



Wolverhampton  
SEND and Inclusion  
Partnership Board

CITY OF  
WOLVERHAMPTON  
COUNCIL

# Quality Assurance Framework for Special Educational Needs and/or Disabilities (SEND)

(Across the Wolverhampton SEND and Inclusion  
Partnership)

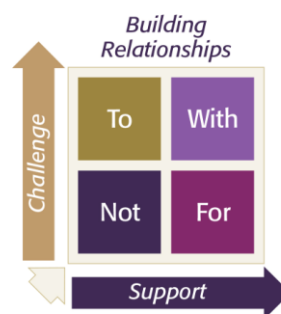
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Date	Version	Comments	Approved by
3 <sup>rd</sup> July 2025	1.0	<i>New Framework</i>	SEND and Inclusion Partnership Board
This system of recording review dates is designed to ensure staff at all times use the correct version of the up-to-date Policy. This system is used on all City of Wolverhampton Council – Children and Young People Policies and Procedures.			

CONSULTATION
<p>The following people have been consulted on this framework;</p> <ul style="list-style-type: none"> <li>• Head of SEND and Inclusion</li> <li>• SEND and Inclusion Partnership Board</li> <li>• Inspection Lead and Improvement Manager</li> <li>• SEND, Inclusion and Autism Business Manager</li> <li>• SEND Advanced Practitioner</li> <li>• Quality and Improvement Advanced Practitioner</li> <li>• Designated Clinical Officer – RWT</li> <li>• Designated Medical Officer – RWT</li> <li>• Senior Programme Manager – SEND – Black Country ICB</li> <li>• SEND Assessment and Planning Service Manager</li> <li>• SEND Assessment and Planning Team Leaders</li> <li>• Service Manager SEND Early Identification and Support</li> <li>• Voice4Parents</li> <li>• Senior Commissioning Officer (SEND)</li> <li>• Principal Public Health Specialist</li> <li>• Participation Officer – HY5! Representative</li> </ul>

PURPOSE
The purpose of our approach to quality assurance guidance is to ensure that quality assurance processes and procedures are in place and followed. This is with the aim of improving and maintaining the quality of SEND services and provision across the SEND and Inclusion Partnership in Wolverhampton.

KEYWORDS
SEND, Special educational needs, EHCP, Quality Assurance

RESTORATIVE PRACTICE
<p>This Policy is underpinned by relationship building and repairing harm, fundamental principles of restorative practice which weaves throughout our practice. Restorative Practice means strengthening relationships as well as strengthening social connections within communities. In Wolverhampton, we are committed to restorative core beliefs and principles, embedding restorative practice as a fundamental part of our work within Wolverhampton. Part of this work should focus on building relationships with children, young people and their families and the society in which they live. It not only helps us to better understand their needs, but also establish positive and sustainable working relationships to improve outcomes.</p>



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## 1.0 Foreword

The Wolverhampton Special Educational Needs and Disability (SEND) and Inclusion Partnership brings together all the agencies that provide SEND support and services for children, young people, their parents and carers. The Partnership has a clear vision for the future, with high aspirations for the quality of services and a commitment to improve.

The Quality Assurance Framework for SEND for Wolverhampton's local area provides a structure for measuring, monitoring and evaluating our impact and sets out a vision towards improvement. The SEND and Inclusion Partnership Board want 'every child and young person with additional support needs in Wolverhampton to live in an inclusive city where partners work together to support them and their families to lead a good quality 'ordinary life' and achieve their full potential.' It also makes clear the shared commitment and responsibility of all services to work together to improve outcomes for children, young people and their families.

Placing children, young people, and their families at the heart of this work is key to improvement and the principles of co-design and co-production will be a key feature in the quality assurance that takes place. It is important this work is carried out in partnership to join up support across education, health and social care, from birth to adulthood, to ensure a seamless experience.

Partners across the local area have signed up to the Quality Assurance Framework for SEND and Inclusion. They will be active at both strategic and operational level, responding to the findings produced because they are committed to improving support for children and young people with special educational needs and/or disabilities within Wolverhampton so they have the very best life chances.

This Quality Assurance Framework sets out our ambitions and the priorities upon which partners will focus to achieve them. As we measure our progress against our priorities, we will continually ask ourselves, as well as our children and young people, and their parents and carers, "what difference have we made?"

Partners are determined to work together to ensure an improvement in the quality of outcomes for those children and young people with special educational needs and/or disabilities.

Co-Chairs of SEND and Inclusion Partnership Board

Alison Hinds  
Director of Children's Services  
City of Wolverhampton Council

Paul Tulley  
Wolverhampton Managing Director  
Black Country Integrated Care Board

## 2.0 Introduction

The [Wolverhampton SEND and Inclusion Strategy 2024](#) outlines the Partnership's approach to supporting children, young people, and young adults (0-25 years) with special educational needs and disabilities (SEND) and those with additional education support needs.

Our vision is an inclusive Wolverhampton, where partners collaborate to support every child and young person with additional needs to lead a fulfilling 'ordinary life' and reach their potential. The Partnership believes that co-producing services with families and communities is key to achieving this.

Quality Assurance (QA) ensures high-quality services that positively impact children, young people, and families. This Framework promotes continuous improvement through self-assessment and evaluation, measuring success against key indicators in the Strategy, and informing audit planning.

For consistency, 'SEND' and 'child/young person' refer to all individuals covered by the Strategy. This document should be read alongside the Strategy, the Joint Strategic Action Plan, and the SEND and Inclusion Strategic Improvement Plan.

Through accountability and monitoring, the QA Framework ensures Education, Health, and Social Care services collaborate with children, young people, and their families to meet SEND duties under the Children and Families Act 2014 and the SEND Code of Practice (2015).

### **3.0 Purpose and Approach**

#### **Quality Assurance is Everyone's Business**

SEND is also everyone's business and ensuring high-quality work is a shared duty across the SEND and Inclusion partnership. Those involved in inspections, audits, and other quality assurance activities must engage all staff in the process through observations, discussions, and forums.

Managers play a key role in supervision, performance management, and professional conversations, embedding practice principles and success indicators. They should support employees struggling to meet standards and recognise strong performance through quality assurance processes.

#### **Our Approach**

The Wolverhampton SEND and Inclusion Partnership is dedicated to providing outstanding support for children, young people, and families. Our approach, shaped by restorative practice principles, fosters collaboration and values the contributions of all partners.

Through a strong Quality Assurance Framework, we ensure accountability, continuous and sustainable improvement, and the highest standards of service, recognising the vital role each partner plays in delivering exceptional outcomes.

### **4.0 Quality Assurance and Quality Assurance Framework**

Quality assurance has been defined as "a collection of ways in which we learn, improve and comply with legal, contractual and professional standards". It includes audits, complaints, and feedback, ensuring services remain safe, effective, and accountable.

This Quality Assurance Framework provides a structured approach to evaluating service impact and outcomes for SEND children, young people, and families. It aims to provide assurance that services are safe, high quality, accountable and meeting statutory duties as well as national and local standards.

