

SEND Quality Assurance Outcomes Report February 2021

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1. Context

The first cycle of our SEND Quality Assurance Programme was carried out between September - November of 2020, to audit the quality of Final EHC Plans, Amended EHC Plans and corresponding advice and annual review reports submitted by practitioners.

This programme was established in response to the CQC and Ofsted visit outcome in January 2019: "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."

A total of 54 EHC Plans and corresponding advice, were audited in this cycle consisting of:

- 18 EHC Plans resulting from EHC Needs Assessments and the assessment advice.
- 18 Amended EHC Plans for children in Year 8 and below, updated following an Annual Review alongside the Annual Review Reports and accompanying evidence.
- 18 Amended EHC Plans for children and young people in Year 9 and above, updated following an Annual Review alongside the Annual Review Reports and accompanying evidence.

Team of auditors and Moderators

Type of document submitted	Auditors	Moderators
EHCP Final	Family Service Team Coordinators/Assistant coordinators	Family Service Team Lead Coordinator

EHCP Final amended (Year 8 and below)	Family Service Team- Coordinators/Assistant coordinators	Family Service Team Lead Coordinator
EHCP Final amended (Year 9 and above + MIA Plans)	Family Service Team - Coordinators/Assistant coordinators	Family Service Team Lead Coordinator
Annual Reviews	Progress & Quality Assurance Team	Progress & Quality Assurance Team
Parent/CYP Advice	Progress & Quality Assurance Team	Progress & Quality Assurance Team
Education Advice	Progress & Quality Assurance Team	Progress & Quality Assurance Team
Medical Advice	Health Multi-disciplinary Team led by Designated Clinical Officer Teams	Progress & Quality Assurance Team
SALT Advice	Health Multi-disciplinary Team led by Designated Clinical Officer Teams	Progress & Quality Assurance Team
Occupational Therapy	Health- Multi-disciplinary Team led by Designated Clinical Officer Teams	Progress & Quality Assurance Team
Physiotherapy	Health Multi-disciplinary Team led by Designated Clinical Officer Teams	Progress & Quality Assurance Team
EP Advice	Educational Psychologists	Educational Psychologists
Social Care/EH	Social Care & Early Help Teams	Social Care QA Team

Table 1. *The types/quantity of documents that were audited and moderated in the November EHCP audit, and the teams involved with auditing them.*

At the end of each month, the audit scores from operational staff and the moderation scores from managers are collated into a report. This information is presented to the Multi-Agency SEND QA Board for further discussion and agreement of further actions moving forwards. The membership of the board consists of colleagues from the SEND Progress & QA Team, SPCN, Health, Social Care, Early Help, Educational Psychology, Education Settings, Specialist Education Services & SEND Family Services.

Enhance EHC are an external company who have been providing support with SEND documentation since 1996. During this time, they have worked with 96 Local Authorities (LAs) across England. Their experience and vantage point enables them to offer a unique perspective, including the ability to:

- analyse how best to ensure that EHC plans produced are effective as functional documents, accessible to families and professionals, and compliant with the 2015 SEND Code of Practice (CoP)
- observe the varying quality of professional EHC Needs Assessment reports across England

- work with hundreds of different EHC plan templates and learn what works well and what could be improved on to ensure the resulting plans are effective and legally compliant

Enhance was commissioned in January 2021 to audit the 54 EHC Plans and corresponding documents of our first internal cycle so we could demonstrate the effectiveness of our internal auditing as well as track our progress externally to moderate our own programme.

Prior to our internal programme of internal quality assurance, we commissioned Enhance to carry out independent audit of 28 EHCP's and corresponding advice in summer 2019, we then carried out an internal / multi-agency audit of 23 EHCP's in spring 2020 and also commissioned Enhance to audit these.

2. Internal Audit Outcomes

The overall quality of both plans and advice has improved, with the average (mean) plan score this year being 17.8 and average advice score being 15.25, compared to last year's 16.4 and 12.1.

