

# Education Health and Care Plan Review Report, SENSAP, Complex Needs Service, Leeds Children Services

## Executive summary

The Children and Families Act 2014 was implemented on 1 September 2014 with the purpose of giving families, children and young people with special education needs and disabilities (SEND) greater involvement in decisions about their support; and to ensure that social care, education and health services to work together more closely in the provision of that support.

A key area for reform has been to improve the statutory process of assessment of SEND. To make assessments and care planning for those with the most complex needs quicker and more joined up; by replacing Statements of SEN and Section 139a assessments with Education Health and Care plans (EHCPs) from September 2014. The Department for Education expect that all current statements and S139a assessments will be converted to EHCPs by April 2018 where appropriate.

EHCPs have the same legal rights, entitlements and protections as a statement, but have a

A greater focus on the child or young person's outcomes. Each outcome will be met through provision from education providers, health authorities, social care and any other agency or person supporting the child and family. Outcomes will look toward preparing the child or young person for adulthood, further education and employment, and independence

A greater focus getting ready for adult life (new EHCPs can go up to age 25 for those who stay in education and have complex needs)

Reducing the legal timeframe of the assessment process from 26 weeks to 20 weeks

Giving families with an EHCP more choice and control about the services they access and the potential to have a personal budget in order to help meet the outcomes as outlined in the EHCP

A greater emphasis on representing families' and children and young people's views, wishes and aspirations for the future

A focus on all the child's needs, including educational, health and care-related

Shared ownership of the EHCP with the child, young person and their family, through a more integrated assessment process and a much friendlier, easier to read and accessible plan

Over the course of the last academic year September 2013 to July August 2014 the Special Educational Needs Statutory Assessment and Provision (SENSAP) team, along with families and other professional colleagues from across health and social care, were working on embedding the new

working practices developed in relation to the Children and Families Act 2014. The review of the EHCP pathway has involved all partners and a high number of families giving feedback and expressing their opinions in relation to the new systems.

The review focused on four main areas; communication, paperwork, Multi Agency Panel Meeting and Next Steps meeting and is reported on in these sections. Strengths of these areas as well as areas for development are reported on. The report then makes recommendations to address the points raised.

The vast majority of families are very happy with the support, service and outcome of the EHCP. Overall they felt that the communication with the SENSAP team was appropriate and timely and they were supported throughout the 20 week process. Families did have concerns about the timeliness of the draft EHCP being made available before the Next Steps meeting. This is something that as a service we must aim for improving however the increasing level of demand on the team makes this difficult. A further piece of work needs to be undertaken in relation to professionals sharing advice with families before it is submitted to SENSAP.

The feedback from the professionals highlighted that they believe the new working practices are starting to make a difference and change the systems and level of engagement with children and families. Professionals identified that whilst the Multi Agency Panel meeting was more open and transparent for families and schools there are concerns about the long term sustainability of the panel due to staffing issues and demands from other areas of work.

Overall the implementation of the Children and Families Act in Leeds has progressed very well over the course of the year however there is still considerable work to be undertaken across the partnership in order to ensure a good level of service for all families in Leeds. The recommendations made in the main body of the report will be reviewed and reported on after six months.

All of the work we have undertaken has moved us considerably closer to a more integrated assessment process however there continues to be additional work to be undertaken to ensure all services are working together for a more integrated child centred approach.

The impact of the new assessment process on meeting outcomes for children, young people and their families is difficult to measure accurately until EHCPs have been in place for longer ie at least a full year. The first cohort of EHCPs will be due for review late January / early February 2016 and evidence can then be gathered to inform an impact study at the same time as the review of recommendations.

