

# SEND Quality Assurance Programme: End of Year Audit Outcomes Report

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## **1. Context**

The SEND Quality Assurance Programme was established in 2020, in response to the CQC and Ofsted visit outcome in January 2019. At that time, inspectors advised “The quality of newly completed EHC plans is too inconsistent and remains too weak for parents, carers and professionals to effectively track how well needs are met and the outcomes achieved. Individual and joint actions are not specific enough and, where multiple provision is needed for health, education and care, these aspects are not integrated well. The EHC plans often do not look far enough ahead at the needs, aspirations and, as far as is possible, independence within the community as the children and young people move towards adulthood.”

The first year of the SEND QA Programme was carried out in 3 audit cycles, within the months of September – November 2020, March – May 2021 and June -August 2021, to audit the quality of Final new EHCPs, Amended EHCP's, corresponding advice and Annual Review reports.

A total of 519 documents were audited over the three cycles, consisting of:

<b>Type of document submitted</b>	<b>Cycle 1</b>	<b>Cycle 2</b>	<b>Cycle 3</b>	<b>Year Total</b>
Final EHCP	18	18	17	53
Amended EHCP Year 8 & below	18	18	18	54
Amended EHCP Year 9 and above	18	17	17	52
Annual Reviews	36	35	35	106
Parent / CYP Views	15	16	18	49
Education Advice	17	16	16	49
Medical Advice / Report	13	7	9	29
Mental Health Advice / Report	3	7	3	13
SALT Advice / Report	11	7	7	25

Educational Psychology Advice	18	18	18	54
Specialist Education / Teacher Advice	0	3	3	6
Occupational Therapy Advice / Report	6	2	5	13
Physiotherapy Advice / Report	5	0	1	6
Home & Community Life (social care) Advice / Report	1	3	6	10

The method of selecting EHCPs for audit changed over the course of the year; initially Family Services colleagues were choosing the plans, however after feedback from the multiagency SEND QA Board it was agreed that plans would be picked 'blind' by the SEND Progress and Quality Assurance (PQA) Team. Wherever possible, new plans selected were recently finalised and included health and/or social care advice.

Audits were completed by a range of practitioners from across the SEND system. Moving forwards, we will be exploring how to better include education practitioners and parent carer representatives in the QA Programme.

Type of document	Auditors	Moderators
EHCP (New and Amended)	Family Services Team Coordinators/Assistant Coordinators	Family Services Lead Coordinator / PQA Team
- Annual Reviews - Parent / CYP Views - Education Advice - Specialist Education/ Teacher Advice / Report	PQA Team	PQA Team
- Medical / Mental Health Advice / Report - SALT Advice / Report - Occupational Therapy Advice / Report - Physiotherapy Advice / Report	Health Multi-disciplinary Team led by Designated Clinical Officer (DCO) Teams	DCO Teams / PQA Team
- Educational Psychology Advice	Educational Psychologists	Deputy Principal Educational Psychologist
- Home & Community Life (social care) Advice / Report	Social Care PD&QA Team	PQA Team

## 2. Internal Audit Outcomes Summary

Type of Document	Internal audit score March 2020 (baseline)	Cycle 1 score (Sept-Nov 20)	Cycle 2 score (Mar-May 21)	Cycle 3 score (June-Aug 21)	Internal Average (C123)
New EHCP	16.4	17.8	18.7	18.8	18.4
Amended EHCP	n/a	17.4	18	18.7	18
Annual Review	n/a	12.6	13.6	12.6	12.9
Parent/CYP	13	15	17	13	15
Educational Setting	13	16	15	13	15
Specialist Teacher	n/a	n/a	14	11	13
Medical	7*	12	16	14	14
Mental Health	7*	9	13	13	12
SALT	12	18	18	18	18
Occupational Therapy	13	15	19	17	17
Physiotherapy	13	17	n/a	19	18
Educational Psychology	17	19	19	19	19
Social Care	11	11	13	17	14

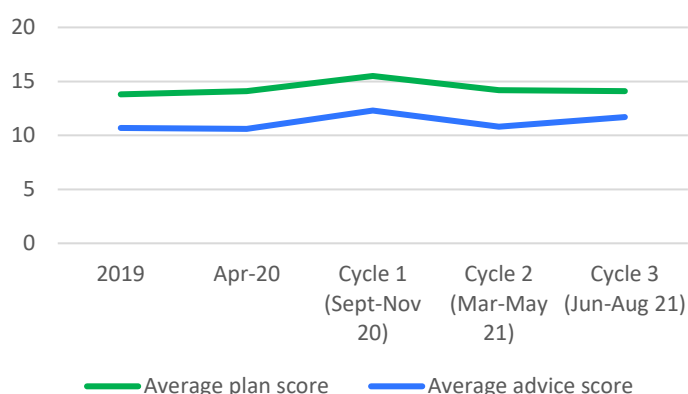
\* Medical and mental health advice/reports were not separated for the March 2020 audits

*Note on scoring: All scores are calculated using a weighting system using a 2:1:0 weighting system for "Yes" "Partly" and "No". Scores are out of a maximum of 20. All "N/A" scores are removed from the weighting.*

## 3. External Audit Outcomes Summary

Enhance EHC, an external company who provide support with SEND documentation, training, EHC plan writing and quality assurance, was commissioned to independently quality assure all EHCPs and corresponding documents from Cycles 1, 2 and 3. They had previously carried out quality assurance in Summer 2019 and April 2020. The below shows the average Enhance scores for EHCPs and advice over time:

Average plan and advice scores over time



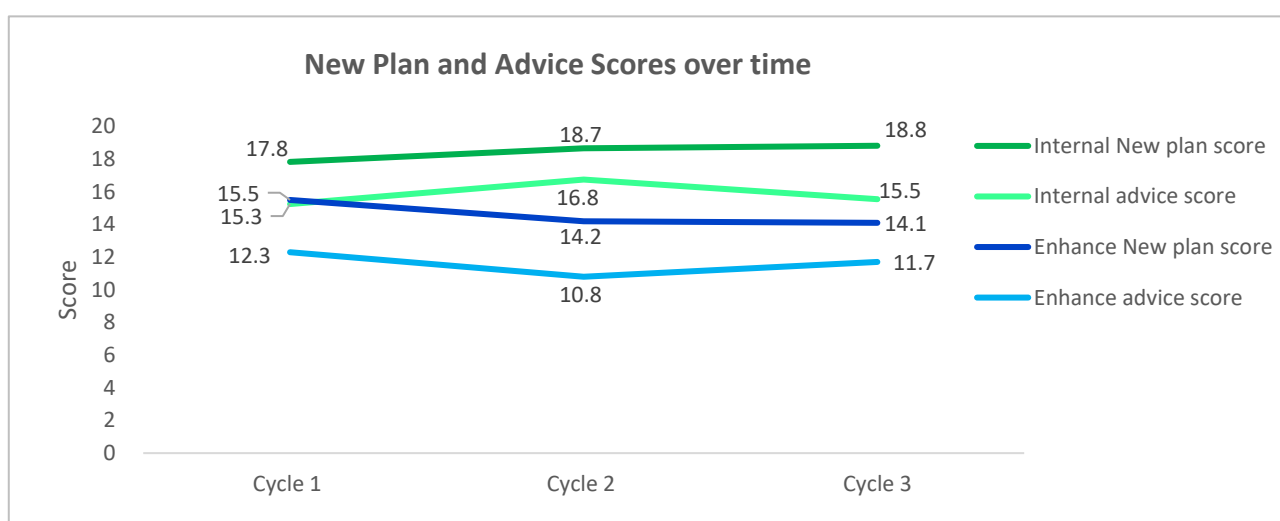
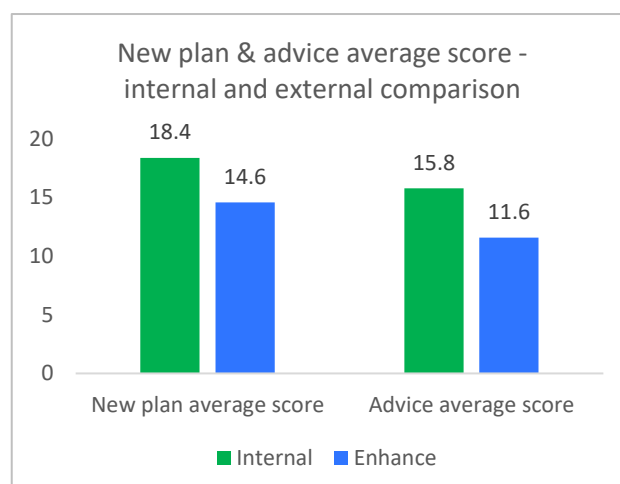
	Summer 2019	April 2020	Cycle 1 (Sept-Nov 20)	Cycle 2 (Mar-May 21)	Cycle 3 (Jun-Aug 21)
Average new plan score	13.8	14.1	15.5	14.2	14.4
Average advice score	10.7	10.6	12.3	10.8	11.7

While there has been some fluctuation in the quality of EHCPs and advice, we can clearly see a trend of improvement since the first audits completed by Enhance

## 4. Internal and External outcomes comparison

In line with previous audits, when comparing the internal average EHCP and advice scores to the Enhance scores for Cycles 1, 2 and 3 combined, we can see significant difference.

