

Children's Scrutiny Committee

The Education,
Health and Care
Plan
Task Group



June 2019

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Preface

This report covers the process of applying for and producing an Education Health and Care Plan (EHCP) in Devon, putting the needs of the child or young person at the centre of the decisions.

The task group appreciates the huge amount of effort put in by families and carers to support their child or young person with Special Educational Needs and Disabilities. It also recognises the support provided by their friends and relatives, and also the work done by schools, SENCOs, social care and health professionals, educational psychologists, the 0-25 team, support and advisory groups (e.g. Devon Information and Advice Service) and everyone involved in their life. Everyone aims to help them access education to achieve a fulfilling life and to reach as much independence in adulthood as possible. Also, more importantly, we appreciate the huge effort put in by every child and young person themselves towards all that they achieve. Our aim is to improve that journey for all.

The needs of the child or young person to access education are at the centre of all decisions, and where this is not experienced, this is where improvements need to be made. Appropriate aspirations need to be set a step at a time and reviewed in a timely manner.

Over the last year the task group has followed a family through the process of applying for an EHCP, heard evidence from many people, and received many emails and stories. This all indicates that some families are now experiencing a faster EHCP process; however, getting the process to work for all within the timeframe is still a problem. A lot of this problem is communication between all concerned and their understanding of what the education system can offer. Dialogue needs to be improved and the expectations of timing and what is possible need to be better understood.

The task group has sought to ensure the recommendations made are based on evidence collected from all witnesses and is confident that with collaboration they are realistic within the timeframe specified. The scrutiny process strives to identify improvements and has conducted this review with independent minded councillors acting together as a critical friend.

I would like to place on record the task group's sincere thanks to the many witnesses who gave up their time and talked to the task group openly and honestly which has enabled us to understand how the system functions. We have been touched by the passion and perseverance of parents as well as the hard work and dedication of all staff during what has been an unsettling time of changes. I would also like to thank the members of the task group for the incisive, yet sensitive, way in which they have carried out this piece of work. Finally, we would like to thank the scrutiny team for their professional support and advice, especially Stephanie Lewis who has put this report together.

The task group will wait with anticipation at the progress of their findings through Scrutiny, Cabinet and hopefully into policy, as part of the journey to improve services for children in Devon.

Cllr Su Aves
Chair, Behind the Education Health and Care Plan Task group
Children's Scrutiny Committee

1. Recommendations

This scrutiny task group's independent investigation began in July 2018. Devon had an Area SEND Inspection in December 2018 and in response the local area produced a Written Statement of Action (WSOA). The task group is mindful that a SEND Improvement Board with accompanying Improvement Plan has been in place since 2016. The scrutiny task group are pleased that some of their recommendations are already included in the WSOA and being actioned. These are covered in the second part of the recommendations on page 6 and 7.

The task group asks the Children's Scrutiny Committee and Cabinet to endorse and action the following recommendations, with a report on progress against the recommendations in six months' time.

Task Group Recommendations

1. Invest in appropriate resources and support in the 0-25 Team to enable staff to effectively meet the increasing volume and complexity of needs for children and young people with SEN.		
	Responsible Agency	Timescale
1.1 Adequately resource levels of staff in the 0-25 Team, benchmarking against other local authorities, to help manage the increased demand on the 0-25 Team.	Children's Services	6 months
1.2 Ensure council staff are fully consulted on any changes to Devon's EHC process, to allow mutual information sharing and the empowerment of staff at all levels to have their voice heard, in order to improve the consistency of the EHC process for everyone.	Children's Services	6 months
1.3. Ownership and delivery of clear and consistent messages from senior managers to all staff, through full team meetings, online and email, before changes are implemented to ensure consistent advice is given to schools, parent/carers and professionals from the whole SEN team. This should include information around the timings of implementation, to manage expectations and to reduce inquiries caused by confusion.	Children's Services	6 months
1.4 Invest in the emotional and mental wellbeing of staff within the SEN Team, in line with the Council's Leadership Charter, to enable staff to feel empowered to deliver services, through: <ul style="list-style-type: none"> increased visibility of senior managers from Children's Services; the delivery of clear and consistent messages and team priorities from all senior managers; annual staff survey to consult on emotional and mental wellbeing and suggested improvements for change; a confidential process through which staff can report any abuse from parents/carers/schools, to allow the Council to measure and collect data on staff wellbeing so they can be appropriately supported; and 	Children's Services	6 months

<ul style="list-style-type: none"> delivery of supervision for all staff in the 0-25 Team, recognising the increasingly complex and difficult caseloads. 		
2. Improve the quality of Plans to ensure provision and support meets the needs of the child and young person.		
2.1 Ensure guidance and advice to professionals outlines the expectation that recommendations for provision should be specific in terms of duration and type of SEN provision, ensuring that the needs of the child and young person are placed at the centre of any Plan.	Responsible Agency	Timescale
	Children's Services	12 months
3. Achieve good outcomes for children and young people with an EHCP in all Devon schools.		
3.1 The Cabinet be asked to continue to lobby Government: <ul style="list-style-type: none"> to allow local authority maintained Special Schools which are rated outstanding, to open new specialist provision under the same umbrella, to allow Local Authorities to better manage and meet demand for specialist school places for children and young people with Special Educational Needs in Devon; for fairer funding for Devon's pupils; to require SEN Funding in schools to be ringfenced for SEN provision only; and to increase funding to local authorities to provide increased SEN provision and training. 	Responsible Agency	Timescale
	Children's Services/ Cabinet Member for Children's Services and Skills	6 months
3.2 Continue to achieve and maintain good educational outcomes for all children and young people with SEN in all Devon schools, including Independent provision, academies and DCC mainstream and maintained special schools, and report to Children's Scrutiny Committee with quarterly education statistics for all pupils with SEN in all Devon Schools.	Children's Services	Annually
3.3 Request the Children's Scrutiny Committee undertake additional research via task groups/spotlight reviews into the annual review process, children and young people identified with autism, transitions between children and young people and adults' services, and whether the EHCP is being delivered, to check the overall effectiveness of EHCPs.	Children's Scrutiny Committee	12 months
3.4 Send a copy of the Task Group's Report to the Commons Select Committee on SEND.	Children's Scrutiny Committee	3 months
3.5 Request that Children's Scrutiny Committee monitors progress on the Written Statement of Action (WSOA) and receives quarterly updates.	Children's Scrutiny Committee	3 months

Task Group recommendations covered by the WSoA

The task group independently collected evidence which resulted in the following recommendations.

The task group is pleased to acknowledge that these recommendations are recognised within the SEND partnership; there are already actions agreed within the SEND Implementation Plan and in addition targeted action is within the Written Statement of Action (WSoA) that will be monitored by Ofsted and CQC. The action owners and timescales are clearly defined within the WSoA. The task group recognises that updates will also be provided to Scrutiny as part of the monitoring that will be in place under Ofsted.

Whilst the task group endorses this progress, they felt it was still important to highlight these as part of their independent findings.

4. Improve communication and information sharing between all stakeholders involved in the EHCP process, especially families, to ensure the parent/carer and young person's voice is rooted at the heart of the system.	
<p>4.1 The implementation of a user-friendly, confidential and protected access, online database which allows open and transparent communication between relevant parties, avoids duplication, increases effectiveness of the process and improves the timeliness of issuing EHCPs, to improve communication.</p>	<p>Progress underway through WSoA</p> <p>Section C</p>
<p>4.2 Improve the support and guidance for parent/carers to help understand the EHCP process, including:</p> <ul style="list-style-type: none"> a) an intuitive and user-friendly website that easily signposts parent/carers to relevant information and advice; b) an EHCP process & timeline flowchart which clearly explains to parent/carers what will happen and when; c) all written communication to parent/carers in plain English, free from jargon, clear and informative; and d) increased number of parent/carer support groups and advocacy. 	<p>Progress underway through WSoA</p> <p>Section B</p>
<p>4.3 Enhanced engagement and feedback from young people and parent/carers in order to continually improve the EHCP process for all families, through an improved and detailed feedback survey at the 20-week assessment stage.</p>	<p>Progress underway through WSoA</p> <p>Section C</p>

5. Implement a joined-up approach of services to deliver quality and timely EHCPs for children and young people

<p>5.1 Delivery of integrated training across all partner organisations to include:</p> <ul style="list-style-type: none"> a) continuous improvement in the level of skills and knowledge for all those working with children and young people with SEND; b) increase the understanding and purpose of an EHCP and when this should be the appropriate outcome for a child or young person; and c) develop a deeper understanding of the different roles and responsibilities of each organisation within the EHCP system. 	<p>Progress underway through WSoA</p> <p>Section A</p>
<p>5.2 Provide more guidance and information for schools and SENCOs on the needs, outcomes and provision of an EHCP, available on the DCC Local Offer website, to help support the referral process and ensure EHCP and SEN expectations are understood.</p>	<p>Progress underway through WSoA</p> <p>Section C</p>

2. Introduction

- 2.1 The task group — Councillors Su Aves (Chair), Frank Biederman, Emma Brennan, Linda Hellyer and Debo Sellis — would like to place on record its gratitude to the witnesses who contributed to this review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with robust evidence to substantiate its proposals.
- 2.2 At its meeting on 4 June 2018, the Children’s Scrutiny Committee considered an update report on Special Education Needs and Disability which highlighted the specific challenges faced by the local authority in meeting the needs of those children and young people with Special Educational Needs (SEN), in particular issues relating to the First Assessment Process and the issuing of Education, Health and Care Plans (EHCPs), which was under considerable pressure and had resulted in delays in completing assessments within the statutory 20-week timescale.
- 2.3 Members of the Children’s Scrutiny Committee felt that a more in depth and robust approach could be taken moving forward, and agreed that a task group, which could drill down and examine the complex challenges faced by the Authority in relation to EHCPs, should be established.
- 2.4 The Scope of the Review was to:
- better understand the experiences of children and young people and parent/carers who go through the EHCP assessment process;
 - look at the impact on children and young people and parent/carers of:
 - the timeliness of assessments and issuing of plans
 - the quality and appropriateness of completed plans
 - communication between the SEN Team and parent/carers

