

Report to the Education and Vulnerable Children O&S Committee

March 2016

Update Report on Special Educational Needs (SEN)

Purpose of Report

The Education and Vulnerable Children O&S Committee have requested an update on SEN and Education Health and Care Plans (EHCPs) following a previous report in October 2015.

Alongside that update, this report provides information about the implementation of the national SEN Reforms and the local strategic approach to SEN including improvements in performance and future priorities.

Additional information is also provided about the proposed Local Area Ofsted Inspections for SEND due to begin in May 2016.

Recommendation

That the Committee note the information in the report.

Contact Officer Details

Chris Atkinson

Assistant Director, Children with Complex Needs / Education and Commissioning

Tel: 0121 303 6689

Simon Wellman

Head of Special Educational Needs Assessment and Review / Education and Commissioning

Tel: 0121 303 0112

Strategic Approach to SEND in Birmingham

(Future Council, Education Vision, Special Education Development Plan)

The national SEN Reforms continue to provide the Statutory framework for children and young people with SEND. This is the biggest transformation in the SEND world for 30 years, and we are now 18 months into a three and a half year implementation process.

In Birmingham we continue to be guided by the Special Education Development Plan (SEN Strategy) agreed by Cabinet in February 2015 setting out 3-5 year plan for sustainable and sufficient school and college places supporting SEN. This includes three key strands:

- Developing a commissioning model for sustainable special education provision, co-designing and procuring services to deliver a local special education offer across a range of settings within available resources, and that aligns funding for special education provision in partnership with our schools and partners in Health and Social Care
- Safeguarding all our children by ensuring there are sufficient appropriate places across the range of education settings for every child and young person with SEND, developing the infrastructure and making best use of capital investment to align infrastructure to growing demand
- Improving life chances of young people with SEN, reducing youth unemployment and promoting independence through supporting participation of children and young people with SEND through school and beyond, ensuring smooth transition at key points along the pathway

A new approach to SEND is set out within the theme of Maximising Independence within the Future Council. See Appendix 1 for Budget Consultation Response to the proposals to design and implement a new approach to SEND and move away from a high dependency model. This will support the implementation of sustainable special education provision and align funding. Birmingham has a higher proportion of children with SEND than national or statistical neighbours. Nationally 2.8% of the population have a statement of SEN/EHCP compared to 3.9% in Birmingham. This is increasing while needs will have to be met from fewer resources.

We want to create a space to work together, to co-produce a future which offers an opportunity for young people and adults to reach their potential and to actively participate in community life throughout their lives. At the same time we must also provide a sustainable platform for service delivery

The % of children and young people in Birmingham subject to an Education Health and Care Plan is well above the national average. The Council does not currently have some of the more flexible support and access to services seen in councils with lower rates of plans.

This is likely to require radical change over a number of years and will require commitment across elected members, young people, parents/ carers, the school community and the workforce. Work has begun with a shared vision and principles for 0-25 year olds with SEND developed across Education Health and Care in Dec 2015. Views have been collected from parents and carers about what works and improvements and a Challenging Dependency Conference took place with the workforce exploring possibilities in Jan 2016. Some key

elements of change are already underway. The next step is a workshop with Strategic Leaders to gain commitment, agree shared outcomes and high level 0-25 years SEND Offer.

Our vision for 0-25 year olds with SEND is

“Every child and young person with additional and special educational needs or disability will have a great life in their local community, with the same life opportunities as those available for the wider population. We want them to fulfil their potential and to move successfully into adulthood”

This means that the outcomes we want for children and young people with SEND are the same as we want for all children and include the best start in life, a good or better education with an impact on progress, attainment and NEET.