For cycles 2 and 3 we only asked Enhance to QA new EHCPs and corresponding advice, as their method for auditing Annual Reviews has changed over time and no longer aligns with our own internal method. Therefore the average plan score refers only to new EHCPs audited across the nine months

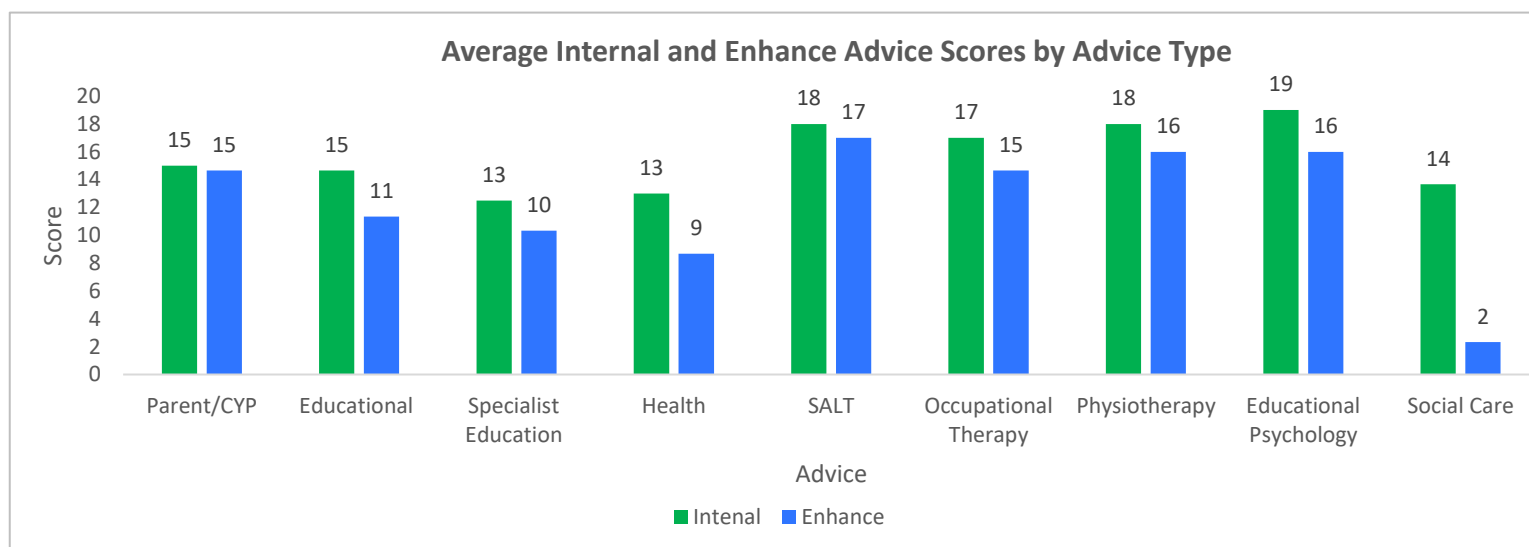


The above comparisons suggests that there is further work needed to bring internal scoring more in line with the external scoring. All Enhance audits will be shared with the relevant teams/auditors for review against their own audits.

Some of the discrepancies between internal and external EHCP scores may be attributed to Enhance not always taking into account the plan template, for example, the template does not have space for steps towards outcomes and the summary is in Section A rather than B.

The average advice score given by Enhance includes audits of 'absent' social care and medical/health advice, where the assumption was that this type of advice should have been included for all children and young people. Where there was no social care or medical advice for a child or young person's needs assessment, Enhance scored these audits as 0, bringing down the individual scores for each type of advice and the average advice scores. The below table shows the difference made to external scoring if the 'absent' audit scores are removed for medical and social care advice:

	Cycle 1	Cycle 2	Cycle 3	Average
<b>Internal average advice score</b>	15.3	16.8	15.5	15.8
<b>Enhance average advice score</b>	12.3	10.8	11.7	11.6
<b>Enhance average <i>excluding</i> 'absent' social care and medical scores</b>	13.75	12.5	14.2	13.5

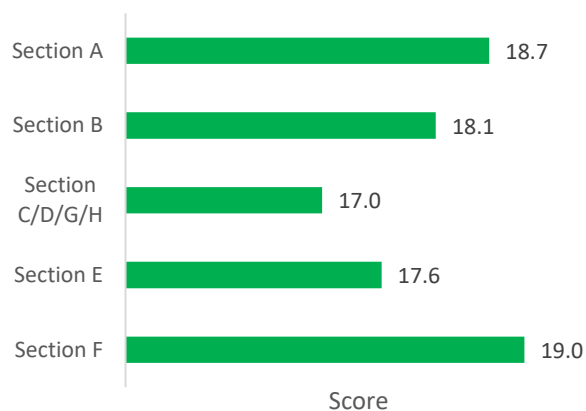


If we remove Enhance's 'absent' advice audit scores for social care and medical/health, the overall scoring increases significantly for each. The average social care score increases from 2.3 to 8.7 and the average medical/health score increases from 8.7 to 11.3.

The most significant difference can be seen in the Cycle 3 social care data; when removing the 'absent' social care audits, the scoring increases from 5 to 13.

## 5. New EHCPs: Internal Scoring & External Qualitative Analysis

**Average New Plan Sections Scores**



Sections of New Plan	Cycle 1	Cycle 2	Cycle 3	Internal Average
Section A	19.2	18.6	18.2	18.7
Section B	18.6	17.3	18.5	18.1
Section C/D/G/H	17.5	17.2	16.3	17.0
Section E	16.5	18.5	17.8	17.6
Section F	18.6	19.2	19.3	19.0

	Strengths	Areas for Improvement
<b>Section A</b>	<ul style="list-style-type: none"> <li>- The inclusion of One Page Profiles ensures that the child/young person has ownership of their plan. Most plans provided information about how the child/young person communicates and/or how to communicate with them and involve them in decision-making.</li> <li>- Most plans provided information about how the child/young person communicates and/or how to communicate with them and involve them in decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>- A few instances of the OPP not being included and family/child views not being sufficiently recorded from the advice provided.</li> <li>- A few instances where Section A was only completed from the parental advice or from the EP advice, despite there being lots of extra useful information elsewhere.</li> <li>- It was often not clear how child views were gathered/provided.</li> <li>- Only a few instances of very personalised One Page Profiles (with pictures/photos and which looked engaging for the child/young person).</li> <li>- It was unclear in most plans whether the background/contextual information was provided by the parents or taken from professional reports.</li> </ul>
<b>Section B</b>	<ul style="list-style-type: none"> <li>- Most plans demonstrated good matching between sections. The use of subheadings in Section B often helped to demonstrate the matching of needs, outcomes and provision.</li> <li>- Most plans scored either 'Yes' or 'Partly' for providing a comprehensive description of the child/young person's strengths and needs in Section B.</li> </ul>	<ul style="list-style-type: none"> <li>- As the template does not include a 'summary' section at the start of Section B, background information, diagnoses and the summary of needs was included in Section A instead (which should be reserved for exclusively family and child/young person views).</li> <li>- Where plans scored 'Partly' for providing a comprehensive description of the child/young person's needs in Section B, weaknesses related to instances where the plan writer did not appear to use some detailed description provided within a report, where there was little information about the impacts of needs, or</li> </ul>

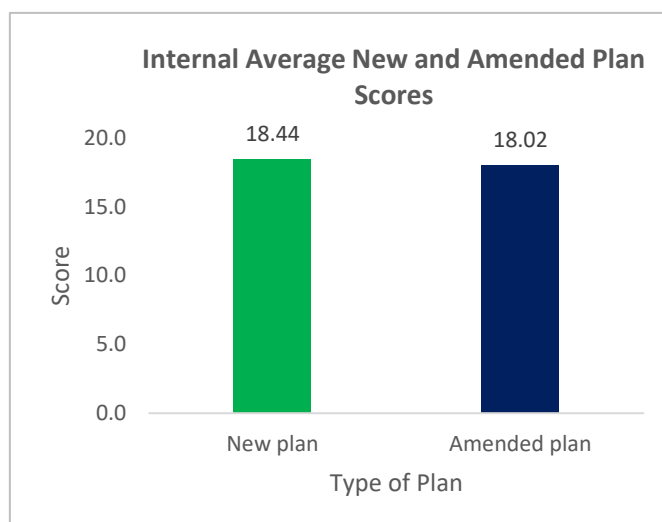
		<p>where only e.g., the EP report was used to write Section B.</p> <ul style="list-style-type: none"> <li>- Where plans did not provide a comprehensive description of strengths, this sometimes, but not always, reflected information in the advice. Strengths were better included when the plan writer has added specific headings for this.</li> <li>- There were some instances of description of needs including who reported what information (e.g. "x reported that.."), one-off observations or provision wording.</li> <li>- Some inconsistency in writing style and formatting in that some plans used a mixture of full sentences and note-like bullets</li> </ul>
<b>Sections C/D and G/H</b>	<ul style="list-style-type: none"> <li>- In Cycle 1, a large proportion of the plans provided a comprehensive description of health needs</li> <li>- Most of the plans demonstrated matching of health provision to a health outcome.</li> </ul>	<ul style="list-style-type: none"> <li>- Many plans in Cycles 2 &amp; 3 did not provide a comprehensive description of health/care needs and the impacts of these within Section C/D.</li> <li>- Instances of no health/care needs or provision being recorded, despite the advice indicating needs and involvement from services.</li> <li>- Lots of instances of health/care provision in Section G/H not being specific or quantified; weaknesses related to frequency being vague (e.g., "reviewed as advised") and/or it not being specific in who would deliver the provision (e.g., "appropriate health professionals").</li> <li>- Some cases where medical information was included within the plan without evidence from a medical professional in the advice.</li> <li>- Instances where provision to be carried out by educational staff was included in Section G rather than Section F.</li> </ul>
<b>Section E</b>	<ul style="list-style-type: none"> <li>- The majority of the plans provided at least partially SMART outcomes.</li> <li>- Most plans demonstrated a link between outcomes and the aspirations of the family and/or child/young person.</li> <li>- Carrying down outcomes from Section E to matching F/G/H provision ensured clear matching up throughout the plan.</li> </ul>	<ul style="list-style-type: none"> <li>- Some outcomes were not measurable enough; they often included unmeasurable wording such as 'increase'/ 'improve' without clarifying by how much the skill will have increased/improved or how this will be demonstrated.</li> <li>- Some outcomes phrased more like recommended provision.</li> <li>- Some recommended outcomes in the advice were not sufficiently utilised in the plan e.g., more specific outcomes recommended by SALT not being included, or not including all relevant medium-term outcomes provided by the school / EP.</li> </ul>

