





Written Statement of Action following the Joint Local Area SEND inspection in Kingston upon Thames Impact Report (INTERNAL ONLY) March 2021

1: The overall poor quality and monitoring of Education, Health and Care plans, including contributions from health professionals

Aim: Every EHC plan will be fit for purpose and fulfil statutory requirements under the 2014 Children and Families Act

a. All EHC Plans will be produced in partnership with Health, Education and Social Care and will be of high quality and impact positively on outcomes for children and young people with SEND.

The appointment of the Designated Clinical Officer has increased health colleagues confidence and competence in fulfilling their duty to submit assessments for EHC plans. This has included training for therapy providers. The DCO attends SEND panels for purposes of ratification. Provider organisations have internal quality assurance mechanisms and the DCO is working with providers on regular deep dives of advice. The DCO has established audit processes for health input.

AfC now includes generic SEN knowledge in its induction process so that all early help, social care and education colleagues understand statutory requirements.

Training for SEN team members takes place fortnightly and links to quality assurance. There have been 10 training sessions over the year which have covered a variety of topics pertinent to EHC. The delivery of training had been impacted by Covid.

In 2019/20 in Kingston, 24 parents responded to the survey that follows the issuance of every EHC plan.

83% felt involved, able to participate and express views throughout the process.

83% agreed their child's views were obtained and included in the plan

92% agreed the content of the plan reflects their child's education

88% agreed the content of the plan includes meaningful outcomes

75% were satisfied with the contact with the SEND staff

75% agreed the overall exp[erience of the EHC plan process was positive

Parents are asked for feedback at the end of the EHC assessment process, with regard to 4 key questions:

- Parents expressing that the EHC assessment process has been positive increased from an average of 80% (19 out of 24 responses) satisfaction in 2019/2020 to currently 88% (16 out of 18 responses) in 2020/2021.
- Parents having confidence in the quality of the final EHC plan has increased from an average of 92% (22 out of 24 responses) in 2019/2020, to currently 95% (17 out of 18 responses) in 2020/2021

- Parents feeling fully engaged in the assessment and writing of the plan has increased from an average of 83% in (20 out of 24 responses) in 2019/2020, to currently 95% (17 out of 18 responses) in 2020/2021.
- Parents feeling that the plan would help their child make progress towards the outcomes has increased from 88% (21 out of 24 responses) in 2019/2020, to currently 95% (17 out of 18 responses) in 2020/2021.

We recognise whilst this is positive and showing an improvement the sample is small and we must triangulate this information with other models for collecting feedback from families.

% of new EHC plans completed in 20 week timescale

%	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
% issued 20 weeks	100%	95%	100%	95%	90%	100%	92%	100%	100%	94%	87%	95%	75%

Data indicates that current performance has dipped in recent months and that capacity of health colleagues to complete assessments has been impacted by redeployment for Covid 19 activity.

- b. All partners and teams are confident and competent in fulfilling statutory duties for EHC assessment and understand their responsibilities under the 2014 Children and Families Act.
- Whilst progress has been made, the changing nature of staff, teams and personnel means that input must be ongoing
- AfC has agreed an SEN component to its standard induction programme so that all teams have a generic understanding of the SEND reforms
- Appointment of Designated Social Care Officer will develop expertise and accountability within social care teams
- CDC outcomes training completed across all partners in summer 2020
- CDC training event attended by social care champions on how to write good quality plans.
- Transition activity with adult services has agreed joint training / lunch and learn sessions to understand different legislative frameworks -Care Act and Children and Families Act
- Joint planning at key transition points to support understanding of YPs identified needs and pathways to support outcomes. Mapped as part of triage PFA data can be included.
- Improved tracking of NEET and pathway planning for those YP wanting to traineeships. Investment in careers guidance, next steps focused in particular areas LAC/YOS/ EHC

All partners complete assessments in a timely manner (% advice supplied with 6 weeks)

It is helpful that we can now assess which partners have completed assessment within timescales so that specific contributions or challenges can be identified.