A four-stage quality assurance cycle is used to drive continuous improvement. Once changes are implemented, their impact must be monitored to confirm effectiveness

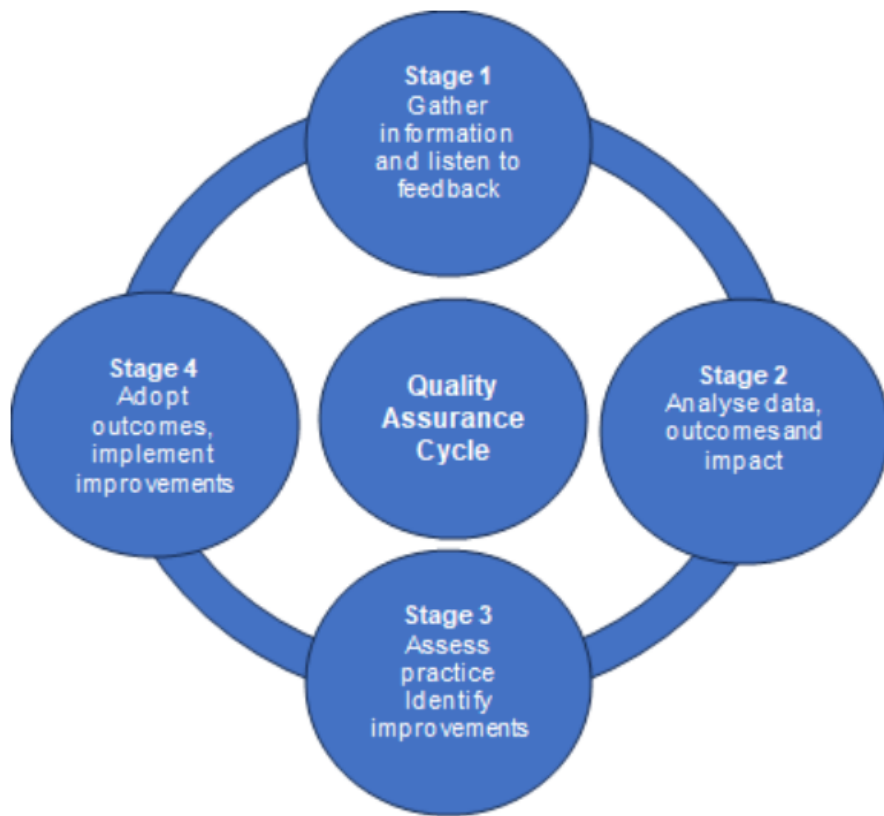


Figure 1. Four-Stage Quality Assurance Cycle  
Details at Appendix A

## **5.0 Practice Report and Improvement Plan**

The SEND and Inclusion Practice Report is produced three times a year, aligned with the EHCP audit schedule. It provides an analysis of all quality assurance activity related to SEND service quality.

The SEND and Inclusion Practice Improvement Plan supports the Partnership's goal of delivering excellent SEND services. It is regularly reviewed alongside audit activity, with updates provided to teams. The plan measures the impact of actions taken, using audit findings and key performance data from Insight and Performance to ensure a strong link between data and quality assurance.

Both the Practice Report and Improvement Plan are presented to the Children's Leadership Performance team, with a summary shared with the SEND and Inclusion Partnership Board for oversight.

The Practice Improvement Plan visual is shown in Appendix D.

## **6.0 Our Quality Assurance Framework**

Our Quality Assurance Framework ensures a structured approach to evaluating SEND support for children, young people, and families across the partnership. It sets out key quality assurance activities, including audits, monitoring statutory compliance, and identifying areas for improvement. Through clear protocols and performance indicators, the framework promotes consistency, accountability, and continuous improvement across SEND services.



## Elements of our Quality Assurance Framework

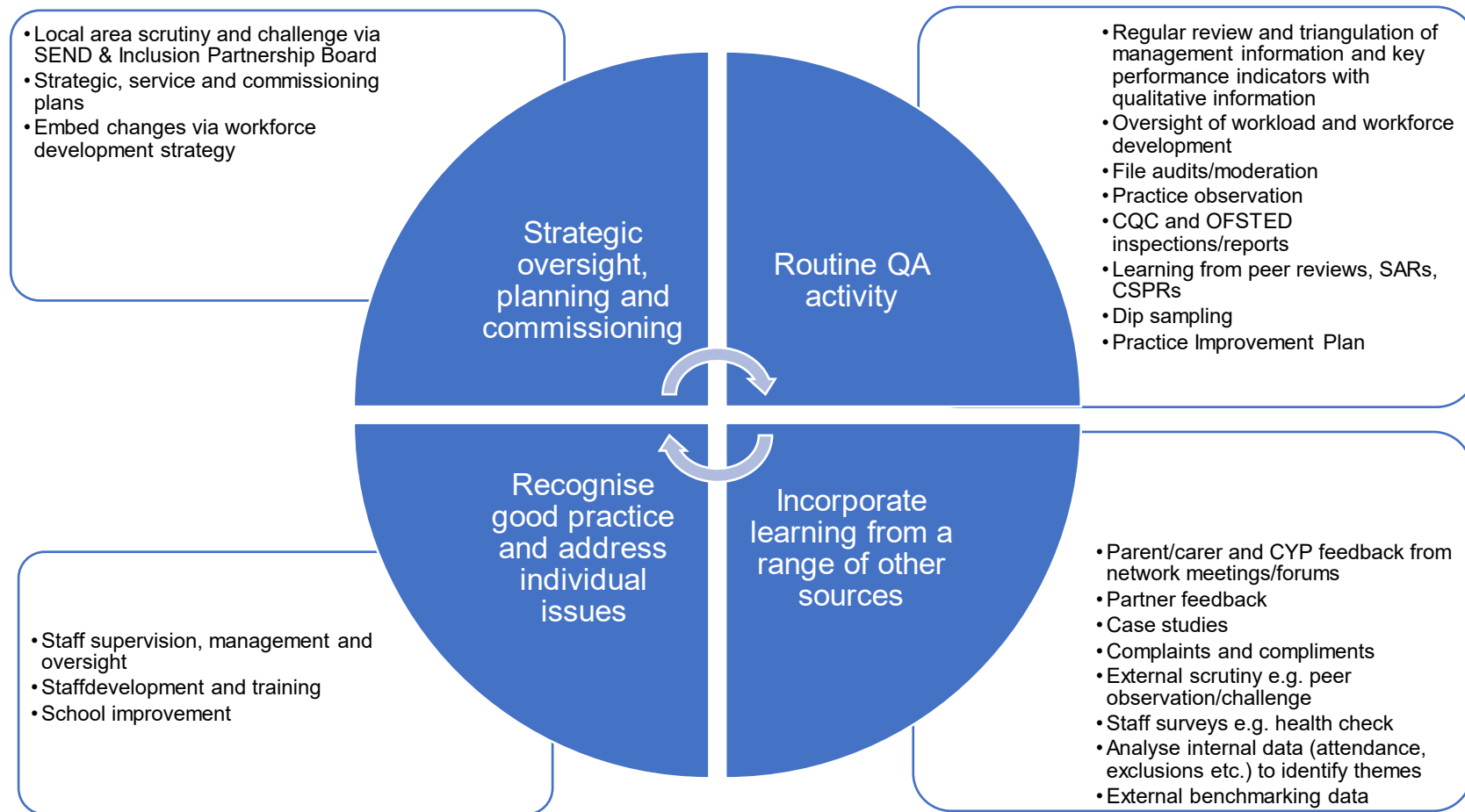


Figure 2. Elements of our Quality Assurance Framework

### **Local Quality Assurance Activity**

Quality assurance is a shared responsibility across the SEND and Inclusion Partnership. Each partner is expected to carry out QA within their service area and provide feedback on relevant themes and trends.