- look at staff capacity and wellbeing;
 - examine the reasons behind these issues and delays, including the impact of increased demand and reliance on information from other agencies; and
 - make recommendations to improve the EHCP process and the experience of children and young people and parent/carers.
- 2.5 Between July 2018 and April 2019, the Scrutiny task group met 12 times and spoke to in excess of 36 people from more than 16 organisations. Data collection included witness interviews, staff surveys, school visits, attending parent/carer representative groups and the Chair of the task group following a family through the EHCP process. The task group aimed to speak to a cross section of representatives including parent/carers, schools, local authority SEN 0-25 Team, Educational Psychologists, and Health and Social Care providers.
- 2.6 The task group attended a parent representative group, Devon's Local Offer Reference Group, to gain a better understanding of the challenges faced by parent/carers when requesting an Education, Health and Care Needs Assessment. Members found it beneficial to be able to ask questions first hand to those parent/carers who had experienced various difficulties and who were able to feedback the views of parent/carers from across the county.
- 2.7 Members also carried out several school visits across Devon to speak with Headteachers, SENCOs and teachers about their experiences of requesting EHCP's for young people, how they managed to put support in place for young people with SEN during a time of continued real-time funding cuts, and the pressures they are currently experiencing and how this is affecting children and young people with SEN in their schools.
- 2.8 The task group were keen to understand how staff in Devon County Council's 0-25 Team were managing the significant increase in the number of requests for Assessment and the number of young people now with an EHCP, the impact on their capacity and caseloads and their overall wellbeing. A survey was sent out to all staff working in the 0-25 Team. The overall findings show a service with a significant level of demand which appeared to put too much pressure on staff. Respondents appear to have reasonable management and peer support as well as personal control over how they carry out their tasks. However, change and how it is communicated seemed to be a particular area for improvement. Comments were also made about the need for the system to work better as a whole, with other professionals being included.
- 2.9 Whilst the task group agreed to focus this piece of work expressly on the EHCP Process and the 20-week First Assessment stage, having spoken to witnesses they are mindful that many of the issues raised extend beyond just this process. As a result, the Children's Scrutiny Committee may wish to carry out further work which looks in more detail at the annual review process, children and young people identified with autism and transitions between children's services to adulthood.
- 2.10 The key themes raised within the Report that form the conclusion of the task group's work are:
- Parent Voice and communication;
 - Staff Experiences;
 - Systems Working and Partnerships; and
 - Outcomes of an EHCP

- 2.11 The recommendations made are a combination of long term and short-term initiatives. However, the value judgement that underpins this work recognises the need for a significant focus on long-term strategies moving towards the realisation of the ambitions.
- 2.12 Whilst undertaking this task group review, Ofsted and the Care Quality Commission carried out a local area SEND Inspection, which included all the services supporting children and young people with SEND. As a result, the Local Authority and NHS Devon were required to submit a Written Statement of Action addressing four key areas:
- Embedding the Strategy;
 - Improving communication;
 - Timeliness of Education Health and Care Assessments; and
 - Improving support for children and young people with Autism.
- 2.13 Much of the information and evidence heard by Ofsted and the CQC Inspection resonated with the task group, particularly around communication between parent/carers and professionals, the timeliness and quality of Plans and identifying and improving support for children and young people with Autism. Some of the areas for improvement discussed by the Inspection fell outside of the task groups remit and have been suggested as further areas of investigation for the Children’s Scrutiny Committee.
- 2.14 The information contained in this Report supports the ambitions and more detailed recommendations made by the task group. This work does not seek to solve all of the challenges identified, however the task group believes that with a joint approach with other agencies, progress towards the ambitions is achievable.
- 2.15 Although the timeliness of meeting statutory assessment deadlines has been the driving force for this review, the overall impact on pupils, families and those professionals involved in the EHCP process is also a key consideration.

3. National Policy and Context

Children and Families Act 2014

- 3.1 The Children and Families Act transformed the way support was provided for children and young people with SEN & Disabilities, so that services consistently supported the best possible outcomes for them. The Act places the views, wishes and aspirations of children and young people and their parent/carers at the heart of the system, with the development of coordinated assessments and Education, Health and Care Plans; improving cooperation between all services responsible for providing education, health or social care; and giving parent/carers and young people greater choice and control over their support. The Act focusses on the following themes:
- working towards clearly defined outcomes
 - engagement and participation of parent/carers and young people
 - joint Commissioning and developing a Local Offer of support
 - coordinated assessments and Education, Health and Care Plans
 - personalisation and personal budgets¹

¹ Council for Disabled Children and young people (2014) fact sheet at https://councilfordisabledchildrenandyoungpeople.org.uk/sites/default/files/field/attachemnt/PfA_FactSheet_CFA_2014_and_CA.pdf

- 3.2 The Children and Families Act introduced Education, Health and Care Plans (EHCP) which is a Plan following a single assessment and planning process for young people with SEND which can continue up to the age of 25.

SEND Code of Practice

- 3.3 Since 2014, local authorities and health authorities have operated under the new SEND Code of Practice which brought together joint responsibility of education, health and care services to identify and plan to meet the needs of children and young people with special educational needs (SEN).

What is Special Educational Need?

- 3.4 The SEND Code of Practice states that a child or young person has SEN “if they have a learning difficulty or disability which calls for special educational provision to be made for him or her”.² The Code defines a child of compulsory school age as having a learning difficulty or disability if they have:

- a significantly greater difficulty in learning than the majority of others of the same age, or
- a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions³.

- 3.5 For children and young people aged two or more, special educational provision is educational or training provision that is additional to or different from that made available for other children and young people or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

What is an Education, Health and Care plan (EHCP)?

- 3.6 The majority of children and young people with special educational needs (SEN) and/or disabilities will have their needs met within local mainstream early years’ settings, schools or colleges. Some children and young people may require an education, health and care needs assessment in order for the local authority to decide whether it is necessary to provide extra provision.
- 3.7 An EHC needs assessment may result in an EHCP which is designed to provide special educational provision to meet the SEN of the child, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. A good EHCP should be clear, concise, understandable and accessible to education providers and practitioners as well as to the parent/carer and child or young person. Previously, Children and young people were issued with a Statement of Special Educational Need, which were converted to EHCPs following the introduction of the Children and Families Act in 2014.
- 3.8 EHCPs must clearly set out the care and support which is reasonably required by the young person’s SEN to support them in achieving their ambitions. Whilst a multi-

² Department for Education (2015) SEND Code of Practice, <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

³ Department for Education (2015) SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

agency partnership approach is expected, it is the educational needs that determine whether a child or young person requires an EHCP.

3.9 As outlined within the SEND Code⁴, local authorities use the information collected from the assessment to:

- establish and record the views, interests and aspirations of the parent/carer and child or young person;
- provide a full description of the child or young person's special educational needs and any health and social care needs;
- establish outcomes across education, health and social care based on the child or young person's needs and aspirations; and
- 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.

What happens during the EHC Needs Assessment Process?

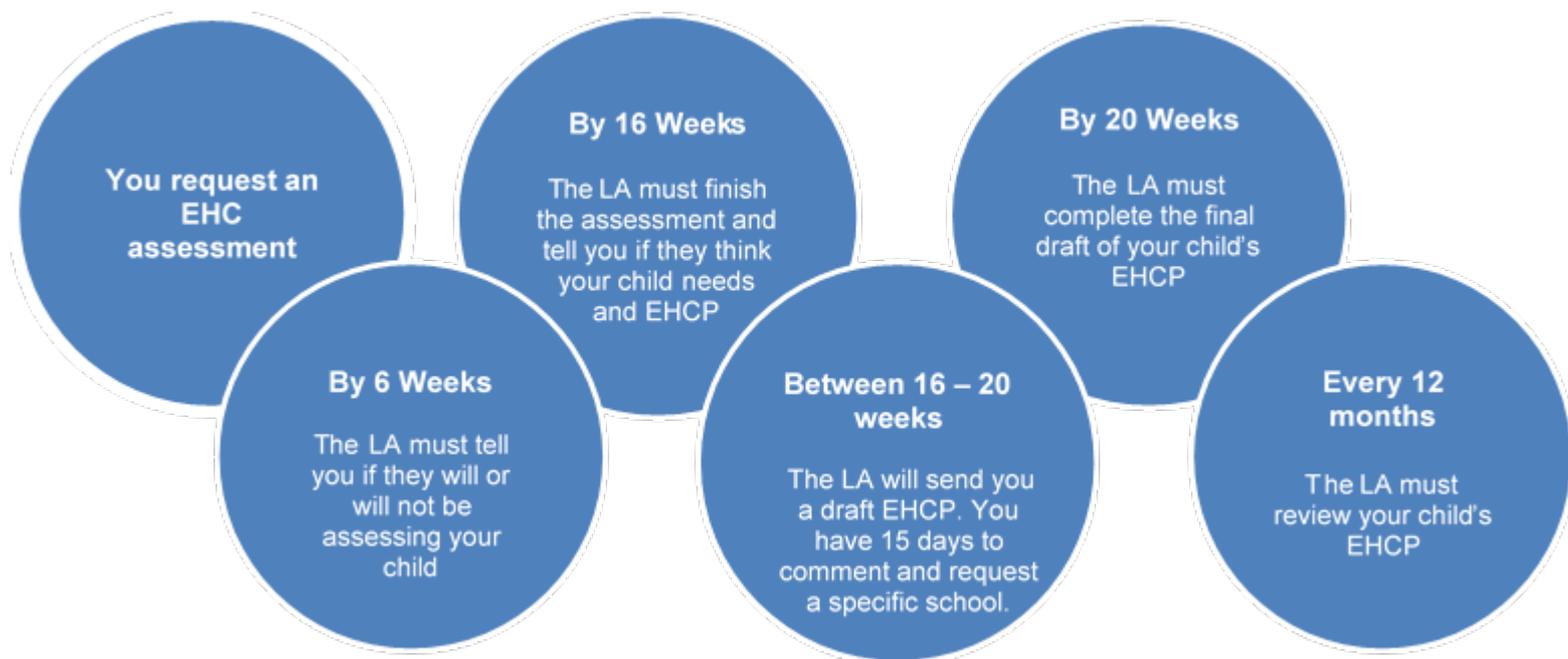
3.10 A request for an EHC Needs Assessment can be made by a young person, parent, school or any other professional who feels an assessment may be necessary, simply by contacting the local authority's special educational needs department and requesting an assessment for an EHCP.

3.11 After a request is made the local authority has 6 weeks to decide whether or not to carry out an EHC Needs Assessment. If the decision is made to carry out an assessment, the local authority will gather evidence and information from the people who work closely with the child or young person; as well as collecting the views of the parent and the child. If a decision is made not to proceed, the local authority must give its reasons for this decision.

3.12 If the needs assessment results in an EHCP being issued, this will be produced within 16 weeks of the initial request. To create a plan, professionals from education, health and care will work with the parent/carer and the child to consider what outcomes are desired and what is needed to achieve them. A draft copy of the plan will be sent to the parent/carer to check and suggest changes. They must respond within 15 days to request changes. The school or setting named on the EHCP will also be informed and must also respond within 15 days.

3.13 The whole process from the EHC needs assessment request to the agreement of an EHCP must be completed within the 20-week statutory timescale. The following diagram outlines the process of a parent or carer requesting an Education, Health and Care Needs Assessment and Plan.

⁴ Department for Education (2015) SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>



The Challenging behaviour Foundation⁵

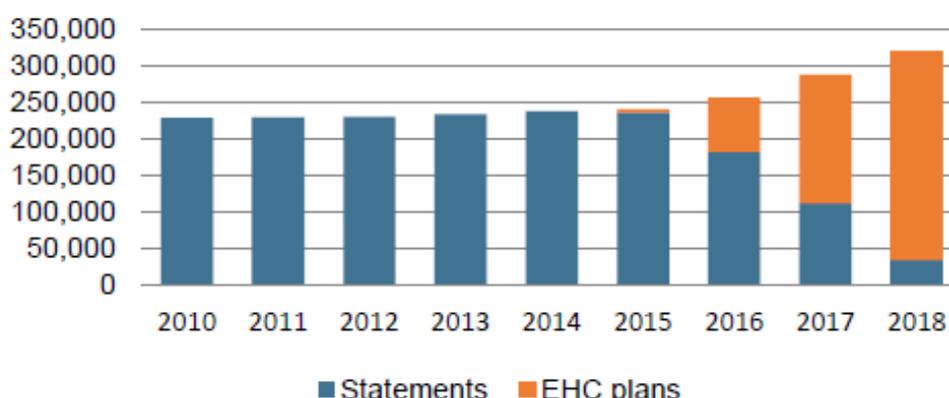
3.14 Every local authority has a statutory duty to complete the first assessment stage within the 20-week timescale as directed by the Code of Practice. However, in Devon this timescale is not being met for the majority of pupils in the local area and Devon's timescales are amongst the lowest in the country.