SEN Update

1. Local Offer

The Local Offer has been live on the mycareinbirmingham website since Sept 2014, and we are working on improving this all the time. Nationally Birmingham has been recognised for its work on co-production of the Local Offer website. There is a requirement that Local Authorities must involve parent carers, children and young people in developing the Local Offer – and clearly demonstrate how this has been done. The dedicated co-production page includes links to our ‘you said, we did’ document, a co-produced local offer leaflet and videos showing how parents and young people have been involved. We also include a graphic called ‘coproduction by numbers’ which shows the statistics of the number of changes made to the Local Offer following the first co-production meetings for example.

The annual review of the Local Offer was completed last summer and showed positive evaluations with the main feedback being that more people need to know about it.

2. Education Health and Care (EHC) Plans, Processes and Panel

Following the SEN reforms the timescale for completing a statutory assessment reduced from 26 to 20 weeks. Table 1 (Page 4) shows the monthly performance data of statutory assessments (excluding exceptions) completed within 20 weeks from April 2015.

Key message:

- Performance has been improving since July 2015, and since December 2015 over 90% of new EHCPs have been completed within timescales.

In order to achieve the 20 week deadline some EHC plans are finalised by type of provision required (i.e. a special school that can cater for Autistic Spectrum Condition, for example) rather than naming a school place. On average 30% of EHC plans are finalised by type per month. Work will continue to find a placement for all children/young person as quickly as possible. Strategic work is ongoing regarding the sufficiency of high need placements for

children with complex SEN in order to reduce the amount of EHC plans that are finalised by type each month.

Table 1 - Performance data for EHC plans completed within 20 weeks (excluding exceptions) by month since April 2015.

	Number of EHC plans finalised (excluding exceptions)	>20weeks	<20 weeks	%<20 weeks
April	28	8	20	71%
May	47	28	19	40%
June	62	38	24	39%
July	130	68	62	48%
Aug	146	61	85	58%
Sept	73	9	64	88%
Oct	61	17	44	72%
Nov	62	9	53	85%
Dec	62	3	59	95%
Jan	49	3	46	94%
Feb	63	6	57	90%
March				
Total	783	250	533	67%

A multi-agency panel continues to meet weekly with the specific remit to consider requests for EHC needs assessment and ensure these are timely, reflect the voice of the child or young person and contain clear evidence of how they meet the threshold for statutory assessment. In order to meet statutory deadlines requests are pre-screened by officers outside of panel and using a decision making tool and where there is sufficient evidence a request will be approved or rejected. The most complex Education, Health and Care assessment requests are therefore considered by the multi-agency panel.

We continue to be committed to supporting schools and agencies to develop consistency and quality in making requests and to embed the ethos of ensuring a request for statutory assessment genuinely follows planned, coordinated and holistic support and intervention for each child or young person, according to their individual circumstances. SENAR provide feedback to referrers if a request is not accepted, and make suggestions where appropriate regarding the involvement of other agencies if there appears to be gaps in the child or young person's support.

Work has taken place to gather balanced parental feedback on their experience of the EHC process. During the Autumn term, when sending out the final EHCP, parents were invited to participate in the POET on-line survey. The POET survey has been an independent process

conducted by In Control which Birmingham LA has been part of and which has sought the views of parents as well as practitioners and children and young people on the EHC process. The outcome of the survey will be available before Easter. From December 2015, we have created a specific Birmingham survey which can be accessed via Survey Monkey and parents have been invited to complete this via the EHCP letter; the intention is to analyse the returns from this every six months.

The process of gathering feedback is being further developed by the EHC Audit and Oversight Group who have developed an audit tool to gather qualitative and quantitative feedback on the EHC process with the intention of incorporating the feedback into improvements in performance.

3. EHC Transfer Assessments

The challenges around the completion of transfers remain and are not unique to Birmingham and are being experienced by many other Local Authorities. However, the guiding principle for the Local Authority continues to be, balancing capacity and maintaining the integrity of the child centred approach.

Key messages:

- New EHC Transfer Team in place, with increased volume of transfers completed (250 in Jan 2016)
- Essential Transfers required for Year 1 of SEN reforms are 97% complete – 3% have active queries which are being resolved.
- Recovery Plan in place with forecast to be back on track by summer 2016.

