

Final Internal Audit Report

Special Education Needs & Disability (SEND)

November 2023

Distribution: Interim Corporate Director Children, Young People and Education
Director of Education
Head of Service: SEND Transformation and Delivery
Director of Finance (Deputy S151 Officer)
Corporate Director of Resources and S151 Officer (Final only)

Assurance Level	Issues Identified	
Substantial	Priority 1	0
	Priority 2	2
	Priority 3	1

Confidentiality and Disclosure Clause

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 According to the 2021/22 school census (state-funded schools), school level annual school census (independent schools) and general hospital school census on pupils with special educational needs (SEN), there are approximately 1.5 million children with a SEN in England.¹
- 1.2 There are two broad categories of support for pupils with SEND. As of June 2022 (the most recent figures published at the time of the audit):
- 355,566 pupils (4% of all pupils) with complex needs had legally enforceable entitlements to specific packages of support, set out in education, health and care plans (EHC plans), representing an increase of 9.2% from 2021. These plans describe the support and care that the pupil needs, including naming the school, or type of school, that they should attend. Local authorities are responsible for assessing whether a child or young person needs an EHC plan; and
 - 1,129,843 pupils (12.6% of all pupils) did not have EHC plans but had been identified by their schools as needing additional support ('SEN support'), an increase of 4.3% from 2021.
- 1.3 In addition to the above, every local authority is responsible for writing a Local Offer and making sure it is available for everyone to see. Within Croydon Council (Council), the 'Croydon Local Offer' provides information and advice about services that children, young people and their families can expect from a range of local agencies. It also provides information on a wide range of activities to do in and around Croydon. The Council has developed a broad continuum of specialist provision to enable the majority of children with special needs to be educated within the local community.
- 1.4 The Council also has a SEND Strategy 2019-2022 developed jointly with the Croydon Clinical Commissioning Group (CCG) which sets out joint aspirations for children and young people with SEND and the approach to meeting their needs and addressing barriers to learning. Development of a new Strategy for 2023-26 is underway, but at the time of audit fieldwork had not yet been finalised.
- 1.5 When a legal guardian applies for an EHC plan assessment for their child, the Council must decide whether an assessment is required within six weeks of the initial application. If a decision to assess is made, a full range of professional assessments will be undertaken to inform an EHC Plan. This may involve reports from a child psychologist, speech and language therapist and / or other medical/educational professionals depending on the nature of the child's special needs.
- 1.6 Legal guardians who are not satisfied with an EHC plan, or with the Council's decision not to assess for a plan, can pursue an appeal through the Tribunals system. The Council is informed of impending appeals, but in many cases, will

¹ <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2021-22>

attempt to resolve the dispute through mediation rather than proceed to a Tribunal case.

- 1.5 The audit was undertaken as part of the agreed Internal Audit Plan for 2023/24. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1.

2. Key Issues

Priority 2 Issues

Sample testing of ten EHC Plan applications/assessments found that in three cases, whilst logged as received, copies of professional reports had not been uploaded into Capita One, the Council's Education Management System. **(Issue 1)**

Appeals documentation was not usually saved in the SharePoint folders for the appeal until after the appeal had taken place. Prior to the tribunal case, documentation was mainly stored in officers' email folders. **(Issue 2)**

The Priority 3 issue is included under item 4 below.

3. Actions and Key Findings/Rationale

Control Area 3: Education & Health Care Plans

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 1				
2	Induction/Refresh training for all EHCP coordinators and assistants on information management and system – to include Synergy as we are transferring to this as of December 23.	<p>Expected Control</p> <p>The formulation of an EHC Plan requires professional reports to be received from doctors, psychologists, therapists and / or other health professionals depending on the specific situation of the pupil. These reports when received should be uploaded into Capita One, the SEND Service’s system of record.</p> <p>Finding/Issue</p> <p>A sample of ten pupils (five aged 0-11 and five aged 12-25) who had applied for an EHC Plan in the 12 months to March 2023 was selected from the SEND service’s tracker spreadsheet during testing on 24 May 2023. This included five pupils from each of the age groups 0-11 and 12-25. For seven of these cases, the SAG Panel had decided to proceed with an EHC assessment.</p> <p>Testing of these seven cases found that in four cases, the required expert reports that were laid out in the SAG panel decision had been received and uploaded into Capita One. However, in three cases, the reports had not been uploaded into Capita One, even though the date that these had been received had been logged and therefore these could not be reviewed at the time of the audit (pupil references: 300436, 302108 and 304339).</p> <p>Risk</p> <p>Where expert reports sought in relation to EHC assessments are not retained in Capita One, there is a risk that the EHC plan may have been compiled using incomplete or inaccurate information, resulting in a breach of the Council's duty of care towards SEND</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>SEND Team Managers</td> <td>November 2023</td> </tr> </tbody> </table>	Responsible Officer	Deadline	SEND Team Managers	November 2023	
Responsible Officer	Deadline					
SEND Team Managers	November 2023					

		pupils. Additionally, there is a risk that the Council may be unable to produce the reports and therefore justify the decisions made if the parents decide to appeal against the outcome of the assessment or the contents of the EHC plan.
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Control Area 4: Appeals