Improvement actions identified by individual services are monitored through local action plans. Services should report findings to the SEND Advanced Practitioner, ensuring data is triangulated within the SEND Practice Report.

This process offers a clear view of SEND service achievements and areas for further development.

## **6.1 Education, Health and Care Plans**

- **Special Educational Needs Statutory Assessment and Review Team (SENSTART)**

Regular audits of completed or amended EHCPs are carried out at least termly, the findings of which are analysed, logged and shared with the SENSTART team. Actions for improvement are identified through this activity and reviewed and monitored through local action plans and/or the Practice Improvement Plan. This is to ensure consistency in approach and good practice is shared.

Quality Assurance meetings are held on a bi-monthly basis during which learning from audits and other quality assurance activity is shared. Audit findings are analysed to give feedback on how other services view and grade the plans. The SEND Advanced Practitioner attends the QA Team meetings to ensure that any quality assurance findings are triangulated and included in the Practice Report. Learning from other local authorities' EHCPs and wider practice is shared to support improvements to the service.

Quality File Audits are conducted periodically with the team to identify any themes that can lead to process improvements. Individual feedback is also shared during supervision sessions with the officers.

- **Multi-agency audit of EHCPs**

The local area uses Invision360 Quality of EHCPs audit tool as a way of recording our multi-agency EHCP audit activity. There is an annual audit cycle outlining the activity taking place on a termly basis (see Appendix A). The sample and number of plans to be audited will be agreed prior to the audit being completed and will consist of newly issued or amended plans.

We have a wide-ranging cohort of auditors from across the Partnership (Appendix B). They will audit plans that they have no direct input into i.e. contributed to. All agencies represented on the SEND and Inclusion Partnership Board have undertaken to support and commit personnel to undertake the audit programme.

## Auditing Process

Stage	Description
Auditing	Individuals complete audits referring to their allocated plans alongside the quality standards. Data from the audits is collated for analysis.
Feedback	Meeting with auditors to share findings and good practice Feedback gathered from other partners (Voice4Parents, children and young people, families and IASS (Information Advice and Support Service)) Findings from feedback is triangulated with other quantitative and qualitative data and themes are reported in the practice report.
Moderation	Moderation workshops will follow each round of EHCP audits to ensure consistency and support learning. Auditors individually review each other's audits Small group discussions compare findings against quality standards
Outcomes and Dissemination	Outcomes will: <ul style="list-style-type: none"> <li>• Support consistency in applying quality standards.</li> <li>• Strengthen learning among auditors.</li> <li>• Inform improvement actions</li> <li>• Celebrate good practice</li> <li>• Contribute to continuous professional development</li> <li>• Ensure we understand our service performance accurately.</li> </ul> <p>Results from audit feedback, moderation workshops, and emerging themes will be analysed and presented to the SEND and Inclusion Partnership Board. Communicated through the SEND communication strategy.</p>

### Continuous Improvement/Feedback loop

Where EHCPs are rated Requires Improvement or Inadequate, individual services are notified and expected to review their contributions. Remedial actions, such as training or process reviews, are recorded in the Practice Improvement Plan to ensure ongoing development.

- **Dip Sampling**

Alongside audits, dips will be conducted to examine specific areas identified. Dip themes are informed by emerging data or other issues that arise from QA activity (Appendix C). These may be carried out locally as part of a service's business as usual for example, Virtual School auditing a sample of PEPs or might use a multi-agency approach.

- **Education, Health, Care Needs Assessment (EHCNA) Process Multi-agency Audit**

An EHCNA multi-agency audit is carried out 3 times a year led by the SEND Advanced Practitioner (Quality Assurance) using the tool at Appendix E. A sample of four children/young people are selected and findings are discussed across agencies to identify any areas of strength and/or areas for development. Themes are incorporated into the Practice Report, with actions recorded in the Improvement Plan or local action plans.

### **EHCP Annual Review Audit process**

Led three times a year by a SENSTART Team Leader, this audit assesses completed annual reviews for compliance at each stage of the process. The SEND Advanced Practitioner and Wolverhampton Information, Advice and Support Service (WIASS) representative contribute to the audit, using a Microsoft Forms tool for streamlined data collection (<https://forms.office.com/e/jrqNUvHibk>)

Findings are shared at SENSTART QA meetings and areas of strength and/or areas for development will be identified. Themes are incorporated into the Practice Report with actions documented in the Practice Improvement Plan or local action plans. Guidance and feedback is provided to schools to enhance the annual review meeting process. The audit tool is refined after each cycle and will be developed further to evaluate quality of annual reviews as well as compliance.

## **6.2 Education**

### **Education Settings**

The Education Excellence Team supports senior school leaders in Wolverhampton to ensure high-quality education for all children, fulfilling the Local Authority's strategic role in school improvement as outlined in the [Education Excellence Strategy 2024-2027](#).

School Improvement Advisors gather performance data from schools, including:

- School Inspection Data Summary Report (IDSR)
- Attendance, exclusion and behaviour data
- Pupil outcomes
- Pupil progress, including for SEND pupils
- Data about pupil groups (e.g. pupil premium and SEND)

All Local Authority-maintained schools receive at least five days of support annually, including structured visits and reviews. Academy schools are entitled to one day of SIA support for free per academic year and they can receive additional support through the traded offer. Schools needing further support receive additional assistance, as outlined in the Education Excellence Strategy 2024-2027.

## **SEND Reviews**

The school improvement team is continuing the whole school SEND Review Project, (launched in Spring 2021) as part of the ongoing work to improve SEND provision in Wolverhampton. Schools access a NASEN whole school SEND Review free of charge to schools (both maintained and academies) and are supported by trained Central Reviewers, (SIP advisors) and Specialist Partners, (experienced headteachers).

This supportive process helps leaders evaluate SEND provision, identify priorities and strengthen their approach. Review findings are summarised, held by the School Improvement Team and used to shape future school support and training.

## **Information Sharing**

The School Improvement Team shares findings through School Intel Sharing Meetings and direct communication with service managers.

## **SENCO Development Working Group**

The SENCO Development Working Group, made up of local authority representatives, external agencies, and SEND leaders, plans training for SENCOs and SEND leaders, ensuring effective cross-service communication. Evaluation shows that the SEND Development Programme improves SENCOs' confidence and understanding. There is strong attendance at SEND networks and the SENCO induction programme.

The SENCO Development Working Group, made up of local authority representatives, external agencies, SEND leaders and SENCO plans training for SENCOs and SEND leaders. The group plays a crucial role in ensuring effective cross-service communication.

Evaluation of the SEND Development Programme indicates that the group is effectively planning and delivering content to SENCOs and SEND leaders across the city. There is strong attendance at both SEND Networks and the SENCO Induction Programme. SENCO Induction Programme delegates gain a deeper understanding of their roles, responsibilities, and the strategic landscape of SEND. SENCOs also report increased confidence in discussing SEND with Ofsted inspectors. SEND Networks receive overwhelmingly positive feedback from attending delegates.

## **SEND Patterns/Trends Group**

Part of the SENCO Development Working Group, the purpose of this group to share and gather SEND information across the city including examples of good practice, anecdotal feedback from visits to schools and/or working with parents, concerns about specific settings and identifying schools that need additional support for reporting to working group. Trends and patterns are analysed to shape responses and inform improvements.

## **SEN information report (SIR)**

Maintained schools, nursery schools, and academy proprietors must publish their SEN Information Report (SIR) online, outlining how they implement their SEN policy. Reports must be updated annually, with any mid-year changes reflected promptly.