		<ul style="list-style-type: none"> <li>- The advice forms often included short-term outcomes, which could not be incorporated into the plan due to the template design.</li> <li>- Some plans used the long-term outcomes from the advice, rather than the specified medium-term outcomes.</li> <li>- Occasionally the timeframe on outcomes appeared to be inappropriate – i.e., where it was too short term (Key Stage 1 for a child in Year 2) and where it was too long Term (Key Stage 2 for a child in Year 1).</li> </ul>
<b>Section F</b>	<ul style="list-style-type: none"> <li>- Plans demonstrated good matching of provision to corresponding outcomes from Section E and main areas of need in Section B.</li> </ul>	<ul style="list-style-type: none"> <li>- Very few plans included provision in Section F that was fully comprehensive and specific/quantified. This was generally reflective of the advice lacking sufficient quantification, although in some cases vague wording from the advice could have been adjusted to avoid ambiguity e.g., ‘opportunities for’ / ‘regular’ / ‘access to’ / ‘it may be useful’.</li> <li>- There were a few instances of Section F including therapy/health input that had not been recommended by the health professional in question.</li> </ul>



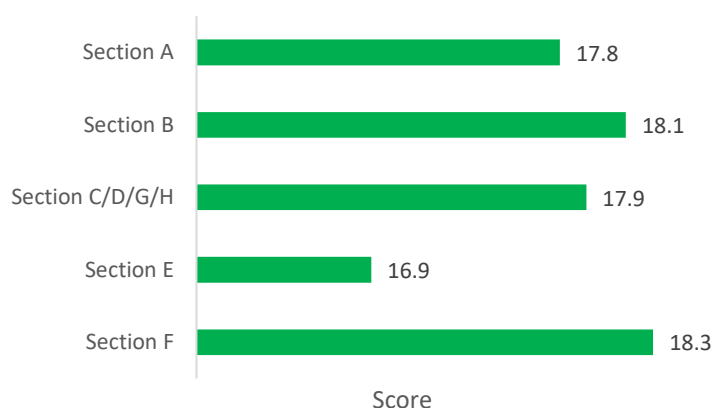
## 6. Annual Reviews & Amended EHCPs

There was minimal difference between audit scoring of new and amended EHCPs, however we can see that new plans did score slightly higher. This is what we would expect to see, as there has been much more focus since the QA Programme commenced on improving the quality and quantity of advice for EHC needs assessments, as well as improving plan-writing skills.

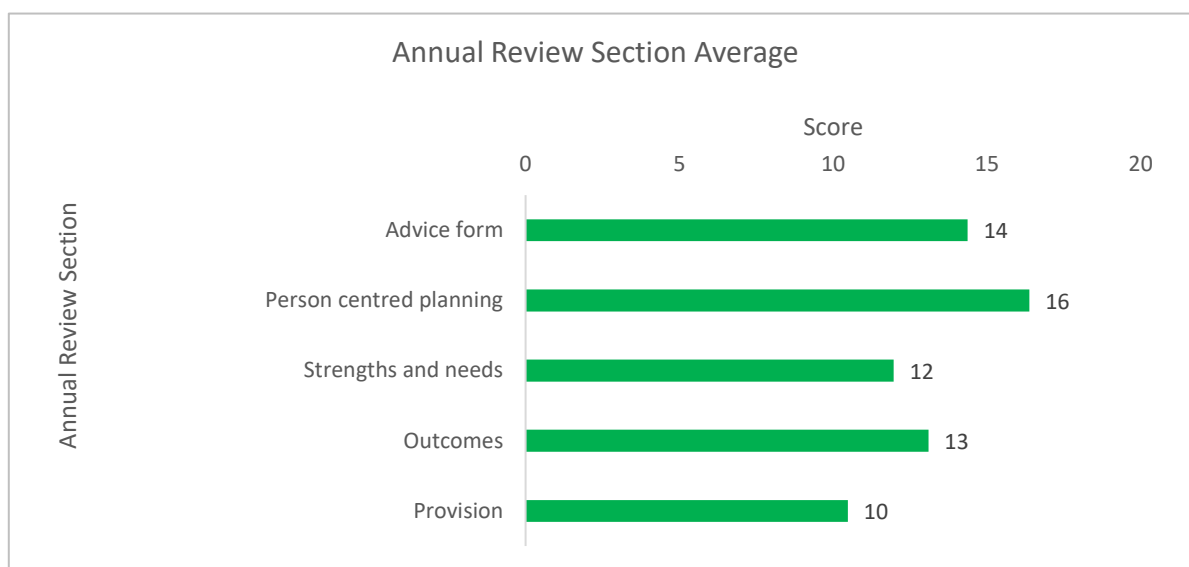
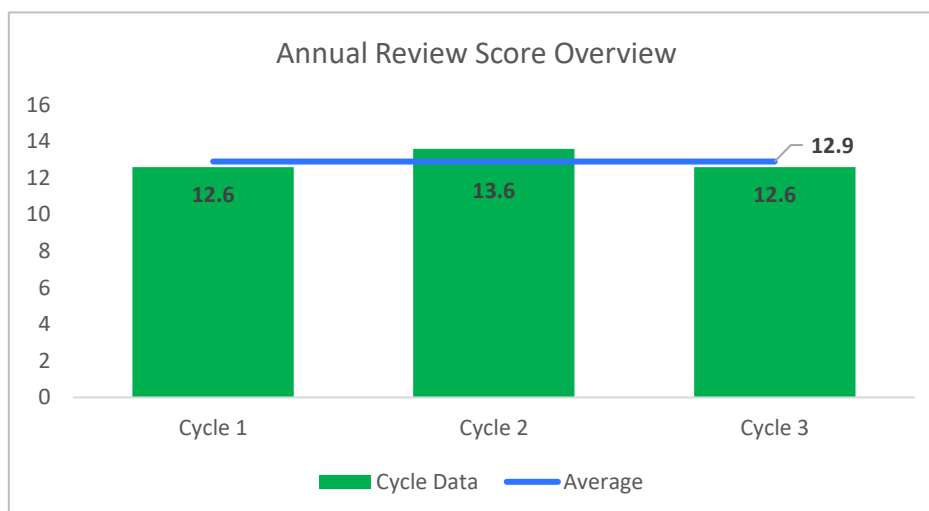


Type of Plan	Cycle 1 Audit Score	Cycle 2 Audit Score	Cycle 3 audit score	Internal Average
New plan	17.83	18.67	18.82	18.44
Amended plan	17.39	18.00	18.67	18.02

**Average Amended Plan Sections Scores**



Sections of Plan	Cycle 1	Cycle 2	Cycle 3	Internal Average
Section A	17.7	17.4	18.3	17.8
Section B	17.3	18.4	18.7	18.1
Section C/D/G/H	17.2	18.0	18.6	17.9
Section E	16.0	17.0	17.6	16.9
Section F	17.8	18.2	18.8	18.3



The quality of Annual Reviews has remained fairly consistent over the three audit cycles, likely due to limited focus on this during the first year of the QA Programme.

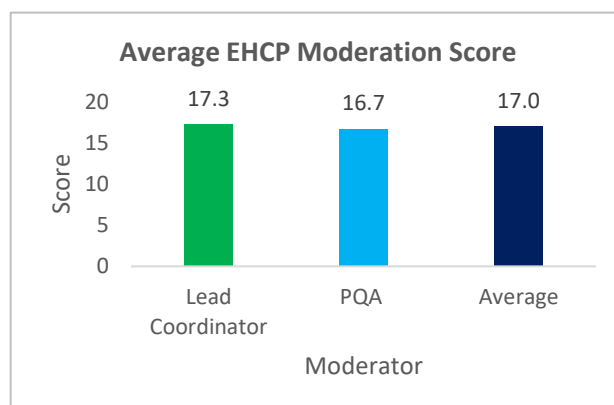
Improving the quality of Annual Review reports, supporting evidence and amended EHCPs will be a focus during year 2 of the QA Programme. Specific areas for development are:

- Ensuring the correct professionals are invited to attend the Annual Review meeting or provide a report
- Better involvement of the child/young person
- How the Annual Review report asks questions about needs, outcomes and provision
- The guidance and training available to educational settings
- Ensuring amended EHCPs are updated accurately

## 7. Internal Moderation

### EHCP Moderation

All EHCPs were also audited by Family Services Lead Coordinators, or the PQA Team where support was requested. The data shows that on average, moderators scored plans lower than the plan writers. Lead Coordinators scored EHCPs higher than the PQA Team.