There is a new EHC Transfer Team to increase the capacity within the SENAR team (16 FTE). This dedicated team has been created to support the plan for 2015/16, both to deal with the backlog from Year one of the Transition Plan and to complete activities in year two.

How are we doing?

97% of the year 1 essential transfers have now been completed which equates to 924 plans (270 were previously reported as completed in October scrutiny meeting). There are 32 plans with active queries which are being resolved. In addition 241 EHC plans have been finalised which include essential year 2 requirements and completion of the year 1 non-essential backlog. The total number of EHC plans finalised at the end of February was 1165.

Currently we have short term (i.e. half termly) focused delivery plans in place that are monitored internally on a weekly basis. There are 17 identified tasks for completion during this academic year which focus on the transfer requirements of year 2 as set out by the DfE and those outstanding from year 1 (non-essential) backlog. In Year two of the Transition Plan, schools continue to carry out Transfer Assessments for which they receive funding (where their cohort of children with statements is 2.3% above their total school population). Reviews are received by SENAR and processed accordingly to priority tasks. There is a

challenge balancing competing priorities including the 20 week deadline (per plan), phase transition deadlines (where children and young people move to a different school or establishment) and working through the backlog from year 1.

Table 2 (page 6) provides a detailed breakdown of the amount of plans finalised each month since April 2015 and completion rates within the 16/20 week deadline. The increase to the statutory timescale for transferring statements to EHC Plans from 16 to 20 week came into effect on the 1 September 2015.

Table 2 - Performance data for EHC transfers completed within 16/20 weeks by month since April 2015.

	Number of EHC transfers	>16weeks	<16 weeks	%<16weeks
April	47	36	11	23%
May	57	54	3	5%
June	82	71	11	13%
July	42	39	3	7%
Aug	71	58	13	18%
		>20 weeks	<20 weeks	% < 20 weeks
Sep	45	40	5	11%
Oct	79	72	7	9%
Nov	68	63	5	7%
Dec	72	69	3	4%
Jan	255	225	30	12%
Feb	207	169	38	18%
Mar				
Total	1025*	896	129	12.6%

*140 plans were finalised pre April 2015

(Please note there have been significant improvements in data quality following transfer of monitoring from localised trackers to the centralised database and the development of new reports.)

Clearly the transfer of statements to EHC plans remains challenging although it is clear that the volume of plans finalised per month is significantly increasing. It is acknowledged that the 20 week deadline remains significantly below expectations. Currently the completion date for transferring all statements of SEN to an EHC plan remains at the 31st March 2018. The DfE continue to evaluate the success of the transfer programme through the termly implementation survey that all Local Authorities respond to. We also understand that the recent statutory data collection that is made by all LA's regarding children with statements of SEN/EHC plans (known as SEN2) will be used to consider the appropriateness of the current national timeframe for transfers.

We are on track to transfer those young people with a Learning Difficulty Assessment (LDA) to and EHC plan, whom have consented to the process, by the deadline of the 31st August

2016 in line with national expectations (n=243, although this might not be the final figure. Where consent is not ascertained from the young person involved a transfer will not be completed).

5. Tribunals

Current Issues

There are concerns that the Local Authority has been barred from the Special Educational Needs and Disability Tribunal (SENDIST) as a result of failure to provide a response within given timeframes. Since April 2015 to the present day this has happened on 15 occasions compared to 0 incidents between April 2014 – March 2015. This has come about as a result of extensive change in personnel, changes to the tribunal processes and administration issues. Immediate action has been taken in the form of coordinated monitoring and oversight of all tribunal work and protected time for tribunal leads to focus on SENDIST activity. Additional support is also being provided to the tribunal leads in the form of professional development in order to increase knowledge and skill for those who have been new to SEN and tribunal activities, some of whom have only been in place for a matter of months. The SENAR service will evaluate the impact of these changes. In the longer term designated roles may be considered, along with capacity, to ensure that the Local Authority is fully compliant.