%	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Social care	69	33	71	43	29	21	40	62	31	12	17	60	17
Paediatricians	100	36	25	45	43	76	73	13	55	67	33	70	47

ОТ								20	75	56	33	0	50
SaLT								17	55	62	38	50	50
Physio								20	57	63	33	40	43
EP	70	75	93	82	88	75	75	87	78	83	79	100	67

88% of Education settings said they understand and know how to participate and contribute in the Statutory assessment process.

70 % (secondary) and 50% (Primary) feel confident in the assessment process and the quality of final EHC plans and the outcome set out in the plan at the last survey results in 2019.

SENCO's are being resurveyed the w/c 9th November 2020, which will illustrate progress or otherwise.

c. Quality assurance processes for existing EHC plans includes education, health and social care and indicates plans are fit for purpose and accurately reflect a child / young person's needs and appropriate education, health and care provision

Quality assurance processes are now established and used to drive service improvement and a quality assurance framework is in place to oversee a consistent, coordinated approach to assessing the quality of EHC plans. Strategic oversight is led by the SEND Partnership Board which reviews all performance indicators. The QA framework includes 4 strands of activity. Strand 2 which outlines expectations of education, health and social care colleagues to meet bi monthly is well established, and 5 joint quality assurance activities have now been completed which indicate that 69% of plans are scaled 6-8 which is a 'good plan'. This is an increase from 50?% in summer 2019. Further development of the quality assurance framework includes school SENCOs, across local authorities from January 2021

Education, health and social care colleagues have established a bespoke QA process to evaluate the quality of advice for EHC assessments in each team. As a result confidence levels in understanding expectations and awareness have now increased to 62% in social care teams (not yet measured in health) about their responsibilities in contributing to an EHCP and the knowledge of the Childrens and Families Act 2014. SEN team quality assurance of all new EHC plans is embedded and currently 96.4% of new plans are deemed to be good, with 6% requiring significant further activity.

The Performance, Quality and Improvement Board systematically reviews quality assurance activity to agree next steps, agreed key themes for training and how learning is being taken forward. Examples include; DCO delivering bespoke training to the SEND team on 'health' provision and providers, training delivered to Therapy teams and Pediatricians about the roles, responsibilities and how to write good advice,, Outcome training delivered across the SEND system and rolling programme within the SEND team on writing good quality plans. The impact data is being collated but we use supervision as reflective practice to consider how the learning is embedded.

We are surveying schools on the 9th November about their confidence and competence in supporting children at SEN Support/ EHC Plan and confidence in understanding the system.

d. Any delays or concerns with regard to implementing actions and measures being taken to address

Strand 4 has not progressed due to the pressures on LA's as a result of redirected resources to support the pressures caused by Covid. Planning to start external QA in January 2021.

Strand 3 has not started systematically across the system and developments are happening with Health partners but remain in their infancy. Covid has impacted on the system's ability to deliver this as resources have been redirected.

Internal SEND Service QA Activity:

There is clear evidence over time of a positive trajectory albeit small in relation to the quality of new plans improving in relation to these core aspects.

New EHC Plans	Have the health, education and social care needs of the child/young person been clearly identified?	Has health, education and social care provision been specified and quantified? This includes e.g. the use of non vague language such as "benefit from" and includes frequency and duration of sessions, size of small groups, and size of class if different from normal	Is there evidence of the child/young person's voice, wishes and feelings?
February 2019 - June 2020		53.1% were considered to be specific and quantifiable 40.6% were deemed partially specific 5.6% not specific EP advice coming out higher here with 75.7% of their advice scored as partial or no with Health and Social Care responsible for 33.8% and 2.7% respectively	80% clear voice of the child 20% no voice. Often associated with complexity of needs
June 2020 - September 2020	96.4 % (110) as good	57.4% as good 46.2%) fell short and were scored as a no where it hasn't happened: Education, and EPS is relatively even at 88.2% Health and Care responsible for 41.2% and 50.9% respectively	85.2% were scored as a yes 14.8% were scored as a no *where this happens it can often be due to the family not engaging rather than simply not gathering input despite best efforts from the school & SEND

