Norfolk County Council

Education Health & Care Plans (EHCP)
20 Week Process
Priority Review Report

APPROVED

Version 1.0

7 November 2018

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Document Control

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Contents

Context

➢ This report was commissioned by the Managing Director and the Head of Education High Needs SEND Service in response to low performance against the 20 week EHCP process target.

  ➢ Year to date performance is 14.9% (at October 2018).

➢ In 2017 (calendar year) Norfolk:

  ➢ Received 1,100 referrals (230% increase since 2015).

  ➢ Undertook 800 assessments.

  ➢ Issued 722 EHCPs.

➢ Referrals with a primary need of Social, Emotional & Mental Health (SEMH) have increased by over 30% since 2015.

➢ There are 668 cases currently in the process (October 2018).

  ➢ 53% are less than 20 weeks old.

➢ Some issues holding back 20 week process performance are:

  ➢ High demand.

  ➢ Shortage of key resources (e.g. Educational Psychologists).

  ➢ Multiple hand-offs.

  ➢ Unclear business / process rules.

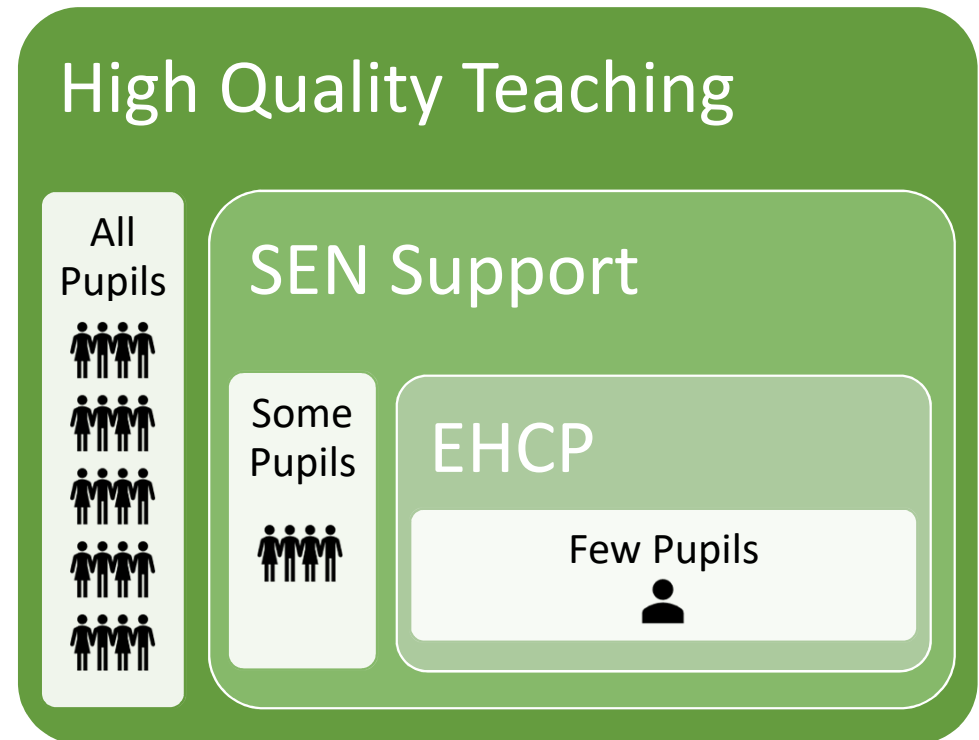 ➢ Lack of management information.

Recommendations

➢ The following recommendations should be developed into an implementation plan supported by a recovery trajectory:

  1. Understand demand further:
     ➢ Develop a "whole system view".
     ➢ Investigate SEMH / parental demand.
     ➢ Review early intervention / support mechanisms

  2. Strengthen the 20 week process & its governance:
     ➢ Appoint a "process owner".
     ➢ Simplify the process & associated documents.
     ➢ Agree a set of metrics & delivery routines.

  3. Realign resources:
     ➢ Investigate options to clear the backlog.
     ➢ Strengthen relationships between teams
     ➢ Review roles & responsibilities & define optimum resource levels.

➢ Example risks associated with continued poor performance are:

  ➢ Impacts on overall outcomes for children & young people.

  ➢ OFSTED / CQC inspection.

  ➢ Continued rise in Ombudsman upheld complaints

4

About Special Educational Needs (SEN)

➢ Many children and young people experience learning difficulties at some point. Often, the difficulties are temporary and are overcome with help and encouragement from home and school.

➢ The term 'Special Educational Needs' is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age.

➢ Some examples are:
  ➢ **Thinking, understanding and learning**
  ➢ **Emotional and behavioural difficulties**
  ➢ **Speech, language and communication**
  ➢ **Physical or sensory difficulties**

➢ Children with SEN are likely to need extra or different help from that given to other children their age.

➢ The extra help is provided through one of these channels:
  ➢ SEN Support
  ➢ Education, Health and Care Plan (EHCP)

➢ The diagram below provides perspective on the hierarchy of provision.

SEN Support

➢ The table below summaries the SEN Support available at the different life stages and how it is normally accessed.

Age	Typical Provision	Accessed by:
0 – 5	• Written progress check when the child is 2 years old • Health check by a child health if the child aged 2 to 3 • Written assessment in the summer term of the child's first year of primary school • Reasonable adjustments for disabled children	• Nurseries, playgroups and childminders registered with Ofsted follow the Early Years Foundation Stage (EYFS) framework. • If a child doesn't go to nursery, playgroup or childminder the parent needs to speak to a doctor or health adviser.
5 – 15	• Special learning programme • Extra help from a teacher or assistant • Work in a smaller group • Observation in class or at break • Help taking part in class activities • Extra encouragement in their learning • Help communicating with other children • Support with physical or personal care difficulties	• Parents need to talk to the teacher or the SEN co-ordinator (SENCO) or vice versa.
16 - 25	It is best the college is contacted before the young person starts further education to make sure they can meet the young person's needs.	• The college and the local authority speak to the young person about the support they need.

Source: https://www.gov.uk/children-with-special-educational-needs

Education, Health and Care Plans (EHCP)

➢ An EHCP is for children and young people aged up to 25 who need more support than is available through SEN Support.

➢ EHCPs identify educational, health and social needs and set out the additional support required to meet those needs.

➢ Evidence should be gathered during the Assess, Plan, Do and Review cycle within SEN Support to feed into the assessment.

➢ Parents can ask their local authority to carry out an assessment.

➢ A young person can request an assessment themselves if they're aged 16 to 25.

➢ A request can also be made by anyone else who thinks an assessment may be necessary, including doctors, health visitors, teachers, parents and family friends.

Statutory Guidance

➢ The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 Years (CoP) provides statutory guidance on duties, policies and procedures on Part 3 of the Children & Families Act 2014 and associated law.
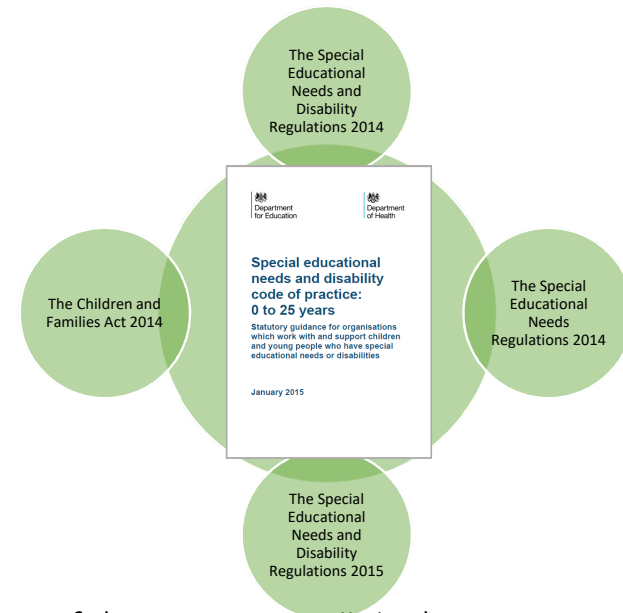

➢ Chapter 9 of the CoP covers all the key stages in statutory assessment and planning and preparing the EHCP.

➢ This includes specific requirements on the statutory steps and time scales required by EHC needs assessment process.

7

20 Week Process – Statutory Requirements

➢ The requirements are very specific and detailed. A summary of the main requirements around approach and timescales is below:
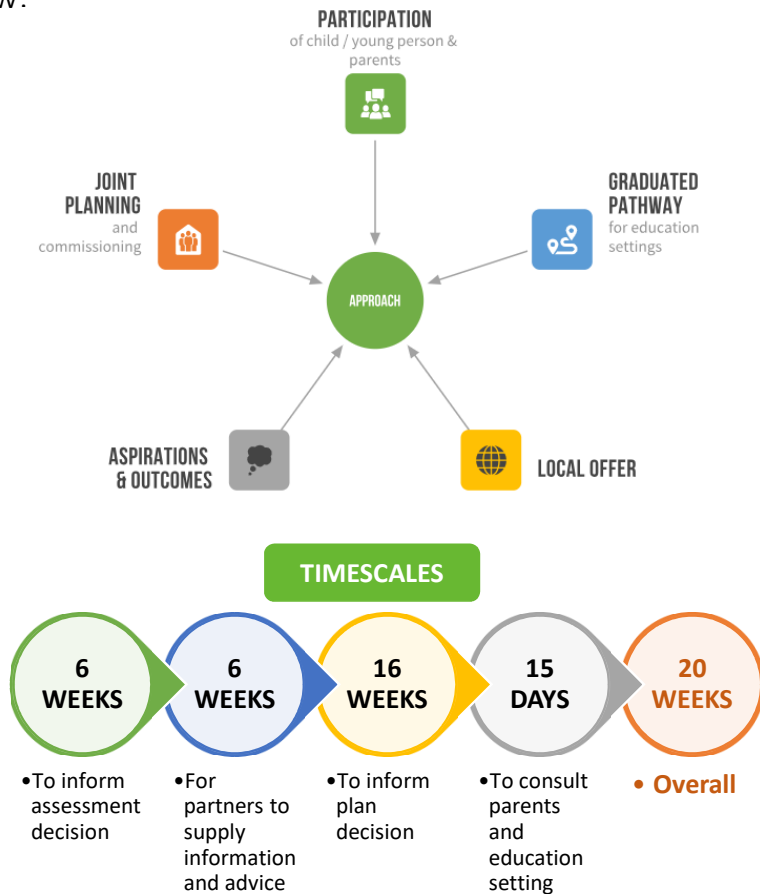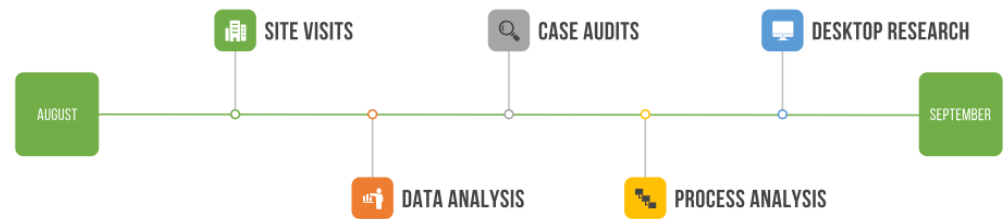

Report Context

➢ This report was commissioned by NCC's Managing Director and Head of Education High Needs SEND Service.

➢ It is in response to low performance in issuing final EHCP within 20 weeks (YTD 14.9%) and rising numbers of complaints.

➢ The purpose of the report is to set out how the 20 Week EHCP Process functions, its main performance drivers and what is needed to improve performance.

Method

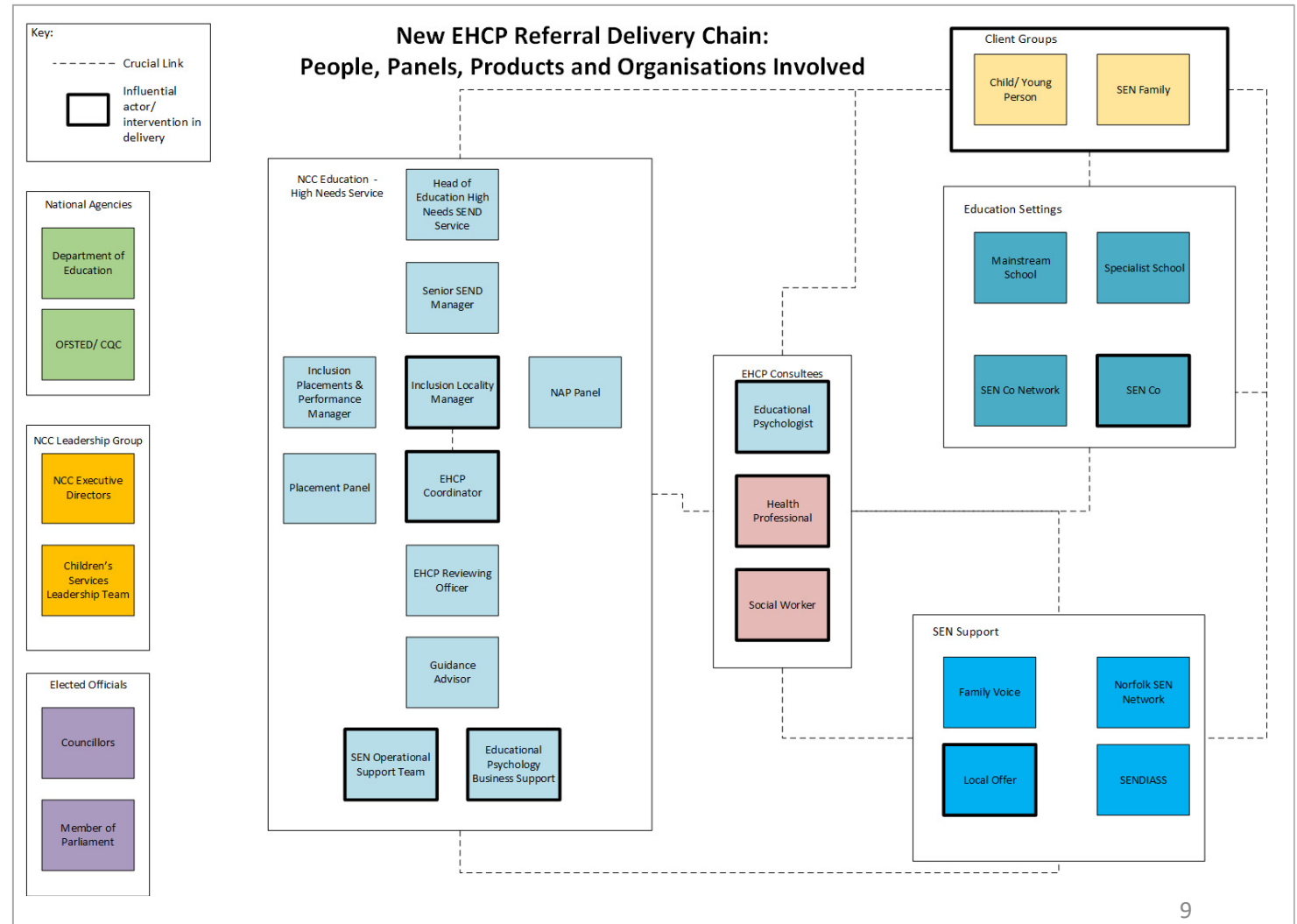➢ The approach to develop this report is shown in the diagram below:

➢ The report gives an overview of what the current arrangements are and how they are performing, followed by a summary of the fieldwork and conclusions drawn.

