

North Somerset Quality Assurance Framework for Education, Health and Care Plans (EHCPs)

Our Vision:

Our Vision

In North Somerset, we want all children and young people with SEND to be safe and valued, to be ambitious for their futures and to achieve their full potential.

1. Introduction

The Code of Practice, 2015 states, '*the EHC needs assessment and plan development process should be supported by senior leadership teams monitoring the **quality and sufficiency** of EHC needs assessments through robust **quality assurance systems**.*'

This document describes North Somerset's response to the Code of Practice and includes information on the processes it uses to measure and monitor the quality of the EHC needs assessment process and EHC plans (EHCP) for children and young people with SEND (0-25)

Robust oversight of processes and clear responsibility for ensuring that learning from this oversight improves the experience for children and families.

Although the responsibility for ensuring that the processes described in the Code of Practice are correctly operated rests with the Local Authority, we expect all managers



across education, health and care services in North Somerset to ensure that an audit process is in place to support the effective management of their team's performance and practice. It is a guide for other services and organisations to:

- Assure children and young people and their parents that contributions to the EHC needs assessment and planning processes are quality assured by contributing services and organisations.
- Use the learning from audits and reviews to improve the quality and consistency of assessments for all children, young people and parent carers.
- Ensure that the system promotes the achievement of outcomes for children and young people with SEND.

"All agencies contribute fully and in a timely way to Education Health & Care Plans which are high quality and aspirational, with processes in place for monitoring the quality of plans".

2. Outline of the Quality Assurance Framework

North Somerset Council and its partners are committed to delivering high quality Education, Health and Care plans (EHCPs).

We want to improve the quality, provide greater consistency and to ensure the plan accurately reflects the child or young person.

To achieve this the local area has a quality assurance framework that sets out how EHCPs will be audited so that we can monitor the plans.

The framework is based on a three-tier approach:

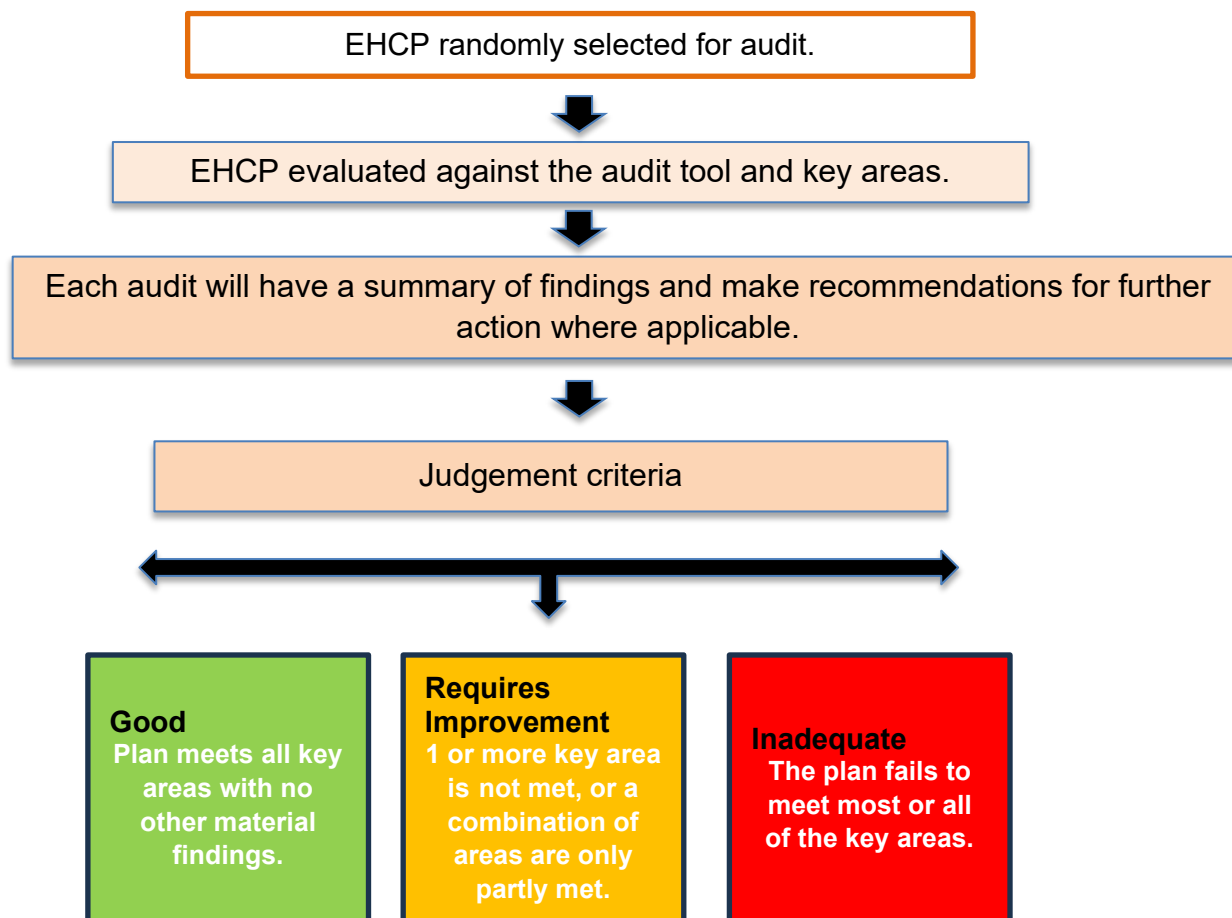
2.1 Tier One – SEND Team Quality Assurance