## Background

### Children and Families Act 2014

The Act came into force on the 1st September 2014 to reform services and information provided to children, young people and their families who have special education needs and disability (SEND). The reforms include:

Making sure education, health and social care services work together to support children and young people with SEND to achieve their full potential

Making sure assessments and care planning for those with the most complex needs is quicker and more joined up by replacing statements with EHCPs

The new EHC plans can go up to age 25 for those who stay in education and have complex needs

Personalising services for families so that they have choice and more control with the resources that are available

Making sure children and young people with SEND and their families have more of a say about the services they access and about how services are developed locally

Providing better information for families about services in their area through a published 'local offer'

### EHCP Review Overview

The new assessment has been in place for 10 months with a number of families having experienced the new process from start to finish. Of these families a cohort of 67 families

The scope of the review focused on the following EHCP processes and products:

Compliance with the Code of Practice

Participation of families, children and young people

Communication with families and professionals

Administration of the EHCP processes

Home visits and telephone conversations

Multi Agency Panel (MAP) meeting that considers requests for assessment. This is held at Adams Court.

Requesting information and advice using the EHC1 and EHC2 forms

Next Steps meeting where the caseworker, SENCo and parents / carers review the draft EHCP or discuss non-statutory alternatives. A request for a personal budget would also be discussed in this meeting and recourse to mediation or appeal to tribunal if indicated

## Methodology

The sample group comprised 67 identified families, where the child or young person's assessment had been undertaken using the new EHCP processes and the completion of this assessment resulted in an EHCP. Those involved in the EHCP process as either parent / carers

Parents and carers (*Questionnaire and results – Appendix 1*)

Advice givers internal to Leeds City Council e.g. Educational psychology, social work and teams within in the Complex Needs Service (*Questionnaire, additional comments and results – Appendix 2*)

Advice givers external to Leeds City Council e.g. Speech and language therapy and occupational therapy (*Questionnaire, additional comments and results – Appendix 2*)

School e.g. Special education needs co-coordinators (SENCOs) (*Questionnaire and results – Appendix 3*)

Officers from the Business Support Unit (BSU) who provide administrative support (*Questionnaire and results – Appendix 4*)

3rd sector agencies that provide support and advice to families e.g. SENDIASS, EPIC Leeds, Scope and Barnardos (*Questionnaire and results – Appendix 5*)

Senior health managers e.g. Designated Medical Offer (DMO) and Designated Clinical Offer (DCO) (*Appendix 6*)

Children and young people's views (*Appendix 7*)

Feedback provided collectively from the Special Educational Needs Statutory Assessment and Provision team (SENSAP) (*Comments – Appendix 8*)

A questionnaire format was used to gather information from respondents in groups A through to F. Questionnaires varied slightly from group to group to take into account differing roles within the EHCP process but focused on the themes highlighted in the review's scope.

Initially, parent and carers were invited to comment on their experience of the EHCP process by telephone. Where a telephone interview could not be undertaken those remaining parent / carers were sent a paper questionnaire to complete and return in a pre-paid envelope. The response rate from parents and carers was 52% (35 families out of 67 provided responses).

Team discussions were held by the Educational Psychologists in the areas and three team questionnaires were provided to the survey along with six individually completed questionnaires.

The response rate for SENCOs of completed questionnaires was 31% (17 out of 55).

With regard to other internal professionals such as the children's social work service and the Complex Needs sensory team, the response rate was 20 to 25% with only two respondents returning completed questionnaires out of a sample size of ten. The social workers involved with the sample

group are aligned to fieldwork provision and not based within the Child Health & Disability (CHAD) SW teams.

Requests for advice from health professionals are managed by a central health administration team and individual professionals could not be identified for the purposes of the review and as such the questionnaire could not be targeted and a response rate calculated. This includes the following teams:

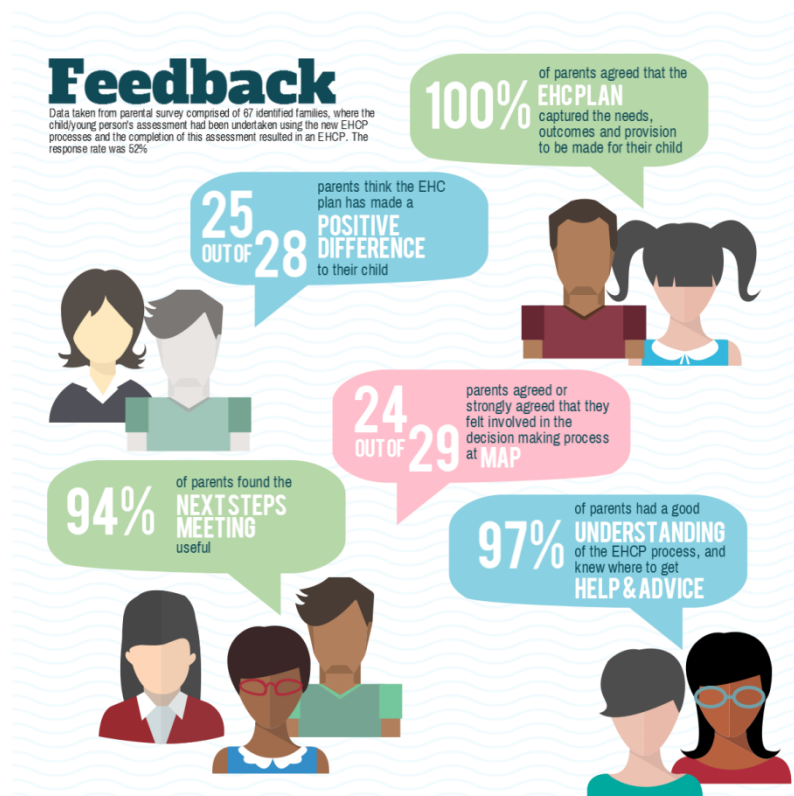
- Speech & Language Therapy (SALT)
- Paediatric Occupational Therapy (OT)
- Paediatric Physiotherapy

It was therefore difficult to identify how many individually named therapists have been involved in the EHCP process for the total cohort of 67 families. However, additional feedback has been provided collectively from the SALT team which has been included in this review. A structured interview approach was used for senior health managers (group G).

The internal Business Support Unit provides an administration function and there are seven Assistant Casework Officers, three of whom returned completed questionnaires (43%).

The questionnaire for the 3<sup>rd</sup> sector was passed out through Voluntary Action Leeds (VAL) so the reach is unknown and no responses were received. Responses from Scope Leeds and EPIC Leeds were from direct consultation.

## Findings



## Communication

### Strengths of the new processes

- Information in the parent pack was agreed to be good by parents (87.5%)
- 87.5% agreed that the written information received from SENSAP gave them an understanding of the EHCP process
- The BSU hub reports that there has been an increase in the amount of contact they have with families since Sept 2014
- Both Scope and EPIC Leeds agreed that there is greater engagement and involvement in the decision making process with families in the EHCP process
- The BSU hub reports a change in the type of and ease of tasks that they undertake, in relation to communication with parents, carers and partner agencies – increase in electronic and decrease in paper-based activities
- The BSU hub agrees that there are clear and effective processes in place to ask for and

### Areas for development

- Half of families received a home visit. Other families had a telephone discussion.
- 35% of SENCos thought that the written communication from SENSAP was not received in a timely way at the point of requesting assessment

### Recommendations

- SENSAP Leadership team to monitor the timeliness of draft EHCPs
- Ensure that all families receive a telephone call once the request for assessment has been made and discuss if a home visit is also required.
- Head of SENSAP to write to senior leadership team of all advice givers to re-enforce the message of providing families with a copy of the advice to be submitted to SENSAP prior to submission
- Consider amending notification letters to schools and families – making key dates and times more prominent
- Discussion is required with partner agencies to develop triggers for early assessment of unmet need in terms of health and care
- Make a framework for sharing, agreeing and recording the family's aspirations and identified outcomes prior to MAP and continuing through the EHCP process – stronger working between families and professionals would help to develop outcomes that bring together the advice from several professionals rather than outcomes being developed in isolation

## Paperwork

### Strengths of the new processes

Parents agreed that the EHC2 helped them to express their child's needs, aspirations and outcomes (97%)

All families agreed that the final EHCP captured the needs, outcomes and provision to be made for their child

90% of professionals agreed that the EHC1 helped them express their professional views in relation to the child's needs, aspirations and outcomes

100% of SENCOs agreed that the EHC1 helped them express their professional views in relation to the child's needs, aspirations and the outcomes

93% of SENCOs were provided with notice of the Next Steps meeting

### Areas for development

Parents reported that only a third of professionals shared their reports with them prior to submission to SENSAP

More support for parents on capturing outcomes and aspirations

91% of professionals reported that they did not share the content of the EHC1 with parents before submitting it to SENSAP

37.5% of SENCOs felt that the notes that they received from MAP did not make it clear as to what the Next Steps were and who would be responsible

### Recommendations

Best practice examples of paperwork to be collated and shared with advice giving partners for sharing with their teams for professional development. This will enable consistency for recording advice on the EHC1.