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 2				
2	To refresh information management process ensuring all relevant documentation is stored in a timely, secure and accessible manner.	<p>Expected Control</p> <p>The legal guardians of a pupil have a right to appeal the Council's decision not to assess for an EHC Plan (or the EHC Plan itself) through the Tribunal service. When the SEND service is notified that an appeal has been lodged, the Service must prepare a file of key documents to support their case. It is important that these files are stored securely in an accessible location.</p> <p>Finding/Issue</p> <p>The Tribunals Office reported that, while there was a shared folder where appeals documentation was stored, documents were usually only saved in this folder after a case was complete. During an ongoing appeal (or mediation), documents were retained in the respective Tribunals Officers' email folder. This was confirmed during walkthrough testing of case EH306/23/00013. Although some relevant documentation had been saved into the Appeals SharePoint folder, most was stored in the officer's email inbox.</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>SEN Tribunal Manager</td> <td>November 2023</td> </tr> </tbody> </table>	Responsible Officer	Deadline	SEN Tribunal Manager	November 2023	<p>Risk</p> <p>Where appeals documentation is not stored in a secure and accessible location, there is a risk that key documentation might be overlooked in advance of a tribunal case, or that documents may become inaccessible if there is a change of staff or unplanned absence (such as long-term sickness).</p>
Responsible Officer	Deadline					
SEN Tribunal Manager	November 2023					

4. Priority 3 Issue

Agreed action	Findings
<p><u>Control Area 1: Regulatory, Organisational and Management Requirements</u></p> <p><u>Action proposed by management:</u></p> <p>SEND Policies and supporting pathways to be reviewed, updated where required, version controlled and disseminated to team.</p> <p><u>Responsible Officer:</u></p> <p>SEND Team managers</p> <p><u>Deadline:</u></p> <p>December 2023</p>	<p>Expected Control</p> <p>It is important that policies and procedures are kept up to date, and that the status of these are easily tracked by ensuring that version control (including most recent and next review dates) is included in the policies.</p> <p>Issue/Finding</p> <p>A number of policies and procedures stored in SharePoint, including the EHC Needs Assessment Process, the EHC Plan Process, guidance on "Moving to Secondary School" and the Year 11 timeline were reviewed as part of audit testing. While the process maps provided were clear and easy to understand, it was noted that these were not version controlled and did not indicate the most recent/next dates of review.</p> <p>Risk</p> <p>Where policies are not kept up to date, there is a risk that staff will not follow up to date best practice. In the absence of version control, staff may not be aware if they are using the most up to date version of a policy.</p>

AUDIT TERMS OF REFERENCE

Special Education Needs & Disability (SEND)

1. INTRODUCTION

- 1.1 According to the 2021/22 school census (state-funded schools), school level annual school census (independent schools) and general hospital school census on pupils with special educational needs (SEN), there are approximately 1.5 million children with a SEN in England.
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- 1.4 The Council also has a SEND Strategy 2019-2022 developed jointly with Croydon Clinical Commissioning Group (CCG) which sets out joint aspirations for children and young people with SEND and the approach to meeting their needs and addressing barriers to learning. Development of a new Strategy for 2022-25 is underway.
- 1.5 This audit was part of the agreed Internal Audit Plan for 2023/24.

2. OBJECTIVES AND METHOD

- 2.1 The overall audit objective was to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.2 The audit for each control / process being considered:
- Walkthrough the processes to consider the key controls;
 - Conduct sample testing of the identified key controls, and
 - Report on these accordingly.

3. SCOPE





3.1 This audit, focused on SEND, was undertaken as part of the 2023-24 Internal Audit Plan. The specific scope included the following areas and identified issues:

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Regulatory, Organisational and Management Requirements	0	0	1
School SEND Pupil Records	0	0	0
Education & Health Care (EHC) Plans	0	1	0
Appeals	0	1	0
Management Reporting	0	0	0
Total	0	2	1

Definitions for Audit Opinions and Identified Issues

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
	No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.

Statement of Responsibility

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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