

EHCP dip-sampling report – January to June 2020

Context

One of the objectives from the SEND Strategy (Revised January 2020) is : *to ensure that the development of EHC plans enables children, young people, and families to be fully involved in co-producing their plan and get the right support at the right time.* This objective is overseen as part of the Integrated Assessment workstream action plan. The SEND T&C Team have supported in this by dip-sampling finalised EHCPs each month.

Why is this important to us?

It is important to us that all children, young people and their families are able to input into the development of their EHCP and Annual Reviews so that each child or young person can achieve their full potential. It is also part of our statutory duty as laid out in the SEND Code of Practice.

Methodology

Each month, one finalised plan was chosen at random from each of the six teams within the SEND Assessment Team. This is a total of 36 plans at 6 plans per month. Each section of the plan was marked as 'Yes', 'No', 'N/A', 'Insufficient' or 'Blank' against the Quality Assurance framework presented by CL to the Integrated Assessment workstream in January 2020. A copy of this in Appendix 1. This then generated an overall compliance percentage for each plan.

It is important to note that whilst the T&C Team have prior professional experience within the field of SEN and/or education, that we are not EHCP writers. The aim of this activity is to provide an independent view of the quality of EHCPs produced by the SEND Assessment Team. There was also a standardisation activity that took place prior to the commencement of dip-sampling to ensure that all plans were marked in a consistent manner.

Findings

The **overall compliance** for each month is as follows:

January 2020	71%
February 2020	81%
March 2020	78%
April 2020	87%
May 2020	70%
June 2020	81%

Using only the percentages as a rudimentary figure, it is pleasing to see a consistent average of above 70%. This overall average does fluctuate significantly from month to month which indicates a need for further training on areas that are weaker within the plan.

Sections E and F are the **most improved** since January. Section E (outcomes) are now regularly clearly defined in a staged approach with SMART outcomes, and clear references to transition years where appropriate. The PfA Regional Facilitator recommended that it would be beneficial and good practice to standardise the length of medium and long term targets depending on the age of the CYP. Section F (education provision) details specific and quantified provision with clear references to the needs identified in Section B of the plan.

Sections A and G have been identified as **key areas for development**.

Section A (The views, interests and aspirations of the CYP and parents/carers) is one of the weaker areas of the EHCP. Examples of issues found include: questions are left blank where the family are EAL and no interpreter is provided to help give their views; questions are left blank with no explanation; and blank responses when a child is in care. The most common issue in Section A is where aspirations of the child and/or their family are not detailed but instead a request for provision is given. It is important that the difference between aspirations and provisions are made clear to CYP and their families when completing Section A of the plan, so that the individual's aspirations are clearly noted.

Section G (Health Provision) is also an area for development identified from these samples. Where there is a reference to the involvement of Health Services in other parts of the plan, this is not picked up in Section G and related to the outcomes. It is unclear why this section is not completed, or not completed fully.

The **final finding** from this exercise is that there is an inconsistency in plans when a CYP is diagnosed with Autism. Some plans refer to this as Autism Spectrum Disorder (ASD) whilst others refer to this as Autism Spectrum Condition (ASC). A decision should be made on the terminology used and this needs to be consistent in all plans moving forward.

Conclusion

The recommendations from the findings can be found in the table below. The overall feeling is that the quality of EHCPs is improving, but further training of all Senior and Casework Officers and those who are involved in the plan is necessary. This will help keep CYP and their families at the centre of plan and review process whilst ensuring a consistent high quality of plans are produced by the team. Whilst this dip-sample looked at new plans finalised, the next steps should include looking at plans amended as part of the Annual Review process.

Recommendations

SEND T&C Team to continue monthly dip-sampling, with quarterly updates provided to the Integrated Assessment workstream. This will be reviewed at the next quarterly report with the aim of handing over to the new Managers once in place.	SEND T&C Team
SEND Team Manager, Assistant Team Manager and Senior Officers to undertake dip-sampling of EHCPs on a monthly basis, with follow up training and support for all involved.	SEND Team Manager
Quarterly report from Managers to be fed into the Integrated Assessment workstream and EHCP QA group	Assistant Team Manager
Renewed training and support for Officers and SENCOs on Section A, to ensure that the issues raised above do not occur. This includes ensuring that the focus is on aspirations and not provisions.	Assistant Team Manager
Quality Assurance process of Section G (Health Advice) where Health involvement exists	DCO and Assistant Team Manager
Clarify the Quality Assurance process of amendments made after an Annual Review and undertake random dip-sampling of these	Assistant Team Manager
A decision needs to be made on the terminology of ASD or ASC in plans, and this needs to be consistent across all plans	Strategic Manager

Appendix 1 – Quality Assurance Template

Section	Criteria
A: The views, interests and aspirations of the CYP and parents/carers	The CYP's views and aspirations are included
	It is clear that the CYP is speaking for themselves
	The parent/carer's views and aspirations for their CYP are included
B: Special Educational Needs	Summary of SEND is succinct
	Defines clear strengths
	Needs / barriers to learning / difficulties are easy to identify
C: Health Needs	Identifies Health needs related to SEN and their impact
D: Social Care Needs	States any social care needs which are related to the child's SEN or require provision for a CYP under 18 under section 2 of the CSDPA 1970
E: Outcomes	Long and medium term outcomes are clearly defined creating a staged approach
	Outcomes are SMART
	If appropriate, outcomes forward plan for any change in a CYP's life such as transition
F: Education Provision	Provision links with needs identified in Section B
	Provision is specific, quantified and states who will provide this
	Provision links with professional advice gathered and referenced in section K
	Gives arrangements for setting short term targets and monitoring progress by the educational setting
G: Health Provision	Provision is detailed, specific and normally quantified.
	Provision links with needs identified in Section C and Section E outcomes
	Provision links with professional advice gathered and referenced in section K
H1: Social Care Provision	Provision is detailed, specific and normally quantified.
	Provision links with needs identified in Section D and Section E outcomes
H2: Social Care Provision	Provision is detailed, specific and normally quantified.
	Provision links with needs identified in Section D and Section E outcomes
I: Placement	Names a setting
	Contains details of the type of setting
J: Personal Budget	Is clear about whether or not a personal budget has been requested
	Shows the amount allocated
	Sets out the details of how the personal budget will support particular outcomes
K: Advice and Information	Lists the required advice and information