8

Business Context

Delivery Chain

➢ The delivery chain shows the individuals, organisations and products that are directly or indirectly involved in the production of an EHCP.

➢ They are grouped logically with lines of influences marked.

➢ Within this delivery chain the consultees who undertake professional assessments are key to the production of an EHCP.

➢ It also shows that education settings have a key role to play in identifying need and accessing the right interventions at the right time to manage and/or prevent escalation to higher need.

➢ The Local Authority has a key role to play in ensuring the right interventions are in place and facilitating access to them.
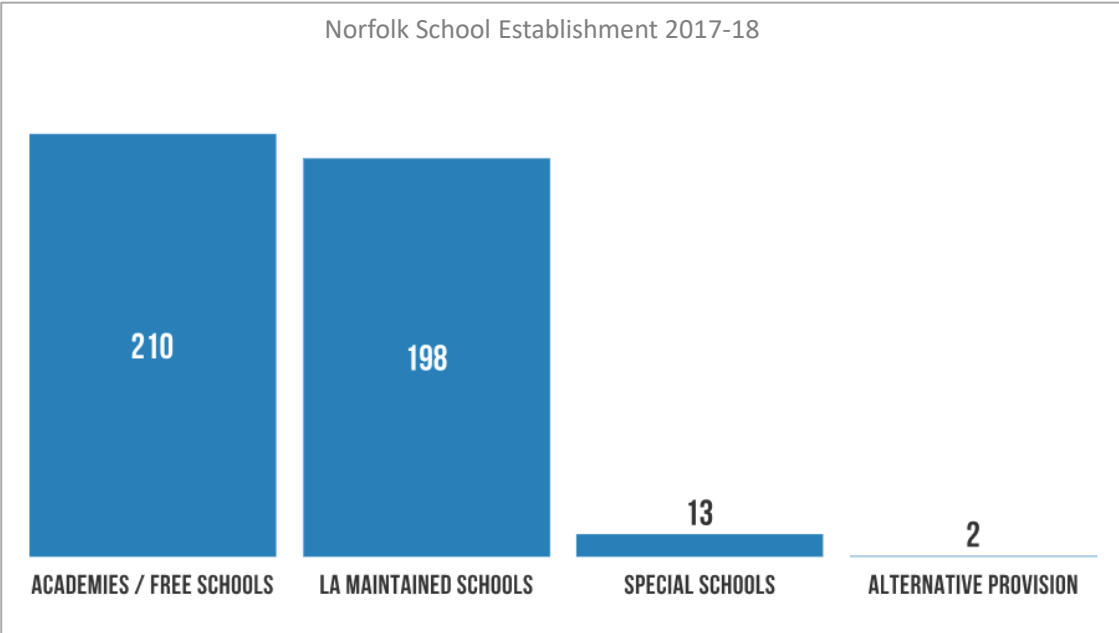
New EHCP Referral Delivery Chain:
People, Panels, Products and Organisations Involved

Key:
- - - - - Crucial Link
☐ Influential actor/ intervention in delivery

National Agencies
- Department of Education
- OFSTED/ CQC

NCC Leadership Group
- NCC Executive Directors
- Children's Services Leadership Team

Elected Officials
- Councillors
- Member of Parliament

NCC Education - High Needs Service
- Head of Education High Needs SEND Service
- Senior SEND Manager
- Inclusion Placements & Performance Manager
- Inclusion Locality Manager
- NAP Panel
- Placement Panel
- EHCP Coordinator
- EHCP Reviewing Officer
- Guidance Advisor
- SEN Operational Support Team
- Educational Psychology Business Support

EHCP Consultees
- Educational Psychologist
- Health Professional
- Social Worker

Client Groups
- Child/ Young Person
- SEN Family

Education Settings
- Mainstream School
- Specialist School
- SEN Co Network
- SEN Co

SEN Support
- Family Voice
- Norfolk SEN Network
- Local Offer
- SENDIASS

9

Norfolk Schools

➢ Norfolk has a total of **423** schools. The largest proportion of schools are Academies and Free Schools.

➢ This demonstrates the challenge of implementing system wide change in Norfolk.

➢ There are 24 Specialist Resource Bases [SRB] which support learners with a high level of SEN who are educated in mainstream settings.

➢ Approximately 200 children are in a SRB in Norfolk at any one time. The proportion of youngsters accessing an SRB is **lower** than the average in other local authorities.

➢ Current Special School provision does not meet demand.

➢ Delays are often experienced for children who have been assessed as needing a special schools place as Norfolk's maintained, state-funded schools are at capacity.

➢ The percentage of SEN children in Norfolk, educated in the independent/non-maintained sector, is **significantly higher** than the average across other local authorities – resulting in high costs and placements that are not always local.

Source: http://csintranet.norfolk.gov.uk/establishment/

Norfolk School Establishment 2017-18

ACADEMIES / FREE SCHOOLS	LA MAINTAINED SCHOOLS	SPECIAL SCHOOLS	ALTERNATIVE PROVISION
210	198	13	2

➢ See Appendix 1 for further information on school placements for children and young people with an EHCP In Norfolk
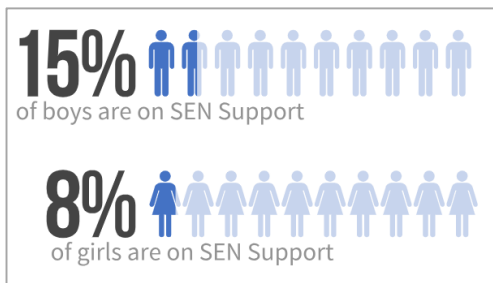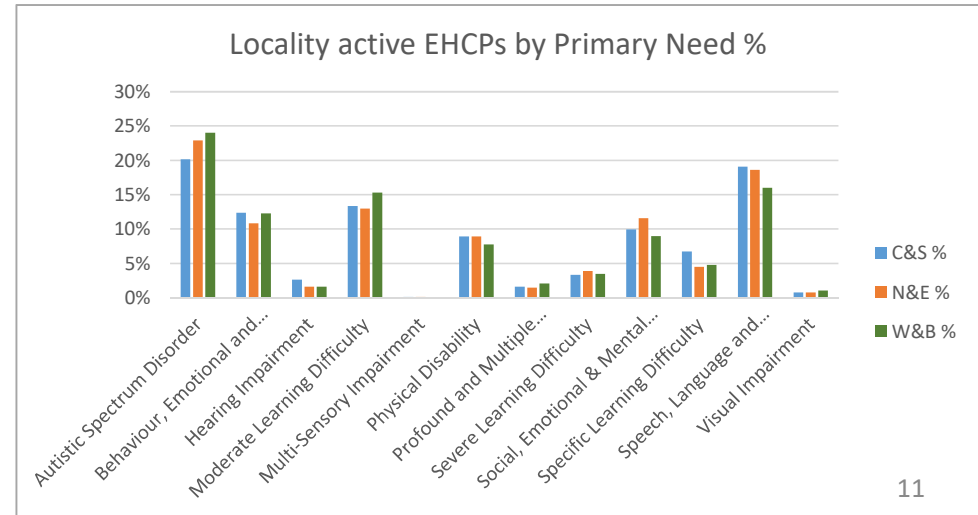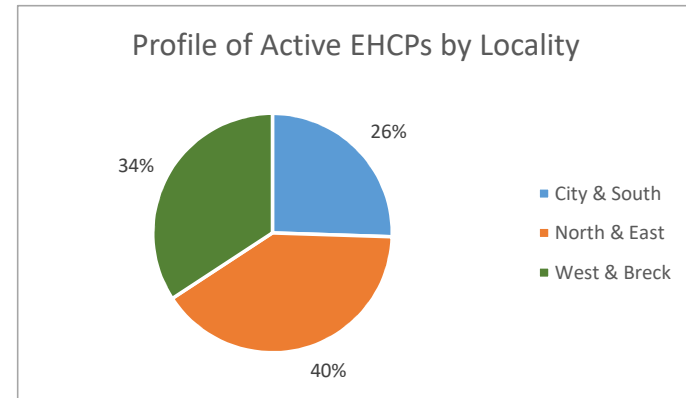
Business Context

Norfolk SEN Population

➢ The chart below shows that:
  ➢ Norfolk's SEN Support cohort is **larger than the national average.**
  ➢ The number of EHCP's issued to Norfolk children and young people is **higher than the national average.**

SEN Support %

Norfolk:
12.4%

Approx. 14,884

National:
11.6%

EHCP %

Norfolk: **3.09%**

Approx. 6,000
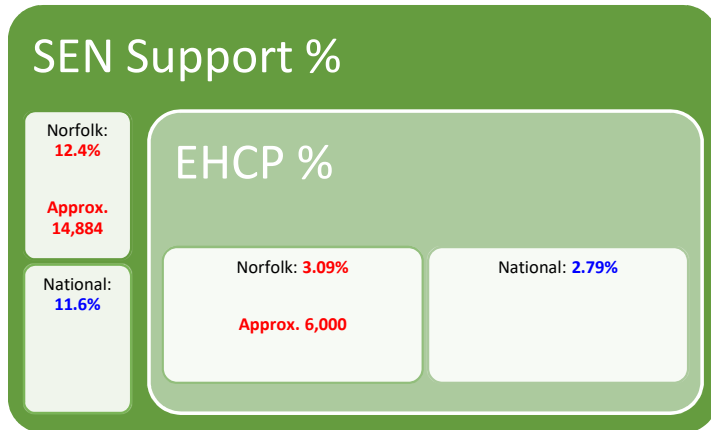
National: **2.79%**

➢ SEN is more prevalent in boys than girls in Norfolk:

15%
of boys are on SEN Support

8%
of girls are on SEN Support

➢ The charts below show the geographical and primary need profile of existing EHCP across the County.

Profile of Active EHCPs by Locality

26%
34%
40%

- City & South
- North & East
- West & Breck

Locality active EHCPs by Primary Need %

- C&S %
- N&E %
- W&B %

Autistic Spectrum Disorder, Behaviour, Emotional and…, Hearing Impairment, Moderate Learning Difficulty, Multi-Sensory Impairment, Physical Disability, Profound and Multiple…, Severe Learning Difficulty, Social, Emotional & Mental…, Specific Learning Difficulty, Speech, Language and…, Visual Impairment

11

Norfolk SEN Population (2)- Behind the Numbers

➢ National research shows that children with SEN are more likely to experience poverty that others.

➢ Nationally 27% of pupils with EHC plans are eligible for free school meals compared to 12% of pupils without SEN.

➢ Nationally, pupils with SEMH are the most likely of all to be on free school meals.

➢ 32.3% on SEN Support and 42% with statements or plans were eligible for free school meals in 2017.

➢ There is a link between disability and deprivation as children from less advantaged socio-economic backgrounds tend to be disproportionally represented amongst those with disabilities.

   ➢ 30% of people in families with disabled members live in poverty, compared to 19% of those who do not.

Early Help - Multi-Agency Support & Managing Demand for Specialist Services

➢ The % of SEN children supported through a multi-agency approach (Family Support Process) in **Norfolk in 2017 were:**

   ➢ SEN Support: 1.56%
   ➢ EHCP: 1.68%

➢ In other Local Authorities, this figure can be significantly higher. In Gateshead - Around20% of children with special education needs are supported using a Team Around the Family approach. The recent Ofsted / CQC Send Inspection identified this as a positive aspect of the local areas work.

➢ A growing body of research evidence suggests that intervention as early as possible pays off, early in the life of a child and early in the life of a problem.

➢ Ensuring the right help is given at the right time and place, ensures the earliest possible identification of need and prevention of escalation.

➢ Children from deprived households may be more exposed to risk factors that influence their change of experiencing disability. As such, poverty is both a cause and an effect of SEND.

➢ It is crucial NCC ensures the right balance of focus and investment across universal, targeted and specialist services.