The content requirements for SIRs are set out in Special Educational Needs and Disability Regulation 51 (2014), ensuring that children, young people, and families

understand the SEND support and provision available.

As part of annual quality audits, a random selection of SIRs is reviewed using an audit tool. Findings are shared with individual settings, with broader themes triangulated against wider quality assurance activities to inform improvements.

## **6.3 Educational Psychology Service**

### **Psychological Advice as part of ECHNAs**

Advice provided to EHCNAs are quality assured with each member of the team having one advice go through the process each term.

Admin select a recent advice for the identified Educational Psychologists (EPs) for each half term and send this to their line manager for review using the Psychological Advice Audit form which reflects both national guidance on providing psychological advice and also specific areas of focus for the service (Appendix E)

Individual feedback is shared with the EP through supervision and actions agreed following feedback. The record is then shared with the EP and with the Senior EP with responsibility for quality service delivery by the end of each term.

Overall areas of strength and areas for development are collated termly and fed back into the SEND advanced practitioner as well as the workforce development plan by the Senior EP with responsibility for quality service delivery.

### **Ensuring standards of practice across the team**

Monthly individual supervision and professional conversations are used to discuss professional development for individual members of the team. We have a structure within our professional conversations using Gibbs Reflective Cycle (1988) to support detailed analysis and evaluation of practice and to support action plans for development.

### **Evaluating consultation work with schools through our traded offer**

Termly planning meetings are held with schools where we discuss our partnership working, identifying things which are working well and anything which could be improved. This is an opportunity for both the school and link EP to raise any strengths or areas of concern. The records of these conversations are collated so that patterns can be identified to inform service development.

Our consultation records include a section to record the impact of our work through a review. Scaling is used to indicate whether the agreed outcomes have been achieved, and staff are asked what they have done differently and what they feel they have learnt about the child or young person as a result of the EP's involvement. Any additional agreed actions are also recorded.

## **6.4 Alternative Provision and Commissioning**

Quality Assurance audits of Alternative Provision (AP) take place prior to children/young people being placed with them. The audit is based on 15 quality standards across five themes: Assessment and Understanding, Engagement and Relationship Building, Attainment and Progress, The Learning Environment and Longer Term Opportunities, providers are requested to provide evidence to meet these standards. This enables a better understanding of how the AP is meeting the quality standards and is used as evidence alongside other information, including the service offer, site visit notes and conversations between City of Wolverhampton and the provider.

The intent is for the process to be as user-friendly as possible, to foster a partnership approach to working together and building strong and lasting relationships. Amid that intent, there remains a need to be assured that the AP is well equipped to meet the needs of vulnerable children and young people, and that outcomes will be consistently good or outstanding. Feedback is given to providers post quality assurance audits and outcomes are based around a rag rating of the quality standards. Local authorities are collaborating to develop a regional Alternative Provision Audit Toolkit, enabling a coordinated approach where each provision is visited just once by their Local Council thereby reducing duplication and improving efficiency.

Establishing an Independent Specialist Educational Provider (ISEP) framework is vital for the City of Wolverhampton Council, as it ensures that SEND children and young people with complex or specialist needs have access to high-quality, tailored education. This framework provides a structured, transparent, and quality-assured approach to commissioning placements, giving council staff confidence in the consistency and suitability of the provision. It also supports better value for public funds by streamlining procurement and ensuring providers meet clear standards. Most importantly, it empowers families and professionals to make informed choices, helping to place each child in the most appropriate setting, one that nurtures their potential, supports their wellbeing, and improves long-term outcomes.

The SEND Advanced Practitioner meets with the Service Manager for Children's Commissioning on a 6-weekly basis to ensure that any themes from quality assurance activity in commissioning is fed back to be included in the practice report.

## **6.5 SEND Early identification including Special needs early years service (SNEYS), Sensory inclusion service (SIS), Specialist learning support (SLS) and Outreach**

SEND early identification services—including SNEYS, SIS, SLS, and Outreach—focus on high-quality reports, interventions, and training for children, families, and the workforce.

QA practices include:

- Peer observations linked to teachers' standards

- Feedback from schools on service quality
- Training evaluations
- Report moderation

These processes feed into performance management targets, aligning with teachers' terms and conditions.

## 6.6 Health

### **Black Country Integrated Care Board (BCICB)**

In relation to quality around EHCPs, BCICB completes auditing of individual health advices which are submitted; this is done using a health QA tool (Appendix F) which is replicated and used over the other areas in the Black Country. Feedback from the auditing is picked up with individual teams as required.

BCICB monitors compliance of the EHCP health process by completing benchmarking against the EHCP self-assessment tool which captures the good practice EHCP principles. This enables the ICB to map the EHC process from a health perspective and form an action plan in regard to any areas of development

Data which captures the timeliness of health advice for ECHP requests is monitored by BCICB. The data is included in the ICB data dashboard which is an agenda item at SEND Health Steering Group. The data is incorporated into the SEND and Inclusion dashboard and monitored to address any themes, barriers, and areas of improvement.

Members at SEND Health Steering Group includes the Parent carer forum (PCF) members and a Participation Officer (representing HY5!). Both the PCY and HY5! are part of the standard agenda ensuring concerns are addressed and actions agreed to improve service delivery.

BCICB monitors complaints and compliments via the Time2Talk customer service team. The team can pass on any compliments to the relevant team or person and information can help the ICB, not only to learn from patients' experiences, but to make improvements to local services.

The Quality and Safety Team at BCICB ensures that health services are safe, effective and in line with the needs of the population. Quality is made up of three key elements:

- Clinical effectiveness
- Patient safety
- Patient experience.

Collaborating with health and social care providers across the Black Country, we monitor and review data to commission and deliver high-quality, compassionate care for people of all ages.



The ICB is committed to delivering high-quality, safe, and effective care through a strong Quality Assurance Framework. This framework uses aligned quality schedules and regular contract reviews with providers to ensure a comprehensive understanding of service delivery. Open collaboration with partners fosters transparency, driving improvements across SEND reforms, care homes, and safeguarding while sharing best practices system-wide.

Our Quality Strategy, developed in partnership with place-based teams, outlines key clinical priorities and the advantages of working as a single strategic commissioner to support an ageing and ethnically diverse population.

Quality is everyone's responsibility, and we work alongside partners to enhance outcomes and experiences for patients, families, and carers. Through openness and engagement, we ensure services reflect the needs and voices of local communities.

Our clinical quality priorities focus on delivering services:

- In the right way – by a skilled, motivated workforce
- At the right time – through accessible care
- In the right place – locally, in a safe and supportive environment
- With the right outcome – improving health, reducing variation, ensuring parity of esteem, and minimizing preventable loss of life.

All health services undergo Care Quality Commission (CQC) inspections, which provide ongoing monitoring and service improvement recommendations.

### **The Royal Wolverhampton NHS Trust**

SEND-related activity outcomes may also arise or be explored through wider Quality Assurance mechanisms, which include quality nursing metrics, patient safety incident management (via PSIRF), national and local audit activity, national guidance reviews, CQC self-assessment and internal quality review processes, external inspections monitoring processes. Performance management and oversight is maintained through the Divisional and Trust Quality Governance reporting meeting structures.

### **Children's Community Nursing Service and Clinical Nurse Specialists**

All qualified Community children's Nursing specialists (CCNS) contribute to any requests for EHCP's if the child is their caseload or attends Green Park Special School or Penn Hall special school where their part of the CCNS team reside during the school day.