6. SENAR key performance indicators

Please find updated information in appendix 2 that was requested at the previous scrutiny meeting (October 2015).

7. SEN Grant

The DfE have recently confirmed an additional grant allocation of £897K for 16/17 to support Local Authorities with the additional burdens following the implementation of the Children and Family Act 2014. This makes the total allocation of funding provided to Birmingham stand at £4,455,235. The spend for 14/15 was £510K. The forecast spend for 15/16 is £1.2m. The total spend therefore at 31st March 2016 will be £1.71m. The remaining £2.7m will be used to extend the EHC transfer team until the 31st March 2018, build additional capacity within the SEN team including professional support and outside assessment. A proportion will be utilised to support the necessary developments in IT that are essential to develop improvements within the SENAR team. Importantly a proportion will also be utilised for workforce development and communication events with parents, children and young people.

8. Joint Commissioning

The SEN Reforms for 0-25 year olds require that:

“Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEN or disabilities, both with and without EHC plans. Services will include specialist support and therapies, such as clinical treatments and delivery of medications,

speech and language therapy, assistive technology, personal care (or access to it), Child and Adolescent Mental Health Services (CAMHS) support, occupational therapy, habilitation training, physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies and also emergency provision. They could include highly specialist services needed by only a small number of children, for instance children with severe learning disabilities or who require services which are commissioned centrally by NHS England (for example some augmentative and alternative communication systems, or health provision for children and young people in the secure estate or secure colleges)."

There is a desire to move towards commissioning a transformed model with schools as a partner in the commissioning of an integrated offer with NHS and BCC Education. Two special school HTs now attend the Co-commissioning Group, a joint commissioning cycle has been agreed with a stronger focus on listening to people and their families and better sharing of information for planning ahead. As referenced in the first section of this report, this is a big challenge and will take time. We are working towards stronger shared vision, outcomes and commissioning priorities with clearer messages to the market about the changes that are wanted.

Some examples of developments across the strategic partnership include fairer allocation of Speech and Language Therapy developed with a Working Group including Special School HTs, as well as Health Commissioners, SLT providers and the LA. CCGs increased funding for SLT in past years re clinic capacity, looking at potential for additional investment in special school SLT team. The new approach is based on referred need with medical issues taking priority, communication packages will still be delivered in accordance with service thresholds.

The CCGs in collaboration with the LA increased the funding for Feeding Support in 2015/16. The CCGs are currently looking at growth pressures funding in year. SLT, OT and Physio has all been discussed as part of this work as has feeding support.

9. Co-production, Communication and Engagement

Parental engagement and co-production activities are continuing, including regular engagement meetings with Birmingham Parent Carer Forum, the Local Authority and Health.

There was a family conference on 5th November which focused on the interventions that make a difference. This conference took place during school time to allow parents and carers to fully participate and engage in discussion without having to focus on the needs of their child. The timing of the conference was changed following feedback from the family conference which took place in May which was held on the weekend. The conference was attended by over 40 families from various parts of the city with attendees appreciating information that made them feel at ease with their child's education health and care plan and being provided with an opportunity to share what makes a difference to their lives.

Focus groups for parents have continued to take place which are organised in partnership with the Local Authority and Birmingham Parent Carer Forum, the last focus group took place in February focusing on Early Support.

Some examples of feedback from parents and carers about what works for them:

- targeted Information so they are not bombarded and know where to start
- need to know criteria/thresholds for assessments or services – and if not met then helpful to understand the reasons behind decisions
- professionals consistent over time and with knowledge and empathy, and well informed handover where this is necessary
- networks and parent support groups

The Local Authority and Birmingham Parent Carer Forum have taken a collaborative approach to encourage participation by parents, practitioners and children and young people in the National Education Health and Care Plans (EHCP) survey (also known as Children's and Young People's POET) through a joint information briefing. The survey ended in December. The results of the survey will be used to monitor how we can make improvements locally and be used in a national report that will be published in Spring 2016 to help improve the way things are done for others across England.