National Statistics

3.15 National trends show that the number of statements and EHCPs has continued to increase, with a total of 285,722 children and young people with an EHCP and 34,097 children and young people with statements of special educational needs, maintained by local authorities as at January 2018. This gave a combined total of 319,819 children and young people, an increase of 32,529 (11.3%) from 287,290 in January 2017, which was driven in part due to the large increase in the 16-19 and 20-25 age groups.

3.16 The combined number of children and young people with statements and EHCPs nationally has increased each year since 2010, as per the table below.⁶

Statements and EHC plans in place



⁵ The Challenging Behaviour Foundation: <https://www.challengingbehaviour.org.uk/education-housing-social-care/getting-an-ehcp.html>

⁶ Department for Education (2018) Statements of SEN and EHC Plans, England 2018 at <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2018>

3.17 During the 2017 calendar year, there were 45,205 children and young people assessed with a decision made on whether or not to issue an ECHP. Of these, 42,162 (93.3%) had new EHCPs issued. Of the new EHCPs made during 2017, 64.9% were issued within the 20-week time limit, an increase from 58.6% in 2016.

Figure I: New EHC plans issued within 20 weeks by exception cases

Year: Calendar year 2014-2017

Coverage: England

Exception cases	2014	2015	2016	2017
Excluding exception cases:				
Number of new EHC plans issued	1,177	19,712	30,942	36,702
Percentage of new EHC plans issued within 20 weeks	64.3	59.2	58.6	64.9
Including exception cases:				
Number of new EHC plans issued	1,359	24,216	36,019	41,250
Percentage of new EHC plans issued within 20 weeks	61.5	55.5	55.7	61.3

Source: SEN2 2018

3.18 The SEND Regulations list several situations where local authorities do not have to apply the 20-week deadline to get an EHCP finalised. These situations are known as “exception cases” and are listed as follows:

- Exceptional personal circumstances that affect the child, young person, or their family during the EHCP process;
- Cases where the child or their parent aren’t living in the local authority for a continuous period of 4 weeks or more; and
- Cases where the local authority asks a school for professional advice to inform the EHCP over a specific period: a week before the end of the summer holiday, up until a week before the new academic year.

Financial Landscape

3.19 Public services are under increasing pressure to improve outcomes for children and young people, against a backdrop of funding cuts and reducing resources. In 2013, the school funding reforms changed the way in which schools fund SEN provision. The new system is as follows:

- Mainstream schools receive funding directly from either the Education Funding and Skills Agency (EFSA) (for free schools and academies), or local authority (for DCC maintained schools) to meet the needs of the majority of children and young people with SEN. They are expected to spend £6,000 per learner from their SEN Allocated Budget.
- The High Needs Block, managed and allocated by the local authority, is to fund provision which is additional to and different from the resources normally available to schools to meet the SEN of specific individuals with complex needs.
- Special Schools (3-19yrs) are funded at £10,000 per place plus any additional top up agreed by the local authority.
- For 19-25 year olds, funding is only allocated through an EHCP for those young people who, it has been identified, need longer to complete or consolidate their learning.

- 3.20 Many local authorities are experiencing increased pressure on the High Needs Block as the number of complex, high cost placements grow. There is no additional funding from central Government to meet this demand and the costs have to be managed within existing resources.
- 3.21 In the National Media, pressure has also been placed on the Government to increase SEND funding for local authorities, as more and more councils are on the verge of a crisis due to significant overspending on the High Needs Block. The Guardian highlighted that many families were being failed by a system on the verge of a crisis as demand for specialist provision continued to increase and threatens to bankrupt local authorities.⁷

“If you talk to parents, they will say we want a decision that is needs-led. If you talk to local authorities, they say they are on their knees because of special needs. It is breaking them. Their core argument is that they don’t get the money from Westminster to be able to do it.”

The Guardian ⁸

- 3.22 Also emphasised is the significant amount of Government funding that children and young people in England with special educational needs and disabilities (SEND) are losing out on, up to £1.2bn worth of services because Government funding has failed to keep pace with soaring demand for additional support over the past four years. With the number of children and young people with an EHCP increasing by 33% over four years, central Government funding paid into the “high-needs block” of councils’ education budgets to cover SEND provision has only increased by 7% over the same period, from £5.6bn to £6bn in today’s prices, resulting in massive funding shortfalls in nine out of 10 local authorities.⁹

House of Commons Education Select Committee: SEND

- 3.23 In 2018, the Education Select Committee launched an inquiry into support for children and young people with special educational needs and disability (SEND). The Inquiry intends to review the success of the Government’s 2014 reforms, how they have been implemented, and what impact they are having in meeting the challenges faced by children and young people with SEND.
- 3.24 Latest evidence given to the Inquiry on 24 April 2019 suggests that experiences of children and young people with SEN are getting worse, with 60% of local areas inspected in 2018 requiring a written statement of action. This is an increase from 25% of local areas in 2016, and 51% of local areas requiring a written statement of action in 2017, showing a year on year increase.¹⁰ It is suggested one of the key reasons is due to no national consistency for EHCPs, as children and young people’s experiences can look very different across different local areas.
- 3.25 Local areas highlighted as doing well by the Inquiry are those where leaders are really listening to and engaging with children and young people and their families throughout the process, to ensure the plan for the child is the best it can possibly be.

⁷ The Guardian (2018) <https://www.theguardian.com/education/2018/oct/22/special-needs-pupils-being-failed-by-system-on-verge-crisis>

⁸ The Guardian (2017) <https://www.theguardian.com/education/2017/sep/05/crisis-in-support-for-sen-children-and-young-people-ehc-plans>

⁹ The Guardian (2019) <https://www.theguardian.com/education/2019/apr/15/special-needs-children-and-young-people-lose-out-on-12bn-of-support-says-union>

¹⁰ House of Commons (2019) Education Select Committee on SEND at <https://www.parliament.uk/business/committees/committees-a-commons-select/education-committee/inquiries/parliament-2017/special-educational-needs-and-disability-inquiry-17-19/>

- 3.26 In speaking with children and young people during the Inquiry, the Select Committee heard how young people wanted better involvement with their Plans, better communication between professionals and young people about the process, and ensuring their plan was accessible to them so that the young person knew what provision they should be getting and understand how it will support them.
- 3.27 The Education Select Inquiry into SEND is still ongoing and in the process of collecting further evidence.

4. Local Context and Performance

- 4.1 For the number of children and young people supported by a statement or EHCP in Devon, the figures last year show a similar picture to that of the national trend. Overall the number of children and young people with an EHCP has increased each year for the past four years. In January 2018, the Council managed a total of 4,093 statutory plans (including both EHCPs and Statements) across the 0-25 age range; an increase of 10% from January 2017 and representing 2.8% of the overall Devon pupil cohort. Nationally, the percentage increase from 2017 to 2018 was 11%.
- 4.2 Local data indicates that as of January 2019 the number of pupils with an EHCP maintained by Devon has again increased, to 5,162 which represents a further 26% increase on the previous year. Official national statistics for January 2019 will be released in the summer of 2019.
- 4.3 A representation of the year on year increase of pupils with a statement or EHCP in Devon are shown in the table below.

	Pupils with Statement/EHCP maintained by DCC	% increase each year
Jan 2015	3,572	-
Jan 2016	3,510	-1.7%
Jan 2017	3,718	5.9%
Jan 2018	4,093	10%
Jan 2019	5,162	26%

- 4.4 The total percentage increase in the number of pupils with a statement or EHCP from January 2015 to January 2019 is 44.5% (1,590). The task group is aware that this is a significant increase in the numbers of EHCPs/Statements maintained by the Council, which has resulted in additional pressure on staff and a vast increase in caseloads.

Requests for Statutory Assessments

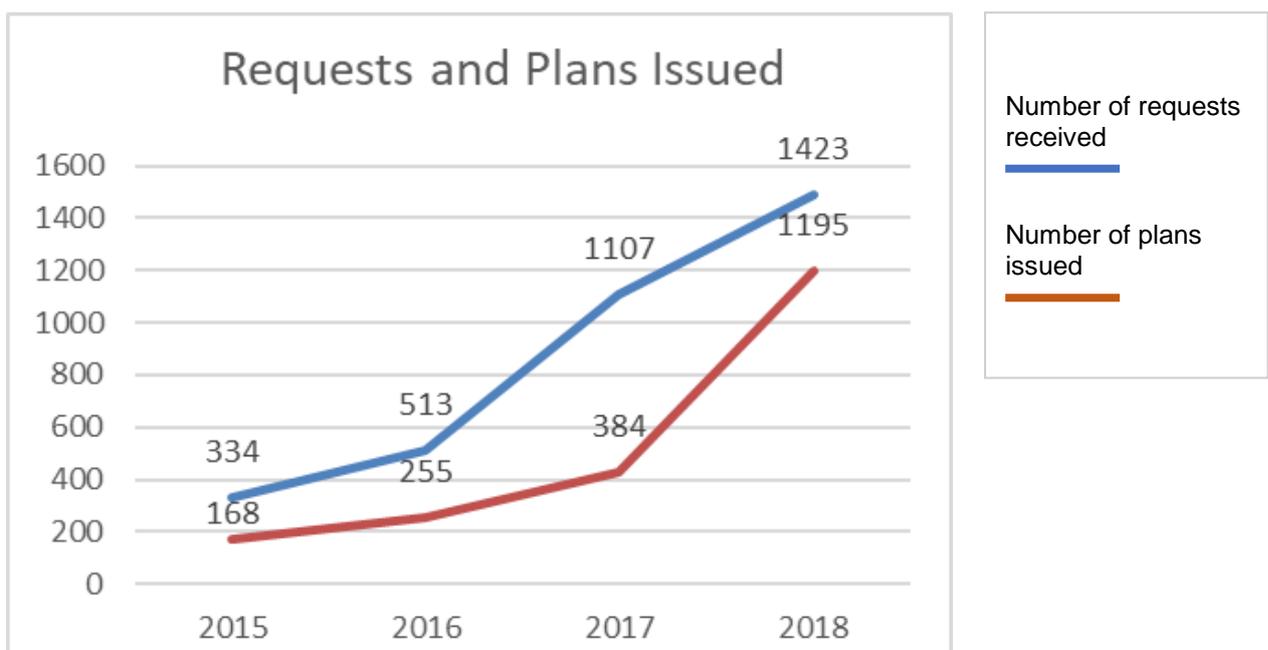
- 4.5 The volume of requests for new assessments in Devon has also seen a dramatic increase over the past 4 years. There were 1,423 requests for new assessments as at January 2018, compared to 334 in 2015, an overall increase of 326%.