Business Context

Cluster View - EHCP / SEN support / No SEN %
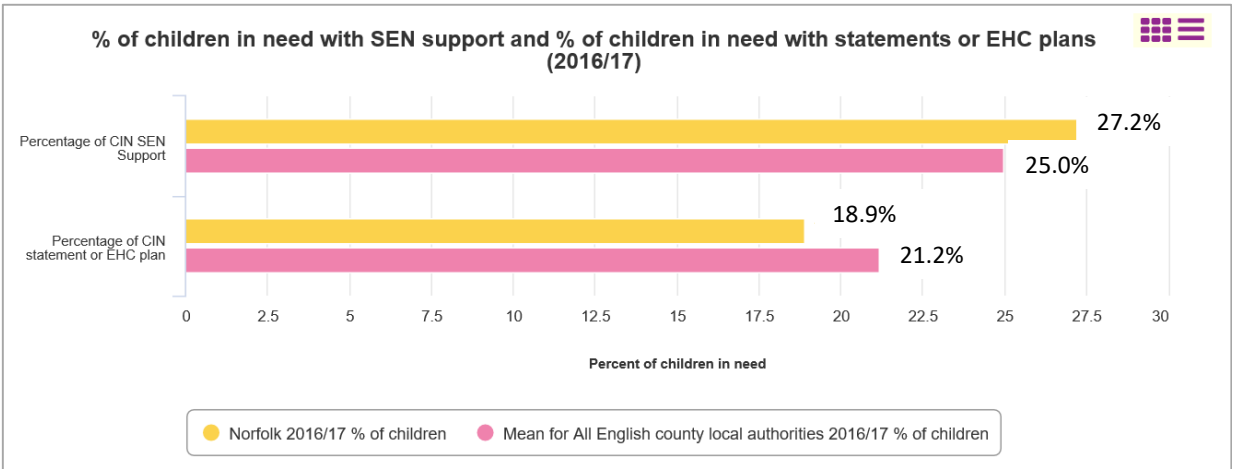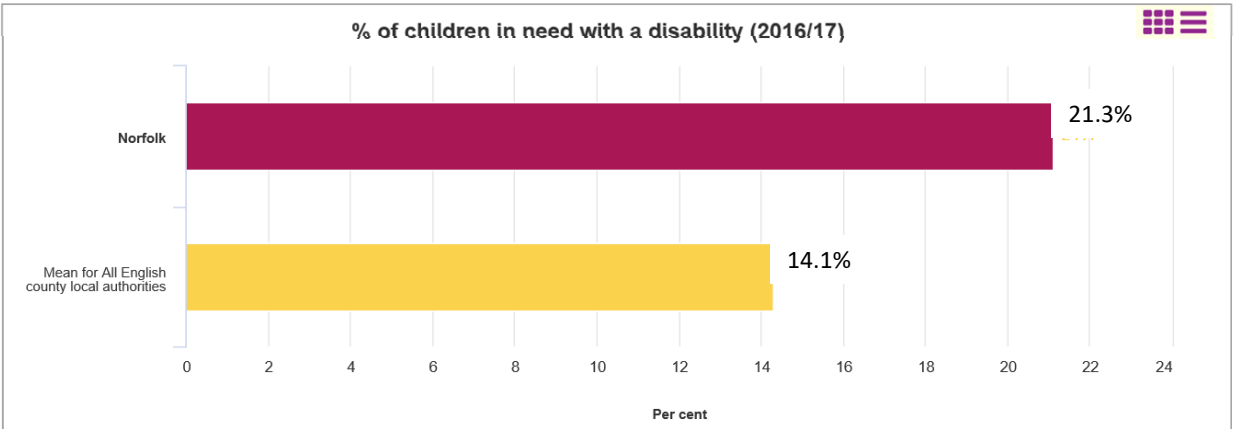Including Child Health Index Rank
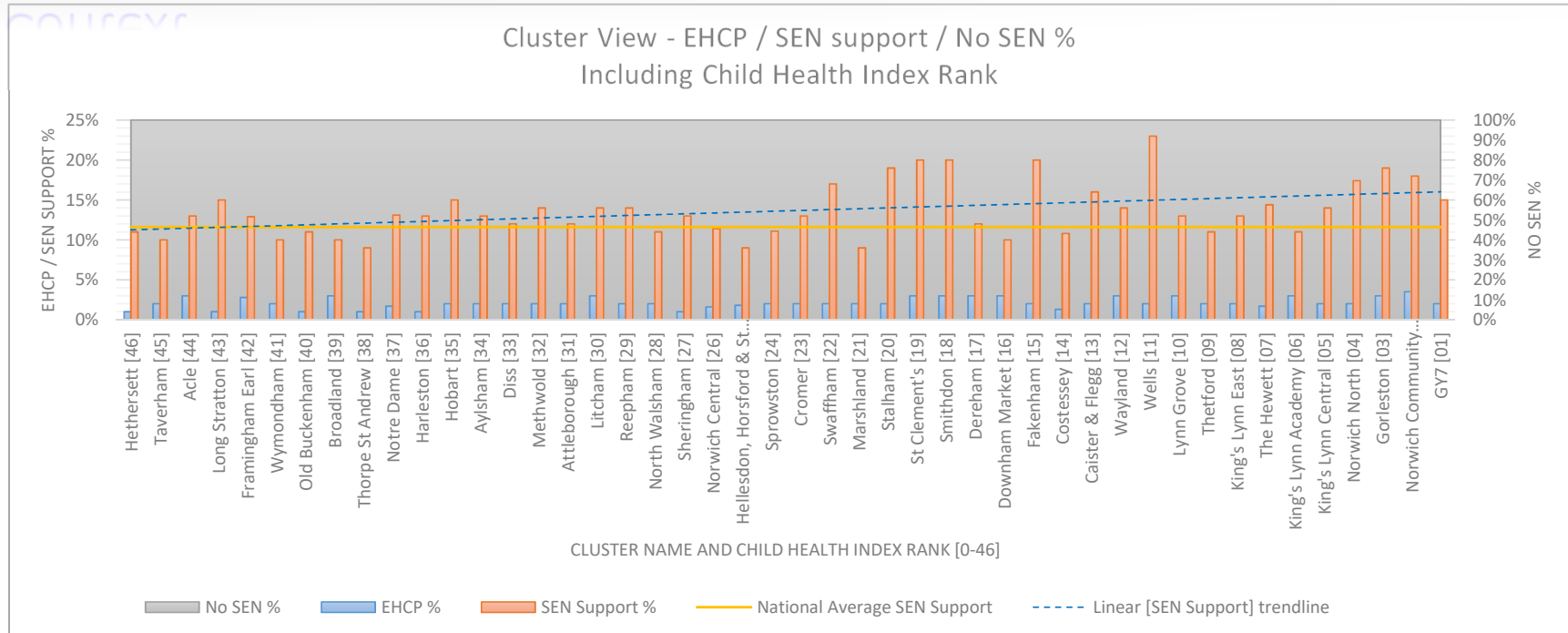
Norfolk SEN Population (3)

➢ The chart above shows the spread of SEN Support and EHCP across the school clusters in Norfolk against the national average

➢ The clusters are ordered left to right (lowest to highest) based on each cluster's Child Health Index Rank. (Appendix 2 has more information)

➢ Across Norfolk there is a positive correlation between clusters with higher percentages of children and young people with SEN and the Child Health Need Index, reinforcing the link between the wider determinants of health and the likelihood of a child / young person having SEN.

➢ Clusters with the highest SEN Support % in Norfolk are: **Wells [23%], St Clements [20%], Smithdon [20%], and Fakenham [20%].** The National average of pupils receiving SEN Support is 11%.

13

% of children in need with a disability (2016/17)

Norfolk — 21.3%

Mean for All English county local authorities — 14.1%

Per cent

% of children in need with SEN support and % of children in need with statements or EHC plans (2016/17)

Percentage of CIN SEN Support — 27.2% / 25.0%

Percentage of CIN statement or EHC plan — 18.9% / 21.2%

Percent of children in need

● Norfolk 2016/17 % of children ● Mean for All English county local authorities 2016/17 % of children

Norfolk SEN Population (4)

➤ The chart opposite shows Norfolk has a significantly higher number of Children in Need with a disability.

➤ The second chart shows that despite a low percentage of SEN Support delivered in a multi-agency approach at an Early Help level, Norfolk has a **higher percentage** [27.2%] of Children in Need receiving SEN Support than the national average [25%].

➤ At the same time, Norfolk has a lower percentage [18.9%] of Children In Need with an EHCP than the national average [21.2%].

➤ Norfolk is in line with the national average with the number of looked after children (LAC) receiving either SEN Support or an EHCP.

  ➤ 29.2% of LAC in Norfolk are on SEN Support, compared to 29.4% nationally.

  ➤ 30.2% of LAC in Norfolk have an EHCP, compared to 30.5% nationally.

Sources: LGA (https://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E10000020&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup)

Business Context

Norfolk SEN Population (5)

➤ The charts and table provide a comparison of the average absence (authorised and unauthorised combined) for pupils across Academies, Free Schools and LA Maintained schools.

➤ Typically as the level of SEN interventions increases then so does the level of absence. This could be attributed to medical needs.

➤ LA Maintained Schools have a much lower rate of absence across pupils with no SEN, those receiving SEN Support and those with an EHCP.

➤ The average pupil absence figure for pupils with an EHCP is **11%** - more than twice the amount than pupils with no SEN.

➤ There is a recognised link between outcomes / achievements and levels of absence.

% Pupil Absence 2017/18
EHCP/ SEN Support / No SEN
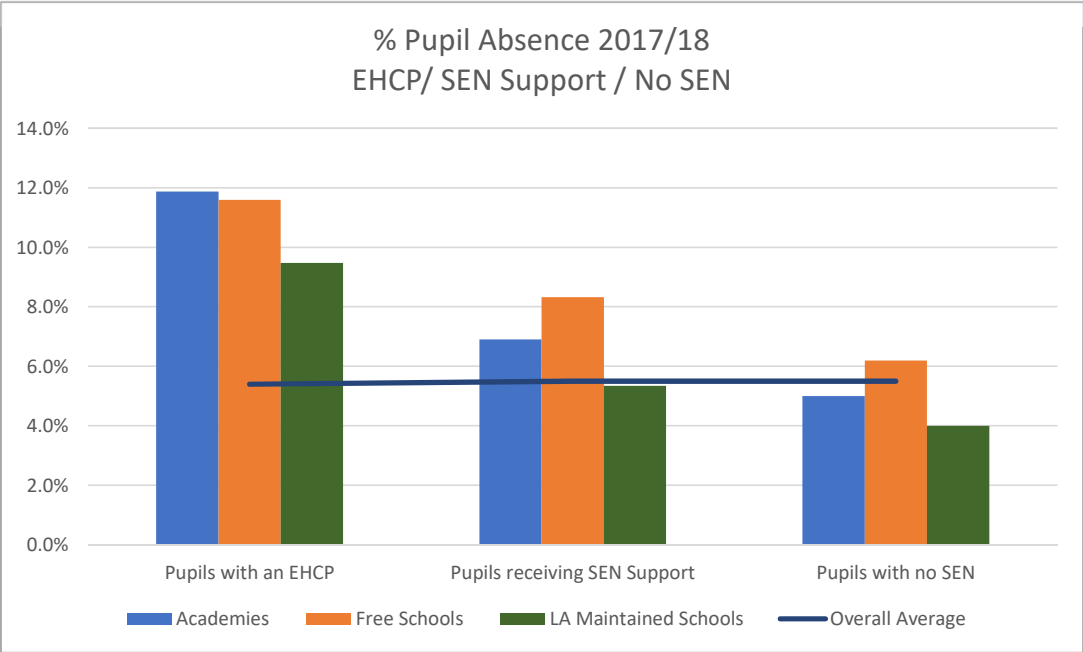
| Type	EHCP / Statement		SEN Support		No Special / Educational Need		Overall	
	Number of Children	% Overall Absence	Number of Children	% Overall Absence	Number of Children	% Overall Absence	Number of Children	% Overall Absence
Academies	1719	11.9%	8388	6.9%	54511	5.0%	64618	5.4%
Free Schools	86	11.6%	141	8.3%	1079	6.2%	1306	6.7%
LA Maintained Schools	628	9.5%	5002	5.3%	28753	4.0%	34383	4.3%
Special Schools	757	8.1%	0	0.0%	75	8.6%	832	8.2%

Demand

National and Local Picture

➢ The graphs below show the extent of increase in assessments nationally and in Norfolk.

➢ Norfolk has seen a 230% increase since 2015 compared with 55% in England.

➢ The concept of EHCPs is relatively new and an initial spike in request could be expected.

➢ Its possible that a "saturation point" will be reached at some point in the future where requests stabilise to a "turnover" level.
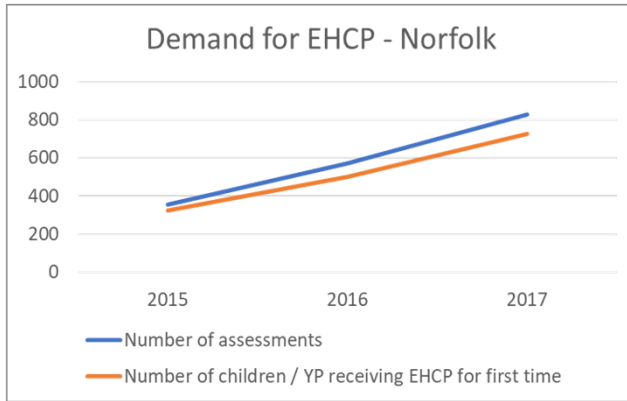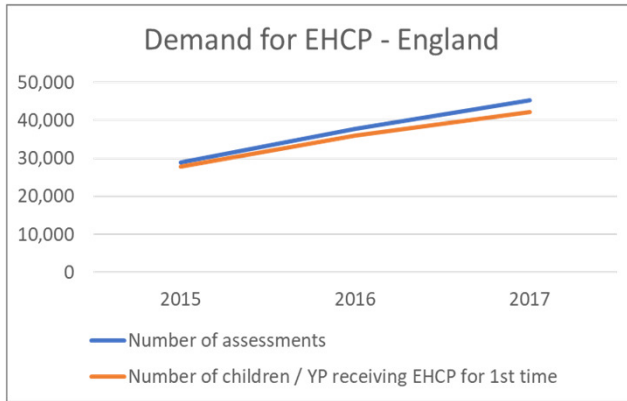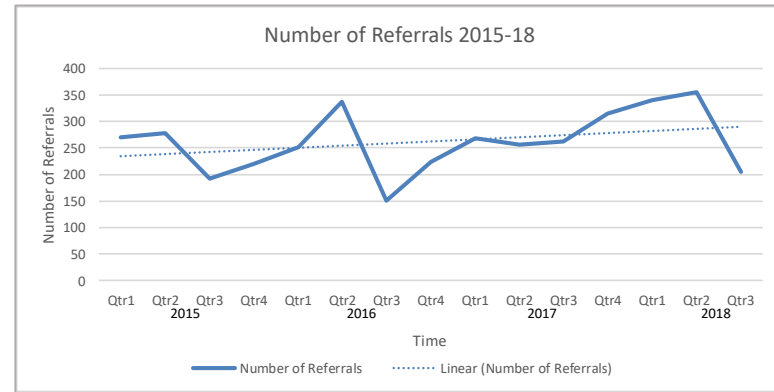

Referrals in Norfolk

➢ The graph below shows an annual view which shows that since 2017 the referral rate has risen significantly.
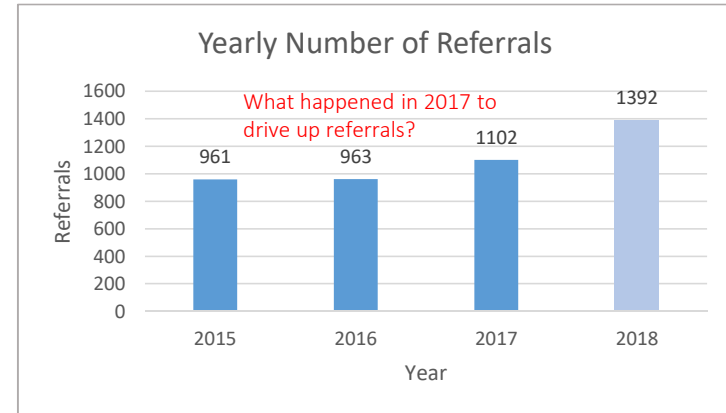
➢ The annual referral pattern has typically been aligned to the academic year as shown in the graph below.