10. CQC and Ofsted Local Area SEND inspection

Consultation on the CQC and Ofsted Local Area SEND inspection ended on 4th January 2016. It is proposed that Ofsted will inspect all local areas over a five-year period with the first inspections commencing in May 2016. Judgements are to be made about the performance of the local area since the implementation of the reforms in September 2014 and there will be a narrative evaluation report following the inspection. There will not be an overall effectiveness grade.

When selecting local areas for inspection in a given year, Ofsted will ensure that there is a spread across the country and will, wherever possible, take account of the timing of any other Ofsted or CQC inspection activity. There will be a risk assessment element to the selection where Ofsted or CQC have significant concerns about an area's ability to fulfil its responsibilities, for example weaknesses found in the area's education inspections.

The inspection teams will usually consist of one of Her Majesty's Inspectors (HMI) from Ofsted, a Children's Services Inspector from CQC, and a trained inspector from a local authority (not from the local area being inspected). The local authority inspector will have specialist knowledge of disability and special educational needs and have a health, social care or education background.

The proposed focus of the inspection will be

- How effectively does the local area identify children and young people who are disabled and/or have special educational needs?
- How effectively does the local area meet the needs and improve the outcomes of children and young people who are disabled and/or have special educational needs?

The inspection team will

- meet key managers and leaders from the area's education, health and social care services
- visit a number of early years settings, schools and further education providers.
- visit health settings, where inspectors will discuss with managers and practitioners how the local area fulfils its responsibilities and how they contribute to this. They will review health files and information about how health practitioners contribute to assessments and education, health and care plans.
- meet children and young people, and parents and carers to get their views of how effectively the area fulfils its responsibilities.

The Local Authority with partners is preparing for the inspection, including completing a self-assessment as part of the Business Planning cycle, communications, managing the inspection and gathering the evidence from children, young people and carers.

11. Priorities for 2016/17

In response to SEND Reviews and Self-Assessment and Review of Phase 3 of the SEN Programme, the following areas for development have been identified for 2016/17:

1. Strategic Leadership of the development of the 0-25 year old SEND Offer
Commitment to vision, approach and shared outcomes, within the theme of Maximising Independence and Sustainable Inclusion
2. Embedding SEN Reforms
3. Sustaining Inclusion in Education
4. Improving Outcomes for children and young people with SEN

APPENDIX 1

2016/17 Proposed Budget Consultation Response

Proposal 3 - MIA 2: Design and implement a new approach to Special Educational Needs and Disabilities (SEND) and move away from a high dependency model

Overview

A Directorate consultation ran from 4th January 2016 to 5th February 2016. This Directorate process was intended to support the corporate process by adding more detail and by giving additional opportunities for citizens and stakeholders to seek clarification about the Directorate's proposals. We spoke to over 600 people and held three public meetings, as well as meetings for providers. In total 50 responses to the consultation questionnaire were received.

The quantitative analysis below will be drawn from the 50 questionnaire responses to the Directorate consultation. 18 of the respondents identified themselves as parent/carers, 13 as providers and 6 as citizens who use services.

Proposal 3 - MIA 2: Design and implement a new approach to Special Educational Needs and Disabilities (SEND) and move away from a high dependency model

44% of respondents to question 7 did agree with the proposal to work with parents and partners to develop a joint approach which has a shared understanding of the complex factors impacting on these services.