	Jan - Dec 2015	Jan - Dec 2016	Jan - Dec 2017	Jan - Dec 2018
Requests for EHC Needs Assessment	334	513	1107	1423

- 4.6 The table below shows the significant increase in final Plans issued by the 0-25 Team, and therefore the increase in workloads. The task group noted that the number of plans issued is not a direct correlation to the number of requests received in the same year and were not made up of the same population of children and young people.

	Jan - Dec 2015	Jan - Dec 2016	Jan - Dec 2017	Jan - Dec 2018
Final EHCPs Issued	168	255	384	1195

- 4.7 The number of plans issued within the 20-week statutory timescale still requires significant improvement. As shown in the graph below, the number of plans issued in 2018 has seen improvements and is now closer to the rate of those received. However, due to the extremely high backlog of cases under assessment, there is still a significant delay in realising the impact of these improvements and issuing all plans within 20 weeks. This explains the large percentage increase in the number of plans issued from 2017 to 2018, which includes a significant number of assessments received in previous years. Since September 2018, the number of weeks taken to complete an assessment and issue the final plan has reduced from an average of 39 weeks to 33 weeks.



4.8 Cases under assessment are reliant on professional advice being received in full before a plan can be issued. However, the timeliness of advice from Educational Psychologists, Health and Care professionals has historically been far too low. As a result, where work was being undertaken by a commissioned service, the Council and the Clinical Commissioning Group have used contract escalation processes to deliver improvement. The result of this is that the percentage of professional advice received on time has risen from a 5% in January 2018 to 75% in December 2018.

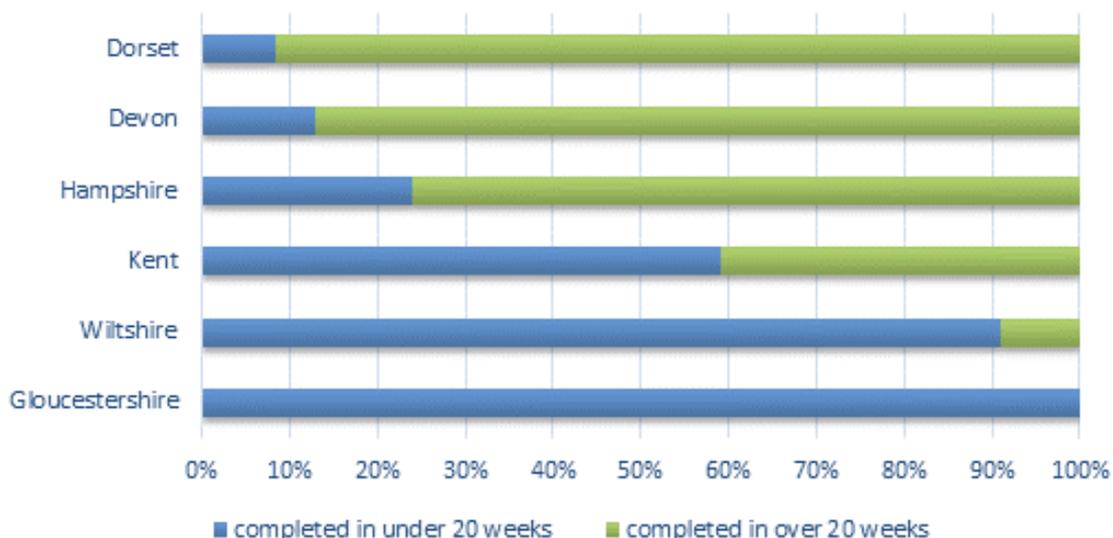
4.9 The significant delays in issuing Plans was also emphasised by parent/carers:

“Some EHCPs among children and young people with autism have taken up to two years to complete and timeframes of 30-50 weeks are common.”

4.10 In order to benchmark the level of capacity and resource in Devon against other authorities, the task group reviewed the comparative volume of requests, EHCPs issued as well as the total number of EHCPs supported by the authority for 2018. This data was analysed against the number of plans completed within the 20-week timeframe.

4.11 The task group was concerned at the difference between Devon’s completion of EHCPs within the statutory timeframe, compared to those other local authorities used for comparison completing higher percentages¹¹. Most notably Gloucestershire, which meets the 20-week deadline for all EHCPs issued.

Percentage of EHCPs completed within the 20 week timeframe by authority



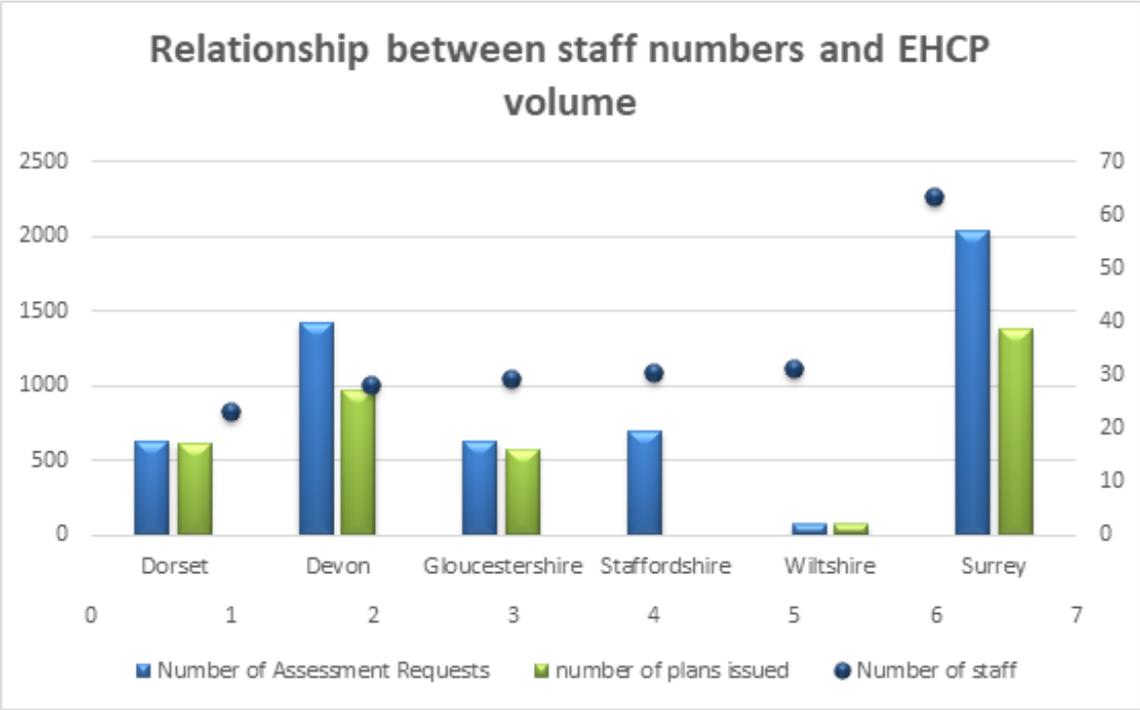
4.12 This does only show part of the picture, as comparative numbers vary greatly between authorities, and the task group have not measured the quality of the plans, the volume completed or reviewed how much outside the 20-week deadline they were issued.

4.13 Whilst it is difficult to compare like for like in terms of staffing, as the roles of the SEN Officers often differ between local authorities, it gives the task group an indication of the comparison between staff capacity and workloads. The Councils used for

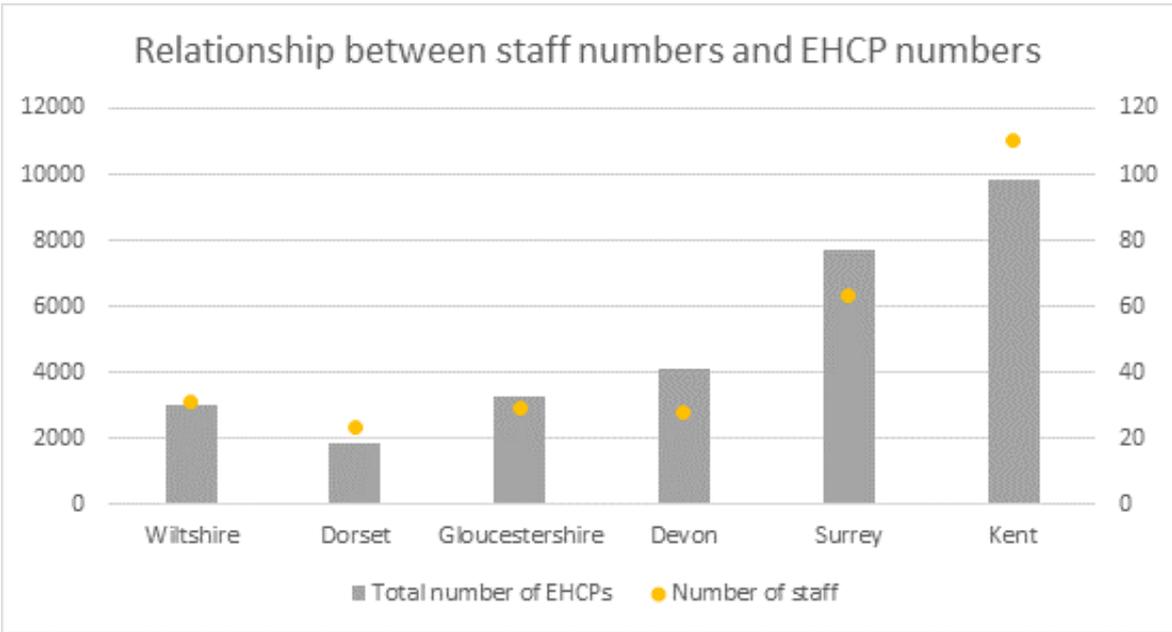
¹¹ GOV.UK (2018) Statements of SEN and EHC Plans, England 2018 at <https://www.gov.uk/government/statements-of-sen-and-ehc-plans-england-2018>

benchmarking are a selection of good, medium and low performing Councils in terms of percentage of plans issued within the statutory 20 weeks, based on the 2018 Government statistics.¹²

4.14 Devon has a high number of assessment requests, slightly below 1500, and plans issued at almost 1000. Considering this against the number of staff within the SEN team when compared to other local authorities, it is clear that staff in Devon have a higher workload. The task group felt this highlighted concerns around staff capacity, and the ability of the 0-25 Team to meet the high demand in caseloads with the current levels of resources.



4.15 This trend is continued when looking at the total number of EHCPs managed by an authority, again Devon has a higher ratio of EHCPs to staff. In comparison, Kent has a much higher number of EHCPs yet more staff in order to cope with this level of demand.



¹² GOV.UK (2018) Statements of SEN and EHC Plans, England 2018 at <https://www.gov.uk/government/statements-of-sen-and-ehc-plans-england-2018>

4.16 A further consideration of the task group was the fact this data reflects 2018 statistics, and the disproportionality is now even greater with Devon managing over 5,000 Plans in 2019 compared to approximately 4,000 Plans in 2018. This is evidenced below, which shows that the number of caseloads per worker has increased from approximately 146 in 2018 to 184 in 2019, a percentage increase of 26%.