This is where we Quality Assure a sample of plans, both newly written and Proposed Amended.

Audits will focus on new EHCP's that have been written but not finalised, to ensure that the plans, going forward, are of high quality and in line with the key areas, the code of practice and regulations.

The Senior Officer responsible for Quality Assurance is responsible for selecting cases for audit, reviewing the file and discussing the case with the practitioner. They will create an audit form for each case and will log issues or learning, assisting the practitioner to resolve them where appropriate. The individual practitioner is responsible for cooperating fully and reflecting on their practice in the audit process, for committing to resolve any issues or learning areas identified, and for ensuring that the child or young persons' voice is reflected in all assessment work undertaken.

Plans are audited against the standards set out in the Audit toolkit and the key areas outlined below. Data is entered onto the EHCP audit spreadsheet, which will determine the quality of the plan. A sample form for recording Quality Assurance audits is provided in Appendix 1 below.



Annual Review audits will be completed by senior officers within the SEND team, prior to the annual review meeting, who work alongside the SEND reviewing officer and the setting to identify areas for improvement and actions for the plan. This will ensure each EHCP, as it is reviewed, builds in consistency, accountability and quality. Once the plan is reviewed and updated, the senior officers will measure impact using the Audit toolkit (See Appendix 1 below).

2.2 Tier Two – Multi-Agency Audits

EHCP's to be audited at Tier 2 will be randomly selected and undertaken by different professionals from across Health, Social Care, Education and the Local Authority.

- Dip Sampling sessions occur between Senior SEND Officer (QA) and Health and Senior SEND Officer (QA) and Social Care. In each session the focus is quality of advice and how this advice has been interpreted and represented within the plan.
- Two plans (one new draft and one Proposed Amended) are looked at weekly by the multi professional assessment panel. The panel will provide a judgement relating to the quality of each plan; a summary of their findings which is fed back

to the assessment officer; identify areas of good practice and any recommendations for further action (as applicable).

- A multi-agency audit occurs monthly, where senior managers from Education including SEND, Early years, Educational Psychology and the Virtual School, alongside colleagues from Social Care (Children's and Adults) and Health Services will meet to understand the lived experience of the child/young person while navigating the SEND system within the Local Area. Each child/young person will be discussed using the audit template to record the discussion and formally record the view of the audit team alongside the evidence of how they came to that conclusion. All actions agreed will be assigned a lead name need to ensure that action is taken forward and reported back at the next audit meeting. Part of this will include QA of any EHCP if necessary.