Source: https://www.gov.uk/government/collections/statistics-special-educational-needs-sen#national-statistics-on-special-educational-needs-in-england
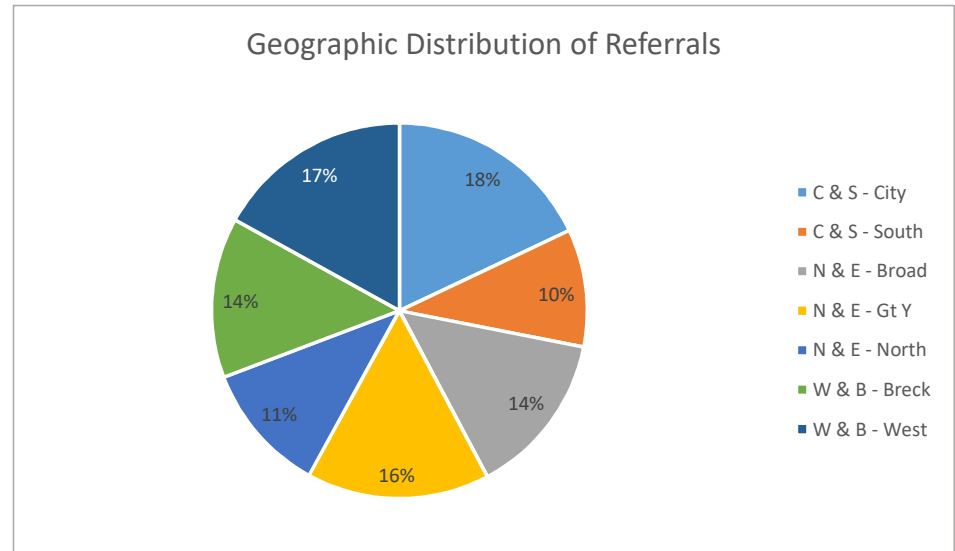
16

Age Profile

➤ The chart below provides a profile of the age of a child when a referral is made.

➤ There is a steep rise in referrals in the initial primary school year, peaking at age 6 and 7.

➤ The trend then declines steeply apart from smaller peaks at ages 10, 11 and 20.

Age of Child or YP at time of Referral Request
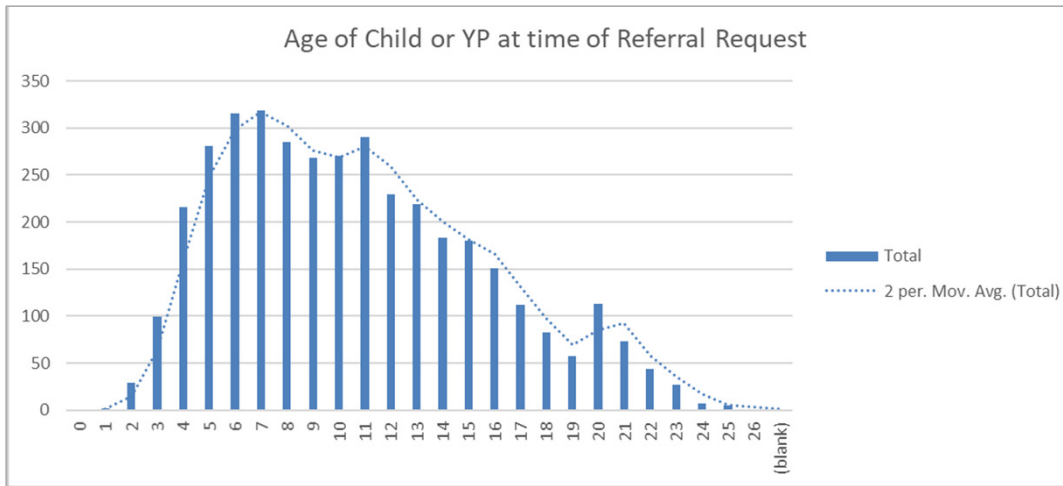
Geographic Profile

➤ The following chart provides a view of the geographical spread of referrals.

➤ This harmonises with an observation made earlier in the report about the link with the Child Health Index and SEN.

Geographic Distribution of Referrals

- C & S - City — 18%
- C & S - South — 10%
- N & E - Broad — 14%
- N & E - Gt Y — 16%
- N & E - North — 11%
- W & B - Breck — 14%
- W & B - West — 17%

Referrals in Norfolk - Sources

➢ The majority of referrals are received from education settings / other professionals and parents with the proportion static over the last 3 years.

Referral Sources - %
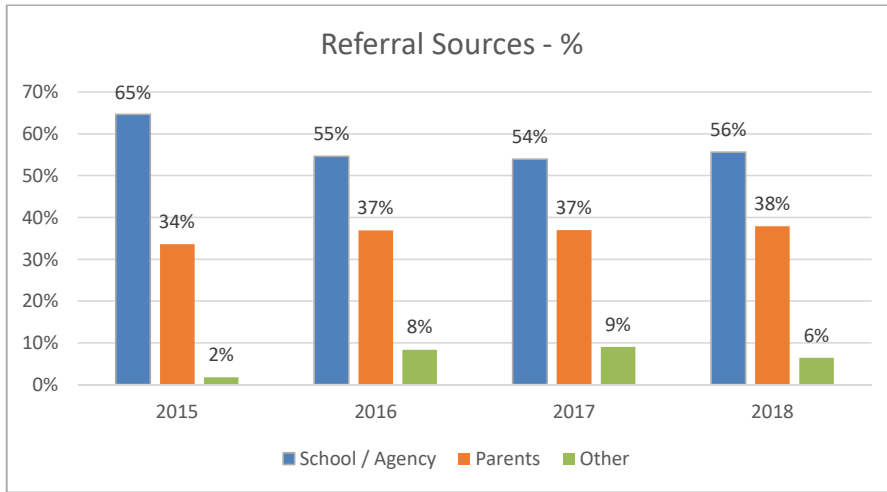
➢ A consistent adoption of the "graduated pathway" could reduce the proportion of referrals from parents, and possibly referral numbers overall because it supports a collaborative approach to early interventions.

Referrals in Norfolk – Primary Need

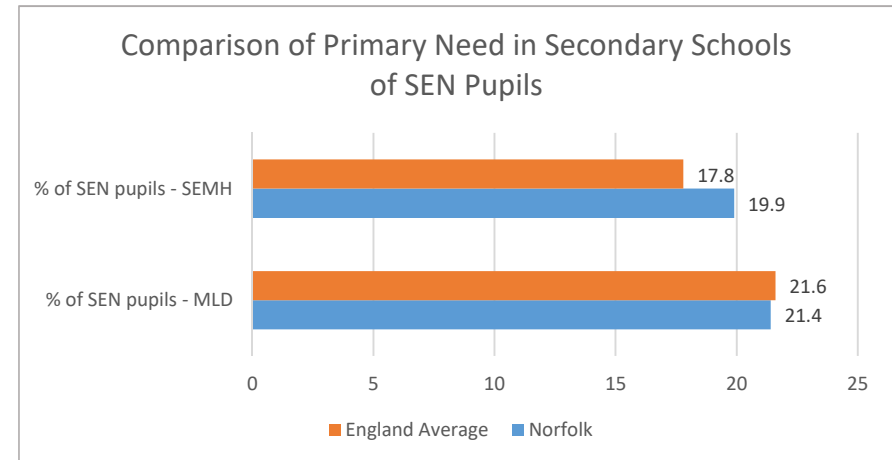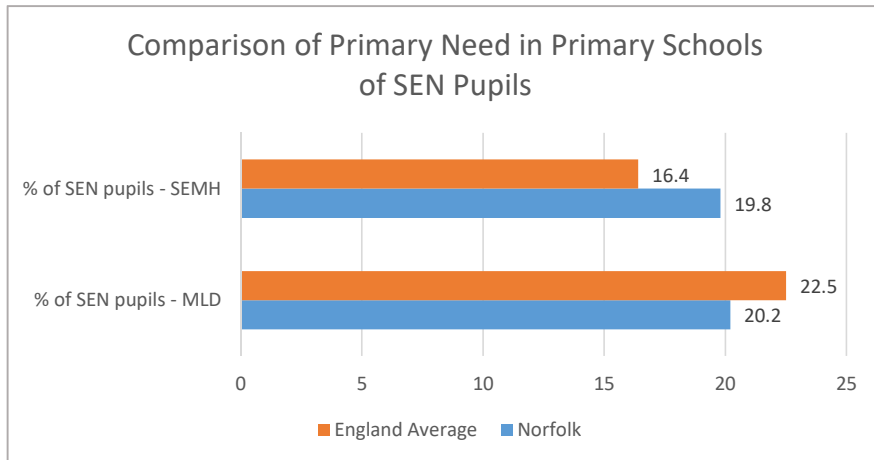➢ The table below provides a breakdown of primary need for referrals between 2015 and 2017.

Primary Need	2015	2016	2017
Social, Emotional & Mental Health Difficulties	240	266	315
Autistic Spectrum Disorder	197	210	202
Speech, Language and Communication Needs	152	123	165
Moderate Learning Difficulty	89	143	114
Physical Disability	83	70	52
Specific Learning Difficulty	39	31	39
Behaviour, Emotional and Social Difficulty	18	11	14
Hearing Impairment	11	15	14
Severe Learning Difficulty	12	14	6
Visual Impairment	5	5	5
Multi-Sensory Impairment	0	0	3
Profound and Multiple Learning Difficulty	8	5	3

➢ SEMH difficulties and Moderate Learning Difficulties (MLD) accounted for 71% of the overall increase in referral numbers between 2015 and 2017.

➢ Referrals between 2015 and 2017 with a primary need of SEMH:
   ➢ Accounted for 27% of all referrals.
   ➢ Saw an increase of over 30% between 2015 and 2017.

Referrals in Norfolk – Primary Need cont'd

➤ The graphs below compare the % of SEN pupils with a primary need of Social, Emotional, Mental Health (SEMH) and Moderate Learning Difficulty.


Comparison of Primary Need in Primary Schools of SEN Pupils

	England Average	Norfolk
% of SEN pupils - SEMH	16.4	19.8
% of SEN pupils - MLD	22.5	20.2

Comparison of Primary Need in Secondary Schools of SEN Pupils

	England Average	Norfolk
% of SEN pupils - SEMH	17.8	19.9
% of SEN pupils - MLD	21.6	21.4

➤ Norfolk has a higher proportion of SEN pupils with SEMH than the England average across primary and secondary education.

➤ However, in primary education, Norfolk has a lower than the overall England average of SEN pupils whose primary need is MLD yet referrals with this primary need has seen an increase of 28% between 2015 and 2017.
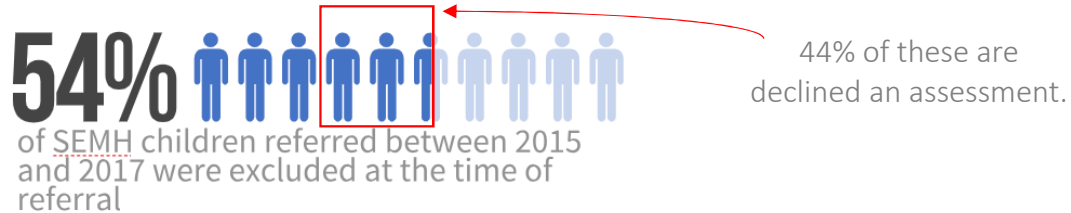
Referrals in Norfolk – SEMH Primary Need

➤ The charts below show the age profile and location of children with a primary need of SEMH when a referral is made.