	Total Number Pupils with Statement or EHCP	Number of Staff	Number of Statements/ EHCP to Staff ratio
Devon 2018	4,093	28	146
Devon 2019	5,162	28	184

5. Parent Voice & Communication

Parent Voice

- 5.1 Whilst undertaking the task group Review, Members were extremely keen to engage with and listen to parent/carers who had experienced and gone through the EHCP process, to understand the challenges they faced and hear their ideas and suggested areas for improvement.
- 5.2 The task group attended a meeting of the Local Offer Reference Group (LORG), a parent representative group, where Members could hear first-hand some of the key issues experienced. The task group were informed that many of these issues had previously been raised to the SEN Team, and they were working collaboratively through the LORG to implement changes to better improve the experiences of parent/carers and families.
- 5.3 The most fundamental area of concern highlighted was the lack of communication between parent/carers and professionals, including the 0-25 Team, Schools, Educational Psychologists, Mental Health services, Health and Social Care Professionals. This was the root cause of many problems raised by parent/carers, with many citing that communication had not been open or honest, leaving many unclear of the process or what was happening with their Assessment request. As a result, parent/carers had suggested that the 0-25 Team copy in parent/carers to all communications with other professionals and be open and honest regarding the cause of delay for their assessment. This in turn would help to manage parent/carers expectations.
- 5.4 Parent representatives also raised concern around the letters sent to parent/carers, suggesting they be made more user friendly, more personalised to the young person and only use plain English to avoid confusion. This was also expressed by schools, who explained that parent/carers often brought in letters they needed explaining to ask the SENCO whether the child was going to be assessed or not and whether they had been offered their choice of specialist provision. The Egress email system was also felt to be incompatible for parent/carers, often failing to work and unable to save emails sent to parent/carers to allow them to refer back to conversations and evidence when needed. Therefore, parent/carers suggested a more user-friendly email system or database which would allow them to log on and monitor the progress of their

assessment, checking if any further information was required, and being kept fully informed of their child's progress.

- 5.5 Further concerns were raised regarding the review of EHC Assessments and how effectively the Council engages with young people and parent/carers to collect their feedback in order to improve the process for all families. The SEND Code of Practice advises that local partners should develop effective ways of harnessing the views of young people and families so that commissioning decisions on services for those with SEN are shaped by users' experience, ambitions and expectations.¹³ However, the views of parent/carers collected by the task group clearly identify the current process as being ineffective, with surveys conducted at the end of the EHC process, rather than at the 20-week stage, which parent/carers felt would provide a more accurate picture of the young person and parent/carer experience. Parent/carers also advised that the feedback survey was inappropriate, with suggestions that interviews conducted independently by Devon Information and Advice Service (DIAS) could help collate more useful information.
- 5.6 The task group identified poor communication as a fundamental weakness in the Assessment Process, resulting in diminished parental trust and widespread frustration. Moving forward, parent/carers need to be kept better informed of progress and mechanisms need to be put in place to achieve this.
- 5.7 The following diagram highlights some of the key areas of concern with the EHCP process, as raised by parent/carers.

¹³ Department for Education (2014) SEND Code of Practice at <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

EHCP timescales are over running too often and significantly in too many cases, especially among children with autism

DCC does not work with parents sufficiently during the EHCP process which causes extreme stress and delays, and goes against the Code of Practice

Outcomes of Plans are not consistently SMART, with no reference to timescales, quantity or who is to deliver the required service

Who is involved in the process? Named key worker or point of contact for parent.

Multi agency working – professionals do not communicate with each other! Parent becomes the key worker

Be aware of parent/carer disabilities and needs and aim to reduce barriers e.g. plain English, accessibility of info

Lack of suitable specialist school places creating a backlog of children waiting in the system



Parent Voice

Keep parents updated with how long the delay is, where they are in the queue and if the 0-25 Team is waiting for any further information (sometimes parents not told or aware!)

Egress email system caused many delays and parents cannot save and access emails at a later date

Parents don't feel secure or confident in the process

Draft and final plans are not specific enough – plans should include specific timeframes such as 'weekly' not 'regularly' and specific language such as 'must have' not 'would benefit from...'

Inadequate support and advice available to parents to understand the process, with DIAS overstretched and unable to meet demand and DCC online information confusing and insufficient

Parents do not feel they have a voice – the feedback process is only carried out once a plan is issued rather than at the 20 week stage which would provide a more accurate assessment of experience.

Whilst we fully acknowledge there is an increasing amount of pressure on the SEN Team, there is much work to be done around the communication, timescales and quality of plans being written

COMMUNICATION

- 5.8 Experiences shared by witnesses with the task group indicate that all stakeholders feel that communication between parent/carers, schools, professionals and the 0-25 Team has been inadequate and one of the biggest contributing factors to parent/carers feeling frustrated, angry and confused with the EHC Assessment process and to staff and professionals being unable to carry out their roles efficiently and effectively.
- 5.9 This view was echoed by staff in the 0-25 Team who indicated that:

“Better channels of communication across health, social care and education are required so that stories only need to be said once and evidence is gathered systematically”.

- 5.10 Better communication between teams, with a system that allows the parent to ‘tell their story once’ and allows schools and professionals to submit reports and evidence to one location, would reduce duplication of workloads, increase timeliness of submissions and increase overall communication between all partners. The use of ICT in order to facilitate this need was raised as a potential solution to this issue:

“Using ICT more effectively to communicate with professionals, schools and parents – with more use of video conferencing or shared networks to reduce e-mails and better access to resources or plans” (0-25 Team)

Education Health and Care (EHC) Hub

- 5.11 To resolve some of the issues around communication between parent/carers and professionals, councils have looked to acquire ICT solutions and the development of a work flow management tool which would allow parent/carers and professionals to access an online digital database to view, upload and share information and reports.
- 5.12 Councils in the process of implementing an Education Health and Care Hub system include Hampshire County Council, Suffolk County Council, Nottinghamshire County Council, and Stoke on Trent City Council with more councils looking to implement a similar system in order to improve the process of EHC Needs Assessments for children and young people and their families. The Task Group is aware that officers in Education and Learning have researched possible hubs and used the parental feedback to inform the procurement which is underway.
- 5.13 A case study of Stoke-on-Trent City Council, who have been rolling out an online EHC Hub since early 2019, provides some information around the application of the system and the benefits the Council has realised since its introduction. Whilst it is too early to gain statistical data on the benefits of the system, it has allowed for more open and transparent communication between parents and the City Council, allowing parents to be more openly included in the EHCP journey. Whilst a lot of time, training and a change of culture was required to implement the system across a wide range of agencies, the Hub has allowed for much better joined up working between partners, using one system to share and upload information.

5.14 Most importantly, system users including parents and staff have fed back how much easier the process is with the EHC Hub, providing secure information sharing that keeps the process on track and everyone fully informed at every stage.

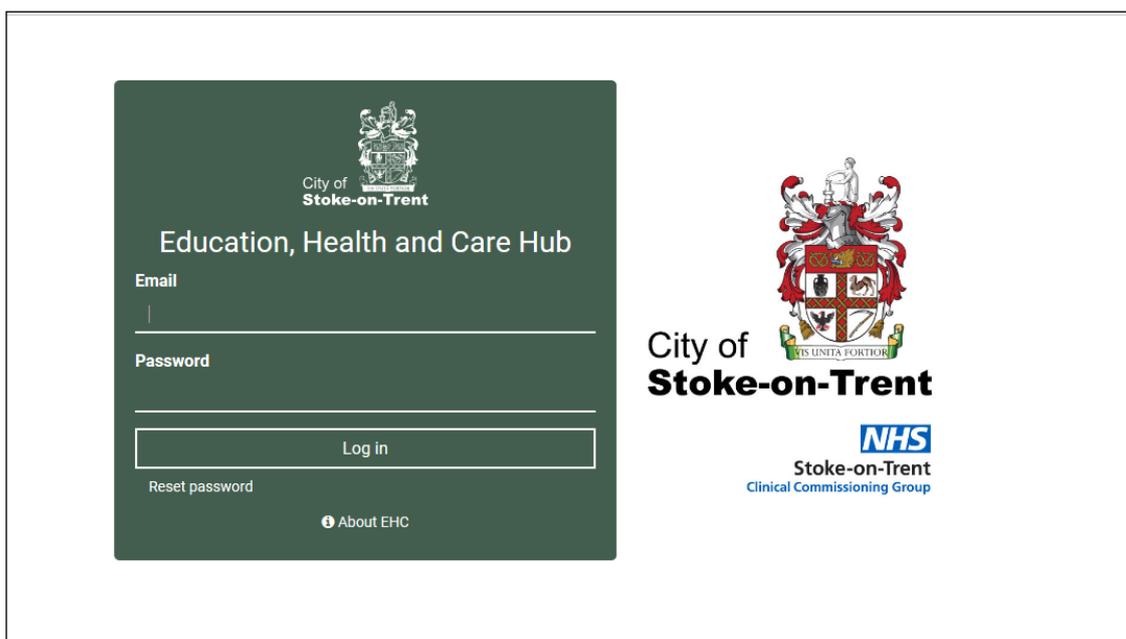
Case Study: Stoke-on-Trent City Council

Key features of the EHC Hub are:

- young people and families will be able to submit their views online and upload additional information, including photographs and images that are important to the child or young person.
- practitioners will be able to submit information and advice online avoiding any unnecessary delays with the delivery of paper-based reports.
- young people and families will be able to view who has been asked for information and advice and can let the Local Authority know if someone has recently become involved.
- young people and families will be able to view information and advice at the same time as the Local Authority receives it.
- correspondence between the Local Authority and the young person and family will be held on the EHC Hub so decisions are shared immediately.
- when a draft EHC Plan is issued, young people and families can give feedback via the EHC Hub on each section.

Benefits to the EHCP Process:

- the EHC Hub provides a secure shared touch point for everyone involved in the 20-week EHCP process to make their contribution, see the contributions of others and all work towards a positive outcome;
- for families it offers a level of involvement and transparency unavailable until now.
- for the Local Authority it provides a welcome level of cohesion and assistance in collaborating with and managing the input of all partners across Education, Health and Care, and
- for the contributing practitioners it offers a streamlined process for engaging with each case and for seeing the whole picture.