2.3 Tier Three – Board Oversight

The North Somerset SEND Improvement Board acts as a form of Governance. They will not normally consider individual audits in detail, but receive a report on audit activity, alongside any issues which are raised for resolution during the year and an analysis of the impact of QA.

3. Advice Escalation Procedures:

3:1 Social Care:

When Children's Social Care advice is required for an Education, Health & Care Needs Assessment (EHCNA,) checks are made as to whether the child and family are known to Children's Social Care; if the child is open to Children's Social Care and has an allocated worker, the request for advice is directed to the allocated worker.

If the child is not open to Children's Social Care, the Children with Disabilities Team (CWDT) Family Support Worker, contacts the child's parent/s to explore the child and family's strengths, needs, and any vulnerabilities, to provide the advice required; the Family Support Worker also considers the family's holistic needs and any emerging difficulties or worries, to determine whether additional early help or social care support or intervention is warranted; the Family Support Worker may liaise with the Principal Social Worker/Designated Social Care Officer to decide whether a referral to Children Social Care's Front Door is required for early help or child & family assessment, to identify support for the family. The family are signposted to the Local Offer.

If the advice provided by a social care practitioner is incomplete, unclear, or is not provided in a timely way, the SEND Officer escalates this to the Designated Social Care Officer (DSCO) to resolve this, by supporting the allocated worker to provide sufficient and clear advice; the DSCO provides the revised advice within 5 working days of receipt of escalation.

3:2 Health:

When advice is required for an Education, Health & Care Needs Assessment (EHCNA,) Panel Coordinators will check whether the child and family are already known to Health; if the child/Young person is already known to one of the Sirona healthcare teams, the request for advice is directed to the allocated healthcare professional.

If the child/Young Person is not already known to one of the Sirona healthcare teams, an assessment is carried out by the Specialist Health Advisor for SEND team. The role of the specialist health advisor is to gather the health information the local authority needs to understand health factors influencing a child's education in relation to the Joint Outcomes Framework.

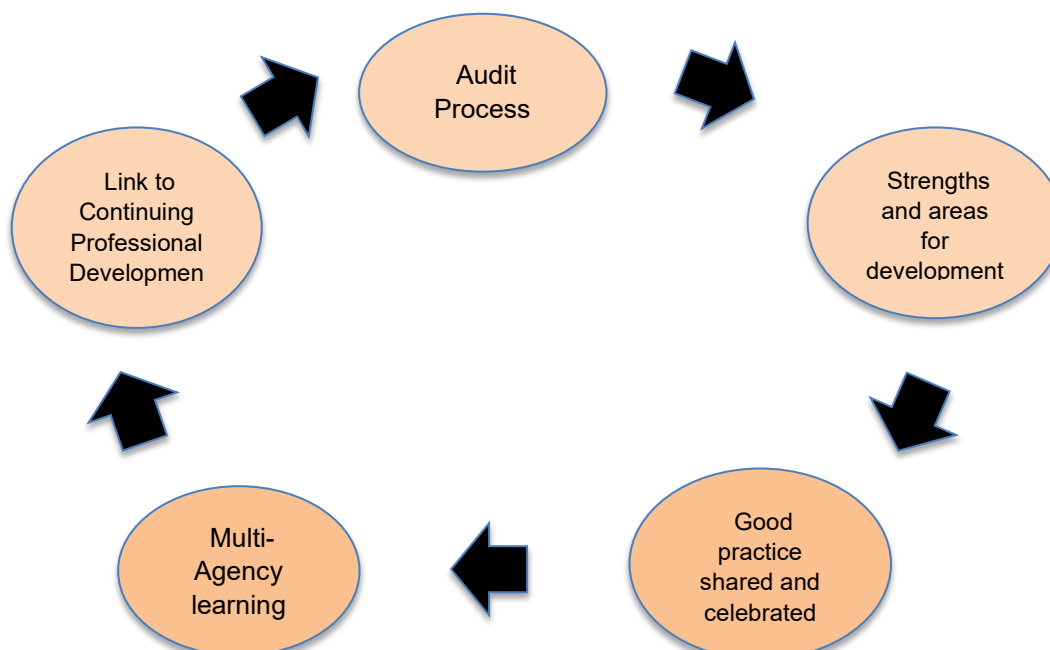
If the advice provided by a health care professional is incomplete, unclear, or is not provided in a timely way, the SEND Officer will escalate this to the Designated Clinical Officer (DCO) who will aim to resolve this by seeking a resolution and agreeing a way forward within 5 working days of receipt of the escalation.