All qualified nurses within the team are required to complete the Children's Disability Council EHCP training every 3 years and on joining the department.

All reports submitted for EHCPs are quality assured by a line manager, Senior Sister and Matron for CCNS and CNS via a generic email to the management team.

A structured pathway is in place for all qualified staff which provides assurance of processes and regular supervision is offered around any difficult cases using trust Professional Nurse Advocates.

Feedback is collected and shared, with templates updated regularly of what is expected within the reports and recommendations regarding good practice. We ensure the staff capture the child and parent/carers voice and it is without jargon and with clear language. We record feedback on Datix and have a record of any concerns or formal complaints that have been received.

### **Speech and Language Therapy**

All Speech and Language Therapists (SLTs) may have occasion to write EHCP reports and therefore, all SLTs must complete the Children's Disability Council EHCP training every 3 years and on joining the department. Whole service training on EHCPs has been delivered by SENSTART.

All reports submitted to support the EHCP process are checked and countersigned by the Head of Children's Speech and Language Therapy Service or a Highly Specialist SLT.

Three senior members of staff participate in the Invision Quality of EHCPs Audit alongside other health and CWC colleagues.

Feedback is recorded on Datix and any concerns or formal complaints that have been received are noted and actioned.

Recent audits focus on identifying the Voice of the Child in Children's SLT reports and notes, identifying International Dysphagia Diet Standardisation Initiative (IDDSI) compliance across Wolverhampton educational settings and monitoring the success of the Request for review system in the school age service.

### **Occupational Therapy and Physiotherapy (OT/PT)**

The OT and PT service have an EHCP process and completion guide for therapists who complete advice for Needs assessments and Annual Reviews. The service is currently developing Standard Operating Procedure to improve the process.

The views of child and parents are documented when advice is written including how these have been obtained.

All reports from OT and PT are quality checked by a senior member of the team before being sent to the EHCP coordinator, or to the parents/young person if it is for an Annual Review. (Schools receive copies via parents due to consent issues).

Timeliness for EHCP and Annual Review documentation is actively monitored

## **Community Paediatrics**

All EHCP advice is QA'd by our SEND Lead prior to submission. Feedback is collated and shared around completeness of demographics, inclusion of health priorities, health need in education, with diagnosis explained and the impact outlined, ensuring that this is without jargon and with clear language. Feedback is provided, alongside actions and recommendations regarding good practice. This is shared with clinicians and our Clinical Director and will be shared alongside an audit.

Timeliness of health advice is monitored against the six-week KPI timeframe as part of the QA framework.

## **Black Country Healthcare NHS Foundation Trust**

### **Child and Adolescent Mental Health Service (CAMHS)**

CAMHS operates a comprehensive approach to ensure the delivery of high-quality, safe and responsive care for children and young people with special educational needs and/or disabilities.

The SED (service experience department) team manages complaints and ensures that concerns raised by families or professionals are investigated thoroughly, with learning disseminated to drive continuous improvement. Equally, compliments and examples of good practice are actively captured and presented within commissioner meetings and SEND quality reviews, promoting a culture of positive recognition. Best practice is further embedded through scheduled quality assurance visits by the ICB, which provide independent oversight of service delivery, safeguarding, clinical effectiveness and multi-agency working.

Engagement with children, young people and families' remains central, with regular input sought through the CAMHS Council, voluntary sector parent forums and wider participation groups, ensuring that lived experience directly informs service development and system learning.

In addition, CQC inspections provide external regulatory assurance, assessing compliance against national standards and supporting alignment with broader SEND improvement priorities. This multi-layered approach ensures that CAMHS contributes effectively to the wider SEND quality assurance system, supporting children and young people to achieve positive outcomes through safe, person-centred care.

### **CAMHS role in Education Health and Care Plans**

Wolverhampton CAMHS plays an integral role in supporting children and young people with SEND by completing the CAMHS element of EHCPs. Requests are centrally monitored by the administrative team, who allocate each request to appropriately skilled clinicians that know the families. Practitioners complete the

CAMHS input in a timely manner, ensuring that the mental health needs of the child or young person are accurately reflected within the wider multi-agency EHCP.

The CAMHS contribution to EHCPs is delivered in line with national and local guidance and is framed around a strengths-based, outcome-focused model of care. Reports are developed with careful consideration of clinical formulation, evidence-based interventions and the child or young person's long-term recovery goals. Importantly, the CAMHS input seeks to clearly articulate how mental health needs interact with educational attainment, behaviour, and social functioning.

To ensure consistency, accuracy and clinical quality, Wolverhampton CAMHS has embedded a multi-layered quality assurance process:

- Clear clinical standards; Practitioners utilise a standardised EHCP reporting template, aligned with local and national guidance and locally agreed pathways, ensuring consistency of information provided across all cases.
- Clinical peer review; Where possible, complex EHCP contributions undergo peer review within multidisciplinary teams to ensure clinical validity and appropriate recommendations.
- Timeliness monitoring; Administrative oversight ensures that all requests are logged, tracked and monitored against defined timescales to comply with statutory EHCP deadlines.
- Ongoing audit program; Regular audits are conducted to assess the quality, completeness and consistency of CAMHS EHCP contributions. Audit findings inform service improvement activity, additional workforce training and updates to local guidance.
- Supervision and governance; Individual practitioners receive both clinical and managerial supervision that includes case discussions related to EHCP contributions, providing a mechanism for reflective practice and continuous learning.
- Where feasible, feedback is sought from families, schools and local authority partners to ensure that CAMHS contributions are helpful, understandable and support positive planning for the child or young person.

## **6.7 Social Care**

### **Children's Social Care Quality Assurance**

Practice Week, held three times a year, ensures quality assurance across Children's Social Care. Senior managers—including the Director, Deputy Director, Principal Social Worker, and others—conduct audits and observe practice alongside practitioners. Practice Conversations take place across all teams, including Fostering and Adoption@Heart.

The Practice Week report consolidates audit findings, triangulated data, and themes from local dips, identifying key trends.

## **SEND Family Help Service**

The SEND Family Help Service ensures quality through local audits and a development plan, incorporating family voices via “stories of difference.”

The SEND Family Help Development Plan, reviewed monthly, focuses on early intervention and improving outcomes for children and young people aged 0–25 with SEN/disabilities. It addresses eight key practice areas, including mental capacity, preparation for adulthood, and hearing a child’s voice. Advanced Practitioners support implementation, providing direct guidance to workers.

## **Local Audits and Continuous Improvement**

Local area audits evaluate Family Help plans, assessing effectiveness, alignment with needs, and holistic support. Findings feed into the development plan and operational practice.

The SEND Advanced Practitioner and Quality and Improvement Advanced Practitioner meet regularly to discuss Practice Week findings, local dips, and SEND quality assurance activities, ensuring all relevant information is triangulated. Overlapping improvement actions are jointly monitored to track progress.

## **6.8 SEND Practice Week**

Plans are in place to mirror the Practice Week model from Children’s Social Care within SEND, broadening quality assurance activity and deepening insights into service area practices.

A Practice Conversation Tool will be developed, consisting of 3–4 generic questions alongside service-specific questions, created in collaboration with service managers. Generic questions will enable comparisons across areas, while tailored questions will offer a focused understanding of each individual service.

Findings from SEND Practice Week will be triangulated with other quality assurance activities and incorporated into the Practice Report to ensure a comprehensive evaluation of service quality and impact.