In considering whether to implement these proposals, Cabinet should be aware that:

- "Re-instating employment opportunities for people who make not be able to work without support, children need something to work towards."
- "Give them the support and help they need to access other services. It is very difficult to find help in this area, especially their social wellbeing, there is very little out there for them to access."
- "The proposed scheme is complicated and bureaucratic. There will always be individuals who cannot cope within the mainstream and who require special institutional arrangements of one kind or another. And these should be maintained post-16."
- "Sadly it needs to be acknowledged that some children will not become more independent even if this is a council desirable outcome. By very definition those with SEN have needs that need meeting. The community often cannot provide suitable alternatives for those with SEN and their families. The model you would like to move to in future would require piloting with all types of needs in order to check it is truly reliable rather than leaving families with unmet needs."
- "I feel that there is a definite need for joined up working with families where there are special educational needs. At the moment there is a lot of very confusing information for families and a lack of appropriate schools in the north of the City and a general shortage of school places in special schools which needs to be addressed sooner rather than later as this places a lot of strain on budgets and also on families where children have to travel long distances to and from school."
- Continuing with clubs such as Resources for Autism would help children with Asperger's to live more independent lives by help with socialising with people and

relationships to other people. The 100 hours scheme does not work in this respect as it limits those children with access to it messy and unregular sessions.

Other comments received included:

- “Work with families who have knowledge of their children's needs NOT against them. Always saying no in the first instance and then re-assessing the answer is a waste of money, time and resources and also makes the families more stressed.”
- “Decommissioning services such as Homestart may save money in the short term however, due to the lack of preventative work and ongoing low cost support they can offer to families it will cost more in the long term. Prevention and ongoing support is crucial to any services for families. “
- “It appears that a budget that is allocated to a child with special educational needs in a mainstream school is blanketed across the whole of that particular school. It seems that the budget may not be specifically and solely used for the purposes of the child with special educational needs for the help and support they need.

“A personal budget to parents is not helpful unless parents have access to appropriate information and services to enable them to make the best decisions relating to appropriate help and education for their child.

“As a parent with specific learning difficulties I am concerned about the cuts and savings. My child has to attend an independent school who specialises in teaching children with his learning difficulties. A personal budget for his education would not be helpful, as most of the other schools in Birmingham could not provide for his learning difficulties and there were no other services available to assist.”

- “I think promoting the use of Direct Payments gives families more choice and promotes independence. In the long term, Direct Payments could save the council money as families will source better services that are cheaper and relevant to their own situation.”
- “The way Statements are reached for SEN children is confusing and inconsistent;”
- “How can you safeguard my child's life skills for when he is an adult?”
- “We need a solution that allows both parents to work.”
- “You need the correct support structure in place for families with SEN kids;”
- “There needs to be better school governor awareness for SEN;” and
- “We have vulnerable children - special school groomed to go into independent living, whereas our children are more institutionalised and they do not interact with cognitive, able people. Is there a way of lessening the impact on these people?”

81% of the respondents to the Corporate Budget on-line questionnaire agreed with this proposal.

CAG – 22/02/16

APPENDIX 2

EHC Key Performance Indicators

Table 1: REQUESTS FOR ASSESSMENT							
Month	New EHC Requests Received	Requests Declined	Requests Accepted	Appeals Lodged against refusal to assess	Appeals "won" by BCC	Appeals "lost" by BCC	Appeals withdrawn following further info submission
Sep-14	27	16	11	1	0	0	2
Oct-14	53	19	34	4	0	0	4
Nov-14	81	29	52	2	0	0	3
Dec-14	88	17	71	2	0	0	1
Jan-15	91	24	67	0	1	0	2
Feb-15	108	31	77	2	1	0	1
Mar-15	120	36	84	5	3	0	1
Apr-15	156	42	114	3	0	0	3
May-15	80	18	62	2	0	0	1
Jun-15	100	30	70	4	0	1	2
Jul-15	135	29	106	5	0	0	1
Aug-15	33	4	29	10	0	0	1
Sep-15	87	19	68	0	0	1	0
Oct-15	104	29	75	3	0	0	4
Nov-15	138	36	102	5	1	0	1
Dec-15	116	26	90	2	0	0	2
Jan-16	134	22	112	7	0	0	0
Feb-16	119	4	115	9	1	0	4
Mar-16							
Total	1770	431	1339	66	7	2	33