3:3 Education

If the advice provided by education is incomplete, unclear, or is not provided in a timely way, the SEND Officer will work with the SENCo in the first instance and then escalate by contacting the Headteacher/CEO where appropriate, or by contacting the Team Manager/Head of Service.

4. Ensuring Learning leads to Impact

Any trends and areas for development are supported through training or 1 to 1 coaching. We also work closely with our partners in Health and Social Care and provide training on EHC Needs Requests, Annual Reviews, and writing high quality statutory advice. Outcomes from audits will be analysed and reported to the SEND Improvement Board. Learning will be disseminated to inform improvement, celebrate good practice and contribute to individual and team Continuous Professional Development.



We measure our impact in the following ways:

- Ensuring learning is embedded: Quality assurance activity findings will be analysed quarterly to identify strengths, themes, trends, and identify areas for improvement. Learning will be shared with SEND team managers and Service Managers, reflecting the activity, findings and suggested next steps. Improvement and development activities will then be delivered in response to the identified learning. Practice and performance will be regularly reviewed to ensure continuous improvement and close the learning loop. Exceptions identified through auditing will be reviewed at monthly health and social care audit sessions with the Designated Clinical Officer and the Interim Service Improvement Lead, Children's Service Directorate respectively.
- Governance: This framework will be reviewed annually. All quality assurance and practice improvement activity will be analysed and learning reported quarterly to the SEND Improvement Board which will ensure appropriate wider learning, actions, and service development are progressed.

5. Key Areas

The following key areas will be used throughout the audit process:

5.1 Key Area One – The plan includes the views, wishes and feelings of children, young people, their families and carers

5.2 Key Area Two – Plans describes positively what the CYP can do. In addition, they should be aspirational, person centred and identify prior attainment.

5.3 Key Area Three – Plans are clear, concise, understandable, accessible.

5.4 Key Area Four – The plan is co-produced. Plans specify the provision required and how education, health and care services will work together to meet the child or young person's needs and support the achievement of the agreed outcomes, including transition planning.

5.5 Key Area Five – The plan Sets good, relevant SMART outcomes.

5.6 Key Area Six – The plan tells the CYP's story well.

Appendix 1 – Quality Assurance Audit Form

Reviewed by: multi professional panel/QA officer/group moderation

Cognition & Learning/Communication & Interaction/SEMH/Physical & Sensory

RAG Rating:

| Section A - The views, interests and aspirations of the child and their parents, or of the young person | Yes | No | Partly | N/A | Comments |
|---|-----|----|--------|-----|----------|
| <i>(i) Aspirations</i> | | | | | |
| • <i>Young Person's own voice is used to gain views.</i> | | | | | |
| • <i>Says what the CYP wants for the future short term</i> | | | | | |
| • <i>Says what the parents/ carers want for the future short term</i> | | | | | |
| • <i>Says what the CYP wants for the future long term</i> | | | | | |
| • <i>Says what the parents/ carers want for the future long term</i> | | | | | |
| <i>(ii) History</i> | | | | | |
| • <i>Gives the CYP's brief history</i> | | | | | |
| • <i>Includes comments about health, play, school, independence and friendships</i> | | | | | |
| • <i>Makes reference to further education and future plans including employment (if practical)</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| | | | | | |
|--|------------|-----------|---------------|------------|-----------------|
| <i>(iii) Communication</i> | | | | | |
| • States how the CYP communicates and how to communicate with them | | | | | |
| • If not written in the first person, explains how views sought | | | | | |
| Section B - The child or young person's special educational needs (SEN) | Yes | No | Partly | N/A | Comments |
| <i>(i) Strengths and current functioning</i> | | | | | |
| • Gives information about what the CYP can do which can be built on | | | | | |
| • Notes current levels of attainment | | | | | |
| <i>(ii) Needs</i> | | | | | |
| • Sets out needs that are easy to identify | | | | | |
| • Is clear about what needs to be addressed for the CYP | | | | | |
| • Matches each need to provision in Section F | | | | | |

Appendix 1 – Quality Assurance Audit Form

| Section C - The child or young person's health needs which relate to their SEN | Yes | No | Partly | N/A | Comments |
|---|------------|-----------|---------------|------------|-----------------|
| <ul style="list-style-type: none"> <i>States clearly if there are any health needs</i> | | | | | |
| <i>(i) Strengths and current functioning</i> | | | | | |
| <ul style="list-style-type: none"> <i>Gives information about what the CYP can do which can be built on</i> | | | | | |
| <i>(ii) Needs</i> | | | | | |
| <ul style="list-style-type: none"> <i>States any health needs identified through the EHC needs assessment which relate to the SEN.</i> | | | | | |
| <ul style="list-style-type: none"> <i>Gives information from the ICB about any other health care needs not related to the SEN</i> | | | | | |
| <ul style="list-style-type: none"> <i>Matches to provision in Section G</i> | | | | | |
| Section D - The child or young person's social care needs which relate to their SEN | Yes | No | Partly | N/A | Comments |
| <ul style="list-style-type: none"> <i>States clearly if there are any social care needs</i> | | | | | |
| <i>(i) Strengths and current functioning</i> | | | | | |
| <ul style="list-style-type: none"> <i>Gives information about what the CYP can do which can be built on</i> | | | | | |
| <i>(ii) Needs</i> | | | | | |
| <ul style="list-style-type: none"> <i>States any social care needs identified through the EHC needs assessment which</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| | | | | | |
|--|--|--|--|--|--|
| <p><i>are related to the child's SEN or require provision for a CYP under 18 under section 2 of the Chronically Sick and Disabled Person's Act 1970.</i></p> | | | | | |
| <ul style="list-style-type: none"> <i>Gives other social care needs (specified by the LA) not linked to child's SEN or disability. n.b. Must have the consent of the child and their parents.</i> | | | | | |
| <ul style="list-style-type: none"> <i>Matches needs to provision in Section H1 or H2</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| Section E - The outcomes sought for the child or the young person | Yes | No | Partly | N/A | Comments |
|---|------------|-----------|---------------|------------|-----------------|
| <i>(i) Outcomes</i> | | | | | |
| • Gives outcomes (not provision) over varying timescales covering education, health and social care | | | | | |
| • If appropriate, forward plans for any change in a child or young person's life such as a change of school | | | | | |
| • Includes steps towards meeting the outcomes | | | | | |
| • Describes the monitoring and review arrangements | | | | | |
| Section F - The special educational provision required by the child or the young person | Yes | No | Partly | N/A | Comments |
| <i>(i) Provision</i> | | | | | |
| • Sets out provision clearly for each need identified in Section B | | | | | |
| • Normally quantifies provision (how much of it and how often) | | | | | |
| • States who will provide what | | | | | |
| • Identifies facilities, equipment, staffing and curriculum arrangements | | | | | |
| • Is clear how provision will enable outcome delivery | | | | | |
| • Includes provision where health or social care educates or trains a CYP | | | | | |
| • Shows how information gathered has informed provision | | | | | |