SENSAP team to work on further developing MAP notes to ensure actions have a name against them

Amend the EHC1 proforma to record that professionals have provided the family with a copy of the advice that they have submitted. This will be monitored and fed back to services as appropriate

Resolve technical issues on the EHC1 e.g. font size and formatting

## Multi-Agency Panel (MAP)

### Strengths of the new processes

- 83% of parents said that the time allocated to MAP was about right
- 93% of parents agreed that the professionals attending MAP had a good understanding of their child's needs
- 80% of professionals agreed that MAP ensures that the family felt involved in the decision making around their child
- 100% of SENCOs agreed that MAP gave them a better understanding of the decision making process
- Parents know where to get support i.e. from Casework Officers, SENCOs and SENDIASS

### Areas for development

- 30% of parents were not able to attend MAP even though they wanted to
- 25% of professionals did not receive all of the information regarding the cases to be discussed by the given deadline
- 25% of professionals felt that they did not feel involved in the MAP decision making process
- Some professionals reported that MAP notes do not always reflect who made comments and who would own recommended actions
- 33% of SENCOs said that they were not made aware of the date that the child would be discussed at MAP

### Recommendations

- Ensure a weekly MAP meeting throughout the year
- Explore options for current and alternative venues
- Increase the number of available slots for parents to attend MAP
- SENSAP leadership team will work to further develop consistency in chairing of meetings
- Ensure notes from MAP will identify responsibilities for actions
- Notes from MAP will assign the specific comments if they are not shared by the whole panel
- Liaise with Health colleagues to ensure wider involvement from Health professionals in MAP



## Next Steps Meeting

### Strengths of the new processes

- 89% of parents had a copy of the draft EHCP before the Next Steps meeting
- 80% of professionals agreed that the Next Steps meeting was a helpful process for the child and family and 92% of SENCos said found it useful to have the Next Steps meeting
- 94% of SENCos attended the Next Steps meeting

### Areas for development

- 23% of parents felt that they did not receive the draft EHCP in time to read before the Next Steps meeting
- 33% of parents reported that the professionals who contributed to the EHCP did not attend the Next Steps meeting
- 42% of professionals did not attend the Next Steps meeting in comparison to 94% of SENCos attending
- 45% of professionals said that the draft EHCP was not available to them before the Next Steps meeting
- 56% of professionals felt that there was not enough time to read through the plan before the Next Steps meeting

### Recommendations

- SENSAP to discuss professional attendance at Next Steps meeting with relevant senior managers
- SENSAP to discuss with partners the expectations of families and professionals attending the Next Steps meeting
- Ensure that the EHCP draft is sent to families and professionals at least a week before the Next Steps meetings to ensure that there is time to read and comment
- Schedule meetings in such a way as to maximise attendance of relevant professionals
- Continue to work on capturing children and young people's views and aspirations in all plans

## Other comments

### Areas for development

- Both parents and professionals would like to have access to best practice examples of the EHC1; EHC2; outcomes and aspirations; and EHCPs
- Pre-population of EHC1 with child's details
- Increase awareness of SENCOs in relation to statutory deadlines
- The BSU and Health administration hubs are generic in nature and undertaking specialist work can be challenging
- Changes in timescales for completion of the needs assessment to 20 weeks can adversely affect engagement with parents and school based staff particularly in the summer break
- Early Help Pathway needs to be embedded within the MAP discussions if an EHC assessment is not agreed
- Parent views of the venue for MAP were mixed with some parents finding the open reception area intimidating
- Capturing families and Children and Young People's voices is an integral part of the process and not separate to it. The processes need to facilitate this
- Partnerships between schools, Children's Services and the 3rd sector are still moving very slowly in comparison to social care and how it utilises experience and resources from the 3rd sector

