

1. Audit Summary – Special Educational Needs and Disability (SEND) 2021/22

Background and Context

- 1.1 The Special Educational Needs and Disability (SEND) system is the system that supports children and young people with additional needs throughout their education. The regulations relating to SEND are set out in the Children and Families Act 2014 and the Code of Practice produced by the Department for Education and Department for Health. During September/October 2019, Ofsted and the Care Quality Commission conducted a joint inspection of the local area of the City of Bristol. The outcome required the Council, in conjunction with the Local Area Clinical Commissioning Group, to provide a Written Statement of Action responding to five areas requiring improvement.
- 1.2 From concerns raised by the Cabinet and Senior Officers, Internal Audit was requested to review the case-working process between referral and completion of an EHC (Education, Health and Care Plan), which must comply with the 20-week period timescale. In November 2019 Internal Audit provided 'limited assurance' that the systems and processes in place would achieve the statutory timescales. This was followed by a second audit in May 2021 with a 'reasonable assurance' opinion provided on progress made, though still concluding significant risk remained as most cases were not meeting the deadline.
- 1.3 The SEND system is the means by which support for those children and young people who most need it is identified and assessed. It is important that the Council has robust processes and controls to ensure that EHCs and annual reviews are undertaken promptly.
- 1.4 The Internal Audit took place during the Covid pandemic; DfE figures suggest that all SEND and Educational Psychology services were working with a 20% reduction in capacity during this period.

Scope and Objectives

- 1.5 The scope of the assignment included the following areas:
- Casework management for new assessments, annual reviews and complex (backlog) cases
 - Coverage and results of Quality Assurance (QA) checks on new EHCs and annual reviews
 - Data quality supporting the Performance Scorecard and Clinic Report.

The audit excluded:

- Other content referred to in the Written Statement of Needs, for example early identification of SEND children; achievement of SEND children; leadership and accountability
- Provision for post 16s not in education, employment or training
- The Time for Change programme.

Audit Opinion

- 1.6 Overall, Internal audit obtained **limited assurance** that that the Council has effective arrangements for managing the risks associated with SEND (casework processing, quality assurance controls and data quality). Internal Audit raised four high priority and three medium priority findings:

Key Messages and Findings:

- 1.7 In 2021 the Council achieved an EHC completion rate of 34% within the 20-week deadline; an improvement from 20% in 2020. While the trend is positive, the improvement in processing times has not been as much as anticipated and the DfE benchmark for Local Authorities in England for 2021 was 59.9%.

- 1.8 The reason for each individual EHC plan exceeding the 20-week timescale was not recorded; however, a major cause appeared to be late receipt of Education Psychologist reports. Liaison to improve timeliness was ongoing. While timeliness is a key measure, the SEND team was also addressing its backlog of cases. Focussing just on new cases would improve the timeliness of current EHCs but mean further delays to those already late; the backlog of legacy cases obscured better performance against recent cases.
- 1.9 There is also a statutory requirement that existing EHC plans must be reviewed every 12 months. Internal Audit estimated that at least one third of Annual Reviews (ARs) due in 2021 were not completed. The ability for the service to identify and complete ARs was limited by the Early Help Module (EHM) system lacking functionality and incomplete data input in previous years.
- 1.10 Caseloads were increasing by 15% annually, higher than the average across England (10%). Some experienced staff had heavy caseloads, dealing with over 200 cases at one time during busy times of the year. Overall, the number of cases continues to increase by 15% a year (the DfE figure across England is 10%). Internal QA reviews raised significant concerns regarding aspects of the EHCs and AR process. QA arrangements were on hold at the close of the audit and the approach to QA was being reconsidered. The SEND Performance Scorecard provided much useful information; however, progress against some statutory deadlines was not reported. For ARs this was due in part to data issues meaning that reliable outcomes could not be reported.
- 1.11 Internal Audit also noted that:
- The average time to assess EHCs referred in 2021 was 22.5 weeks, close to the statutory 20- week target. When 'legacy' EHC plans were added in the average assessment time rose to 36.6 weeks.
 - The team has been expanded with additional administrative support, but it was too early to see the impact of this
 - The EHM system lacked functionality to identify when EHCs annual review was due
 - Internal Quality Assurance (QA) reviews also confirmed limitations with the EHM system
 - There were examples of case notes missing from EHM
 - There was poor quality of data recording on EHM and Internal Audit testing confirmed errors in data on EHM.

Management Response

- 1.12 This report should be read alongside the Written Statement of action reports that reflect the work of the team in the round. The DfE and CQC have worked closely with us on our transformation journey and have been documenting our progress in relation to the written statement of action. A link to Ofsted updates is provided here: [Ofsted updates - Bristol's SEND Local Offer - bristol.gov.uk](https://www.ofsted.gov.uk/news-events/news-events-by-date/2022-02/2022-02-21-ofsted-visit-to-bristol) The findings of the report have been accepted by management who have agreed management actions to address them, see paragraph 1.14 below. A number of the management actions were identified prior to the audit being finalised and are already under way; it is too soon to see the impact of this work to date.
- 1.13 The significant increase in the issuing of EHCPs also needs to be acknowledged. In 2021 Bristol issued the second highest number of plans of our statistical neighbours and the output compares favourably to national. In the first five months of this calendar year, there has also been a 52% increase in the finalised plans compared to the same period last year.
- 1.14 The management actions include:
- Further developmental work to enhance EHM to make the system fit for purpose to meet the business needs including reporting
 - In 2022, management has started reporting on EHM reasons why cases do not meet the 20-week deadline; these are predominately due to capacity in the LA statutory SEND and Educational Psychology teams

- Closer working between the SEND and Educational Psychology teams, resulting in more and timely Education Psychologist reports
- Reviewing the priority of legacy cases and other high profile reviews
- Putting a new AR Pod in place to improve timeliness and address the pressure in the system relating to AR paperwork. Further recent investigation by the Statutory SEND team suggests higher completion of ARs due than the Internal Audit estimate. Changes to the EHM system and planned work will ensure that the annual review data increases in reliability and validity
- Data cleansing to improve EHM reporting of when ARs were due
- Implementing a strategic QA plan, establishing a Multi-Agency QA group which will meet every two months to improve professional contributions and overall EHC plans
- Ensuring a continued emphasis on QA for not only the statutory SEND team but also the Education and Skills directorate as well as SEND Partnership Board and SEND Improvement Board linking with Health, Social Care and Education providers
- Piloting an Annual Review School Improvement Tracking Tool to improve quality of paperwork and timeliness
- Developing an Annual Review scorecard to be populated and updated monthly once data confidence has been established following the data cleanse
- Maintaining close supervision of caseloads and reporting to Performance Clinics
- Adding data from Power Bi on staff sickness and turnover to Performance Clinics reports.