➤ It shows peaks at ages 8, 11 and 15 – key transition points in the education pathway and concentrations in Norwich and the west of the County.
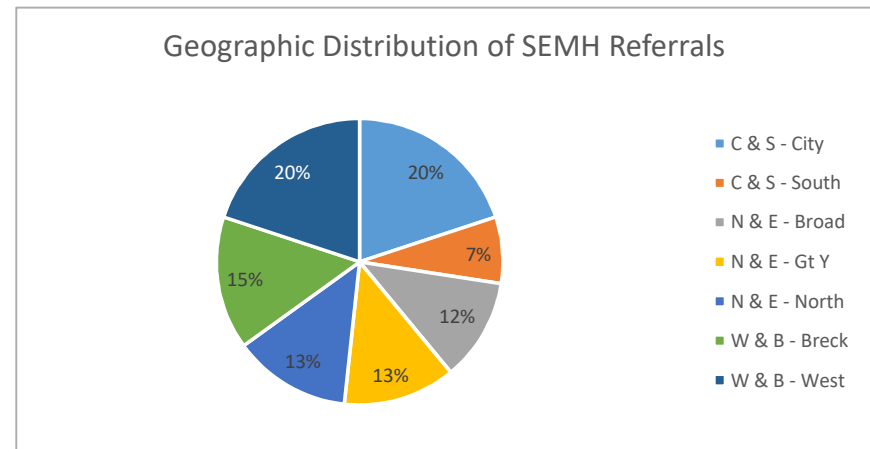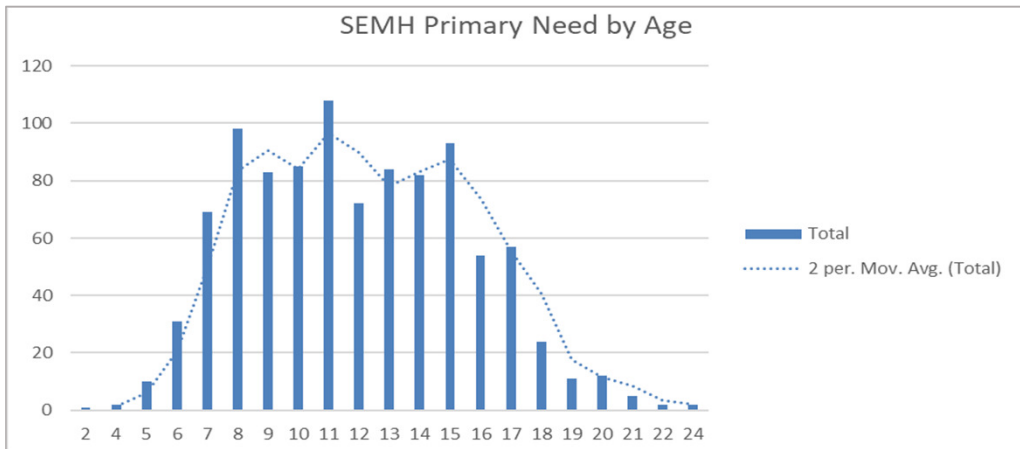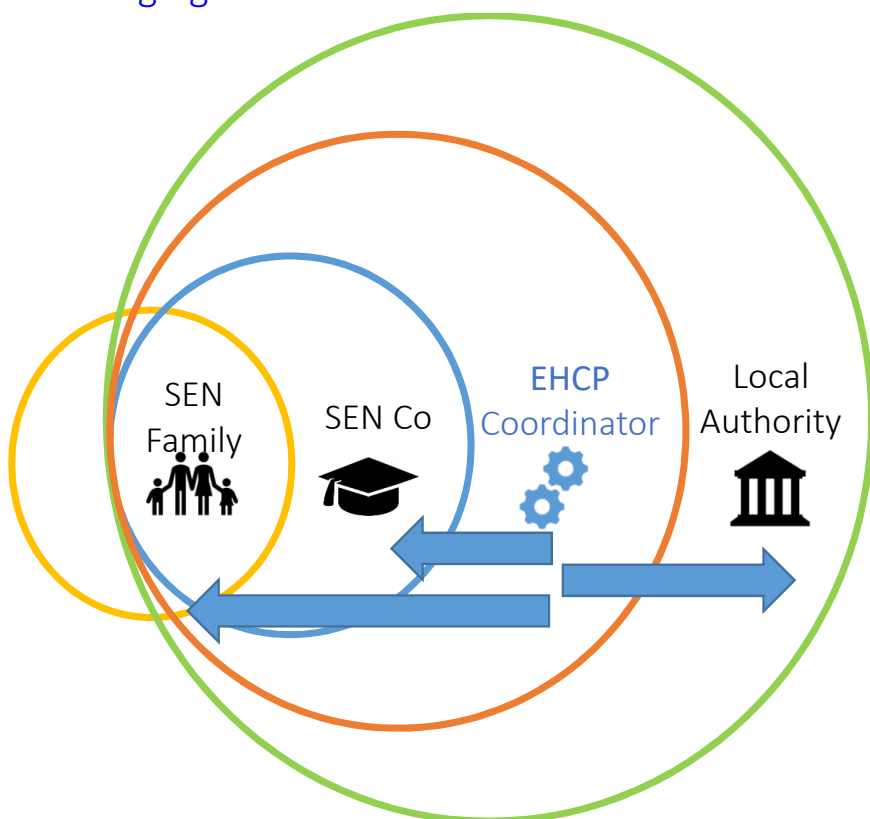

➤ Children with a primary need of SEMH are more likely to be excluded (either permanently or temporarily) at referral.

54% of SEMH children referred between 2015 and 2017 were excluded at the time of referral

44% of these are declined an assessment.

➤ This suggests that either referrals are being made as a last resort and/or current interventions for SEMH have limited effect or there are issues identifying and accessing the right interventions.

Managing Demand – School Based Cluster Work

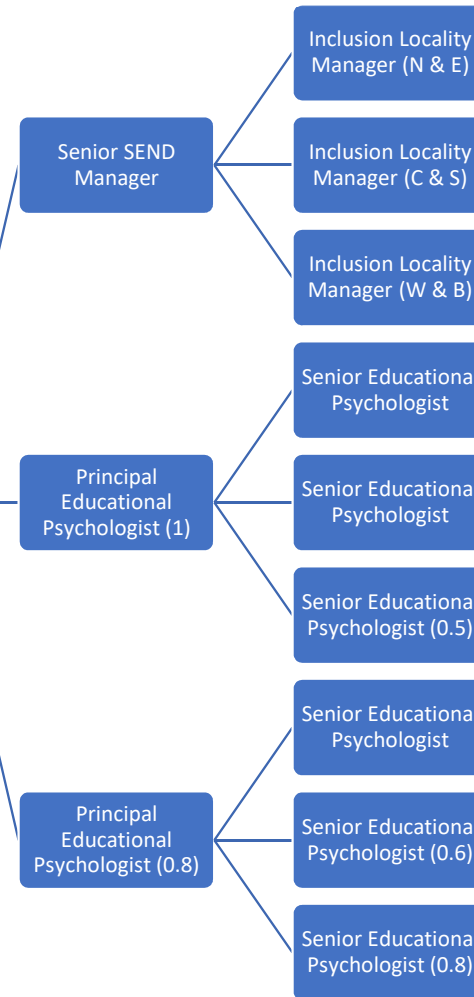- An example of work to reduce demand for EHCP assessments is the "school cluster model" described in the diagram opposite.
- The intended outcome is to improve relationships between NCC, education settings and SEN families thereby reducing referral rates.
- Some identified risks are:
  - Demand on EHCP Coordinators impacts on their capacity to produce EHCPs.
  - Number of referrals increases.
- The measure of success is that by Easter 2019 all allocated special schools visited & attended SENCo Cluster meeting.
- It is recommended that proxy measures are identified and implemented to evaluate impact of approach. Some examples are:
  - Reduction in the number of school referrals.
    - More pupils should be dealt with via SEN Support and the graduated approach.
  - Reduction in the number of parental referrals.
    - The support given to schools improves the parent school relationship.
  - Reduction in the number of No to Assess for school referrals.
    - The only referrals should be for those children or young people who need an EHCP.
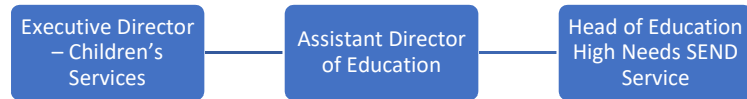- A review of the impacts of the model should be planned.

- The EHCP Coordinator supports designated school clusters via regular surgeries based in schools to support SEN Co and SEN Families.
- The intention is to solve issues early and to better support schools and SEN families.

NCC Internal Resources Available

➢ The diagram below shows the organisational structure and position within NCC.

➢ Inclusion Locality Team (ILT) resources are about the same countywide, even though demand is not as equally spread.

➢ **EHCP Coordinators also have case work, annual reviews, phase transfers and transition to Adult Social Care in addition to the 20 week process.**

➢ Caseloads vary between about 300-400 cases.

➢ Issues recruiting and retaining Educational Psychologists (EP) mean a high vacancy rate.

➢ **EP have other responsibilities such as traded work, annual / extraordinary reviews, work with children with complex needs, looked after children and attendance at Panel / Tribunal.**

Organisational structure

- Executive Director – Children's Services
- Assistant Director of Education
- Head of Education High Needs SEND Service
  - Senior SEND Manager
    - Inclusion Locality Manager (N & E)
    - Inclusion Locality Manager (C & S)
    - Inclusion Locality Manager (W & B)
  - Principal Educational Psychologist (1)
    - Senior Educational Psychologist
    - Senior Educational Psychologist
    - Senior Educational Psychologist (0.5)
  - Principal Educational Psychologist (0.8)
    - Senior Educational Psychologist
    - Senior Educational Psychologist (0.6)
    - Senior Educational Psychologist (0.8)

OVERALL ESTABLISHMENT (FTE)
- **21 -** EHCP Coordinators
- **4** - Reviewing Officers
- **3** - Guidance Advisers

- **NO** overall vacancies
- Evenly allocated across Locality teams

50%
Educational Psychologist Vacancies

OVERALL ESTABLISHMENT (FTE)
- **11.4** - Educational Psychologists / Assistant Educational Psychologists

- **5.7** vacancies

Estimated NCC Internal Resources Required

➢ The table below provides an indication of current demand for EHCP Coordinators and Educational Psychologists:

Work Type / Academic Year	2015/16	2016/17	2017/18
Number of assessments agreed	636	734	**978**
Number of plans	604	697	**930**
"Yes to Plan" rate	95%	95%	95%

➢ Based on 1,000 assessments and 950 EHCP a year, it can be estimated the resources below will be required:

Estimated / Work Items	Assessments (Educational Psychologists)	EHCP Plans (EHCP Coordinators)
a. Number per year	1,000	950 (assumes 95% "yes to plan rate")
b. Working days to complete	2	2
c. Working days required (a x b)	2,000	1,900
d. Working days per year	250	250
e. Productivity (leave, travel etc)	50%	50%
f. Available working days per year (d x e)	125	125
Number of DEDICATED FTE required (c / f)	**16**	**15.2**
Cost	**£1,000,000** (assuming £50k + 25% on costs)	**£665,000** (assuming £35k +25% on costs)
Current FTE (not dedicated)	11 (5.7 vacancies)	21

23

Estimated NCC Internal Resources Required…cont'd

➤ The table below provides alternative estimates based on different volumes of assessments and plans:

Estimated / Work Items	Assessments (Educational Psychologists)			EHCP Plans (EHCP Coordinators)		
a. Number per year*	750	600	500	710	570	475
b. Working days to complete	2			2		
c. Working days required (a x b)	1,500	1,200	1,000	1,420	1,140	950
d. Working days per year per FTE	250			250		
e. Productivity (allowance for leave, travel etc)	50%			50%		
f. Available working days per year (d x e)	125			125		
Number of DEDICATED FTE required (c / f)	12	9.6	8	11.4	9.1	7.6
Costs**	£750,000	£600,000	£500,000	£500,000	£400,000	£335,000
Approximate unit cost	£1,000 per assessment			£700 per plan		

* Number of EHCP plans assumes 95% "yes to plan rate".
** Assuming £50k + 25% on costs EP salary and £35k +25% on costs EHCP Coordinator costs. Excludes management costs.

➤ It demonstrates the potential impact on the workforce and costs if the number of assessments were to fall as result of earlier and targeted intervention.

➤ Equally if the number of assessments continues to rise then sustainability becomes an increasing risk.
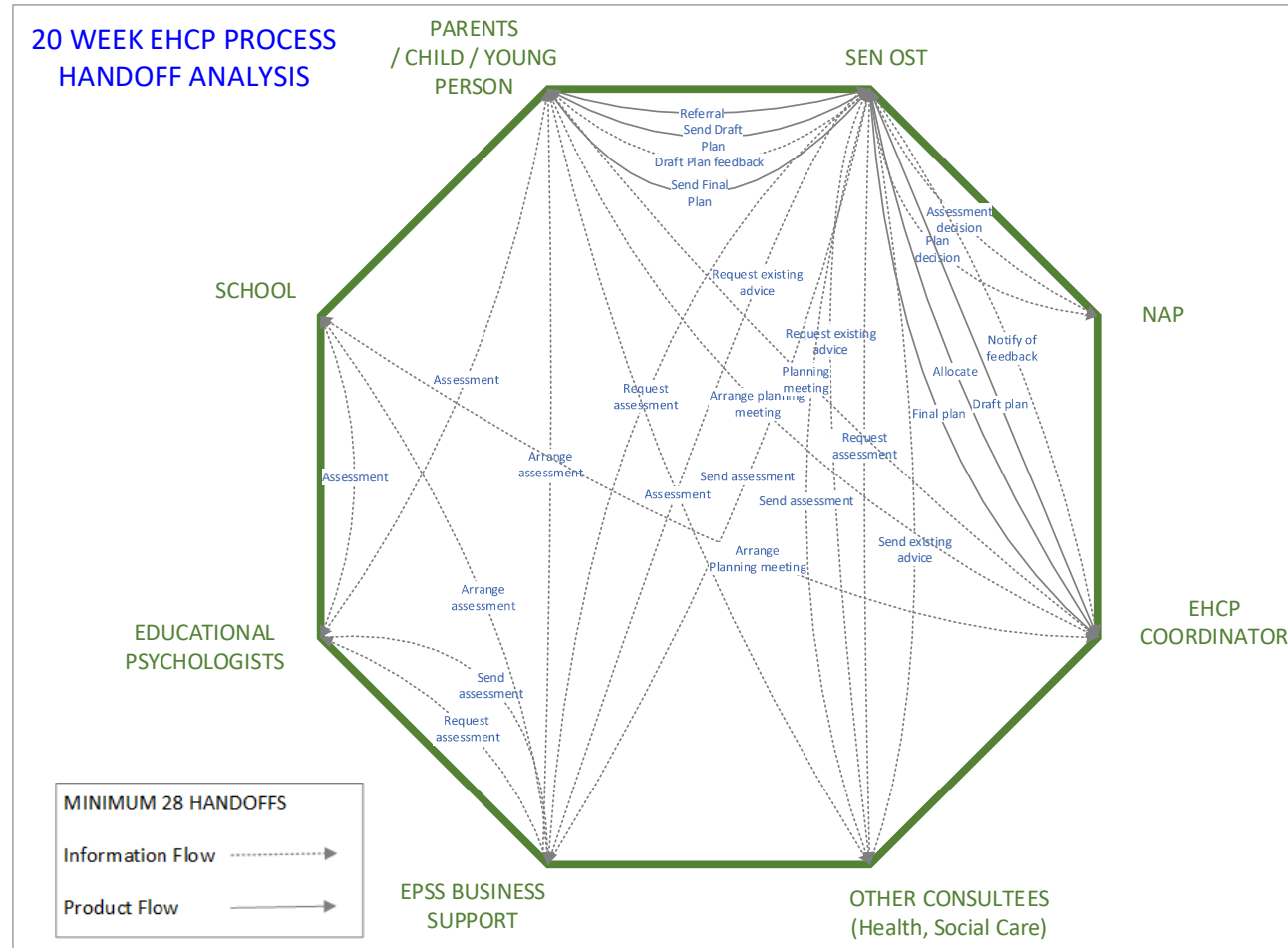
The 20 Week Process