From 2020 to 2021, there have been improvements in the quality of the EHC Plan and Amended EHC Plans, and in the EHC Needs assessment Advice audited. This is also evident in the audits of EHC Needs Assessment advice, with significant improvement in the SALT advice, now scoring 18 after scoring just 12 in the Internal and Enhance March 2020 audits.

It would be pertinent to note here that the Social Care advice sample size was small. In the March 2020 internal audit there were only 4 advice forms and in Feb 2021, this consisted of only 1 sample.

Our February 2021 internal quality assurance rolling programme consisted of our first formal audits of annual reviews and amended plans. This gave us our baseline data to be able to track further progress and improvement in quality, as the annual review and amended plans were not of the quality that our new final EHC Plans reflected at that time.

Internal Audit Outcomes

Type of Document	Internal Audit Score March 2020		Internal Audit Score Feb 2021	Variance since 2020
Final EHC Plan	16.4	↑	17.8	+1.8
Final Amended EHC Plan	n/a		17.4	n/a
Annual Review Reports	n/a		13	n/a
Parent/CYP Advice	13	↑	15	+2
Educational/Setting Advice	13	↑	16	+3
Health/Medical Advice	7	↑	11	+4
Speech and Language Therapy (SALT) Advice	12	↑	18	+6
Occupational Therapy Advice	13	↑	15	+2
Physiotherapy Advice	13	↑	17	+4
Educational Psychology Advice	17	↑	19	+2
Social Care	11	↓	11	0

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 were removed from the weighting.

3. External Audit Outcomes

The external audit findings corroborated the internal audit conclusions that the overall quality of both EHC Needs Assessment EHC Plans and the advice is higher, with the average (mean) plan score this year being 15.5 and average advice score being 12.3, compared to last year's 14.1 and 10.6.

External average plan scores

	2019	2020	2021
Average plan score	13.8	14.1	15.5
Average advice score	10.7	10.6	12.3

Note on scoring: Scores are out of a maximum of 20.

The main notable changes were increases in the SALT and Physiotherapy scores. The quality of new and amended plans is impacted by the advice and reports. The improvements in the quality of advice which has included a review of the advice templates, has contributed to improvements for new plans, alongside the training delivered to all caseworkers who draft plans.

This is the first external audit of amended EHC plans and Annual Review documentation. The initial observations would be that the annual review paperwork is often lacking in detail which impacts on the quality of amended EHC Plans and, in some cases, where information has been provided, this is not being fully incorporated into the amended plans.

4. External Qualitative Analysis:

Overall findings for professional advice.

Advice	Strengths	Areas for improvement
Child/ young person and family views	<ul style="list-style-type: none"> The Family Views form asks for all of 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, 89% of the plans had aspirations from both parents and the child/young person in Section A, as recorded by the professionals carrying out the assessments, which does indicate good person-centred planning (particularly from the EPs). 	<ul style="list-style-type: none"> It was only clear in 25% of the cases how the child/young person's views had been gathered The gathering of direct child/young person's views relies on completion of a One Page Profile, as there is no separate views form for the child/young person to complete.
Educational	<ul style="list-style-type: none"> The child/young person's strengths were described in the majority of the educational reports. The majority of the educational reports scored either 'Yes' or 'Partly' for providing a comprehensive description of the child/young person's needs. 	<ul style="list-style-type: none"> The educational advice form does not specifically request the inclusion of the views as expressed by the family. Possibly as a result, only 31% of the educational reports demonstrated evidence of person-centred planning, although another 44% 'partly' met this requirement e.g. by stating that the family were engaged in the assessment process. Outcomes in the majority of the educational reports were only partly SMART; the lack of timescales was a common factor in this. Only 31% of the educational reports scored 'Yes' for recommending comprehensive provision that was specific and quantified. Provision was often limited to a few bullet points per area of need/outcome..
Health therapy advice	<ul style="list-style-type: none"> The SALT and PT advice demonstrated strong person-centred planning The SALT reports generally provided comprehensive descriptions of strengths, needs and the impacts of the identified needs. All of the SALT reports recommended outcomes were relevant; 55% of these provided SMART outcomes and the other reports provided 'Partly' SMART outcomes. Similarly, all reports recommended provision to meet described needs, most of which scored 'Yes' for provision being comprehensive and specific/quantified. 	<ul style="list-style-type: none"> Person-centred planning was less evident in the health reports than the therapy reports. The majority of the health reports did not provide a comprehensive description of the child/young person's strengths. Despite most of the health reports scoring either 'Yes' or 'Partly' for comprehensively describing the child/young person's needs, almost none recommended SMART outcomes and the majority did not recommend comprehensive and specific/quantified health provision to meet the needs described.