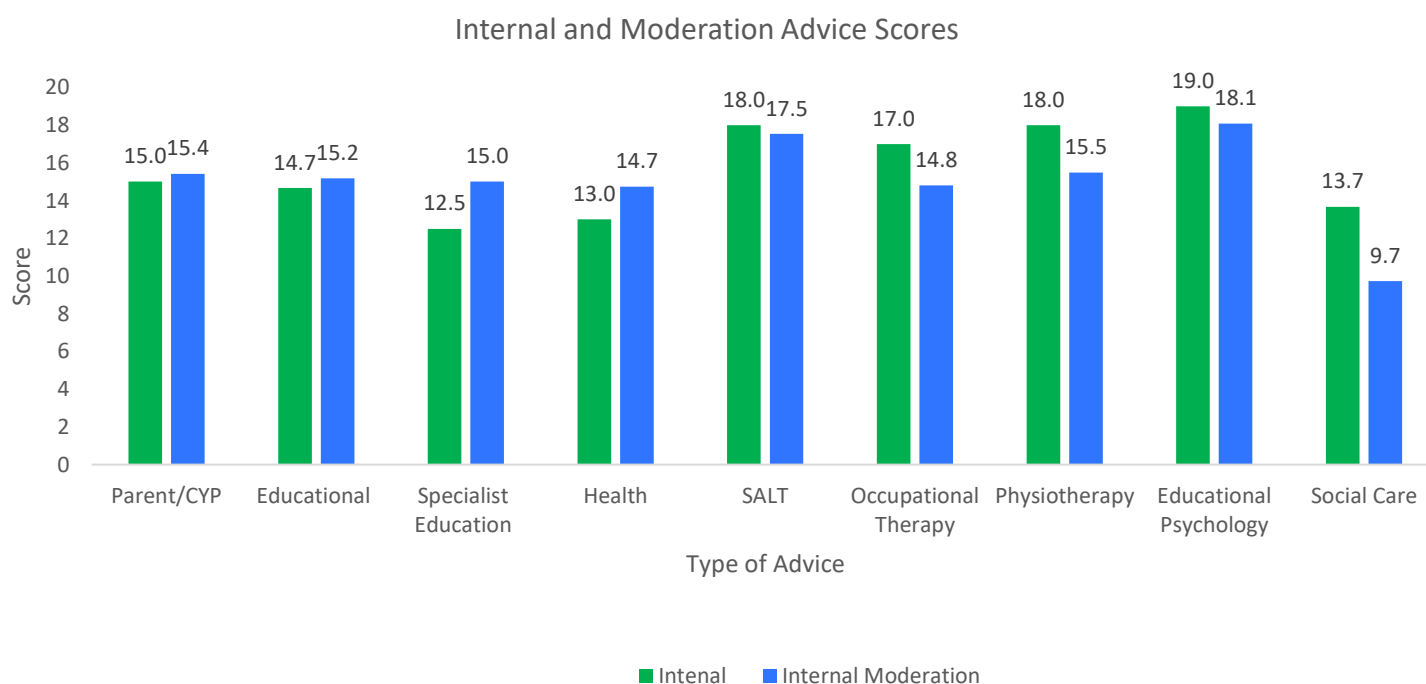


In Cycle 3, 38% of the plans were moderated by the PQA team, a much greater percentage than previous cycles. For this cycle, the average EHCP audit score from the PQA Team was 16.5 and the Lead Coordinator score was 18.9, a significant difference of 3.4.

### Advice Moderation

One third of all advice/reports were moderated internally, either by a senior lead within the relevant service, a colleague in the same team, or by the PQA team.

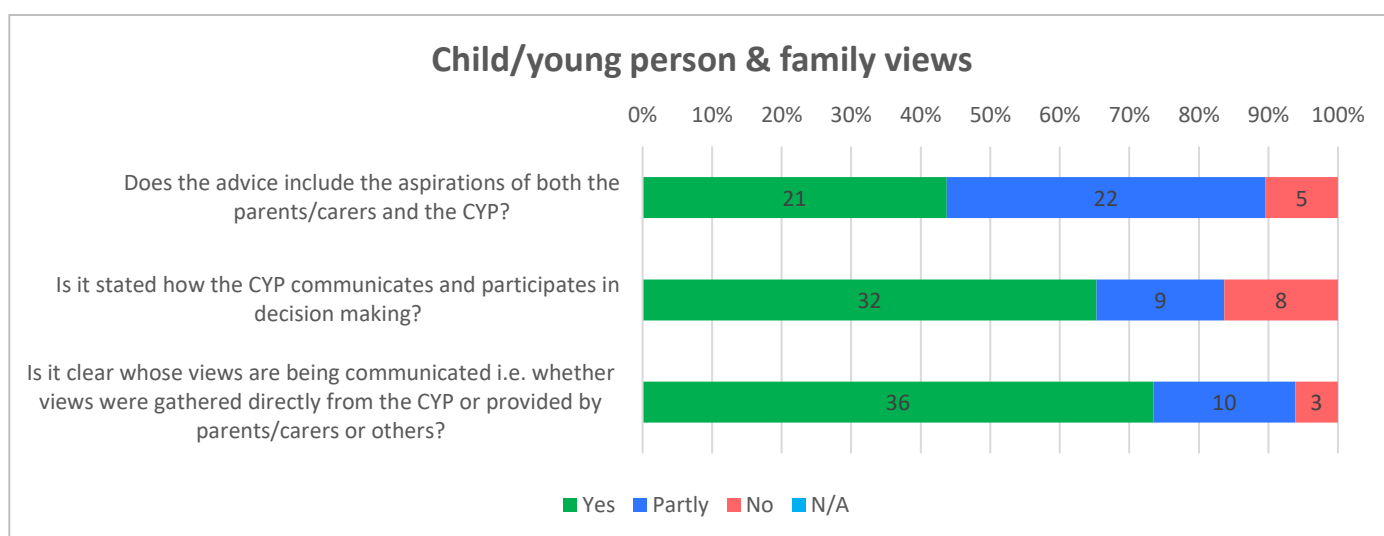
To help improve consistency, a review will be undertaken to identify the most common criteria for difference in scoring for each type of advice.



## 8. Practitioner Advice:

### Key Measurements and External Qualitative Analysis

The graphs below show the distribution of “Yes” “Partly” “No” and “N/A” responses to the key measurement criteria; including questions concerning the use of person centred planning, the identification of strengths and needs and the quality of Outcomes and Provisions recommended. Each number on the graphs data labels expresses the quantity of “Yes” “Partly” “No” and “N/A” responses to each key measurement.



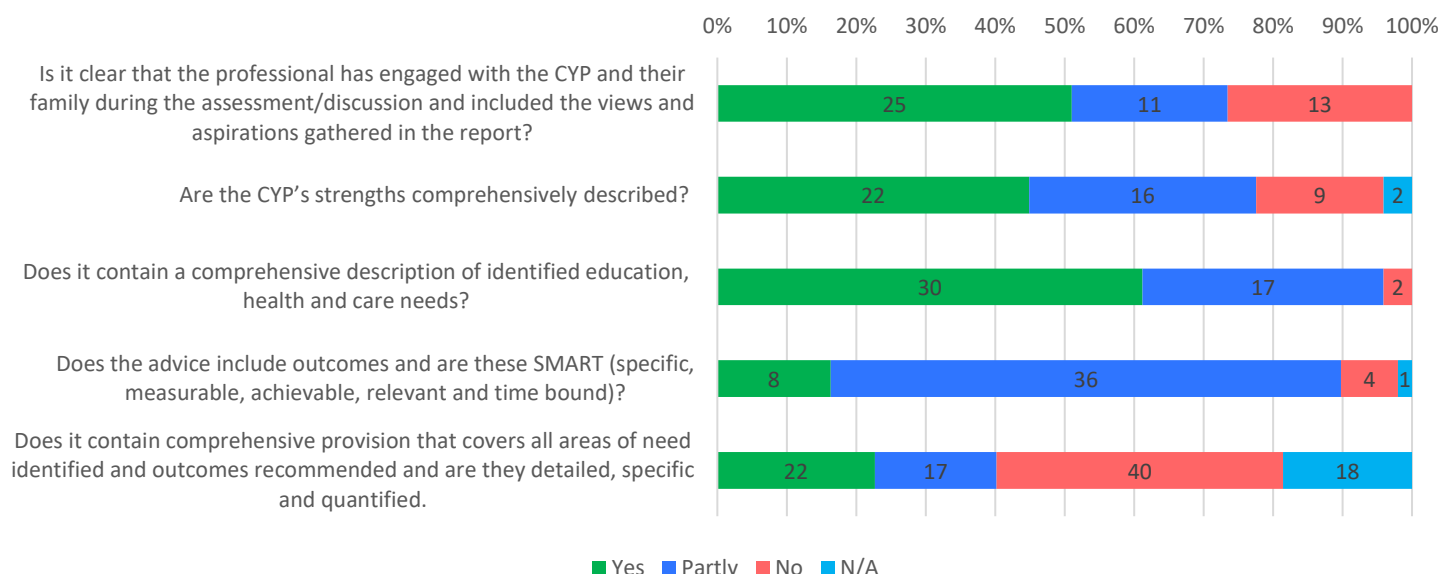
#### Strengths

- The Family Views form asks for all the necessary information for Section A.
- Most of the Family Views forms provided background information and gave a personal picture of the child/young person, as well as giving the parents' views on their child's needs.
- In Cycles 2 and 3, over 50% of the cases contained both parent and child/young person aspirations, which is a significant improvement on previous QA samples. This could reflect that in this cycle there were cases where a separate child/young person's views form was submitted.