Overview

➢ The diagram below gives a high level view of the main stages of the 20 Week Process with the statutory timescales attached to it.
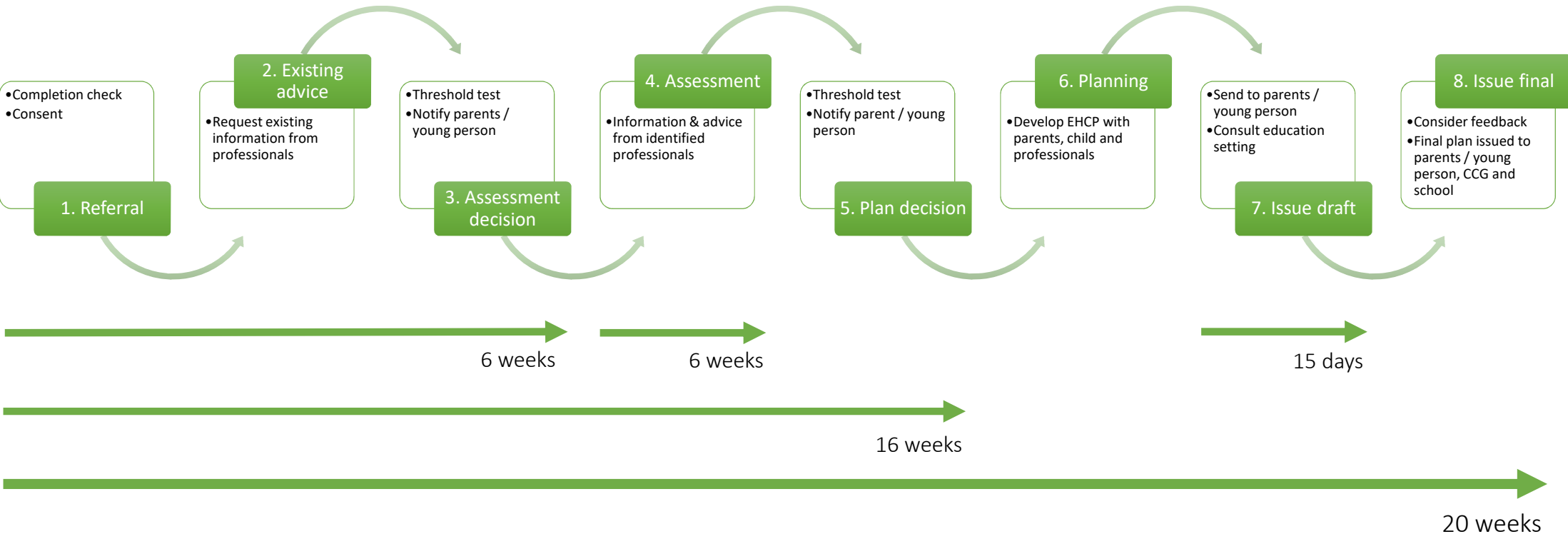
The 20 Week Process

High Level Analysis

➢ The current process is heavily led by SEN Operational Support (SEN OST).

➢ The target 20 week process is documented however actual practice varies across the three teams.

➢ The diagram opposite shows there are a minimum of 28 hand-offs creating a complex process.

➢ Cases can become "lost in the system" because these interfaces are not always robust and roles & responsibilities are not clearly understood.

➢ In some aspects there is no common understanding because some business rules are not clearly defined and/or documented.

➢ Pinch points at key points create batches of work.

➢ Some tasks are duplicated e.g. case information is recorded in SEN Live and the "20 week spreadsheet".

   ➢ EHCP Coordinators do not "own" the SEN Live record – update requests are sent to SEN OST.

➢ There are no standard templates for some documents (although some work is underway to address this).

20 WEEK EHCP PROCESS HANDOFF ANALYSIS

Process Analysis Key Findings

➢ The table below summarises the key findings from the process analysis. An separate log has been created to record specific issues identified.

| Theme	Business Rules	Customer	Documents	IT & Systems	Partnerships	Process	Resources
Why important	Clear business rules bring consistency of practice and improved efficiency because ambiguity is minimised.	Customer experience, is often good if they: • Understand the process • Have expectations managed • Are kept informed	Documents help to: • Improve quality of information given • Manage customer expectations • Keep customers informed	IT exploited to its potential supports: • Workflow management • Performance reporting • Efficient process • Automation	Positive outcomes for children / young person and a timely 20 Week Process are dependent on effective working relationships across the SEN system.	An agreed process consistently applied is essential to efficiency and a good customer experience. All actors must understand what is required of them.	An evidenced understanding of how much resources are required and a clear understanding of how they are applied is fundamental to service delivery.
Example issues	• Should referrals with incomplete information (e.g. missing consent) start the 20 week process? • What is acceptable "consent"? • What is an "exception" and how are they reported?	• 20 Week Process is often deemed adversarial. • High number of complaints. • Updates not always provided to customers.	• Different versions of key documents. • "Yes to Plan" letter causes issues with parents. • Formatting issues. • Inconsistent use of electronic signatures.	• SEN Live workflow is complex and not fully aligned to business process. • SEN Live Driver screens not used. • Spreadsheets used as well as SEN Live. • Cannot email attachments from SEN Live. • Lack of internet access in schools. • Issues with encrypted mail.	• There are delays in obtaining reports and assessments from partner professionals. • IPSEA letter doesn't include parental consent - NCC website has a link to it. • Patchy application of the graduated pathway in education settings.	• Process varies across Locality teams. • Duplication of tasks (e.g. EHCP Coordinators read NAP minutes to find their cases). • Reminder process not consistent. • Changes to process & workflow are not controlled.	• Roles and responsibilities within the 20 week process are not clear. • Resources are not dynamically aligned to demand. • Available SEN Support in mainstream settings is not widely understood.

Management Systems

➢ Data is provided monthly to the teams and senior managers in terms of inputs, outputs and overall performance.

➢ However there is no agreed suite of indicators to inform:

  ➢ Performance management routines.

  ➢ Workflow management activities.

  ➢ Resource allocation to balance supply and demand

➢ Some changes to the 20-week process are developed collaboratively however there is no:

  ➢ Defined procedure to recommend or make changes.

  ➢ Individual designated as the "process owner" with overall oversight to authorise changes.

IT Systems

➢ The strategic case management system is a module of TRIBAL – SEN Live. Cases are managed by configurable "work-flows".

➢ There is a general lack of confidence in using the system and trusting the data contained.

➢ SEN Live workflows are complex and are not fully aligned to the role of EHCP Coordinators e.g. key stages are missing - planning meeting.

➢ ECHP Coordinators do not generally update case records; an email is sent to SEN OST to request updates risking a lag between case progression and system updates.

➢ To track cases "20-week" and "new referrals" spreadsheets have been developed.

➢ The diagram below shows process for updating SEN Live workflows using the 20 week spreadsheet:
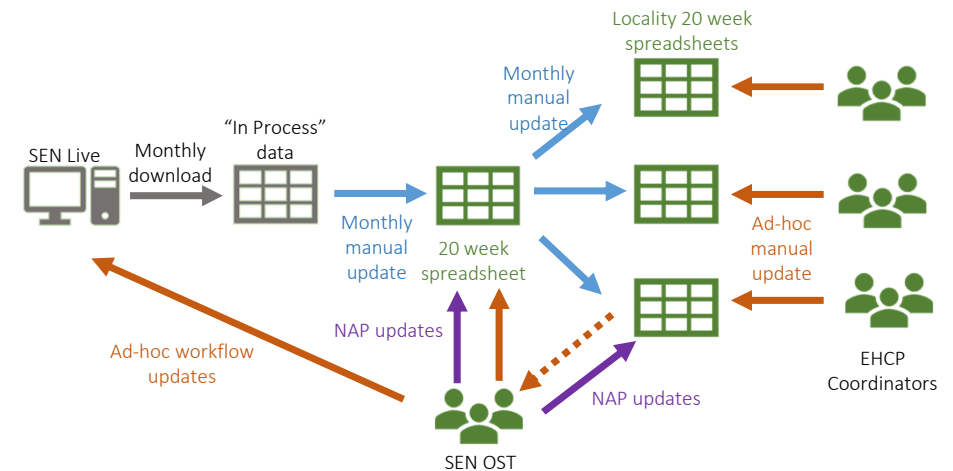
➢ The "20-week" spreadsheet is used as a communication channel between EHCP Coordinators and SENT OST

➢ Early work is underway to investigate the options to upgrade SEN Live by releasing the functionality to enable professionals to input their advice directly into the system (Gateway).
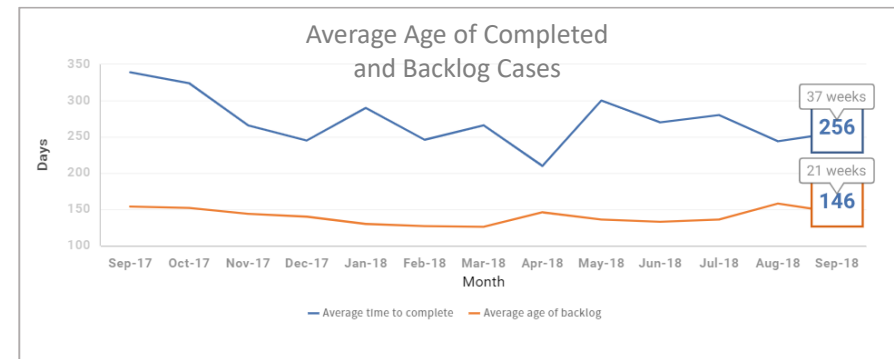
Process performance – plans issued & time taken

➢ The chart below shows the number of plans issued each month and the % issued within 20 weeks since September 2017.

➢ Between January and April 2018 there was a focused effort on converting existing Statements to EHCP which impacted on the processing of new referrals.

➢ The 117 plans issued in August 2018 was a record number and this level of output was maintained into the following month.

Number of EHCP Issued and % Issued Within 20 Weeks
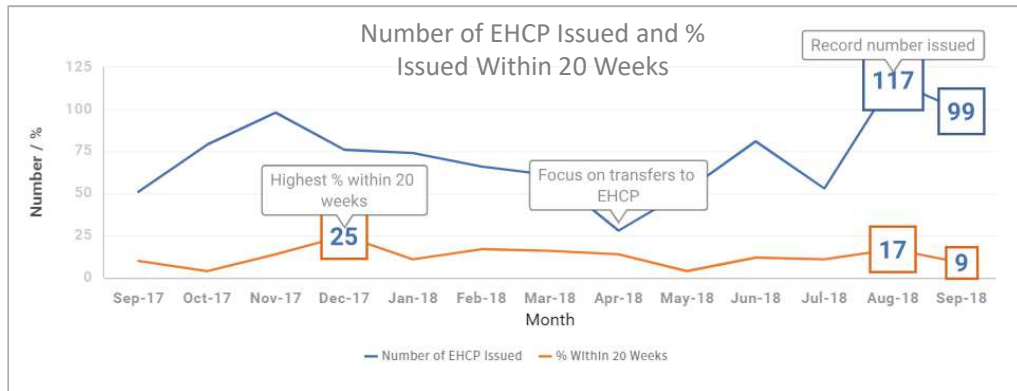
➢ The chart opposite shows the number of plans issued as doubled over the last 3 years as the EHCP process has become more familiar.
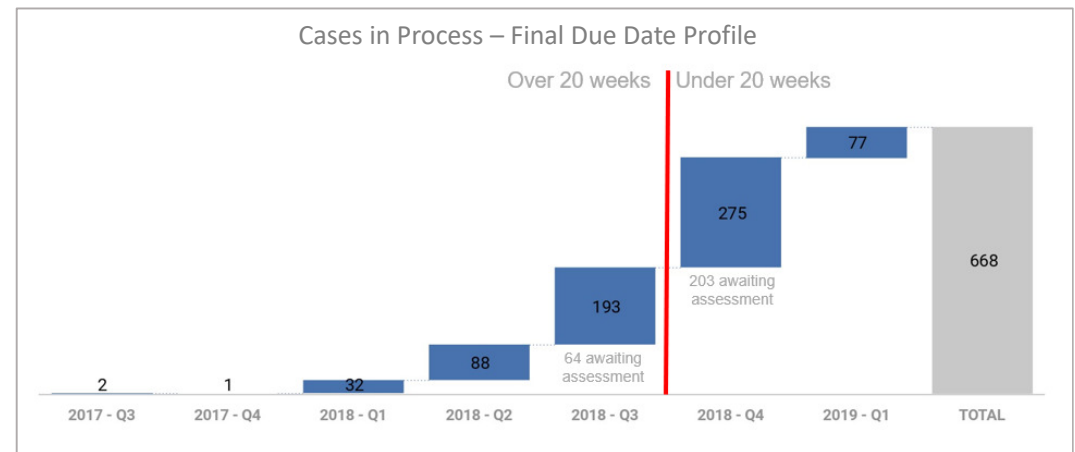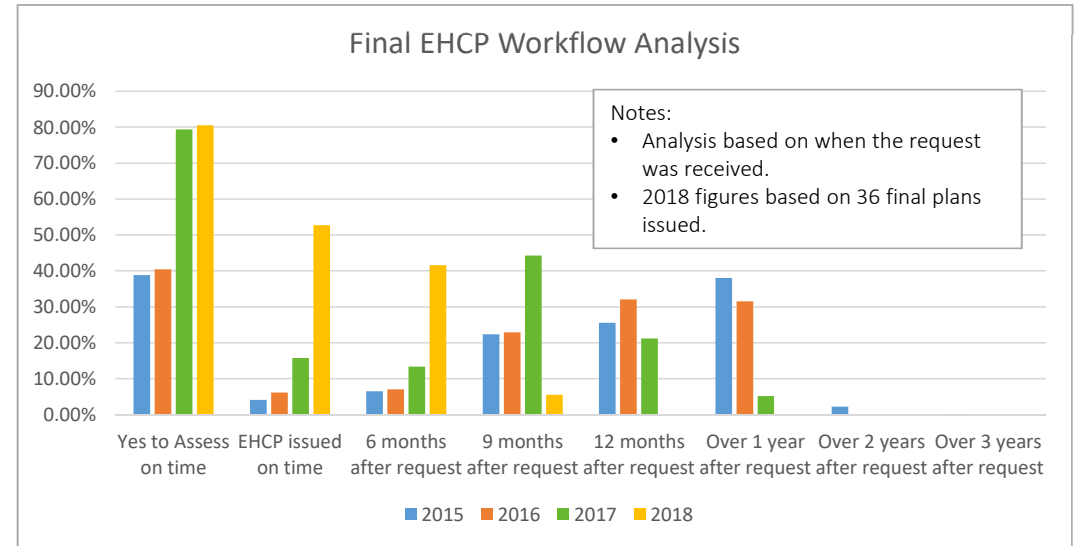

Number of EHCP Issued 2015-2018
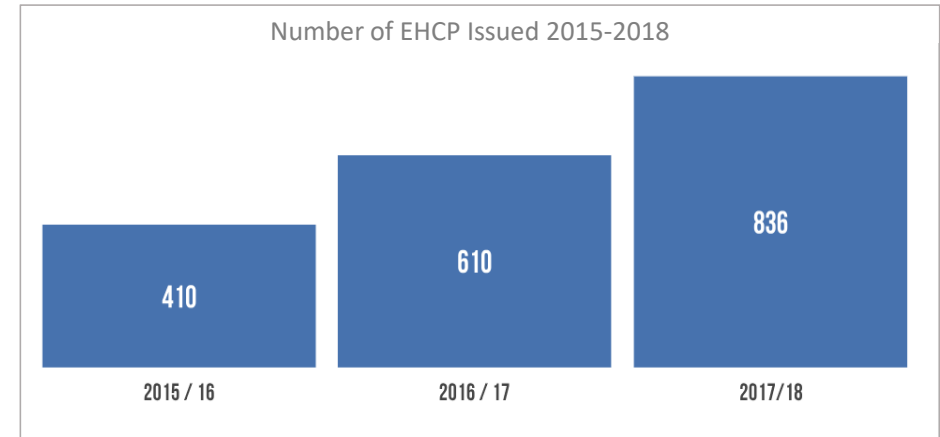
➢ However the age and size of the "backlog" holds back the % issued within the 20 week target.

