

# Nottingham City EHCP workshop

# Our process

How did we decide on our process?

- Work streams – Parent carer rep in all working groups linked to each area of the code
- Timeline - 6 weeks decision making, 8 weeks assessment and writing, 6 weeks parents view and consultation
- PCR – within first 6 weeks, wider problem solving, action plan
- Paperwork – moved on significantly from first drafts. Continues to be reviewed

# Educational Personal Budget

- Nottingham City's system for funding predated school funding reforms/Children & Families Act without need for statement (MSG)
- New HLN is basis for RAS for Personal Budgets – for education only
- All draft ECH plans include all 3 RAS regardless of whether families have expressed an interest in a personal budget. Key workers and families are given clear information as early on the process as possible about whether or not funding is available for release.

# Keyworker service support

- The Key Worker Service is jointly funded by health, social care and education
- Education focus
- Facilitate the Person Centred Reviews.
- Nottingham City hold their PCR's at the beginning of the 20 week process
- Person at the centre of the review wherever possible and practical (Taking into account the Mental Capacity Act)
- Good information gathering is paramount to good action plan
- Encourage families to think outside of the box

# Key Worker Service Support

## PCR continued

- A clear well constructed action plan is drawn up and often effects change without the need to proceed to a full EHC plan
- Since April 2015 to Jan 1<sup>st</sup> 2016 = 136 PCR's held
- 77 have resulted in going through to a further assessment and issue of an EHCP
- Some positive results have been seen and change has been effected without the need for a full EHC plan
- We always evaluate and take into account feed back

Some changes have been made;

- Paperwork eg family booklets
- Streamlined 2 processes (TAC + PCR)
- Post 16's

# Support Plans

## Social Care Focus:

- Indicative Budgets identified
- Complete support plans and work alongside families
- Signpost to other agencies.
- Follow up on health outcomes as identified in the plan
- Good working relationships between all agencies leads to greater chance of success.
- Recognition that these are evolving processes and constant tweaking and changing may be necessary.
- Step learning curve
- Training has been provided for PCR's and support plan work

# Person Centred

- Independent facilitator for PCR. Young people central to the process. Ideally attend all PCRs.
- Different headings for preschool/post 16 not one size fits all. Pictorial representation of young people interests/what they want for the future. Different process for young people in YOIs.
- Continued dialogue with parents and young people partly facilitated by key worker service - My Story
- Pre-conversion information gathering
- Conversion extended timeline – shared time across families, writing and consultation to allow parents more time to consider what was in the plan, more time to meet with families and more in depth consultation process.
- Special People group commissioned to discuss changes and how young people wanted to be involved in the process.
- Plan to work with schools to look at PCRs as another problem solving tool not just related to EHC assessments
- Casework areas – stay with families, stay with LAC regardless of geography
- MCA – young people supported to make decisions

# Service Performance

- In first year 100% new on time, 96% conversions on time
- Nottingham City SEN Service structure –Service manager, team manager, Finance and Commissioning officer, 1 x additional support admin, 4 x officers, 4 x casework assistants, 3 x plan writers (FTE), 1 x assessment co-ordinator, 1 x annual review admin, 0.5 x conversion administrator
- Weekly casework in each area (officer/assistant)
- Weekly management casework to problem solve complex cases



# Tribunal data

More requests but not proportionally more tribunals as might have been expected;

12/13 143 requests

94 yes

49 no

13 (9%) requests went on to appeal

15 232 requests (11 requests withdrawn)

106 yes

100 no

15 awaiting decision

9(4.3%) requests went onto appeal

# Feedback

- Yr 6 mainstream. PCR really valuable. She felt listened to and really important. Family felt in the loop throughout process. Advised that even if they did not get preferred school they would be happy with outcome as felt involved, heard and understood.
- Yr 14, out of ed 2 years. Initial no decision but after receiving further information agreed to assess. Considered alongside EBSR processes. Explored range of options - A level home tutor service – *We feel strongly the you "got him" which has been wonderful for us all.*

# Quality assurance

- Report providers – EP were looking at in-service reports to assess quality
- Fulltime equivalent plan writer and also 2 conversion writers to come up with minimum set of standards to avoid too much difference and to enable good practice to be shared
- Regular checks for pupils/processes to make sure nothing is missed

# Areas for development

- Difficulties getting health and social care partners to PCR's so considering how to gather their views
- Supporting schools to manage a range of processes across different authorities and at different stages of process – transfer/annual review/EHC review
- Post 16 transitions – timeframes, providers, funding, changes, expectations and outcomes
- Training for outcomes – smart, measurable, appropriate for different age ranges
- Survey 'How are we doing', survey monkey, wrote out to families but didn't get a big response so needs rethinking – focus group perhaps? In Control survey.