



**MYTH BUSTERS:
THE CHANGING
FACE OF SEND**

National SEND Picture

Nationally, the number of school age pupils (5-16 years) with SEND (pupils with an Education, Health and Care Plan (EHC Plan) or pupils with Special Educational Needs (SEN) support but no EHC Plan) was 1.6 million pupils in the 2023/24 school census period, **an increase of 101,000 from the 2022/23 period.**

This represents 18.4% of all school age pupils in England. Although the proportion of pupils with SEND had been decreasing prior to 2010, **it has increased each year for the last seven years.**

Kent SEND Picture

Kent has experienced a high number of initial requests for an EHC Plan over a number of years, rising from 3,251 in the 2018 SEN2 return to 3,988 in the 2024 return. This percentage rise in numbers exceeds the national picture. **The number of EHC Plans maintained by Kent has risen from 8,957 in the 2018 SEN2 return to 19,407 in the 2024 return.** It currently stands at 20,141 in July 2024. This is predicted to rise to 20,380 in 2026.

While this increase in demand for SEND services is reflected nationally, Kent is an outlier compared to national averages in some areas:

The proportion of school age pupils with an EHCP in Kent was 5.1% in the 2023/24 school census period, compared to 4.8% nationally, continuing a trend of increases since the 2017/18 school census period when it was 3.1%.

Pupils with an EHCP made up 30.2% of all school age pupils with SEND in Kent in the 2023/24 period, compared to 26.0% nationally for the same period.

The percentage of primary aged children requiring SEN Support in Kent has risen from 11.0% in the 2017/18 school census period to 13.7% in the 2023/24 period, compared to 13.5% in the 2017/18 school census period to 15.0 % in the 2023/24 period nationally.

Kent's Approach

Kent cannot continue with the funding models in place currently and need to develop a more financially sustainable model. This means:

More inclusive mainstream schools (more pupils with SEND in mainstream schools) and equity across areas (less inclusive schools having to improve their provision)

Continued use of Mainstream Core standards (being updated)

Continuum of Need (looking at needs more holistically rather than individual labels)

Need for fewer EHCPs (as inclusive practice becomes more widespread in mainstream)

New funding model being introduced - Locality Model – no more High Needs Funding for individuals, unless very high levels of need. Funding will be allocated to Communities of Schools who will consider how the funding is best spent across the area.

Reviews of current supportive services – consultations about which services will support schools and pupils.



MYTH BUSTERS:
'HAVING SEND IS RARE AND THEREFORE NEEDS
SPECIALIST INPUT'

Not true:

- SEND of some form is very common – dyslexia, speech and language, ASC, ADHD, SEMH
- Not all pupils with learning needs are on the SEND register
- Staff in mainstream schools are trained professionals in SEND
- Staff and pupils are supported by a SENCo



MYTH BUSTERS:
'THE BEST RESOURCE FOR A PUPIL WITH SEND IS A 1-1 TA'

Our TAs are fantastic and are crucial in supporting pupils, but are rarely needed in a 1-1 capacity:

- Quality First Teaching is the first level of support and appropriate for the vast majority of pupils
- Over-using 1-1 TAs is not a good model for developing independence
- It does not prepare children for secondary school
- It creates problems when TAs are absent, leave or reallocated
- The new funding model will not support this model moving forward



MYTH BUSTERS: 'A DIAGNOSIS WILL CHANGE PROVISION'

Not necessarily

- A diagnosis (e.g. ADHD, ASD) can help us to access alternative provision or medication
- A diagnosis can help a child as they get older to make sense of their world or have additional consideration for tests
- A diagnosis can help parents to access certain courses
- But usually, a diagnosis tells us what we already know
- This means provision may not change because it is already in place



MYTH BUSTERS:
'A DYSLEXIA DIAGNOSIS WILL GET MY CHILD MORE SUPPORT'

Not necessarily

- Dyslexia can only be diagnosed through private assessment
- Schools can understand and support specific literacy difficulties without a diagnosis and cater for dyslexia through everyday practices:
- Support includes: adaptive teaching for English, phonics support as long as a child needs it
- Dyslexia friendly approaches in the classroom including different coloured paper, coloured overlays, visual support, dual coding, chunking information, an oracy focus before moving onto planning and writing



MYTH BUSTERS:
'IF MY CHILD GETS AN EHCP THEN (S)HE WILL GET A
PLACE IN SPECIAL SCHOOL'

Not true

- Most SEND can be met in mainstream schools without an EHCP
- An EHCP will not bring in more funding
- An EHCP will often not change the provision in place
- Specialist places are limited and only for the most complex needs for those with an EHCP
- The road to specialist provision is VERY long



MYTH BUSTERS:

Any questions (general)?