#### Areas for improvement

- Not always clear how the child/young person's views had been gathered, particularly in One Page Profiles. There were multiple instances of pupil views being written in first person, when it was clear that these had not been communicated directly by the pupil.

## Educational Setting



### Strengths

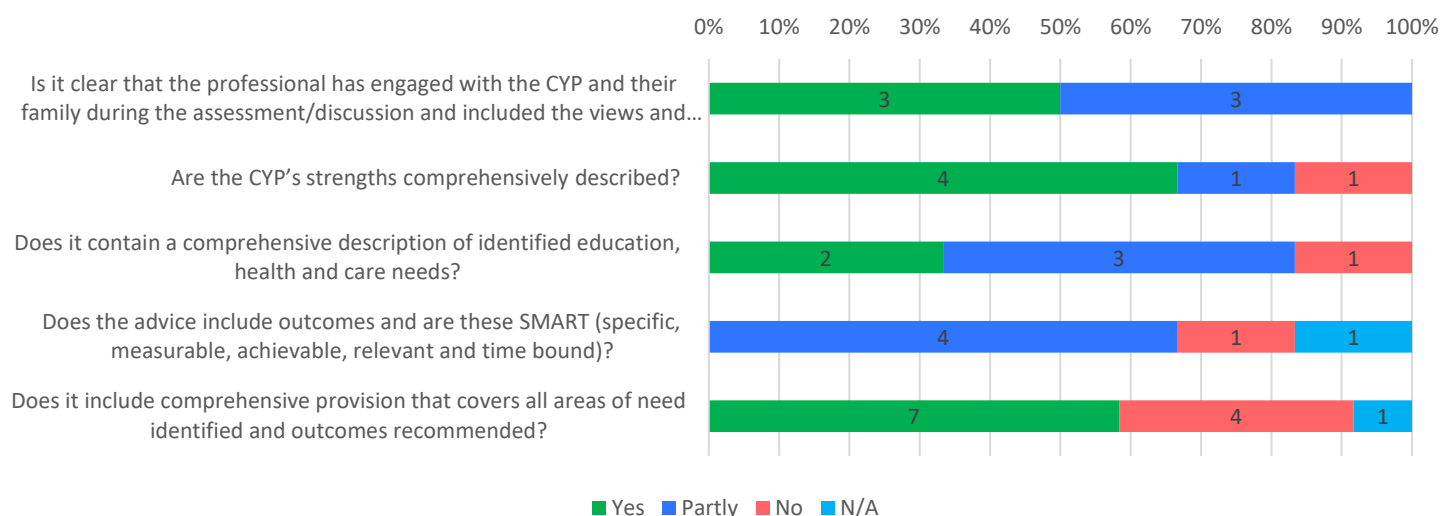
- Nearly all educational reports were completed on a statutory advice form, which prompted all relevant information for the plan. The layout encourages matching up between needs, outcomes and provision.
- Reports generally provided useful background information, with useful reference to health and social care needs/input, to enable the reader to understand the case.
- Where relevant, some reports had some focus on Preparing for Adulthood and utilised PfA headings.

### Areas for Improvement

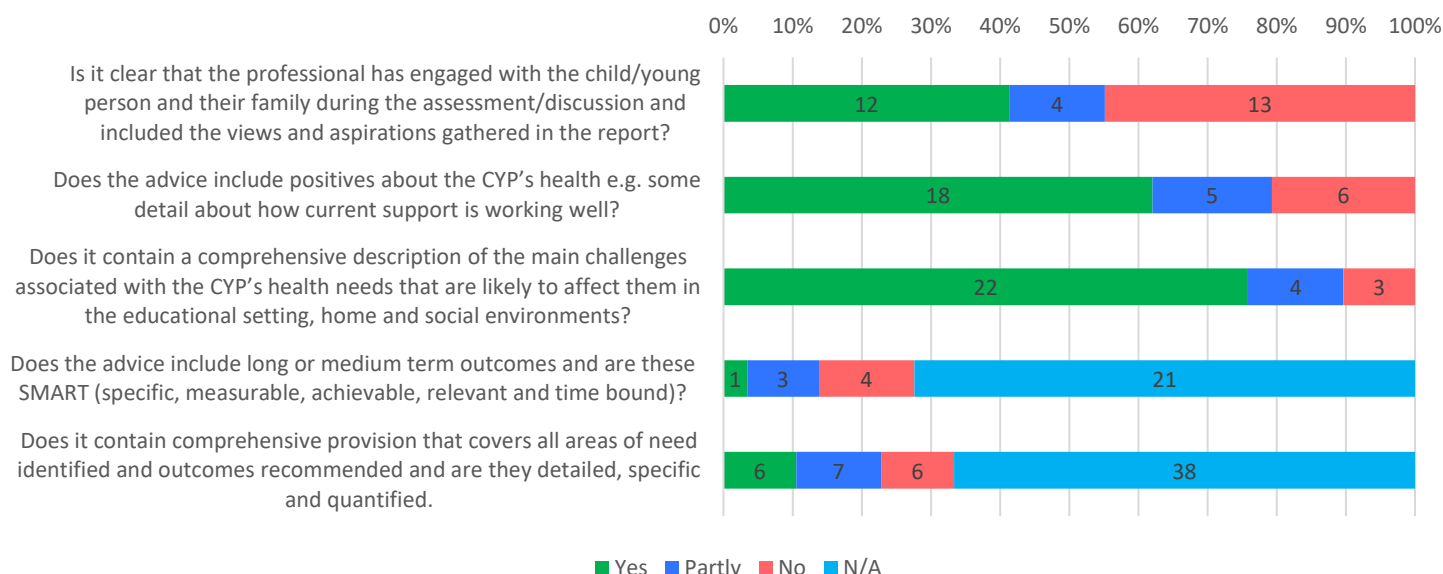
- Limited evidence of person-centred planning. The educational advice form does not specifically request the inclusion of the views as expressed by the family.
- Descriptions of strengths was variable and a large majority of reports tended to only provided minimal strengths.
- Most advice lacked detailed, comprehensive description of needs and lacked reference to impact of needs.
- Outcomes were extremely variable in quality. Outcomes in the majority of the educational advice were only partly SMART; the lack of explicit timescales was a common factor in this, as well as outcomes not being measurable enough.
- Provision was often limited to a few bullet points per area of need/outcome. Vague wording was frequently used (e.g. "opportunities to..."), and quantification was generally not sufficient.
- Tendency for educational reports to recommend input from therapy services.
- Instances of the same provision being repeated under different needs areas, causing issues where it was not clear if hours of support should be duplicated.

- provision recommended was Quality First Teaching rather than Special Educational Provision.