## **6.9 Feedback from children, young people and families**

- **Parent Carer Forum (PCF)**

The PCF Survey provides a snapshot of life for SEND children, young people, and their families in Wolverhampton, gathering quantitative and qualitative feedback on key issues affecting them. This feedback helps local services identify family needs, areas for improvement, and lessons to be learned.

Regular meetings with the SEND Advanced Practitioner ensure that the PCF can share emerging themes from their work with SEND families. Findings are triangulated with the Practice Report, and any required actions are incorporated into relevant improvement plans.

- **HY5!**

HY5! is a group of young people aged 11-25 with special educational needs or disabilities who work together to raise awareness of issues that affect them and drive improvements in SEND services.

They complete audits of local services via site visits (HY5! On the Move) and provide feedback on strengths and areas for improvement.

HY5! is represented at the SEND and Inclusion Partnership Board and engages in regular meetings with the SEND Advanced Practitioner to share themes, findings and positive changes made across SEND services.

## **6.10 Compliments and Complaints Monitoring**

The Local Authority Complaints and Compliance Group includes representatives from SEND and Inclusion, SENSTART, Educational Psychology, Inclusion Support, Specialist Teacher Support Services, School Improvement, Commissioning, IASS, and Have Your Say.

This group ensures consistent responses across services, analyses customer feedback, and identifies themes requiring action. Emerging issues are escalated to Senior Leaders, with staff trained and supported accordingly.

Findings and themes are collected termly by the SEND Advanced Practitioner and triangulated into the Practice Report, informing service improvements.

## **6.11 Statutory Inspection**

Ofsted and the Care Quality Commission (CQC) conduct joint Local Area SEND Inspections to assess how effectively partnerships improve experiences and outcomes for children and young people with SEND. These inspections follow the Area SEND inspection framework and handbook.

Additionally, the inspection system includes thematic visits to select areas each year, focusing on specific aspects of SEND provision for deeper analysis.

Any areas for improvement identified during inspections are overseen by the SEND and Inclusion Partnership Board, ensuring progress is monitored and actioned effectively.

## **6.12 Performance Management Information**

The Partnership Dashboard provides key insights, helping managers and senior leaders identify themes, trends, and service demand, enabling informed decision-making within their areas. Benchmarking against national, regional, and local comparators is used where relevant.

Data from the dashboard informs quality assurance (QA) activity, including dip sampling, and supports deeper understanding of SEND practice. Findings are regularly reviewed at the SEND and Inclusion Partnership Board to drive continuous improvement.

## **7.0 Triangulation and Broader Insights**

Triangulation meetings occur three times a year, aligned with EHCP quality audits, to identify intelligence across SEND services, the wider council, and communities.

These meetings consolidate findings from multi-agency audits, local service feedback, workforce development evaluations, and other relevant data. Insights are incorporated into the Practice Report, informing local service action plans and the Practice Improvement Plan.

### **Key Areas for Triangulation**

- **Lived Experience**  
SEND services must regularly collect real-life experiences from children, young people, and families to ensure an authentic perspective. Relevant examples should be shared with the SEND Advanced Practitioner, contributing to a holistic view of SEND provision in Wolverhampton.
- **Voice of Children, Young People, and Families**  
During SEND Practice Week, conversation leads gather feedback from children, young people, and families. Additional feedback comes from external partners, including alternative provisions, schools, transition services, and health providers.
- **SENCO voice from education settings**  
Feedback is gathered via the SENCO Network and through the SENCO Network Teams Channel. An annual SENCO survey is completed to gain insights from SENCO experiences and feedback from training that they have received.
- **Local Offer**  
Feedback from the Local Offer website is collated into thematic insights and triangulated with the SEND Advanced Practitioner to inform the Practice Report.
- **Wolverhampton Information, Advice, and Support Service (WIASS)**  
Regular meetings between the SEND Advanced Practitioner and WIASS Service Manager capture family feedback, with themes incorporated into the Practice Report.
- **Data and Analytics**  
The SEND Advanced Practitioner holds regular meetings with Data and Analytics teams to identify emerging trends, performance shifts, and key indicators requiring further analysis. KPIs are monitored, triangulated with wider QA activity, and reported in the Improvement Plan to assess the impact of actions taken.

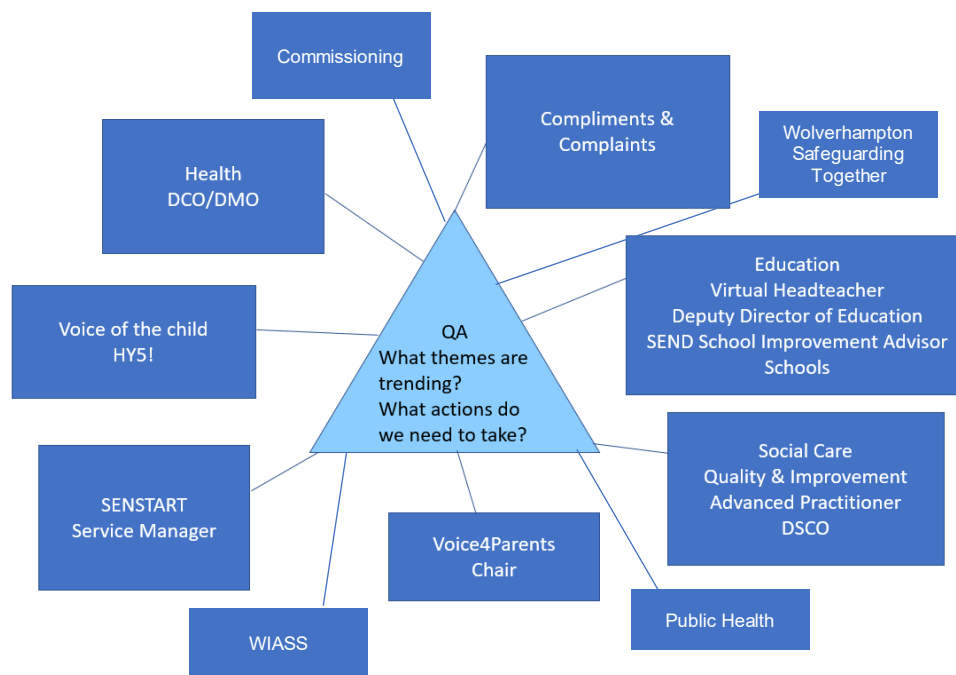


Figure 3. Triangulation Sources

## 8.0 Governance and Accountability

The implementation of the Quality Assurance Framework will be overseen by the SEND and Inclusion Partnership Board.

## 9.0 Review

This Quality Assurance Framework will be reviewed on a bi-annual basis by the Quality Assurance and Improvement Team and agreed by the SEND and Inclusion Partnership Board.

## 10.0 Quality Assurance Schedule

The schedule for the key QA activity is set out below:

What	Who	When	Outcome
Quality of EHCP audits	SEND Advanced Practitioner Auditor cohort	Three times a year (October, March, June)  Auditors to complete 2 audits each	Findings are reported to CYP Findings are reported to CYP Performance Meeting and SEND and Inclusion Partnership Board. Will include all triangulation information  Improvement Plan is reviewed and updated.