### Recommendations

- Undertake review of administration processes
- Explore ability of SENSAP systems to increase auto-population of documentation
- SENSAP to develop a list of FAQs that can be given to advice givers and other professionals so they can better understand the constraints of the 20 week statutory process and the remit of both the MAP and the next Steps meetings ie steps in the assessment process, time scales and government guidelines for agreeing an EHCP at a given point in time rather than an EH assessment / plan
- SENSAP to review and re-circulate statutory timelines and overview of EHCP process including Lead professional responsibilities
- Develop better understanding with SENCOs regarding when to timetable a needs assessment
- Consider how we develop capturing parental feedback that is integral to the assessment

## Case studies

In order to look in more detail at the parental feedback, two cases were selected from the sample group where families had responded to the survey (35 families out of 67). One family had reported that they were happy with the new process and one family had a level of

### Case Study 1

The family expressed concern regarding the amount of initial paperwork that was sent to them via the SENSAP team. Whilst lots of the information was said to be useful there was a considerable amount to deal with that was not relevant or pertinent to their child's needs. The telephone survey conducted with the family highlighted that there was some delay in the production of the draft EHCP and as a consequence the family felt somewhat unprepared for the Next Steps meeting. Although there is no statutory timeframe for circulating this document, from a best practice perspective, it would be beneficial to share this document, with all concerned, at least one week before the Next Steps meeting.

The family reported that they did not feel involved in the Multi Agency Panel Meeting (MAP) even though the decision was a yes. They felt that the decision had already been made and that they were not included in the discussion.

With regard to the venue the family expressed some concern regarding the parking difficulties at Adams Court and the location of the offices. SENSAP is exploring with built environments the possibility of having visitor spaces designated in the car park at the current venue and also exploring holding the meetings elsewhere across the three areas of the city.

### Case Study 2

The family reported that they felt that the information from SENSAP was sent in a timely manner and that the written information that was shared was appropriate and informative. The family felt well connected to the process and had good support from not only the SENSAP team but from voluntary agencies throughout the process.

The family felt that the EHCP captured their child's needs in a really quick and professional manner. The family reported the EHCP had already made a difference to their child's development and the provision described in the plan, as advised by the advice givers, was already in place in the school.