### Specialist Education / Teacher



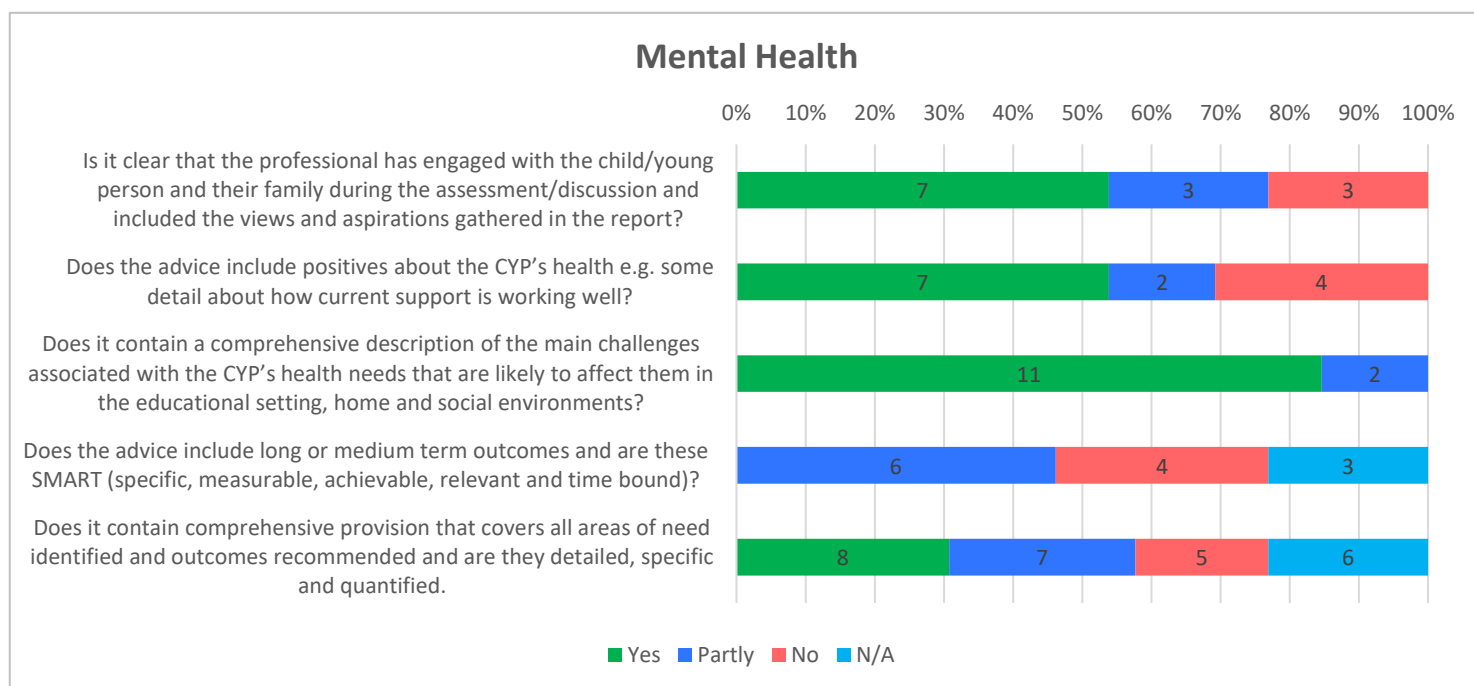
### Health / Medical



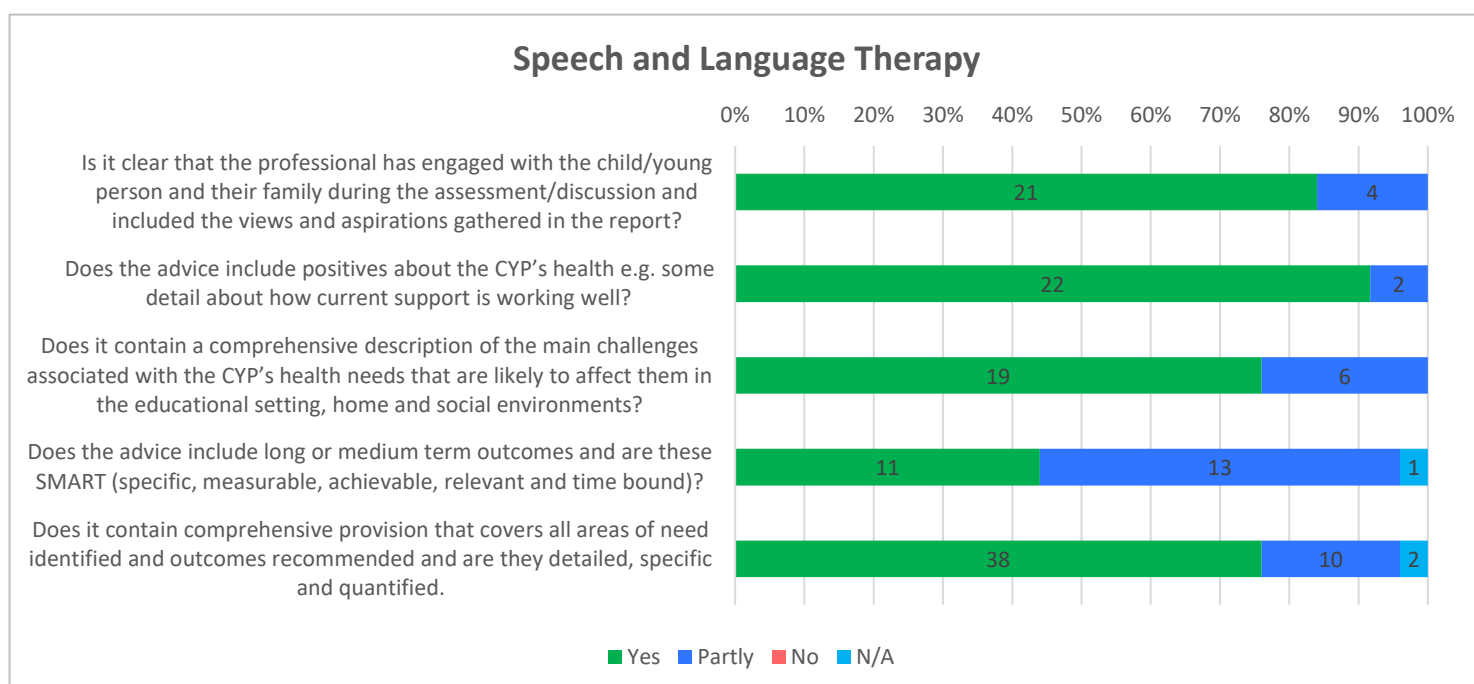
#### Areas for improvement:

- Many paediatrician and other health reports did not demonstrate sufficient person-centred planning
- Descriptions of strengths and needs was variable e.g. due to descriptions of needs being brief, based on observations or focused on provision.
- Most Medical/Health advice/reports had no (or no useful) SMART outcomes.

- Few cases included specific/quantified health provision to meet the identified needs described.
- *(Note: internal audits do not mark down Health advice or reports for missing outcomes and provision where the practitioner is not involved in ongoing support for a child/young person).*
- Some advice/reports contained jargon that was not simply explained
- Some weaknesses in health reports could reflect the fact that there were several instances of letters being submitted rather than completed statutory forms.

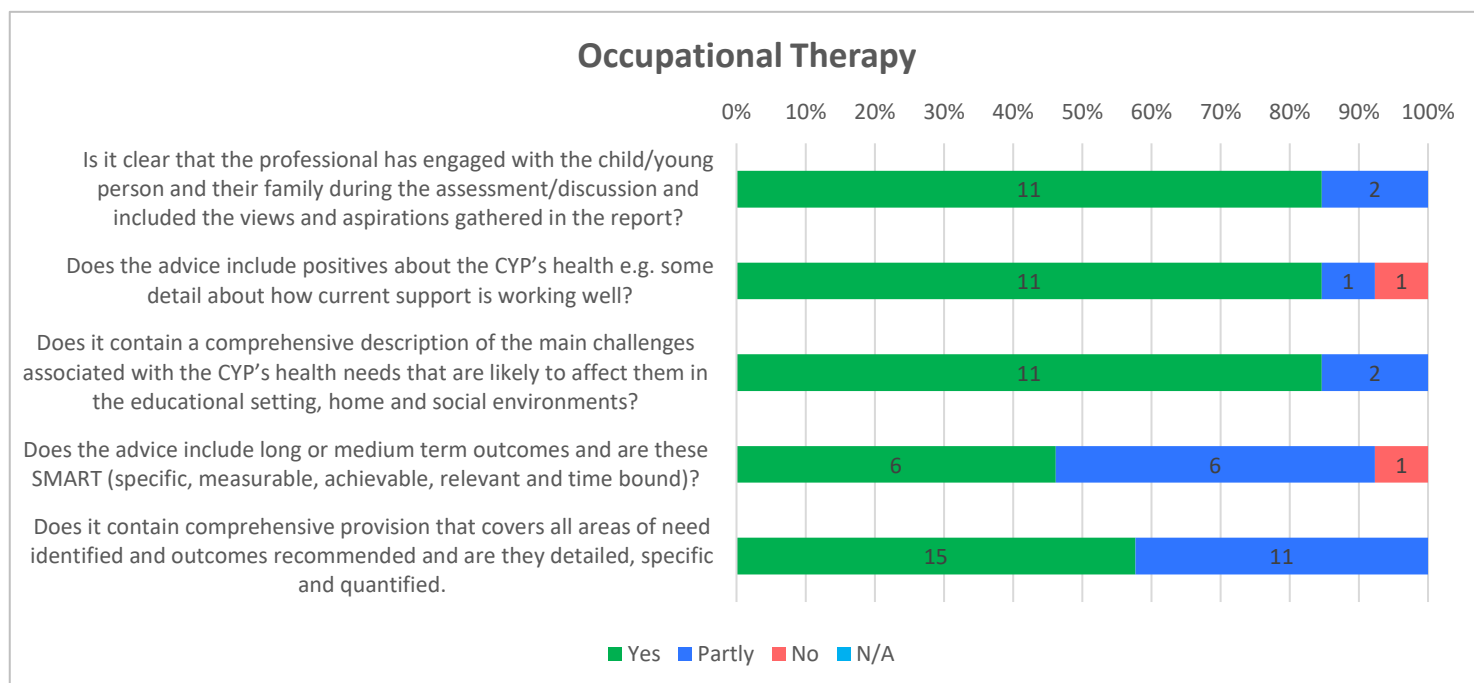


*Note: Enhance did not separate out mental health advice from medical/health advice*



## Strengths

- SALT advice demonstrated strong person-centred planning (e.g. by recording the views and aspirations of the child/young person and their parents as a result of discussion during the assessment).
- The majority of SALT reports provided comprehensive descriptions of strengths, needs and impacts, as well as SMART outcomes and comprehensive, specific and quantified provision.