	<ul style="list-style-type: none"> All OT and PT reports recommended provision, and a significant portion of these provided comprehensive and specific/quantified provision. 	<ul style="list-style-type: none"> OT reports tended to focus more on describing recommended support/strategies.
Educational Psychology advice	<ul style="list-style-type: none"> EP advice had strong evidence of person-centred planning in 100% of the cases. EP advice provided comprehensive background/contextual information and helpfully listed other professionals and services involved. The majority of EP advice comprehensively described the child/young person's strengths and most of the reports provided a comprehensive description of needs. The overall format of the standardised EP report ensured that outcomes and provision were recommended for each area with identified needs. All EP reports recommended outcomes to meet the needs described; these were generally SMART. 	<ul style="list-style-type: none"> Roughly a third of the EP reports scored 'Partly' for recommending SMART outcomes and for providing comprehensive and specific/quantified provision; weaknesses with outcomes related to some not including timescales or being measurable enough, and provision weaknesses related to some issues with quantification e.g. not extending to the quantity/duration of specified intervention sessions, or just stating "as and when needed".
Social care advice	Social Care submitted a report for just one case; 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.	

5. Internal/External Audit Comparison Narrative

Average Advice Scoring

The average advice score given by Enhance includes the social care score, which was 0, therefore bringing down the average. The Enhance report states that in previous QA projects they did not include the social care score if advice was absent.

If we remove the 'absent' social care advice scoring, the average advice score increases from 12.3 to 13.6. If we also remove the scoring where no medical advice was submitted but Enhance felt it should have been (they completed audits and marked 0), the average advice score increases again to 13.75. This is significantly higher than the 2020 score of 10.6.

Advice	Comments/Key areas for improvement
Child/young person and family views	<ul style="list-style-type: none"> External auditors seem to be more critical with regards to involving the child and including their views and aspirations - we did not mark down if a child had not given views because they reported to be very young and/or have communication needs, Enhance often did.
Educational advice	<ul style="list-style-type: none"> Enhance have been more critical as to whether advice contains comprehensive description of identified needs. Internally, advice is not marked down where the format of the form did not include sections asked about in the audit framework, e.g. brief summary of needs, strengths (in old format), steps towards outcomes (old format). We put N/A while Enhance marked No.