2: The timeliness of leaders in ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice

Aim: Annual reviews and subsequent amendments for EHC plans will be completed effectively and in line with the statutory duties of the 2014 Children and Families Act

a. Annual reviews and subsequent amendments are completed within statutory timescale

Looking at the systems and processes associated with Annual Reviews has been a priority. Improvements have been made in key areas, and these are:

What's working well?

• System changes - there is now a database which can report on key KPIs for the the whole Annual Review process.

	06/20 - 08/20	09/20 - 12/20	01/21 - 03/21
% of annual review held with 12 months (Stat time frame)	Synergy data error	Synergy data error	Synergy data error
% of AR decisions made in 4 weeks (Stat Time frame)	49%	54%	57%
% of draft amended decisions made in 8 weeks of decision (Local KPI)	54%	23%	54%
% of Final amended plans issued within 8 weeks of draft. (Stat time frame)	83%	80%	83%

- Internal process changes robust initial triage of Annual Reviews which is helping identify quality issues with plans, system issues. These are summarised below:
 - $\circ~$ a creation of multiple letters which give identification of need to refer to other services,e.g. EWS, EPs
 - Child still has draft plan outstanding, not finalised
 - Synergy workflow issues
 - Outcomes not set to key stage
 - New Diagnosis not incorporated in to plans
 - Updated therapy advice not included in plans

• In 2019 3 part training for SENCOs, EPs and health colleagues was completed and 82% of participants indicated increased confidence and understanding of the annual review process. (The survey was carried out in November 2019).

Where is there still work to do?

- Tracking the outcomes and impact is in infancy
- Need to embed in quality improvement and feedback loop, re training to stakeholders
- Additional work for team and capacity challenges
- Annual Review Team Disbanded apart from 1 officer (2 part time) as the impact and quality was low. 1 FTE is focusing on QA activity, working through complex plans, seeking parental feedback, and liaising with schools to prioritise feedback.
- We are unable to provide current and accurate data and we are in between data systems, but will have accurate data from December 2020 and will be able to look back retrospectively.
- Challenges to progress the Synergy work during Covid

Next steps:

- Annual Review Training to Colleges and Schools have been helpful and we have a continued programme of training.
- Reflections of audit work linking in to training
- Systemic triage activity for all Children and Young People going through phase, to assess whether or not updated advice is needed
- Aligning services to ensure advice is provided through annual reviews
- The new system will be able to report on outcomes data and will therefore inform training
- Increase children, young people, parents and carer voice:
 - Activity to engage young people in the annual review process has included school based involvement after annual review, focus groups:
 - 70% of young people feel that they know what their targets are and 20% feeling that they 'sort of' know what their targets are.
 - 100% feel that their views were listened to and taken seriously at the annual review meeting
 - 70% feel that their EHC Plan will help achieve their goals and the remaining 30% feel that it will 'sort of' help achieve their goals.
 - In 2019/20, 5 Kingston children and young people responded to the survey about their annual review.
 - 80% went to the annual review meeting
 - 80% said "I know what I am working towards"
 - 100% felt their views were listened to and taken seriously
 - 60% felt their EHC plan would help them achieve their goals
 - In 2019/20, 4 Kingston parents / carers responded to the survey requesting feedback on the annual review process and need to increase the number of respondents.
 - 100% agreed that the current provision has met the needs and supported the outcomes of their child
 - 75% felt fully engaged and views were listened to at the annual review meeting
 - 75% felt confident that the plan reflects the child's needs, with the outcomes and the provision needed to achieve this.
 - 25% agreed the overall experience of the annual review process was positive