Table 2: NEW ASSESSMENTS FINALISED (all cases including exceptions)								
Month	Assessments due for completion	Assessments completed within 20 week	Assesments completed 20-25 weeks	Assessments completed 25-30 weeks	Assessments completed 30+ weeks	TOTAL	Assessments completed no EHCP required	Statement of SEN/ EHCP Plan completed by type*
Sep-14	0	0	0	0	0		1	13
Oct-14	0	0	0	0	0		0	10
Nov-14	0	0	0	0	0		0	21
Dec-14	0	0	0	0	0		0	31
Jan-15	4	7	0	0	0	7	0	18
Feb-15	14	7	1	0	0	8	0	31
Mar-15	42	19	7	0	0	26	0	12
Apr-15	70	20	7	2	1	30	2	18
May-15	62	19	22	9	5	55	1	16
Jun-15	73	26	18	13	9	66	1	18
Jul-15	96	61	36	25	19	141	0	58
Aug-15	67	85	31	21	15	152	1	22
Sep-15	112	66	6	1	2	75	N/A	15
Oct-15	62	45	14	4	0	63	N/A	28
Nov-15	73	54	11	2	0	67	N/A	22
Dec-15	95	58	25	4	0	87	N/A	26
Jan-16	39	46	9	4	0	59	N/A	23
Feb-16	70	58	6	0	0	64	N/A	16
Mar-16								
Total	879	571	193	85	51	900	6	398

Table 3: TRANSFERS FROM STATEMENTS TO EHC								
Month	Statement/EHC transfers due to begin	Transfers begun	Transfers due for completion	Transfers completed within 16 week	Transfers completed 16-26 weeks	Transfers completed 26-30 weeks	Transfers completed 30+ weeks	TOTAL
Sep-14	1746	15	0	0	0	0	0	0
Oct-14		105	0	0	0	0	0	0
Nov-14		430	0	1	0	0	0	1
Dec-14		145	0	16	0	0	0	16
Jan-15	633	294	2	28	2	0	0	30
Feb-15		245	36	44	5	0	0	49
Mar-15		213	210	27	17	0	0	44
Apr-15		240	385	11	35	1	0	47
May-15	464	180	159	3	43	9	2	57
Jun-15		281	231	11	31	14	26	82
Jul-15		23	387	3	6	8	25	42
Aug-15		6	139	13	11	10	37	71
Month	Transfers due to begin	Transfers begun	Transfers due for completion	Transfers completed within 20 week	Transfers completed 20-26 weeks	Transfers completed 26-30 weeks	Transfers completed 30+ weeks	
Sep-15		53	213	5	4	10	26	45
Oct-15		183	245	7	10	5	57	79
Nov-15		341	152	5	8	8	47	68
Dec-15		93	15	3	8	10	51	72
Jan-16		93	12	30	6	2	217	255
Feb-16		3	98	38	5	0	164	207
Mar-16								
Total	2843	2943	2284	245	191	77	652	1165

Table 4: COMPLAINTS TO SENAR			
	Number	Within 10 days	10+ Days
Sep-14	11	11	0
Oct-14	14	5	9
Nov-14	11	5	6
Dec-14	10	5	5
Jan-15	7	0	7
Feb-15	10	3	7
Mar-15	20	3	17
Apr-15	9	2	7
May-15	23	3	20
Jun-15	21	5	16
Jul-15	29	6	23
Aug-15	10	4	6
Sep-15	14	5	9
Oct-15	12	11	1
Nov-15	22	14	8
Dec-15	12	10	2
Jan-16	3	3	0
Feb-16	15	6	9
Mar-16			
Total	253	101	152