectations for support while waiting in priority pathways, including advice, interim support, risk review and escalation where needs increase. | NHS Health providers | December 2027 | More children receive useful support while waiting and fewer reach crisis before effective intervention. | Monitor access to interim support, risk review and escalation; test impact through case audit and lived experience. |
| **LAP 4.2** | Evaluate and build on effective needs-led approaches, including learning from developing neurodiversity support. | ICB | January 2028 | Effective early support is more consistently available without unnecessary reliance on diagnosis. | Evaluate reach, experience and outcomes and use findings to inform wider implementation. |
| **LAP 4.3** | Establish clear recovery arrangements for pathways experiencing sustained pressure, informed by demand, capacity, workforce and risk. | To be confirmed through the operational improvement plan. | To be confirmed through the operational improvement plan. | Reduced longest waits in priority pathways and more timely response to sustained pressure. | Track recovery plans against demand, capacity, workforce, risk and longest waits, with escalation where progress is insufficient. |
| **LAP 4.4** | Refresh partnership sufficiency planning across mainstream support, specialist provision, alternative provision, health, social care and post-16. | KCC | | More timely placement decisions and fewer significant gaps in provision. | Use refreshed sufficiency information to identify gaps, agree action and monitor changes in access and placement flow. |
| **LAP 4.5** | Reduce unwarranted variation in frontline practice through workforce development, specialist advice, shared expectations and quality assurance. | Education settings, NHS health providers, social care | January 2029 | Improved access to specialist support and reduced variation between localities. | Review locality performance, practice and experience and assess the impact of workforce development and specialist advice. |
| **LAP 4.6** | Apply learning from effective anticipatory approaches, including the Dynamic Support Register, to other children at risk of escalation where appropriate. Through the Develop a workforce strategy to create equitable access to specialist expertise | KCC PMO/ICB | | Earlier intervention for children at risk of escalation. | Use case review and outcome evidence to test whether anticipatory approaches identify risk and enable earlier support. |

## Area of Improvement 5:

**Area for Improvement:** Strengthen preparation for adulthood and post-16 pathways

**Narrative from the report:** Positive examples of supported internships, employment opportunities, community participation and effective transition support were identified. However, these opportunities are not experienced consistently. Preparation for adulthood is particularly inconsistent for young people with SEND who do not have an EHC plan.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Preparing for a Successful Future at the Earliest Opportunity**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP 5.1** | Strengthen consistent use of Kent's existing preparation-for-adulthood arrangements. | KCC/NHS Health providers | September 2028 | Preparation-for-adulthood support is more consistently applied. | Review implementation and experience across localities and settings and address identified variation. |
| **LAP 5.2** | Improve preparation-for-adulthood planning from Year 9, including education, employment, health, independence, relationships and community participation. | Education settings/ KCC SEN/Pathways For All | January 2029 | Earlier and better-quality preparation-for-adulthood planning. | Audit plans from Year 9 and gather feedback from young people and families on relevance and impact. |
| **LAP 5.3** | Strengthen coordination across the 14-25 pathway, including schools, colleges, children's services, adult services, health and employment partners. | Education settings/ social care/ NHS health providers | December 2027 | Better coordinated transitions and fewer avoidable gaps in support. | Use multi-agency pathway review and case audit to test coordination and continuity across transition. |
| **LAP 5.4** | Improve oversight of young people at risk of poor transition, including becoming NEET, losing essential support or experiencing delays in adult-service planning. | KCC/ Pathways For All | January 2028 | Earlier identification and action for young people at risk of poor transition. | Monitor risk indicators, escalation and outcomes for young people at risk of NEET, support gaps or delayed adult-service planning. |
| **LAP 5.5** | Increase access to appropriate education, employment, training and supported-employment opportunities. | KCC | April 2028 | Improved participation and destinations, with increased access to employment and training opportunities. | Monitor access, participation and destinations, including locality variation and lived experience. |
| **LAP 5.6** | Improve partnership understanding of the experiences and outcomes of young people with SEND who do not have an EHC plan. | KCC/ education settings | September 2028 | Stronger evidence about outcomes for young people without EHC plans. | Develop and review evidence on access, experience and outcomes for young people with SEND who do not have an EHC plan. |

## Area of Improvement 6:

**Area for Improvement:** Ensure a more equitable offer across Kent

**Narrative from the report:** Geographical variation is a significant theme. Children and young people with similar needs can experience different levels of access to services, specialist support, workforce and opportunities depending on where they live. Kent is a large and diverse county, but geographical differences should not result in unjustified differences in access, experience or outcomes.

**Governance Group:** Kent SEND Partnership Board

**Linked Strategy Ambition: Access to the Right Support at the Right Time in the Right Place; Improving the Lived Experience of children and families**

**Lead Partner/s:** Joint leadership by Kent County Council and NHS Kent and Medway Integrated Care Board, working with education settings, health providers, social care, parent carer representatives, children and young people and other partners.

| Action Ref | Strategic Improvement Priority | Accountable Partner | To be fully completed by | What is the expected impact | How will the Partnership know outcomes have improved for children and young people? |
|---|---|---|---|---|---|
| **LAP 6.1** | Establish clear partnership expectations for equity and consistency across priority SEND services and pathways. | KCC/ICB/education | April 2027 | A shared standard for equitable and consistent access across priority services and pathways. | Agree expectations and use performance, quality assurance and lived experience to assess delivery. |
| **LAP 6.2** | Introduce regular locality-level review of need, access, waiting, provision, workforce, education participation, experience and outcomes. | All partners | April 2028 | Improved understanding of geographical variation and earlier action where inequity is identified. | Review locality information regularly and record agreed actions, ownership and evidence of impact. |
| **LAP 6.3** | Investigate significant or persistent geographical variation and agree corrective action where differences cannot be justified. | KCC/ICB | September 2027 | Reduced unjustified variation in priority pathways. | Track investigations, causes, corrective actions and subsequent changes in access, experience and outcomes. |
| **LAP 6.4** | Use commissioning, workforce planning, specialist outreach and provision development to address identified gaps. | KCC/ICB | September 2028 | More consistent access to specialist support and opportunities. | Evidence how identified gaps inform commissioning, workforce planning, outreach and provision development, and monitor resulting change. |
| **LAP 6.5** | Ensure commissioning and service redesign consider geographical access, including rural and coastal communities, transport, workforce availability and accessibility, through publishing sector wide data after review, from the Inclusion Dashboard for external accountability and transparency | KCC/ICB | December 2028 | Commissioning and redesigning decisions to better address geographical access. | Include geographical access considerations in decision records and evaluate effects on rural and coastal communities. |
| **LAP 6.6** | Include the experiences of children, young people, families, schools and providers in locality reviews. | Education settings/NHS health providers | January 2029 | Improved family and provider experience across Kent. | Triangulate locality data with structured feedback and show how lived experience changes priorities and action. |