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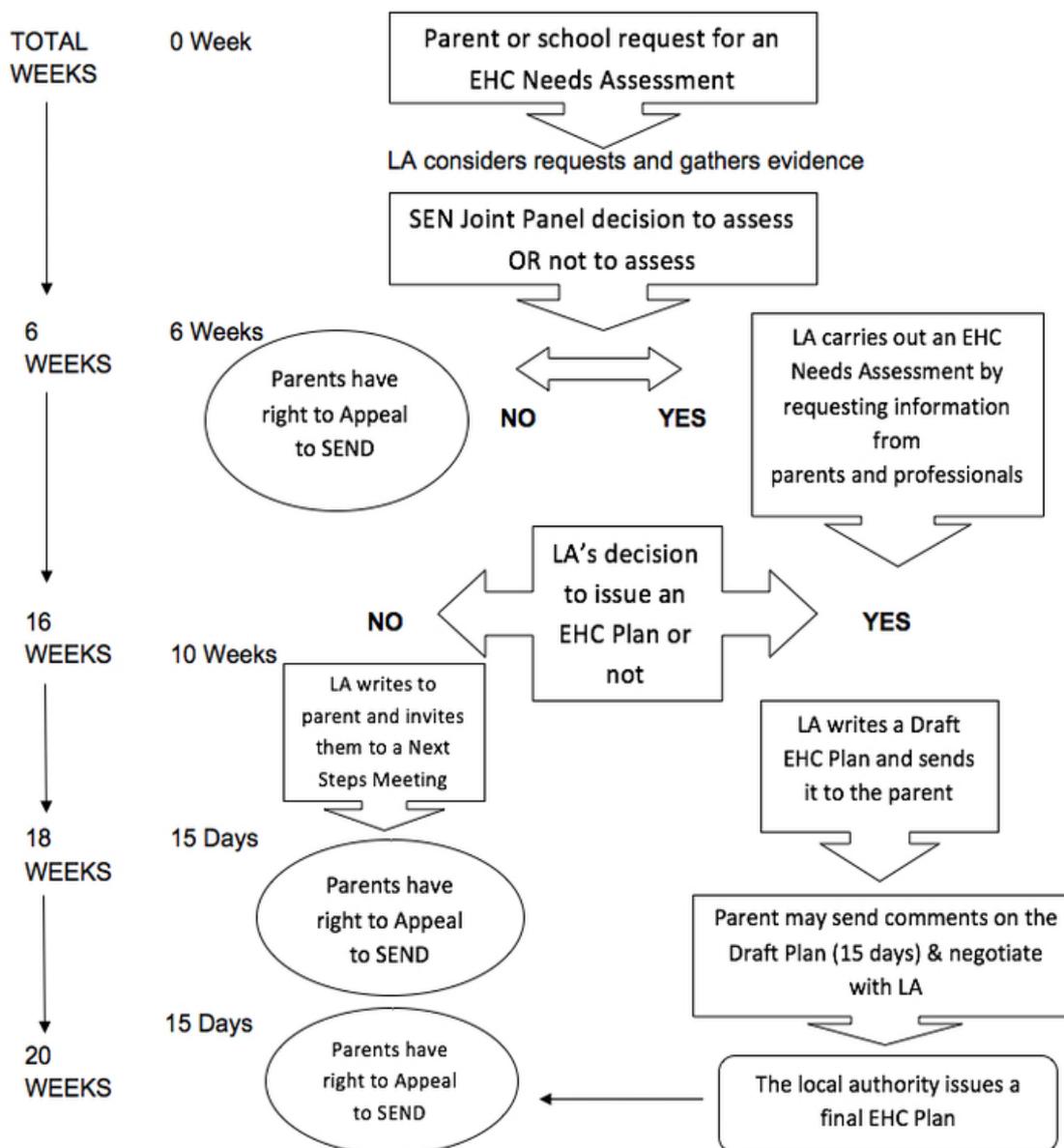
In speaking with witnesses, the task group identified the following points as important to be addressed through the implementation of an online hub system:

- a) parent/carers to log on, upload and access up to date information and the current status of their EHCP;
- b) the 0-25 Team to access a parent/carer's application, to make amendments, provide updates and communicate with the parent/carer as necessary;
- c) all professionals (including 0-25 Team, Education Psychologist's (EP's), health and social care) to access up to date information and share and submit reports/evidence electronically; and
- d) amendments and annual reviews to be processed quickly and effectively.

INFORMATION AND SUPPORT FOR PARENT/CARER

- 5.15 In addition to improving the level of communication to families, the task group heard how some parent/carers had not been aware of the process of an EHC Needs Assessment and how to access further information and support. The Children and Families Act 2014 places a duty on local authorities to develop a Local Offer of services available across education, health and care and offer Information, Advice and Support directly to young people and parent/carers on matters relating to SEN and disability. This should be easily accessible, good quality information and support to help young people. The task group noted that letters sent to parent/carers notifying whether the local authority will conduct an assessment or not, do not mention or provide clear details of Devon's Local Offer website, where parent/carers can find all the information they require around support and services for SEN.
- 5.16 Another suggested area for improvement was the development of a simple flowchart to clearly show parent/carers the timescales of going through the EHC Assessment and what should happen when, personalised to the process in Devon. An example of a flowchart by Westminster Information and Advice Service is shown on the following page.

¹⁴ Stoke-on-Trent City Council, online Education, Health and Care Hub: <https://ehchub.stoke.gov.uk/>



Westminster Information and Advice Support Service¹⁵

6. 0-25 Team Staff Experiences

Staff Capacity

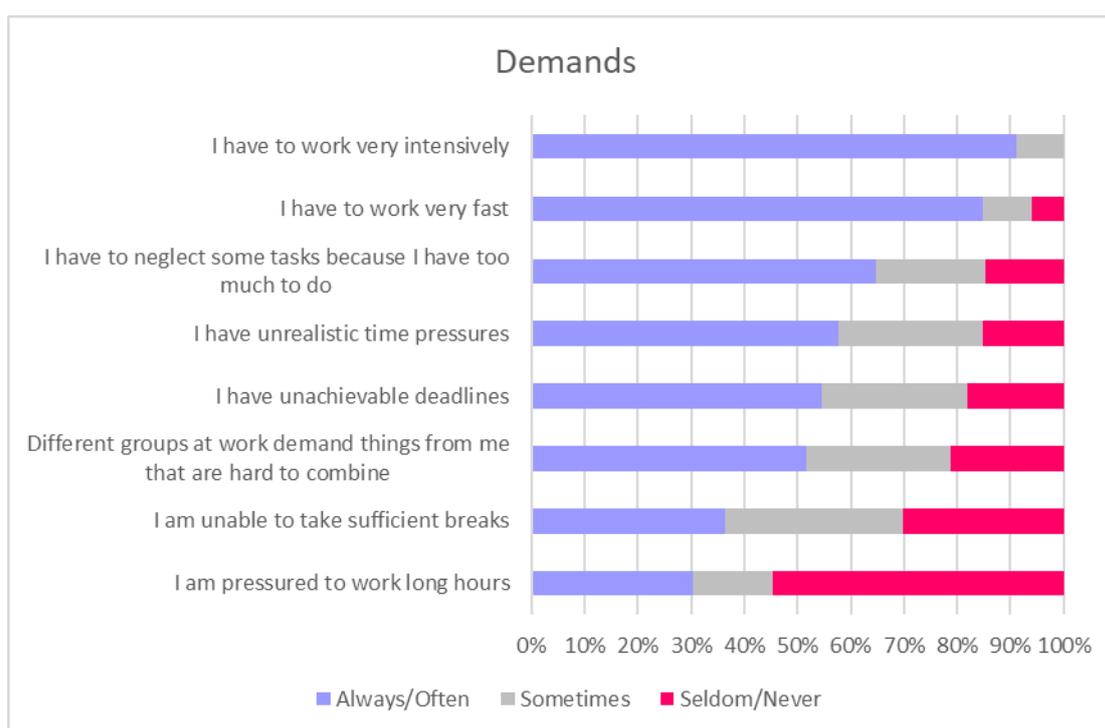
- 6.1 In speaking with witnesses across all organisations, one of the main themes which reoccurred and was highlighted to the task group, from parent/carers, schools, practitioners and the 0-25 Team, was the sharp and sudden rise in caseloads and number of assessment requests received by the local authority against a backdrop of insufficient increases in funding to meet this demand.
- 6.2 Much of the feedback received from the survey completed by staff in the 0-25 Team, highlighted staff capacity as a serious concern in being able to meet the high level of demand now being seen across the First Assessment Process:

¹⁵ Westminster Information and Advice Support Service: <http://www.westminsteriass.co.uk/pages/information-and-advice/education/ehc-plans/ehc-timeline>

“I think the team is significantly under resourced with over 5000 EHCPs that are current and more requests arriving daily, how does the local authority think it cannot increase the level of staffing proportionately?” (0-25 Team)

“there has been a much bigger increase in requests for plans which means more reviews, more phase transfers, more amendments etc. At this time, we just do not have capacity to complete all the required work and clear the backlog of work we have, which causes many staff to overwork and suffer from stress.” (0-25 Team)

6.3 There were eight questions in the survey relating to demands placed on staff. The results show that this service area is under significant pressure from service demands:



6.4 All participants say they have to work intensively, with more than 90% of participants saying that they always or often have to. Less than 6% of participants say that they seldom or never work very fast. Two thirds of participants always or often neglect tasks because they have too much to do.

6.5 This feeling of reduced staff capacity within the 0-25 Team was also expressed by many parent/carers and schools:

“EHCP managers are very clearly overstretched and unable to deal with cases efficiently or effectively.....significant understaffing of service especially at senior level” (Parent)

“The School understands the pressure on the 0-25 Team due to the numbers they have to deal with. Nevertheless, it is a frustration that you only seem to get a response if you push for one.” (School)

The task group notes that SEN caseworkers will now become named contacts. This would make contact more streamlined between families and the 0-25 team.

Staff Wellbeing

- 6.6 Staff wellbeing was an area of significant concern for the task group, with Members aware that staff are facing increasingly complex and difficult cases, which require additional support, both practically and emotionally.

We face more complex cases (child sexual exploitation, drugs gangs, fabricated illness, neglect) and have to liaise with families and schools and young people but we do not get supervision. We carry these cases and the trauma every day. We receive verbal abuse in person and on phones from both schools as well as parents. (0-25 Team)

- 6.7 Sickness rates within the 0-25 Team have also been exacerbated by the level of demand placed on teams and the realisation that many staff work well above contracted hours in order to try and meet statutory deadlines. In turn, this has put added pressure on teams operating further below their capacity.

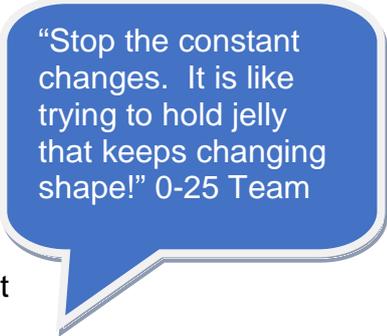
We were understaffed in our area teamIn addition, a lot of work has been generated when colleagues have been off sick. There could have been a plan put in place for this. (0-25 Team)

The workload has become so great that even with working up to 60 hours+ per week at times, I still cannot meet the deadlines required. Whilst I appreciate this is not an 'expectation' of my job, the reality is that if I didn't do this, I would be even further behind with meeting statutory deadlines - when you are told the expectation is to meet 100% of deadlines on time the pressure to work in this way is immense. This is not a sustainable way of working! (0-25 Team)

- 6.8 In order to help increase staff wellbeing, workplace supervision provides a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work.¹⁶ It is an extremely important tool for those individuals dealing with highly complex services, and staff should have access to appropriate forms of support. Workplace supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services. This in turn, may help to reduce levels of sickness and improve the level of wellbeing and feeling of support within the 0-25 Team, thereby improving the overall effectiveness of the team.