## Strengths

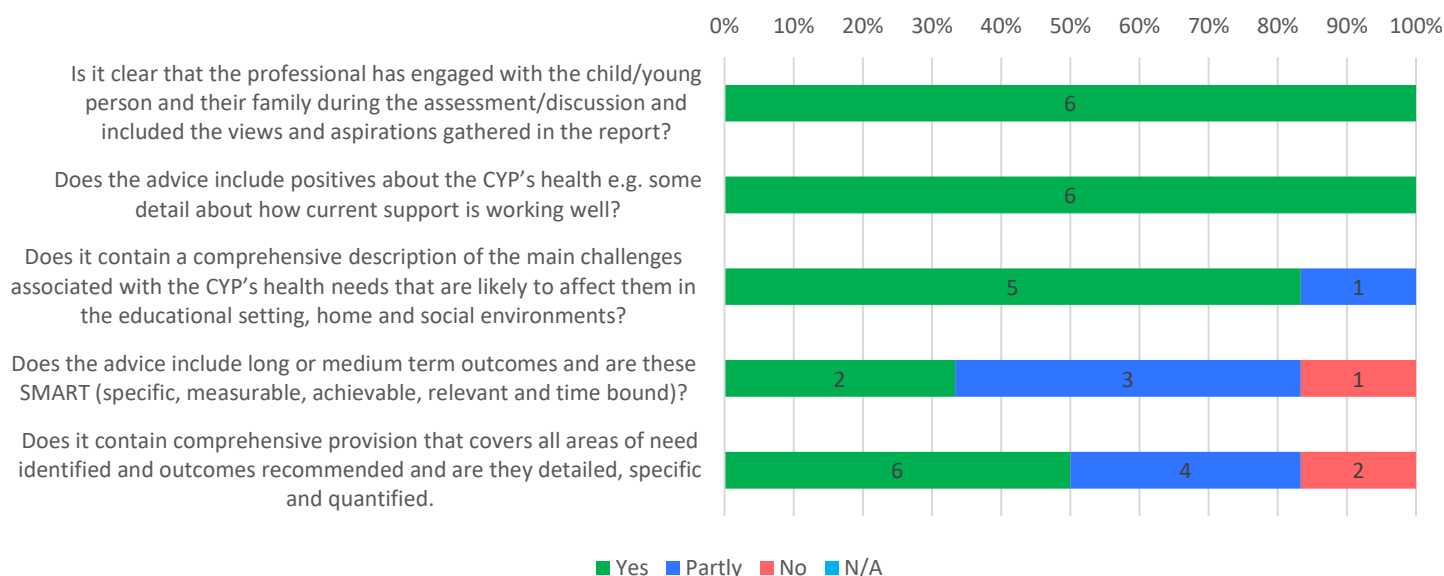
- The OT advice demonstrated strong person-centred planning (e.g. by recording the views and aspirations of the child/young person and their parents as a result of discussion during the assessment).
- Most OT reports provided comprehensive descriptions of needs (relevant to their area of expertise).

## Areas for improvement:

- OT reports did not perform as well in terms recommending SMART outcomes or providing comprehensive, specific and quantified provision.



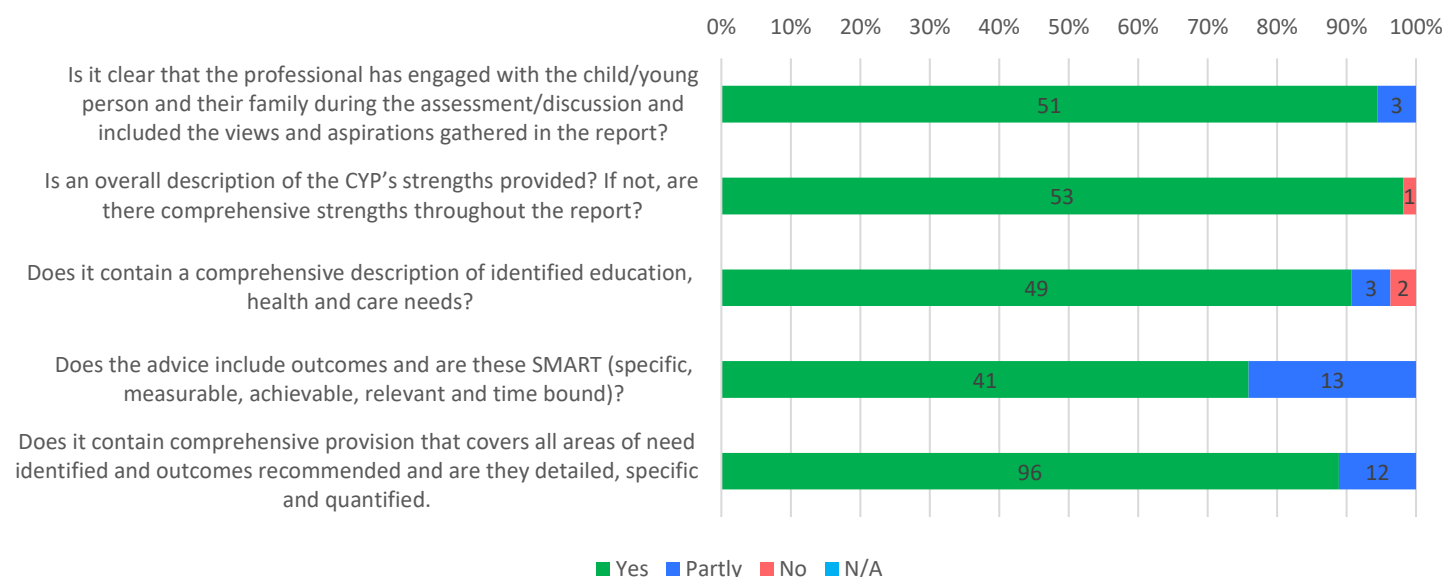
## Physiotherapy



## Strengths

- Physiotherapy advice demonstrated strong person-centred planning (e.g. by recording the views and aspirations of the child/young person and their parents as a result of discussion during the assessment).
- Most PT advice provided comprehensive and specific/quantified provision.

## Educational Psychology

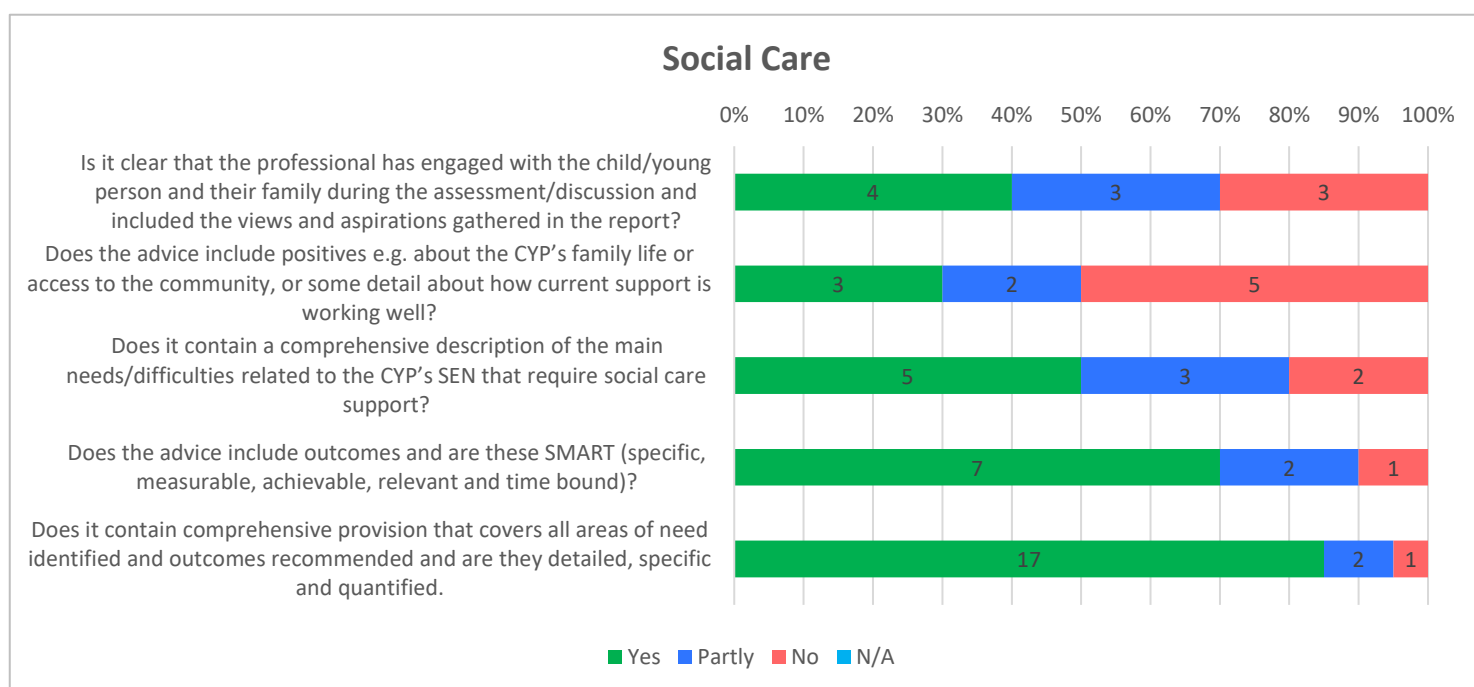


### Strengths:

- EP advice had strong evidence of person-centred planning in 100% of the cases. There were some nice examples of the EP representing the child/young person's shared views in a visually engaging way.
- EP reports provided comprehensive background/contextual information and helpfully listed other professionals and services involved.
- The vast majority of EP advice comprehensively described the child/young person's strengths and needs.
- The overall format of the standardised EP report ensured that outcomes and provision were recommended for each area with identified needs.