➢ The chart below shows the average number of days it took to issue EHCP and the average age of cases in the backlog since September 2017.

Average Age of Completed and Backlog Cases

Process performance – target timescales

➢ The graph opposite shows the % of cases that achieved target timescales, and the extent of any delay beyond 20 weeks.

➢ Most plans are now issued within 12 months of the request.

➢ All requests received in 2018 that have had a plan issued (36 cases) were completed within 9 months.

➢ Of these 36 cases, 53% were issued within 20 weeks and 94% within 26 weeks.

➢ The main impact on the 20 week target is the volume of work in the process caused by:

  ➢ High referral rates.

  ➢ Shortage of key resources.

  ➢ Significant number of complex cases.

  ➢ Non-engagement by parents / children / young person.

➢ As at 1 October 2018 there were 668 cases in the process of which 316 (47%) were over 20 weeks old.

➢ The graph opposite gives an age profile of cases in the process.

➢ The average of cases in the process is holding back progress towards a higher completion rate within 20 weeks.
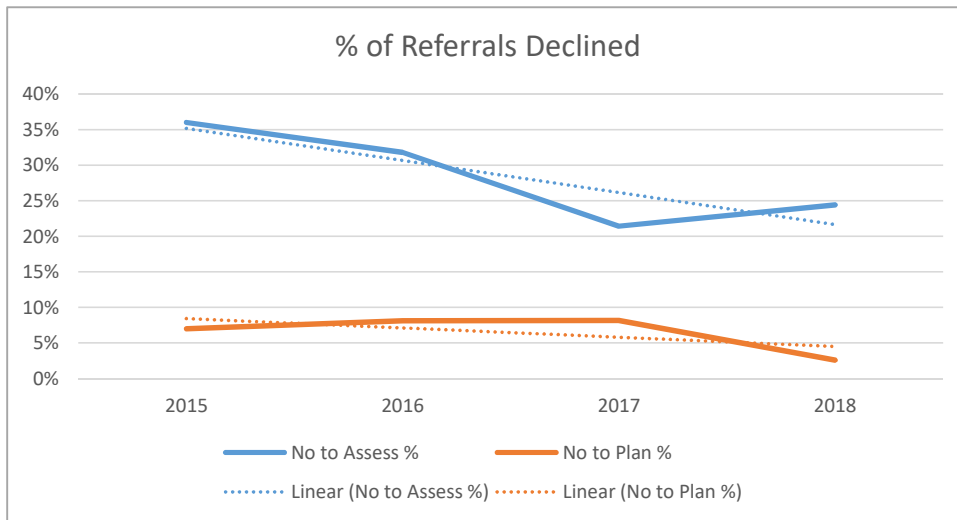

Final EHCP Workflow Analysis

Notes:
• Analysis based on when the request was received.
• 2018 figures based on 36 final plans issued.


Cases in Process – Final Due Date Profile

30

Process performance –key decision points

➢ The graph below shows the "decline rate" at the two decision points of "assessment" and "plan".

% of Referrals Declined

➢ Although the proportion of referrals has declined at "assessment" decision, 1 in every 5 cases are declined at the first decision point.

➢ It suggests too many inappropriate referrals are being made that could/should be handled earlier in the wider system.

➢ The 2017 average in England was 22.6%, however individual Local Authority results vary significantly from 0% to 100%.
   ➢ Gloucestershire had a 0% "no to assessment" rate.
   ➢ Essex achieved a 0.8% "no to assessment" rate.

➢ The trend in Norfolk for the top 3 Primary Need referrals declined at assessment is shown below:
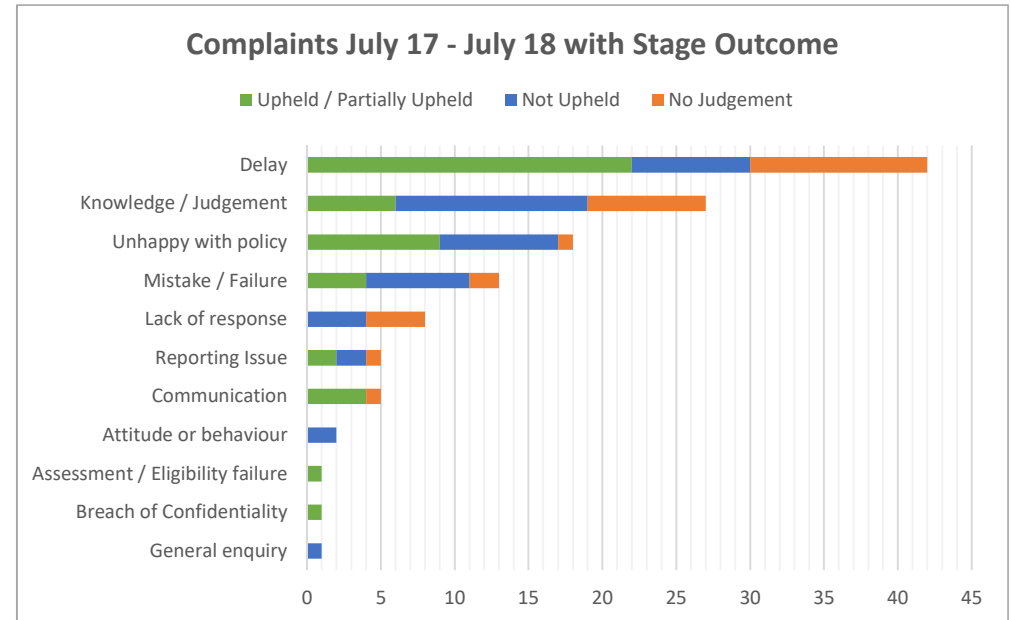

Top 3 Primary Needs – "No to Assess"
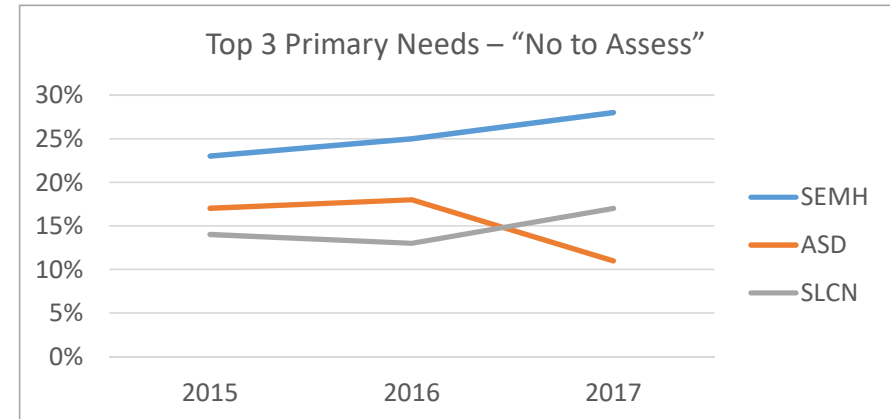
➢ **22%** of referrals declined an assessment the child was excluded from education at the time of referral.

➢ **44%** of referrals with a SEMH primary need declined an assessment the child was excluded at the time of referral.

➢ The low and relatively stable "no to plan" rate implies that the correct decision is being made at "no to assessment".

Voice of the Customer

➢ An analysis of complaints and compliments provides valuable insights into the current customer experience.

➢ Since 2015 complaints in Norfolk about the 20 week EHCP process have risen by 118%, with 122 being received between July 2017 and June 2018.

➢ The chart opposite details the main reasons for complaints and the outcome.

➢ The main reasons for complaints investigated by NCC and the Ombudsman are broadly aligned except in Norfolk parents and young people feel properly included in the decision-making process.

Complaints July 17 - July 18 with Stage Outcome

Legend: ■ Upheld / Partially Upheld ■ Not Upheld ■ No Judgement

Categories (top to bottom): Delay, Knowledge / Judgement, Unhappy with policy, Mistake / Failure, Lack of response, Reporting Issue, Communication, Attitude or behaviour, Assessment / Eligibility failure, Breach of Confidentiality, General enquiry

➢ **34% : Delay**
  ➢ Failure of meeting statutory duties and subsequent delays in receiving appropriate reasonable adjustments and educational provision / placements.

➢ **22% : Knowledge and Judgement Within the EHCP**
  ➢ 48% of these complaints go on to be not upheld.

➢ **18%: Unhappy with Policy**
  ➢ Concerns with placements, phase transfers and application of the SEN Code of Practice.
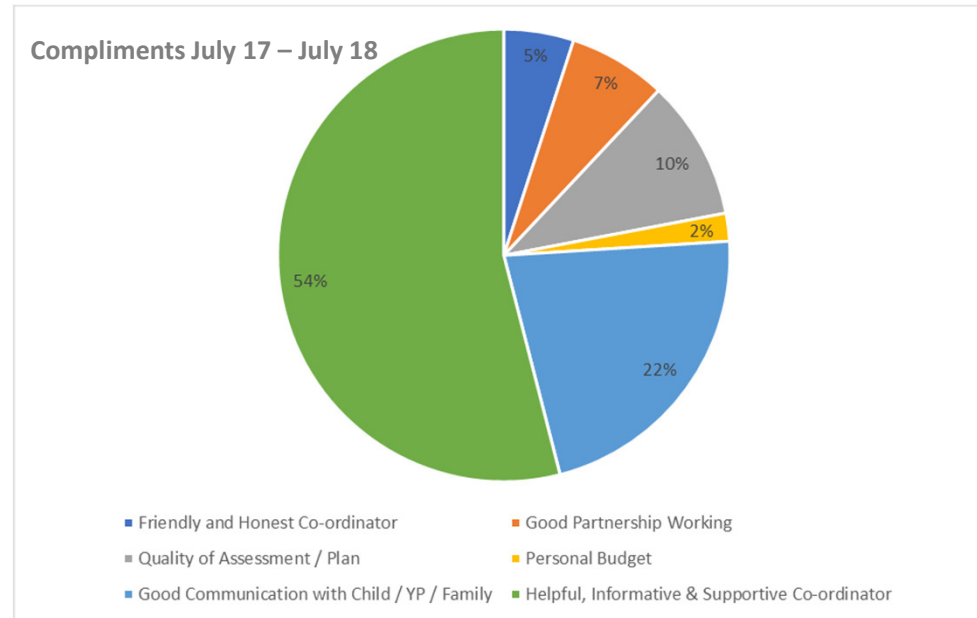
Voice of the Customer (2)

➢ The chart below shows the reasons behind the 41 compliments were received between July 2017 -July 2018

Compliments July 17 – July 18

- ■ Friendly and Honest Co-ordinator
- ■ Good Partnership Working
- ■ Quality of Assessment / Plan
- ■ Personal Budget
- ■ Good Communication with Child / YP / Family
- ■ Helpful, Informative & Supportive Co-ordinator

➢ 54% of compliments received gave thanks for the support of a 'helpful, informative and supportive co-ordinator'.

➢ 22% of compliments specifically referenced good quality communication between co-ordinator and child / young person / parent.

➢ Many of the compliments represent a heartfelt thank you and appreciation for the person-centred approach by which many EHCP co-ordinators conduct their work.

Best Practice

High Performing Local Authorities Approaches to EHCP

➤ An analysis of the SEN2 figures published over the last three years has identified Local Authorities who have high 20 week process performance and have had an increase or decrease in the number of EHCP issued.

➤ Below is a summary of key findings from desktop research:

Increase in performance & comparable increase in plans to Norfolk

Lincolnshire COUNTY COUNCIL	2015	2016	2017
	4.5%	66.8%	98.3%
"No to assess" rate	-	-	21.2%

Essex County Council	2015	2016	2017
	10.1%	37.9%	73.6%
"No to assess" rate	-	-	0.8%

Key Learning Points:
➤ SEND Key Working Approach – a single point of contact for CYP & parents to coordinate early engagement and support across EHC, as part of graduated approach (Assess, plan, do, review) but prior to EHCP. Intention is to provide support as early as possible.
➤ The SEND Key worker supports family through the EHCP process
➤ Clear evidence of two cycles of assess, plan, do review cycle before beginning an EHCP needs assessment
➤ Draft's plans before deciding if they will issue

➤ Key Learning Points:
➤ Person-centred approach through One Planning Environment.
➤ One Planning is used to support CYP with identified SEN as soon as their needs are identified.
➤ One plans are continually reviewed through a process of listening, learning and action and the vast majority of SEN is dealt with via the One plan and not EHCP.
➤ The Essex Provision Guidance document which has been written by professionals to support schools to understand the type and extent of support for each area of need.
➤ Drafts plan before deciding if they will issue.