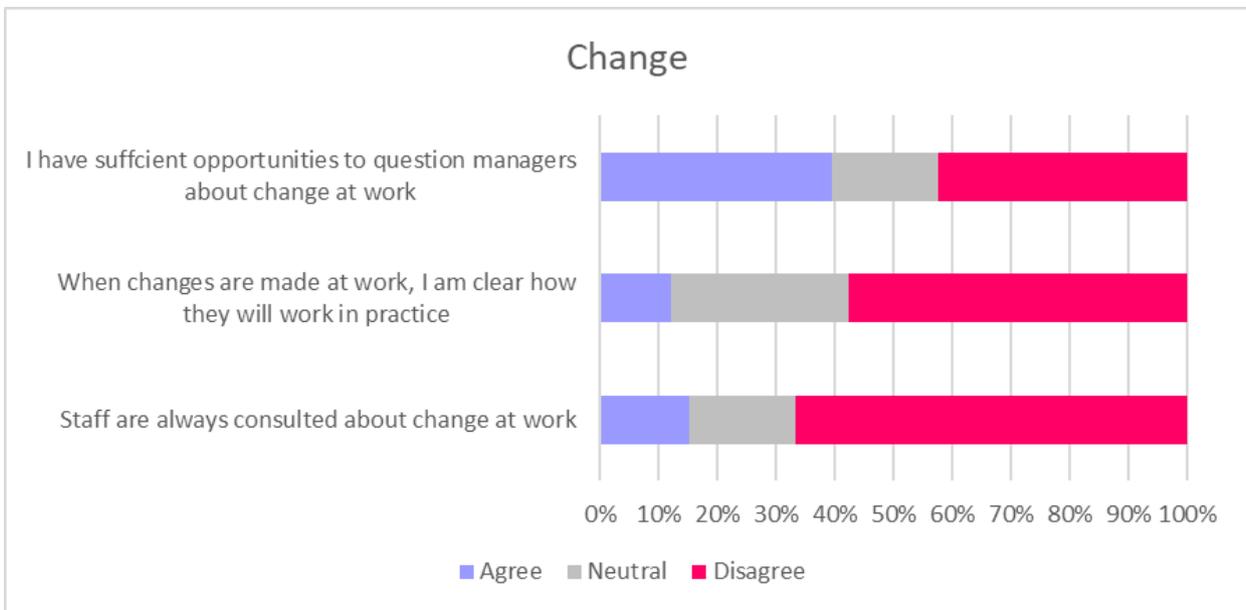
Changes to the process

- 6.9 In response to the survey filled out by the 0-25 Team, concern was raised over the lack of consultation with staff when changes to the process are made at a senior level. From the three questions asked, the responses indicated high levels of uncertainty around change. The responses were balanced on the opportunities to question managers about change. However almost 60% of staff say that they are seldom or never clear about how changes will work in practice, and an even higher 70% say that staff are seldom or never consulted about change at work.



“Stop the constant changes. It is like trying to hold jelly that keeps changing shape!” 0-25 Team

¹⁶ CQC (2013) Supporting Information and Guidance: Supporting Effective Clinical Supervision, https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf



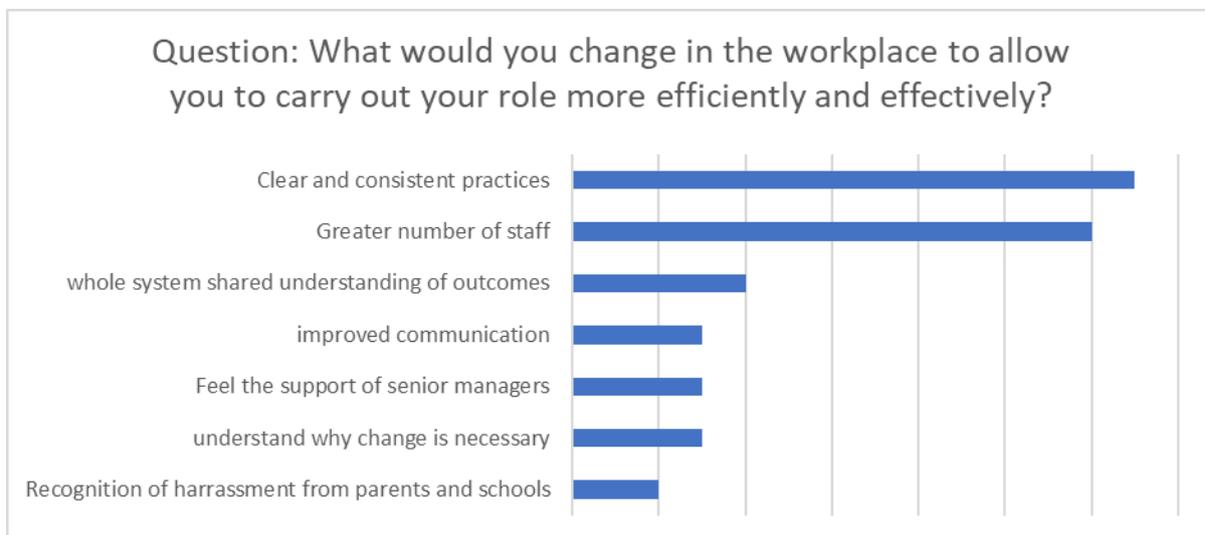
6.10 Staff talked about how changes were made which they felt little control over and had a disproportionate impact on their work:

“We (staff) are rarely consulted on changes to the process and this has a big impact on how we work. Changes are made higher up and the consequences of how things will be implemented on a basic level are not considered. Things are constantly changing so parents hear different messages from the team week to week.” (0-25 Team)

“Changes are made by people who do not know the impact it will have to the wider picture. By saving time and money in one aspect the butterfly effect is immense on other aspects of the role”. (0-25 Team)

6.11 This in turn causes confusion and frustration among staff and can often result in different advice being given to schools whilst changes are implemented throughout the SEN Team.

6.12 As part of the survey, the task group gave staff the opportunity to suggest what changes they would make in the workplace to allow them to carry out their role more effectively. This was done via an open text box where respondents were invited to suggest which changes would be of benefit. As is demonstrated on the following chart there are two clear areas that many respondents identified; clear and consistent practices from management and other professionals, and an increase in staff to meet the increase in demand.



6.13 The areas identified above highlight key themes such as better communication, a clearer understanding of roles and responsibilities across all organisations and the need for more staff to meet demand and current pressures across the service.

7. Working in Partnership

- 7.1 The successful sharing of information between local partners, including the local authority, schools, educational psychologists, health and social care professionals, is key to the effective delivery of services and implementation of EHCPs. Information sharing is vital to support an effective assessment and planning process which fully identifies needs and outcomes and the education, health and care provision needed by the child or young person. Local authorities and partners should work together to agree local protocols for information collection and management to inform planning of provision for children and young people with SEN.
- 7.2 As far as possible, there should be a 'one story' approach to sharing information during the assessment and planning process so that families and young people do not have to repeat the same information to different agencies, or different practitioners and services within each agency. Currently, parent/carers informed the task group that this was not always happening, and they often had to repeat information and forms to different organisations.
- 7.3 One area raised by staff to achieve this joint approach of service delivery was the implementation of joint training between all local partners, to aid better understanding of the different roles and responsibility of each organisation, the purpose and appropriate use of an EHCP and to ensure the reports provided by professionals contributing to an EHCP are needs specific to the child.

Routine joint training with other professionals across health, social care and education on SEND categories of need, developing a shared understanding of what is reasonable to expect at SEN support level, what may constitute an EHCP application, what evidence is required and what support is available to ensure the plan is being implemented effectively and statutory duties are being met. (0-25 Team)

- 7.4 Further to this, a change in the culture within all SEND services was highlighted as being vital to achieve better outcomes for children and young people with SEN, to emphasise that the needs and provision for children and young people with SEN is the responsibility of all local partners, and not just one organisation.
- 7.5 The task group also heard from schools who identified concerns around the appropriate use of an EHCP and when is best to advise parent/carers that an assessment is the correct course of action.

"We need everyone to understand that SEN is everyone's business, not just the 0-25 team".

- 7.6 This was seen where a child has a medical or social need, but the school is managing the young person's educational needs and therefore does not feel an EHCP is the best course of action. However, schools were finding that health and social care professionals had advised parent/carers to request an EHCP through the school, only for the school to advise that the child's educational needs were already being met;

leaving parent/carers feeling frustrated. It was felt that better understanding of the process by health and social care professionals was required, along with better information and signposting for parent/carers where the young person requires additional health or social care support, which should then be funded by health or social care and not by education authorities.

If there is a health issue, they (professionals) should be looking at other support mechanisms for the family to address health/social reasons, not directing back to the school who are managing the child's needs and do not require an EHCP. (School)

- 7.7 Additional pressures faced by Special Education Needs Coordinators (SENCOs) was also raised as an area of serious concern by schools, and their ability to keep pace with a growing demand in SEN in the face of a bureaucratic system which is often repetitive, unclear and difficult to navigate. This had resulted in schools giving SENCOs dedicated days per week to work purely on EHCP requests, which was not sustainable and to the detriment of other pupils with SEN in the school. Headteachers were concerned that, as a result, there would be a crisis in schools being able to recruit and retain SENCOs due to stress and unsustainable workloads.
- 7.8 The need for local partners to work cohesively to improve the quality of plans was of extreme importance to the task group, having heard evidence of outcomes not reflecting the needs identified within the Plan and parent/carers receiving conflicting advice from different services and outcomes with mixed solutions. Importantly, parent/carers advised that plans were often not specific to the child and failed to detail who would provide the provision, how often the provision should take place and how long it should last for. Quite often, plans included language such as “the young person would benefit from ...” or “the young person should receive regular sessions around...” rather than specifying the child or young person “will have” a provision and that it should be “weekly” rather than “regularly”. This would help schools and professionals to implement the Plan effectively, thereby meeting the young person’s specific special educational need.
- 7.9 Quality of reports received from professionals was raised as an issue by the 0-25 Team which impacted on their ability as a result to write a Plan specific to the needs of the child:

“There is an emphasis on quantitative data (number of applications and EHCPs awarded- input and output) but there doesn't appear to be the same emphasis on quality and impact. For example, the quality of reports, advice, support, interventions and the subsequent impact on settings, the children and young people and their families. These factors can either hinder or support the productiveness of the 0-25 team and their ability to ensure decisions made are based on being fully informed.” (0-25 Team).

There is evidence that not all reports are specific enough to be able to understand fully what the young person requires that is over and above SEN support. This is often due to other professionals (across health, education and social care) having limited understanding of the difference between SEN support and EHCP. (0-25 Team).

7.10 Crucially, all local partners felt that the whole EHCP system was a difficult and complex process, but it was the responsibility of all partners to work together in collaboration to improve the experience for children, young people and their families.