### Areas for improvement

- Where EP reports scored 'Partly' for description of needs, these generally reflected instances of some areas of need not being covered in as much detail as other areas.
- Recommending SMART outcomes; weaknesses related to some outcomes not being measurable enough.
- Providing comprehensive and specific/quantified provision; weaknesses related to some issues with insufficient quantification, e.g. not extending to the quantity/duration of specified intervention sessions, or vague wording, such as 'adults should', 'access to', 'opportunities for', 'X would benefit from' etc.



### Strengths

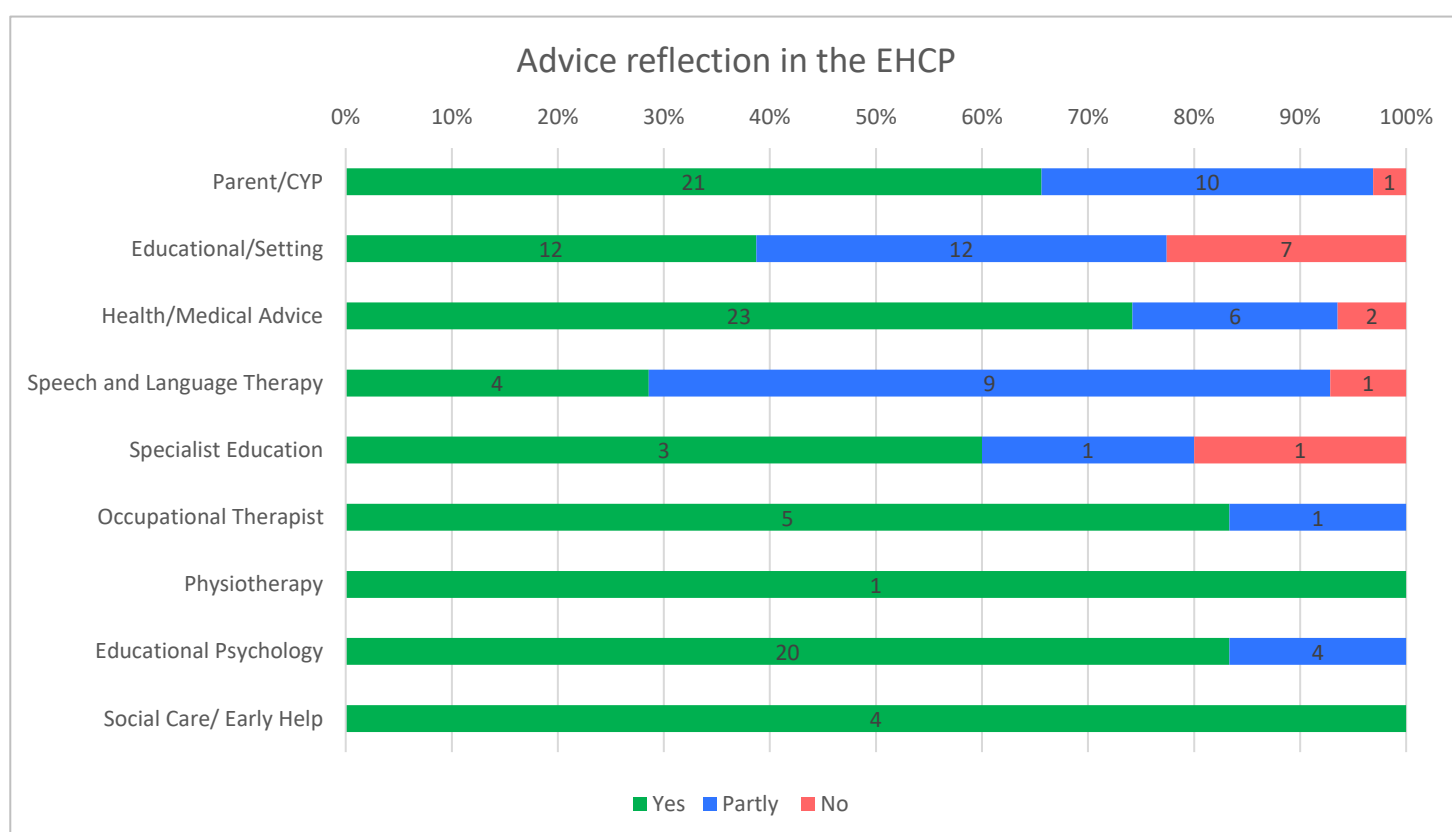
- There were a few examples of reports providing useful historical information/context and good detail around person centred planning, description of strengths and comprehensive provision.

### Areas for improvement:

- Social Care submitted a report for only a small number of cases; none of the other cases provided anything to suggest that an assessment had been undertaken or that Social Care had confirmed no involvement is required, despite some of these cases clearly indicating in other advice that there was Social Care involvement or suspected Social Care needs.

## 9. How well advice / report information is reflected in EHCP

Following feedback from the multiagency SEND QA Board after Cycle 1, a question was added to all audit frameworks for advice/reports, asking whether the information in the advice/report was reflected in the EHC plan.



The above graph shows how auditors rated the reflection of the advice in the EHCPs audited in Cycle 2 and 3; “Yes” meaning highly reflected “Partly” meaning partly reflected, or “No” meaning not reflected in the EHCP. A very small number of audits did not answer this question.

Below are many of the comments from auditors, grouped into themes, following 'no' or 'partly' responses to audit questions "Does the EHC plan reflect the information in the advice / report?". Most comments are from Health and Therapy audits:

### Person Centred planning

- *Views taken from EP advice rather than Parents/Carers in long term hopes and dreams section.*
- *Non-person centred section G*
- *The long term hopes, and dreams section is not fully reflective of what the Young Person has said in their advice*
- *Parent's voice missing*
- *CYP communication method missing*

### Needs

- *Missing Diagnosis*
- *The school has highlighted physical need re toileting, but no physical needs were included in the plan*
- *Results tables included without adequate description or professional explanation*
- *It is unclear in the EHCP what level of expressive language the CYP has, initially it appears that the CYP is non-verbal, then later more detail is given- this could be confusing for readers*
- *The EHCP states there are no health needs that relate to SEN – YP has hypermobility and verbal dyspraxia which are mentioned in other sections of the plan.*
- *Little information on health needs and provisions transferred into the plan.*
- *No mention of Autism diagnosis in section C, which is likely to impact SEN needs*
- *Section C contains a description as opposed to clear identified health needs*
- *Inconsistent identification of needs*

### Outcomes

- *Not all the SLT outcomes are included*
- *Missing Outcomes/Provisions*
- *It's not clear where Communication outcomes are taken from – they are different to the ones given in SLT advice and it is not clear who has recommended it. Concerns of inconsistency between outcomes in the EHCP and the advice*
- *In section about Health outcome – it says CYP should have her health needs met – CYP has major issues with anorexia, OCD traits and Autism, should all CYP health outcomes not have this – not person centred.*
- *Only one outcome has been used from Speech and Language Therapy advice*
- *The outcomes include more than one area of development – not SMART*
- *Medium-term outcomes misused as provision*
- *Outcomes and provision are mismatched*
- *Outcomes not lifted from the report*

### Provision

- *Provision made outside of professional's domain - Making suggestions about ear defenders but where has this information come from – should there have been an OT assessment.*
- *Provisions stated in the EHCP not stated in the advice*
- *Additional provision has been added which repeats older advice*
- *Recommendations on provision do not fit with the information and recommendations in the report*
- *Incorrect provision frequency*
- *Some of the MAAP comments and assessment results were included in Section B, and some recommended strategies seemed to have become provision in Section F*
- *The frequency recommendations are not clear enough*

### General

- *No/ Little School information reflected in the EHCP.*
- *Use of a letter meant that advice was not translated well*
- *Information about needs, suggested outcomes and provision is of poor quality and completely missed out*
- *Dated advice reports used instead of current report*
- *The same advice is taken from different sources resulting in a repetitive and unclear plan*
- *Unclear where other communication advice has come from*

## **10. Impact and Next Steps**

The true impact of the first year of the EHCP QA Programme will not be seen immediately, as the work to strengthen the areas in need of improvement is still ongoing and in many cases yet to start. However, we can clearly identify through the data above and through individual Cycle reports a trend of increasing quality of EHCPs and practitioner advice. We have heard that practitioners and managers have an improved understanding about what 'good' looks like, as a result of completing the audits and the creation of good practice guides and examples. The QA Programme has also directly contributed to the improvement of a number of relationships between Health, Social Care and the Inclusion Service at a strategic level.

The findings of this report will be examined in detail by the multiagency SEND QA Board and any additional actions identified will be included in the working action plan. The SEND PQA Team will also gather feedback in December 21 from all those involved in the QA Programme. This feedback will be analysed by the SEND QA Board and will influence the structure of the Programme for 2022.