High Performing Local Authorities Approaches to EHCP

Increase in performance & comparable increase in plans to Norfolk

Suffolk County Council	2015	2016	2017
	18.2%	28.5%	47.2%
"No to assess" rate	-	-	32%

BARNET LONDON BOROUGH	2015	2016	2017
	26.2%	45.9%	99%
"No to assess" rate	-	-	43.2%

Key Learning Points:
➢ Single referral form includes actions taken in the past 18 months.
➢ January 2017 CQC praise:
  ➢ Suffolk Parent Carer Network in holding the Local Authority to account.
  ➢ Good examples of specialist schools providing effective outreach services to improve provision within localities.
  ➢ Improved provision for LAC with SEN in schools.

Key Learning Points:
➢ 90% of EP advice completed within 6-week timeframe.
➢ Where appropriate EHC needs assessment should be combined with S17 social care assessments.
➢ From September 2017 PEP, Child in Need and EHCP reviews to be synchronised.
➢ "Ordinarily Available" educational provision document outlines what SEN support and services should be provided in a mainstream school setting.
➢ APDR cycle in operation and expect to see that the school has sought specialist advice and implemented any recommendations.

Best Practice

High Performing Local Authorities Approaches to EHCP

Increase in performance & decrease in number of plans issued

DERBYSHIRE County Council	2015	2016	2017
	0%	47.3%	52.9%
"No to assess" rate	-	-	46.9%

Cheshire West and Chester	2015	2016	2017
	14.1%	75.4%	100%
"No to assess" rate	-	-	54.3%

Key Learning Points:
➢ CQC identified:
  ➢ Introduction of GRIP (graduated response for individual pupils) improved SEND need identification and provision of support. GRIP also supports effective decision making for EHCP.
  ➢ Strategic leaders working to end a fragmented commissioning approach and have an effective hierarchy of stakeholder groups that ensure robust joint commissioning.
➢ SEND officer role – this role is the link between SEND locality teams, families, schools, health and social care. They support the assess, plan, do, review cycle of GRIP and also liaise and support through the production of an EHCP.

Key Learning Points:
➢ Clear strategic vision till 2020 and key actions to achieve this vision are identified.
➢ Local area SEND joint commissioning group including education, health and social care teams.
➢ CCG's have specific Designated Clinical Officers to support statutory duties.
➢ Early years SEND support and services pathway (0-5 years) co-produced with parents and stakeholders and evidence driven to improve outcomes. Clear links with Public Health, Health Visitors and the Healthy Child Programme

High Performing Local Authorities Approaches to EHCP

Increase in performance & decrease in number of plans issued

Cumbria County Council	2015	2016	2017
	69.3%	75.3%	88.7%
"No to assess" rate	-	-	25.8%

Key Learning Points:
- Very detailed SEN handbook (250 pages) including a graduated response designed with levels of SEN in mind and the EHCP coming into play at a more severe level.
  - Each level clearly defined and also clear EHCP only for those of Band Three (severe) or above.
- Clear direction on documentation for initial Statutory Assessment including all evidence with referral as well as evidence of the graduated approach of assess, do, review done at least twice.

High Authorities Approaches to EHCP

Maintained 100% target & issued 221% more plans

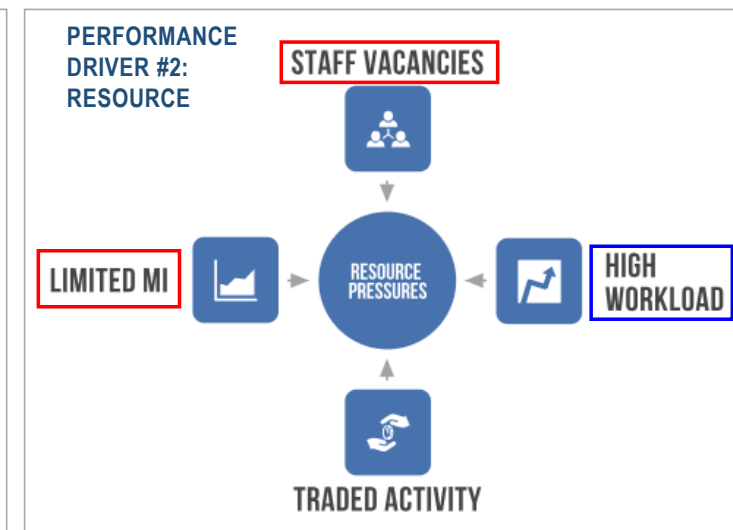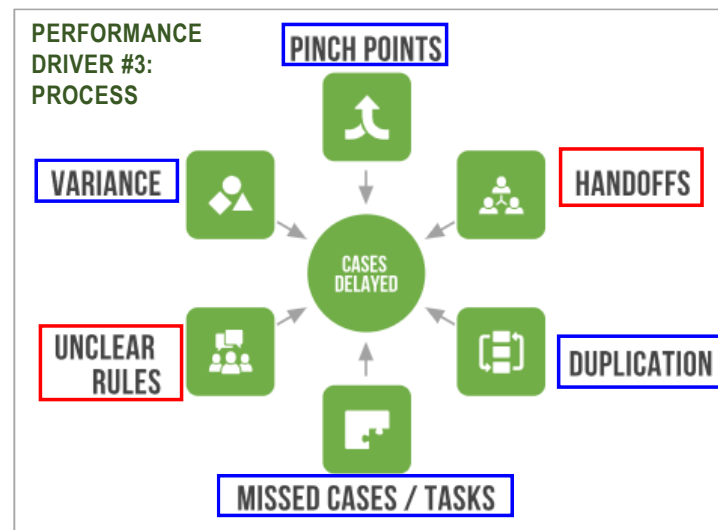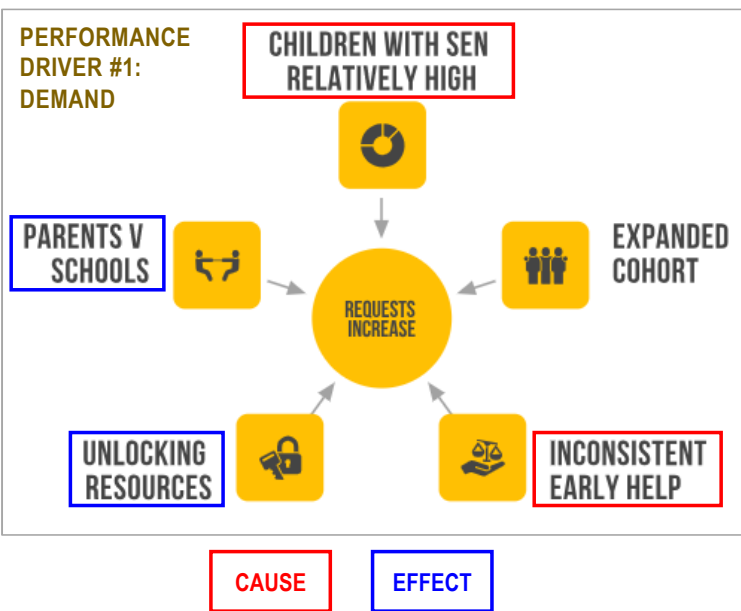| Gloucestershire County Council	2015	2016	2017
	100%	100%	100%
"No to assess" rate	-	-	0%

Key Learning Points:
- Contact with SEN team is encouraged as part of the assessment request – included in the "Graduated Pathway"
  - In most cases professional makes referral and EHCP request is Stage 4 out of 6 Stage SEND Pathway.
  - Evidence must be supplied as part of a referral.
- CQC identified / praised:
  - Graduated pathway and "My Plans" as major elements of success and consistently implemented by all professionals.
  - Significant support to early help & pre-school settings. Strong links with Health Visitors to identify need early.
  - Skills development in schools as a key strength including specialist schools offering professional development and support to mainstream schools.
  - Local Offer and Building Better Lives Strategy.

Conclusion

Performance Drivers

➢ The performance of the 20 week EHCP process is influenced by:
1. Demand
2. Resources
3. Process

➢ Within these there are factors that all play a part to a lesser or greater degree. Some are causes while others are effects.

➢ These diagrams summarise the drivers based on evidence presented in this report.

➢ Recommendations to address them follow on the next page.

PERFORMANCE DRIVER #1: DEMAND — CHILDREN WITH SEN RELATIVELY HIGH, PARENTS V SCHOOLS, EXPANDED COHORT, UNLOCKING RESOURCES, INCONSISTENT EARLY HELP, REQUESTS INCREASE

PERFORMANCE DRIVER #3: PROCESS — PINCH POINTS, VARIANCE, HANDOFFS, UNCLEAR RULES, DUPLICATION, MISSED CASES / TASKS, CASES DELAYED

PERFORMANCE DRIVER #2: RESOURCE — STAFF VACANCIES, LIMITED MI, HIGH WORKLOAD, RESOURCE PRESSURES, TRADED ACTIVITY

CAUSE   EFFECT

Conclusion

Recommendations - Demand

Develop a "whole system" view.
- Investigate the reasons behind high parent referrals?

Conduct further analysis into the rising SEMH demand.
- Are the right resources in the right places?

Review the public facing SEN pathway information.
- Is it understood by parents / teachers / professionals?
- Does it show how all stakeholders must work together?
- How well does it manage parental expectations?
- Does it signpost effectively?

Review the application of the Graduated Response.
- Is it consistently applied across the County?
- How well aligned are key prevention partnerships such as Early Help and Public Health?

Review the Local Offer.
- How effectively does it meet customer needs?
- What is needed to improve its reach?

Recommendations - Process

Appoint an "owner" of the 20 week process & workflows.
- Changes approved through agreed governance.
- Resolve issues & design changes collaboratively.

Review 20 week process and associated documents.
- Simplify decision making.
- Rationalise case tracking into SEN Live.
- Increase consistency through clear business rules.

Agree a set of key metrics. *
- Identify data capture points and build into workflows.

Design & implement delivery routines to use metrics data.
- Agree the purpose of the routines.
- Build them into existing meetings.

Recommendations - Resources

Review options for extra resources to clear the backlog. **

Strengthen relationships between teams.

Define optimum resource levels & review mechanism.

Review roles and responsibilities to rationalise workloads.

* Suggested metrics and delivery routines are in Appendices 3 and 4
** Recommended steps to deal with the backlog are in Appendix 5

Type of school placement for children and young people with an EHCP

	Norfolk	Regional	Statistical	National
Mainstream 0-25				
Mainstream schools 5-16	30.9	39.5	41	34
SEN Units / Resourced provision	2.0	3.4	3.0	5.1
Subtotal	**32.9**	42.9	44	39.1
Early Years settings	0.9	0.5	0.4	0.5
Post 16 college / 6th form / training	21.3	14.0	14.4	13.2
Mainstream grand total	**55.1**	**57.4**	**58.8**	**52.8**
Non mainstream 0-25				
Alternative provision academy / Pupil referral unit	**2.0**	1.2	1.1	0.7
State funded special school (including 6th form)	**25.7**	32.3	27.6	34.8
Independent/non maintained schools (including 6th forms)	**10.3**	4.5	5.1	5.9
Special independent post 16 institutions	0.0	0.4	1.5	1.3
Non mainstream grand total	**38**	**38.4**	**35.3**	**42.7**
Other	6.9	4.2	5.9	4.5

➢ The table above shows that overall the proportion of children and young people in state funded, cost effective provision is lower than the national average, i.e. mainstream schools, state-funded maintained special/complex needs schools and specialist resource bases. However, **the percentage in the higher cost independent/ non-maintained sector is more than double the national average. This is due to having too few state-funded special/complex needs schools, and insufficient specialist provision– i.e. SRBs located within mainstream schools.**

The Health Needs Index

➢ The Health Needs Index has been developed by Norfolk County Council Information and Analytics team and ranks school clusters relative health needs [1-46] based up the following indicators:

- o *Obesity*
- o *School readiness*
- o *Working age health related benefit claimants*
- o *Index of Multiple Deprivation*
- o *Teenage Conceptions*
- o *Emergency Admissions for Children*
- o *Smoking rates*
- o *Crime rates*

[Rank 1 represents the highest relative health needs and 46 the lowest]

Appendix - 3

Management & Performance Information

➢ The table below offers some suggestions on the type, level and content of data required to support delivery routines:

Level	Type of Information	Example Metrics / Information	Audience	Frequency
Service	• High level volumes • Process performance	• Number of new requests • Number of new plans issued • % of new plans issued on time • Average time to issue a plan • % of total requests over 20 weeks old • % of Mediations resolved • % of Tribunals successful	• Senior managers	• Monthly

Team	• Team level volumes
	• Team process performance (detailed)
	• Exceptions
		In addition to above:
		• % of assessment decision on time
		• % of plan decision on time
		• Number (& list of) requests over 20 weeks old
		• List of requests:
		  • overdue assessment decision
		  • overdue plan decision
		  • overdue issue final plan
			• Operational management team	• Weekly

Case worker	• Individual volumes
	• Individual process performance (detailed)
	• Exceptions
		• In addition to above:
		• List of requests due (2 weeks or less)
		  • Assessment decision
		  • Plan decision
		  • Issue final plan issue
			• Team managers
			• Team members
				• Daily

Delivery Routines

➢ To make the best use of any management and performance information, the following activities are recommended as regular routines to manage and drive performance as well as work flow management.

Who	When	What	How	Why
Case worker	Daily	Identify: • Cases ready for next process step • Oldest cases • Overdue cases • Cases due key timescale targets • Cases due final plan issue	• Review individual live case list	• Prioritise daily / weekly workload • Identify & escalate barriers to cases progressing
Team Manager	Daily	Identify: • Cases due key timescale targets • Cases due final plan issue	• Review team live case list	• Support team members to prioritise workload
Team Manager	Weekly	Identify: • Oldest cases • Overdue cases (intermediate and final targets)	• Review team live case list • Investigate individual cases	• Support team members to identify barriers • Remove / escalate barriers to cases progressing
Operational Manager Group (including senior operational manager)	Monthly	Review: • Performance against target timescales • Throughput • Quality measures • Exception cases	• Service performance information	• Early identification of potential performance issues • Remove / escalate barriers • Align resources

Recommended steps to clear old cases

1 DEFINE

Make a distinction between current and backlog work e.g. agree a watershed date

2 QUARANTINE

Separate backlog work from current work and label it accordingly

3 QUANTIFY

Put meaningful numbers around the problem

4 TACKLE

Adopt a strategy to clear it (e.g. specific focused resources, expedient process)

5 REVIEW

Why did the backlog happen?

What measures would provide an early warning?

How will it prevented from happening again?

End of Report