What	Who	When	Outcome
		round	Local Action Plans will be updated. Practice newsletter sent with findings and next steps.
Moderation sessions	Auditor cohort	Three times a year	Feedback from sessions reported on in Practice Week reports.
EHCNA process audit	SEND Advanced Practitioner, representatives from SENSTART, Social Care, EPS and Health	Three times a year	Findings shared with SENSTART. Actions fed into relevant local action plans and Improvement plan as appropriate. Findings triangulated into Practice report.
<i>SEND Practice Week</i>	<i>SEND Advanced Practitioner, Managers/team leaders</i>	<i>Planned Once a year from Spring 2025</i>	<i>Findings are reported to CYP Performance Meeting and SEND and Inclusion Partnership Board through the practice report. Any actions fed into relevant local action plan and Improvement plan as appropriate.</i>
Audit of Health advice	DCO	Monthly	<i>Feedback to practitioners as relevant Any actions fed into relevant local action plan Feedback to SEND Advanced Practitioner for triangulation</i>
EPS Advice audits	Senior EP	Termly	<i>Feedback to practitioners as relevant Any actions fed into relevant local action plan Feedback to SEND Advanced Practitioner for triangulation</i>
Wider service triangulation	SEND Advanced Practitioner	Termly	<i>Feedback from other SEND services including Connexions,</i>

What	Who	When	Outcome
			<i>Local Offer, Social care, Health, School Improvement, SNEYS, commissioning to identify themes</i> <i>Themes triangulated with Practice Improvement plan and report</i> <i>Actions recorded in local action plans</i>
CYP Survey		Annual	<i>Feedback from children/young people</i> <i>Themes triangulated with other QA activity</i> <i>Findings fed back to HY5!</i>
SEND Information Reports audits		Annual	<i>Feedback to schools and SEND School Improvement Advisor as relevant</i> <i>Any actions fed into local action plans</i> <i>Feedback to SEND Advanced Practitioner for triangulation</i>

### Timetable of Quality of EHCP Audits

Spring Term 2024	Audits allocated 15.3.2024
Summer Term 2024	Audits allocated 21.6.2024
Autumn Term 2024	Audits allocated 11.10.2024
Spring Term 2025	Audits allocated 10.2.2025
Summer Term 2025	Audits allocated 9.6.2025
Autumn Term 2025	Audits allocated 13.10.2025

## Appendices

### Appendix A

#### Four-stage Quality Assurance Cycle

<b>Stage 1</b>	<ul style="list-style-type: none"> <li>• Monitor and assess quality throughout local arrangements by seeking views from everyone involved at all points of contact.</li> <li>• The voice of children and young people will be paramount, and will be gathered in several formats, and at various points in time. Ensure the views are captured from parents and carers and utilise opportunities to build positive relationships.</li> <li>• Learn from, and make changes in response to, themes and issues raised in compliments, complaints, and appeals, along with feedback submitted by young people and parent carers.</li> </ul>
<b>Stage 2</b>	<ul style="list-style-type: none"> <li>• QA activity will be regularly analysed for themes, trends, learning about strengths to build on and identifying areas for improvement and that this information is disseminated accordingly. Analysis will help to measure and evidence the impact of QA on improving service user outcomes and maintain focus on continuous improvement.</li> <li>• All audits completed as part of the SEND and Inclusion partnership audit programme will be subject to analysis and reports and practice briefings will be produced.</li> <li>• A termly quality assurance report will pull together an analysis of the learning from relevant SEND QA activity.</li> </ul>
<b>Stage 3</b>	<ul style="list-style-type: none"> <li>• Quality check each aspect of processes audited and therefore take any corrective action early.</li> <li>• Quality check information provided from all partners.</li> <li>• Undertake multi-agency audits of EHC Plans and themes to provide qualitative feedback on practice.</li> <li>• Undertake themed audits across the SEND system; such audits will be undertaken by a multi-agency group and consider information from a range of sources.</li> <li>• Undertake monitoring visits across settings to support settings in developing practice.</li> <li>• Consider external peer reviews/support to ensure we are comparable with other areas.</li> </ul>
<b>Stage 4</b>	<ul style="list-style-type: none"> <li>• Track themes and trends identified through QA activity to develop a SEND Practice Improvement Plan</li> <li>• Monitored and reviewed the action plan in line with audit cycles.</li> <li>• Actions and improvements are reported through the SEND and Inclusion practice report.</li> <li>• Build-in multi-agency opportunities to reflect and learn.</li> <li>• Celebrate successes and share best practice.</li> <li>• Develop structured continuing professional development</li> </ul>

## Appendix B

### Auditor Cohort

Job Title	Service Area
SEND Assessment and Planning Service Manager	Education/SENSTART
SEND Assessment and Planning Team Leaders	Education/SENSTART
Deputy Director for Education	Education
Head of SEND and Inclusion	Education
Principal Educational Psychologist	Education
Head of Service Educational Excellence	Education
Designated Clinical Officer	Health
Designated Medical Officer	Health
IASS Service Manager	IASS
Designated Social Care Officer	social care
Children's Services Team Manager	social care
Service Manager SEND Early Identification and Support	Education
Specialist Teachers	Education
School Improvement Advisor SEND	Education
SEND Inclusion Support Officers	Education
Senior Matron	Health
Senior Educational Psychologists	EP
Physiotherapists	health
Occupational Therapists	Health
Speech and Language Therapists	Health
Virtual School Headteacher	Education

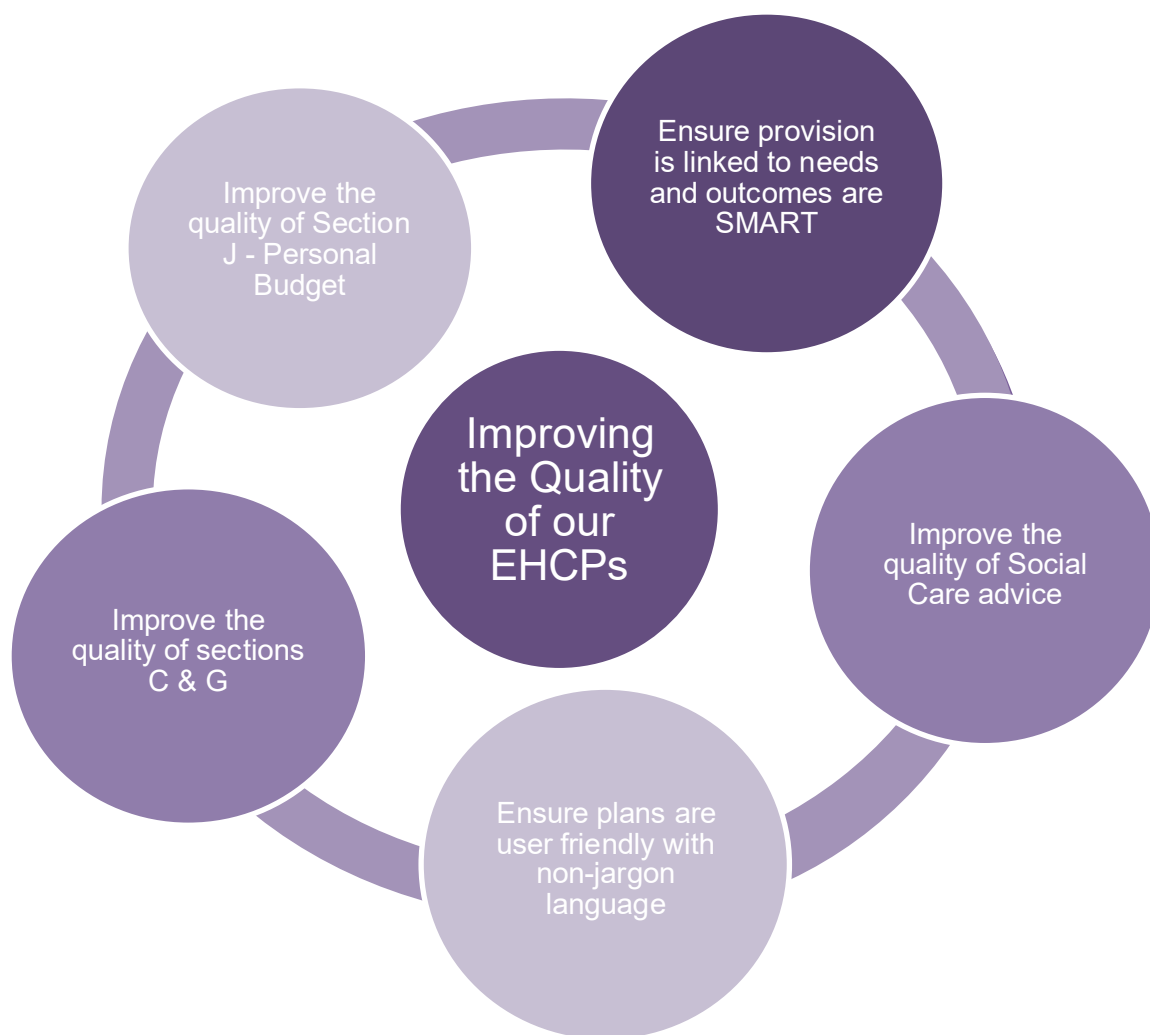
Secondary School SENCO	SENCO
School Improvement Adviser for Children with a Social Worker	Education
Assessment and Support Officer	YOT
Parent Carer Forum representative	Voice4Parents
Careers Adviser	Connexions
Strengthening Families Workers	SFW
Education, Employment and Training Adviser	EET
Head of Service Children and Young People in Care	social care
Inclusion and Attendance Service Manager	Education
Social Care Team Manager	YOT
SEND School SENCO	SENCO
SEND Advanced Practitioner	QA

