

EHCP dip-sampling report 2 – July to October 2020

Context

This is the second EHCP dip-sampling report produced – the first report for January to June 2020 [can be found here](#). As agreed at the Integrated Assessment workstream in September 2020, the SEND T&C Team would continue with dip-sampling until the end of September and produce a second report. Following this, responsibility for dip-sampling and the quarterly report will be handed over to the SEND Assessment Team. The report will feed into the Integrated Assessment workstream who will also hold responsibility for oversight of the process, including the reformed Quality Assurance group.

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

The methodology remains unchanged. The only exception is due to the Targeted Assessment Team having finished their work, the plans from July onwards are sampled from the 5 main SEND Assessment Teams. This will not affect the compliance percentages as these figures are evenly weighted.

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%
July 2020	74%
August 2020	78%
September 2020	82%

Using only the percentages as a rudimentary figure, it is pleasing to see a consistent average of above 70% which has increased over the past Quarter.

The breakdown by each team each month is as follows:

	Team 1	Team 2	Team 3	Team 4	Team 5
July 2020	76%	94%	52%	81%	68%
August 2020	72%	83%	70%	94%	70%
September 2020	94%	60%	67%	94%	94%
Q3 average	81%	79%	63%	90%	77%

With the exception of Team 4 who are consistently producing high quality EHC plans (above 80% for the past Quarter) the quality of plans varies at significantly within Teams.

Section F (education provision) continues to be the **most improved** section. Section F details specific and quantified provision with clear references to the needs identified in Section B of the plan. It also consistently details who the provision will be provided by and who will monitor it to ensure this is happening.

Section E (Outcomes) is the **most variable** from the last report. Whilst the outcomes are consistently SMART, at times they are not linked to the aspirations of the CYP. There are also examples of where both long and medium term outcomes are not defined – it has been observed that in some cases only short term outcomes are noted, or either medium or long term and not both. The final observation is that when a CYP is heading towards transition, there is not always reference to this. This can include a lack of PfA outcomes when they should be included.

As with the previous report, 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 still one of the weaker areas of the EHCP. It is not always clear whether the CYP is speaking for themselves and often generic responses are given rather than specific answers to the questions. The most common issue in Section A remains where aspirations of the child and/or their family are not detailed but instead a request for provision is given. For example, when families are asked what their child's aspirations are for the future, the response will often reference what education establishment they want their child to attend. 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 and can be linked to the outcomes in the plan.

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/or related to the outcomes. This is sometimes mirrored in Section C where health needs are not referred to despite reference made to them elsewhere.

The **final finding** relates to the professionals mentioned in Section K. At times, there are professionals listed in this section such as a Speech and Language Therapist, but there is no reference to any SALT advice within the plan. Another example is where the CYP is noted to have Social Care involvement but the Social Carer details are not noted in Section K.

Feedback from the previous report

The first report was presented to the Integrated Assessment workstream and the SEND Health sub-group during September 2020.

At the **Integrated Assessment workstream**, there was a request received to reinstate the multi agency Quality Assurance group. This was supported by all partners around the table. The Chair agreed that after this report been issued, the QA group can be reinstated.

The **SEND Health sub-group** were keen to ensure that all Health advice was included appropriately and accurately in the EHC plan. Health requested that they receive a copy of the

draft plan to help support in this. There was also a request that the NHS number of the CYP be included in every EHC plan. This should now be happening routinely as NHS numbers can be found within a child's file on Capita.

Conclusion

The recommendations from the findings can be found in the table below. Again, 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.

Recommendations from this report

Exploration as to why there is variability in the quality of plans produced within each SEN Team	Assistant Team Manager
Training on Section A of the EHC plan to be provided to all professionals obtaining this information. For example, for SENCOs via the SENCO Forum Network.	Assistant Team Manager and Senior EP
Quality Assurance check of Section K in all EHC plans prior to issue to ensure: 1) all professionals are noted in Section K, and 2) all advice from professionals noted in Section K are included in the EHC plan.	Casework Officers and Senior Officers
Ensure all appropriate professionals receive a copy of both the draft and final EHC plan	SEN Admin Team
Ensure the NHS number of the child or young person is included in every EHC plan issued	Casework Officers and Senior Officers
Multi-agency Quality Assurance group to resume after publication of this report	Strategic Manager

Recommendations carried forward from the previous report

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