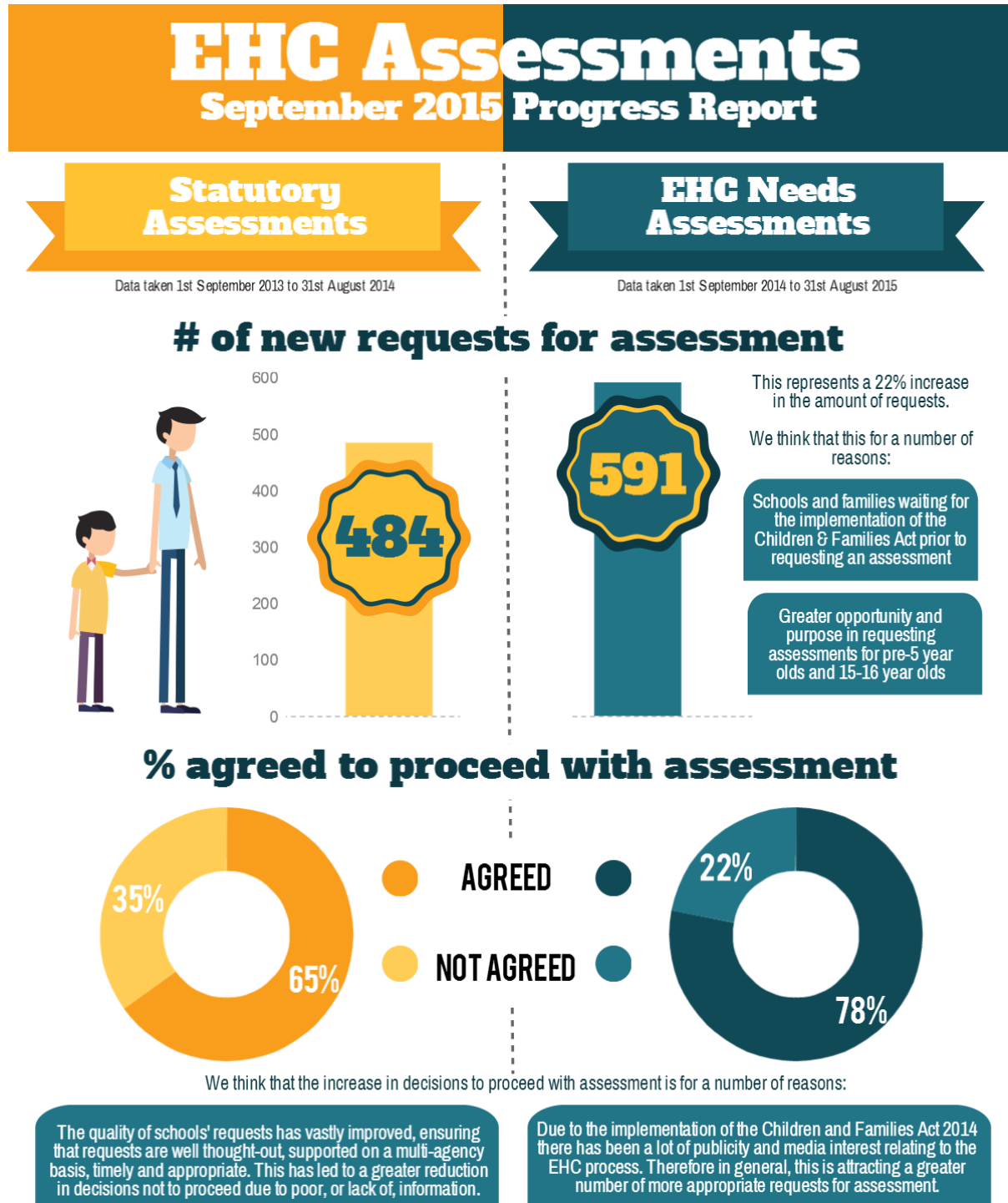
The mother of the family did not want to attend the MAP meeting as she felt that the written evidence from school was strong and she did not need to attend. The draft EHCP was made available for the family before the Next Steps meeting. Overall the parent reported that she felt that process was quicker than she had expected and resulted in a good plan.

### Reflection on the case studies

These two cases share very similar aspects, with casework officers completing home visits and undertaking very similar interactions

One family attended the MAP meeting and one didn't and this could have given them very different views on the process and how decisions are made. One significant stressor that could have impacted negatively on the family's view of MAP is the location and parking of the meeting venue. The SENSAP team is already pursuing options to resolve parking issues at the venue.

The illustration below shows the number of requests for EHCP and how many proceeded with assessment for the current and past academic year.



Over the course of the last academic year there has been a decrease in parental requests and an increase in school requests. Overall the figures indicate that there has been a 22% increase in new requests for assessment. The number of requests for assessments that have been agreed to proceed with assessment has also increased by 13%. These increases may be explained as it is a new process so schools and parents were waiting for the new system to come in to force and had delayed their requests resulting in a bulge. A further explanation is that children of a much younger age are coming through for assessment and again this may be a bulge in conjunction with the fact that the age range now extends to 25 years.

## Conclusions

The main theme emerging from the review is that families are pleased with the changes in the working practices and they are leading to a greater level of engagement and better outcomes for children and young people.

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There are a number of recommendations that need to be discussed and actioned as appropriate following this review. The SENSAP team continues to work incredibly hard to ensure a good service standard for the children and families they support. Both the significant increase in demand for new assessments and with the need to convert 2400 Statements into new plans is putting the system under considerable pressure.

Work with key partners in health and social care continues to ensure the system changes that are required to implement the spirit of the children and families act are delivered at an operational level and children, young people and families experience the difference in the way services respond and interact.

As we approach the anniversary of the implementation of the children and families act we will begin to review the first Education, Health and Care plans and gather information regarding the percentage of the outcomes achieved for the children and young people.

In addition to this further work will be undertaken to capture the views of families that are did not progress with an Education, Health and Care plan assessment and how they have progressed on the non-statutory pathway and whether they have returned to a statutory pathway.