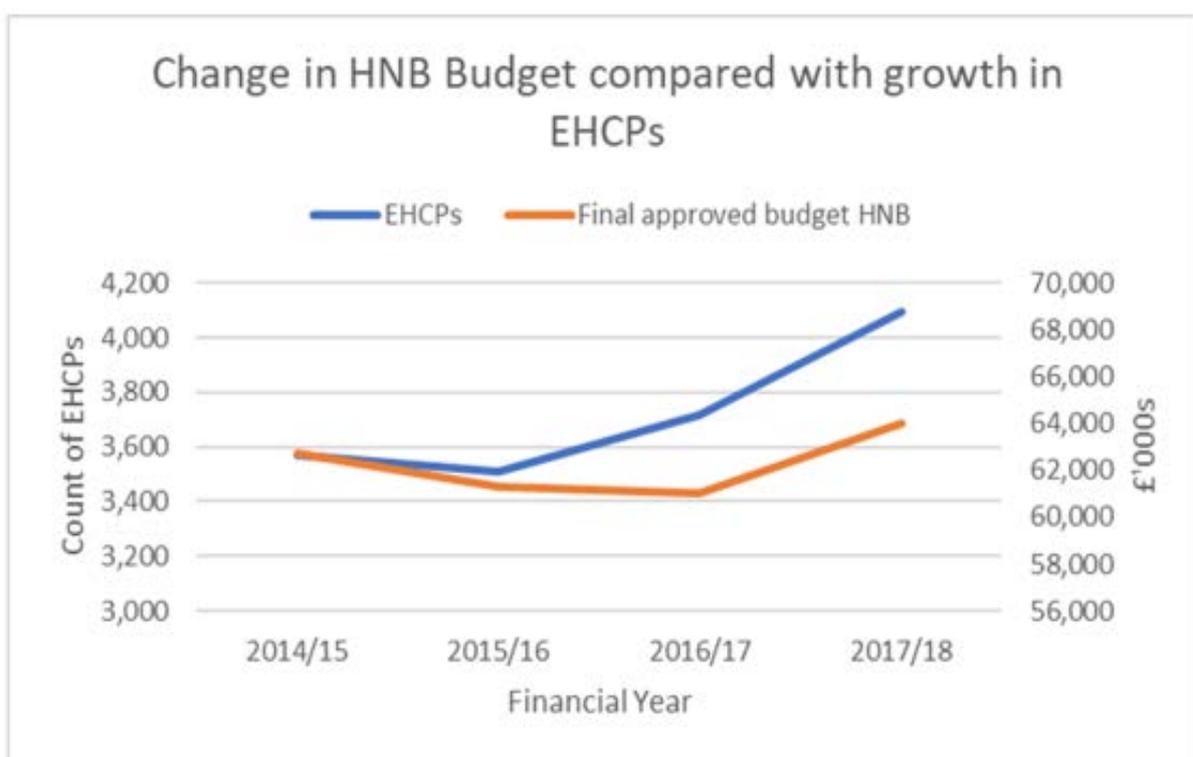
“The EHCP process is complex and as such improving the process should be a whole system approach to changing cultures, practices and perceptions. This would aid understanding of roles and responsibilities, ensure transparency and support the development of a shared and cohesive approach.” (0-25 Team)

8. Outcomes for children and young people with an EHCP

SEN School Placements

- 8.1 Children and young people with an EHCP are predominantly placed within mainstream schools and local authority maintained special schools. This is in line with both the Code of Practice and Devon’s SEND Strategy¹⁷ which outlines the SEN funding priorities, which are:
- ensure statutory provision is in place in mainstream schools;
 - ensure there are sufficient special school places in Devon to meet demand; and
 - use specialist independent providers only when the SEN of a child or young person requires that level of specific provision and it cannot be met in mainstream or special schools.
- 8.2 The percentage of pupils with plans attending specialist settings has increased, which causes pressure on both special school places and the High Needs Block, due to increased use of the independent sector which is more costly. This is especially relevant given that the increase in the number of children and young people supported with EHCPs has grown significantly more than the High Needs Block funding growth available to the local authority to support them.
- 8.3 The following graph shows the difference between the High Needs Block Funding and the number of EHCPs.

¹⁷ Devon County Council (2017) Devon SEND Strategy, [https://devoncc.sharepoint.com/sites/PublicDocs/Education/Children and young people/SEND/Strategic%20Documents/Devon%20SEND%20Strategy%202017-20.pdf?cid=79751a88-0e6e-467e-9805-4713ed601bae](https://devoncc.sharepoint.com/sites/PublicDocs/Education/Children%20and%20young%20people/SEND/Strategic%20Documents/Devon%20SEND%20Strategy%202017-20.pdf?cid=79751a88-0e6e-467e-9805-4713ed601bae)



Devon County Council: SEN Annual Report 2017/18¹⁸

- 8.4 Concerns have been raised over the increase in EHCPs resulting in young people placed in the independent sector which is often due to a lack of capacity in local authority special schools or parental preference indicating a lack of confidence in the mainstream sector. A lack of specialist provision was highlighted to the task group on many occasions by parent/carers, staff and professionals:

We need more spaces in specialist provisions. Another reason for delay is that we do not have a place in a school to put a child. Even if we finalise the plan to ensure the child has the statutory protection that comes with an EHCP, we still need to keep working on the case until a suitable placement becomes available which has an impact on everyone's workloads. (0-25 Team).

Significant lack of suitable school places is creating a huge backlog of waiting children and young people in the system (Parent)

- 8.5 Changes in the culture around parent/carers desired outcomes in terms of school placement may be necessary, to avoid the assumption that an EHCP automatically results in a place at an independent or maintained special school, or that it is the required outcome, as many mainstream primary and secondary schools should be able to meet the needs of children and young people with SEN:

¹⁸ Devon County Council (2019) Children and young people's Scrutiny Committee SEN Annual Report, <https://democracy.devon.gov.uk/documents/g2861/Public%20reports%20pack%2018th-Mar-2019%2014.15%20Children%20and%20young%20peoples%20Scrutiny%20Committee.pdf?T=10>

It is generally expected by all involved that a change of school is imminent from mainstream to specialist for a significant number of these cases as a natural consequence of the EHCP process. There is a perception amongst many parent/carer/professionals that an EHCP = specialist setting (0-25 Team).

- 8.6 In order to meet the increased demand for specialist school places, the Council will have increased its current provision within Devon County Council's maintained special schools, by 500 places in 2020.
- 8.7 However, despite this increase in provision, the fundamental problem is that Councils' are not allowed to create or open new special schools due to Government legislation which states that all new schools must be an academy or free school decided by the Government. This in turn, hinders the Council's ability to increase specialist provision and thereby meet its statutory duty to provide enough school places to meet demand in a timely manner. Councils' must therefore rely on alternative providers to build new schools, often resulting in more independent places, at a higher cost to the authority, when funds are not increasing at the same rate as the number of EHCPs issued.

9. Devon Local Area SEND Inspection

- 9.1 Whilst the task group was investigating the EHCP process, between the 10 to 14 December 2018 Ofsted and the CQC conducted a joint inspection of the local area of Devon, to assess the effectiveness of the local area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.
- 9.2 The focus of the Inspection concentrated on three key areas which were the effectiveness of the local area in:
- identifying children and young people who have special educational needs and/or disabilities;
 - assessing and meeting the needs of children and young people who have special educational needs and/or disabilities; and
 - improving outcomes for children and young people who have special educational needs and/or disabilities.
- 9.3 The findings of the inspection highlighted areas of good practice including positive academic outcomes, support for children and young people with the most complex needs and the strong commitment and dedication from staff across the local area. However, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action (WSOA) was required to address four areas of weakness identified by Ofsted and CQC:
1. Strategic plans and the local area's SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff and parent and carers;
 2. The significant concerns that were reported about communication with key stakeholders, particularly with parents and families;
 3. The time it takes to issue Education Health and Care Plans (EHCP) and the variable quality of these plans; and
 4. Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder.

- 9.4 The local authority and the clinical commissioning group are jointly responsible for submitting the written statement of action to Ofsted and senior leaders are working together to develop the detailed priority actions that will form the WSoA. The required outcome is that lived experience for children and families involved with SEND will be good and will match the good educational outcomes achieved by children and young people with SEND in Devon.
- 9.5 Many of the themes and findings highlighted by the Joint Inspection were also heard by the task group as explored previously in this Report and highlighted in the recommendations.

10. Conclusion

- 10.1 This task group was created to respond to concerns around the Council and local partners not meeting the statutory 20-week timescale in completing and issuing Education, Health and Care Plans. During this review, the task group has gathered evidence from a wide range of witnesses and sources and heard of the experiences of parent/carers, schools, staff and other professionals.
- 10.2 The task group recognises the importance of effective communication between parent/carers and professionals in order to improve the overall experience of young people and their families, as well as the need for collaborative working and effective communication between partner agencies in order to deliver timely and quality EHCPs to children and young people with SEND.
- 10.3 Investment in future resourcing of the Council's 0-25 Team to better meet the increasing demands in SEN provision, is vital if the Council is to meet its statutory duty in issuing EHCPs within 20-weeks and improve the aspirations of children and young people with special educational needs.
- 10.4 The task group believes the 0-25 SEN Team are working hard to improve services relating to the EHCP Assessment process. However, moving forward, they must commit and be supported to communicate better with parent/carers and across organisations, being as open as possible about the challenges they face, and the decisions made, to ensure that statutory deadlines are met and the needs of children and young are placed at the heart of the process.
- 10.5 EHCPs should be based on needs to enable access to education not only on diagnosis. In some areas of SEN diagnosis is still difficult to determine e.g. autism, ADHD and attachment difficulties, because this holds up getting help place in quickly for the child or young person. Time is of the essence to maintain progress.
- 10.6 There are a number of questions and areas of investigation that the group did not cover in detail but recognise may be extremely significant. These include identifying children and young people with autism, the annual review process and transitioning of children and young people to adults' services.
- 10.7 Finally, the task group believes that now is the opportunity for the Council to improve outcomes and experiences for all children and young people with SEN in Devon Schools, and trusts that by working closely with local partners in a collaborative and cohesive way, the ambitions set out within this Report can be achieved.

11. Membership

Councillors Su Aves (Chair), Frank Biederman, Emma Brennan, Linda Hellyer, and Debo Sellis.

12. Contact

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13. Witnesses

Witnesses

8.1 The task group heard testimony from a number of witnesses and would like to express sincere thanks to the following people for their contribution and the information shared.

Victoria Benfield	SENCO, Highweek Primary School
Sue Brealey	Devon Information and Advice Service (DIAS) Manager
Tim Cockerill	Interim Principal Educational Psychologist, Babcock LDP
Dr Jane Dunlop	Community Paediatrician and Designated Officer SEND, NEW Devon CCG
Angela Fleming	Headteacher, Bluecoat C of E Primary School Torrington
Julia Foster	SEND Senior Manager, Devon County Council
Adrian Fox	Head Accountant, Education and Learning
Louise Goodchild	Interim Principal Educational Psychologist, Babcock LDP
Greg Ireland	SENCO, ISCA Academy
Judy Martin	Headteacher, Highweek Primary School
Helen McShane	Assistant Head and SENCO, Countesswear Primary School
Dr Martin Miles	Independent Educational Psychologist
Aimee Mitchell	Headteacher, ISCA Academy
Elizabeth Nash	Senior Business Change Manager, Children and young people's Social Care, Devon County Council
Simon Niles	Children and young people's Services Strategic Manager
Parent Representatives	Local Offer Reference Group (LORG), Devon County Council

Julie Ruddick	SEN Mediation and Tribunals Officer
Dawn Stabb	Head of Education & Learning, Devon County Council
Kate Taylor	Senior Commissioning Manager for Children and young peoples, NEW Devon CCGs
Claire Thompson	Head of Specialist Services and Safeguarding, Babcock LDP
Jennie Waldron	Principal Social Worker, Children and young people's Social Care, Devon County Council
Mel Webb	SEND Local Offer and Participation Officer, Devon County Council
Kate White	SENCO, Clyst Heath Community Primary School
Liz Wood	Disability Lead of Southern, Adult Social Care, Devon County Council
Michelle Young	SENCO, Bluecoat C of E Primary School Torrington
Mags Zaharia	Early Years SEN, Bluecoat C of E Primary School Torrington

The Task group would also like to thank staff of the 0-25 Special Educational Team at Devon County Council for completing an online survey and also those parent/carers who sent in additional information and examples of their own EHCP experiences.

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