Appendix 1 – Quality Assurance Audit Form

| <i>(ii) Monitoring and Review Arrangements</i> | | | | | |
|---|------------|-----------|---------------|------------|-----------------|
| • <i>Gives arrangements for setting shorter term targets and monitoring progress by the educational setting</i> | | | | | |
| Section G - Any health provision reasonably required by the learning difficulties or disabilities which result in the CYP having SEN | Yes | No | Partly | N/A | Comments |
| <i>(i) Provision</i> | | | | | |
| • <i>States provision which is detailed and specific and normally quantified.</i> | | | | | |
| • <i>Is clear how it will support the achievement of outcomes (Section E), including the health needs to be met (Section C) and the outcomes to be achieved through provision secured through a personal (health) budget.</i> | | | | | |
| • <i>May include specialist support and therapies, including medical treatments and delivery of medications, nursing support, specialist equipment and continence supplies.</i> | | | | | |
| • <i>May specify other health care provision reasonably required by the child or young person which is not linked to their learning difficulties or disabilities (The local authority and ICB may choose to add this)</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| Section H1 - Any social care provision which must be made for a CYP under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) | Yes | No | Partly | N/A | Comments |
|---|------------|-----------|---------------|------------|-----------------|
| <i>(i) Provision</i> | | | | | |
| • <i>Sets out provision that is detailed, specific and should normally be quantified</i> | | | | | |
| • <i>Specifies provision for every need specified where these are relevant to H1</i> | | | | | |
| • <i>Must be clear how the provision will support the achievement of outcomes (Section E).</i> | | | | | |
| • <i>Includes services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.</i> | | | | | |
| Section H2 - Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN | Yes | No | Partly | N/A | Comments |
| • <i>Sets out provision which is detailed and specific and should normally be quantified.</i> | | | | | |
| • <i>Specifies provision for every need specified where these are relevant to H2</i> | | | | | |
| • <i>Includes services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| | | | | | |
|--|------------|-----------|---------------|------------|-----------------|
| • <i>Is clear how the provision will support the achievement of outcomes</i> | | | | | |
| Section I: Placement | Yes | No | Partly | N/A | Comments |
| • <i>Contains name of setting</i> | | | | | |
| • <i>Contains details of type of setting</i> | | | | | |

| | | | | | |
|---|------------|-----------|---------------|------------|-----------------|
| Section J - Personal Budget (including arrangements for direct payments) | Yes | No | Partly | N/A | Comments |
| <i>(i) Personal budget</i> | | | | | |
| • <i>Is clear about whether or not a personal budget has been requested</i> | | | | | |
| • <i>Shows the amount allocated</i> | | | | | |
| • <i>Sets out the details of how the personal budget will support particular outcomes</i> | | | | | |
| • <i>Gives the details for monitoring and reviewing where there is a personal budget and/or direct payment for education, health and social care.</i> | | | | | |
| Section K: Advice and Information | Yes | No | Partly | N/A | Comments |
| • <i>Lists the required advice and information</i> | | | | | |

Appendix 1 – Quality Assurance Audit Form

| Key Themes | Yes | No | Partly | N/A | Comments |
|--|-----|----|--------|-----|----------|
| <ul style="list-style-type: none"> <i>The plan includes the views, wishes and feelings of children, young people, their families and carers</i> | | | | | |
| <ul style="list-style-type: none"> <i>Describes positively what the CYP can do</i> | | | | | |
| <ul style="list-style-type: none"> <i>Is clear, concise, understandable and accessible</i> | | | | | |
| <ul style="list-style-type: none"> <i>Is co-produced</i> | | | | | |
| <ul style="list-style-type: none"> <i>Sets good, relevant outcomes</i> | | | | | |
| <ul style="list-style-type: none"> <i>Tells the CYP's story well</i> | | | | | |