## Appendix C

<b>Proposed SEND DIP themes</b>
<b>social care advice</b>
<b>alternative provision</b>
<b>Transitions and continuity of support</b>
<b>quality of education advice – SNEYS/EPS</b>
<b>quality of health advice</b>
<b>preparation for adulthood and independence</b>
<b>short breaks</b>
<b>youth justice service and diversion</b>
<b>identification of SEND primary area of need</b>
<b>children and young people in care</b>
<b>provision for SEN support</b>
<b>early help</b>
<b>SEMH</b>
<b>provision for CYP not educated in schools</b>
<b>health and wellbeing (including access to public health services)</b>
<b>social participation e.g. community and leisure, sport and physical activity, youth voice, volunteering</b>

## Appendix D

### Improvement Plan areas



## Appendix E

### EHCNA File Audit

File Audit

Name of Child		ID	
DOB			
NCY			
Requestor			
Date Received			
Allocated Officer			
School Setting			
Weeks since request at Audit			

	Date due	Actual Date	Reason for any variance
Date EHCNA request received			
Date processed by SENSTART and acknowledged			
(6 weeks) Decision to assess letter date / notification to parent			
Request for advice date			
Advice requested from			
Advice received Service and date			
(12 weeks) Decision to issue date			
(14 weeks) Draft date(s) Please specify if multiple drafts issued and dates			
Consultation dates Please specify school and dates circulated			
(16 weeks) Consultation date responses Please specify school and dates received			
(20 weeks) Final date			
Other pertinent facts i.e. NIC transfer, change of SEND officer etc			



## **Appendix E**

### **EPS QA**

#### **Quality Assurance of Psychological Advice (completed using Microsoft form)**

1.Name of child

2.Date of birth

3.EP completing the advice

4.Person completing audit

5.A brief formulation is included outlining the interacting factors that are considered to make sense of the child/young person's presenting needs.

Fully / Partially / Not included

6.Views and aspirations of child/young person are included

Fully / Partially / Not included

7.Views of parents and carers are included

Fully / Partially / Not included

8.Context of assessment has been included, including all relevant background information

Fully / Partially / Not included

9.The child/young person's strengths have been identified

Fully / Partially / Not included

10.The child/young person's special educational needs have been summarised and their primary need has been identified

Fully / Partially / Not included

11.A clear and concise summary of the child/young person's cognition and learning needs is provided and evidenced through appropriately selected assessment approaches. This provides a clear summary of where the child/young person is in relation to age related expectations.

Fully / Partially / Not included

12.A clear and concise summary of the child/young person's social, emotional, mental health needs is provided and evidenced through appropriately selected assessment approaches

Fully / Partially / Not included

13.A clear and concise summary of the child/young person's communication and language needs is provided and evidenced through appropriately selected assessment approaches

Fully / Partially / Not included

14.A clear and concise summary of the child/young person's physical/sensory needs is provided and evidenced through appropriately selected assessment approaches

Fully / Partially / Not included

15.Outcomes are SMART

Fully / Partially / Not included

16.Outcomes reflect the child/young person's special educational needs

Fully / Partially / Not included

17.Outcomes reflect the child/young person's aspirations  
Fully / Partially / Not included

18.For children 14yrs+ the outcomes relate to preparing for adulthood  
Fully / Partially / Not included

19.Provision recommendations are specific and directly matched to outcomes  
Fully / Partially / Not included

20.Provision recommendations are evidence based  
Fully / Partially / Not included

21.Provision recommendations are informed by the child/young person's strengths and what they and their parents/carers know is helpful/works well  
Fully / Partially / Not included

22.Advice is provided within professional boundaries and limits of professional expertise  
Fully / Partially / Not included

23.Language used is clear, concise and free from jargon  
Fully / Partially / Not included

24.Strengths identified  
Enter your answer

25.Areas for development identified  
Enter your answer

26.Actions required  
Enter your answer

### EHCP Health advice quality audit tool

- 1) Identifier- NHS Number
- 2) Team- who is the advice from
- 3) 6-week KPI- was the advice returned within 6 weeks.
- 4) Demographics complete- Is every box on the demographics completed, name, DOB, NHS, Address)
- 5) Language clear- Is the language used clear and easy to understand to lay person.
- 6) Jargon Free- Is it free from medical jargon, is any jargon explained in lay terms.
- 7) Explained diagnosis- If medical diagnosis is written, is it then explained in lay terms.
- 8) Explained Impact- is there a short description of the impact of this diagnosis.
- 9) Strengths and Abilities clear- Is there clear strengths and abilities explained.
- 10) Health priorities- Are the health priorities clear to any lay person picking up the advice and reading for the first time.
- 11) Health needs to access education- Are they clearly detailed so a lay person would know what this CYP needs to access education.
- 12) Non-SEN health needs- Are general health needs not related to SEN detailed. For example, asthma, eczema, allergies.
- 13) Advice within expertise- Is the advice giver only commenting on advice within their field of expertise.
- 14) Each need has separate outcome- for every need detailed a separate outcome and provision is detailed.
- 15) SMART- do these outcomes feel specific, measurable, achievable, realistic and timebound.
- 16) Provision is clear- Is it obvious for the provision who will deliver, what will be delivered, where will this be delivered and by when, are these elements all described.
- 17) Is the health advice clear- as a staff member from a different team does this make sense to you?
- 18) Please share comments to improve or good practice to share.

[illegible]