	<ul style="list-style-type: none"> If setting included reports/additional information to support the advice form we took this into account during auditing – externally, this was not done consistent. Enhance have looked at advice documents for CYP altogether, e.g. they state that something has been mentioned in family advice or health advice but not identified in education advice, and marked down accordingly.
Health / therapy advice	<ul style="list-style-type: none"> If medical advice not submitted as part of EHCNA / used to write plan, but Enhance felt one should have been, they completed an audit and marked no or N/A for all. This lowers the average medical advice score. Where it is not relevant for health professionals to provide suggested outcomes or provision and therefore this is not included in their advice/report, we have agreed with Health partners this can be marked as N/A. Enhance mark this as No. This agreement was implemented fully for the November audit.
Educational Psychology advice	<ul style="list-style-type: none"> List of previous and current support or involvement from professionals/services (there is a box in the new advice form template for this information but not in previous version, which was included in early audits. Lost marks from Enhance if box completed but no dates)
SALT Advice	<ul style="list-style-type: none"> Having complete details of medical history or other involved medical professionals (we did not mark down if dates were not included, as agreed with health partners as trawling medical history and involvement is a very time-consuming task for practitioners and questions raised about whether this is duplication of information from other advice).
OT Advice	<ul style="list-style-type: none"> Person-centred planning: External audit marked down on this more.
Physiotherapy Advice	<ul style="list-style-type: none"> Having complete details of medical history or other involved medical professionals (we did not mark down if dates were not included, as agreed with health partners as trawling medical history and involvement is a very time-consuming task for practitioners and questions raised about whether this is duplication of information from other advice).
Annual Review (AR) Report / Advice	<p>There are some significant differences between the internal and external audit process:</p> <ul style="list-style-type: none"> Enhance have audited any advice submitted alongside the Annual Review Report as separate documents. As this is the first time we have asked Enhance to QA amended plans and AR paperwork, we were unaware that this was their process. We completed an audit of the annual review report and any supporting information together, using the AR audit framework. Enhance have updated their audit framework for 'Annual Review form' – most questions remain the same but some have changed/been added/removed. Highlighting the above, instead of marking 'person-centred planning' in the AR audit framework, there is direction to 'refer to separate parent/CYP views framework' – parent/CYP views audits have been completed for all. Where we are able to directly compare scoring, we can see that Enhance have been stricter.
Additional notes	There were a couple of instances where we hadn't received advice/a report listed in Section K and we hadn't picked up on this but Enhance did.

6. Actions to be taken to secure ongoing improvements:

Area	Action
Audit frameworks	Review guidance notes again
Audit frameworks	When completing audit frameworks (Family/CYP Advice, Education Advice, AR report) comment on all 'partly' and 'no' responses. Comment on yes responses where it might not be clear to another why this has been chosen.

Paired/group audits	Set number per month
Review AR audit process	Consider if we want to continue as per first cycle or do we want to change for 2 and 3 to be able to compare to Enhance?
QA Cycle Coordination	PQA team to ensure we have ALL advice to audit.
Consistency between moderation and audit scoring improved	PQA Team group moderation to address inconsistencies within scoring.
Audit & moderation feedback process is in place, to aid practice development and learning, and ensure transparency	Ensure audited advice forms are discussed and shared with the practitioner that completed the advice.
Social Care / Early Help Advice Form is updated and in Liquid Logic	Work with Claudia Popeti to get forms into LCS
Practitioners receive all the relevant documents when being asked for advice <ul style="list-style-type: none"> - Blank advice form - Family Advice* - Child views / YP advice* - One Page Profile* *where Family Services have them	Agree method of monitoring this – Health monitoring for Dec & Jan (tbc)
Ensure that all advice and reports used to draft EHCP are audited	Continue to check Section K of EHCP submitted for audit, request missing documents if necessary
Advice forms clearly ask for information about impact of needs	Review and update all advice forms with partners
All practitioners know and understand what good looks like for describing needs and impacts, SMART outcomes and detailed, specific and quantified provision	Develop good practice examples with partners for practitioners in: <ul style="list-style-type: none"> - Health/Medical - Therapies - Social Care - Educational Psychology - Education
	Arrange and promote training virtual CPD for writing good quality advice
	Share Council for Disabled Children online training for writing Outcomes and ask to be completed <ul style="list-style-type: none"> - Family Services - Health - Social Care - Education
All services are clear about the type of provision they should be recommending and the limitations of this	Actions? Meetings between Family Services managers and Health, Social Care?

Co-production meetings take place whenever possible, to draft EHC plans that the family and all practitioners agree with.	Actions? Communication to FS teams/Training
Impact of needs should be clear within practitioner advice and EHCP	Good practice guidance – writing about needs & impact.
	CPD for Family Services
Language used in practitioner advice and EHCPs should be clear and accessible	Review of Quality Advice CPD to make sure it is still meeting needs
	Good practice guidance by individual service areas – see above
EHCPs are reflective of the advice received from involved practitioners	Ensure draft plans are always sent to all practitioners who have contributed advice