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# Education, Health and Care plans: A qualitative investigation into service user experiences of the planning process

Research report

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Social Science in Government

## Disclaimer

The views expressed in this report are those of the authors and do not necessarily reflect those of the Department for Education. This research is not an endorsement by the Department for Education of any of the views expressed by those surveyed or interviewed or of the strategies described; neither does it represent Government policy or indicate future policy direction.

The detail provided throughout this report is specific to those interviewed or surveyed: it is in no way intended to provide a comprehensive list of all EHC plan service user experiences or of all strategies being used across all schools and colleges.

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## Glossary of terms

The following terms are used in this report:

**Disability:** Under the 2010 Equalities Act, a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Children and young people with disabilities do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN.

**Education, Health and Care plan (EHC plan):** This is a statutory document. An EHC plan details the education, health and care support that is to be provided to a child or young person who has a Special Educational Need or a Disability (SEND). It is drawn up by the local authority after an EHC needs assessment of the child or young person, in consultation with relevant partner agencies, parents and the child or young person themselves

**Independent supporter:** A person recruited locally by a voluntary or community sector organisation to help families going through an EHC needs assessment and the process of developing an EHC plan. This person is independent of the local authority and will receive training, including legal training, to enable them to provide this support.

**Information, Advice and Support Services (IASS):** Information, Advice and Support Services provide impartial information, advice and support to children and young people with SEND, and their parents, about the SEND system to help them play an active and informed role in their education and care. Although funded by local authorities, Information, Advice and Support Services are run either at arm's length from the local authority or by an independent (usually voluntary) organisation to ensure children, their parents and young people have confidence in them.

**Local Offer:** The Local Offer is a comprehensive, accessible and up-to-date online resource provided by local authorities. Local authorities in England are required to set out in their Local Offer information about provision they expect to be available across education, health and care for children and young people in their area who have SEND, including those who do not have Education, Health and Care (EHC) plans. Local authorities must consult locally on what provision the Local Offer should contain.

**Mainstream education setting:** In this report, this indicates a nursery, school or college that is not a specialist education setting (for a definition of 'specialist education setting', see below).

**Mixed education setting:** In this report, this indicates that a child or young person is in a mainstream education setting but is sometimes taught separately in a base or facility specifically for children/young people with SEND.

**Personal Budget:** A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision. The funds can be held directly by the parent or young person, or may be held and managed on their behalf by the local authority, school, college or other organisation or individual and used to commission the support specified in the EHC plan.

**Special Educational Needs (SEN):** A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

**Specialist education setting:** A school which is specifically organised to make special educational provision for pupils with SEN.



# Executive Summary

## Background

An Education, Health and Care (EHC) plan sets out the education, health and care support that is to be provided to a child or young person aged 0-25 years who has Special Educational Needs or a Disability (SEND). It is drawn up by the local authority after an EHC needs assessment of the child or young person, in consultation with relevant partner agencies, parents and the child or young person themselves.

EHC plans, and the needs assessment process through which they are created, were introduced as part of the [Children and Families Act 2014](#). The Act, and an accompanying [SEND Code of Practice](#), sets out how local authorities must deliver EHC plans.

In 2016, a [national survey](#) commissioned by the Department for Education (DfE) found variations in how EHC plan recipients experienced the EHC planning process across different local authorities.<sup>1</sup> Based on these results, DfE commissioned two further research projects: a multivariate analysis of factors affecting satisfaction with the EHC planning process, and this qualitative investigation of user experiences of the EHC planning process.

The qualitative investigation consisted of two distinct exercises:

- **Twenty-five face-to-face in-depth interviews with parents** involved in the 2016 survey, with the aim of better understanding factors that lead to satisfaction and dissatisfaction with the EHC plan process. Thirteen interviews were conducted in local authorities with above average satisfaction, and 12 were conducted in local authority areas with below average satisfaction.
- **An evaluation of EHC plan quality** focussing on plans provided by 18 of the 25 parents interviewed. The evaluation was conducted by a panel of 10 SEND experts with wide experience as SEND policy advisors, strategic leaders in LAs, specialist advisory teachers, officers in SEN statutory services, Special Needs Co-ordinators, teachers in special and mainstream schools and lecturers.<sup>2</sup>

There was little evidence of a link between families' satisfaction with the process of getting the EHC plan and experts' evaluations of the quality of the plan: this report therefore discusses these two strands of research separately.

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<sup>1</sup> The survey examined the experiences of 13,643 young people and parents of children/young people who received an EHC plan in 2015.

<sup>2</sup> See [Appendix 3](#) for further details

## Key findings

This qualitative investigation explores factors influencing both user experiences of the process of getting an EHC plan during 2015 and the quality of the plans produced in this period.

### Factors leading to satisfaction with the EHC plan process

Based on interviews with parents, the factors below have been identified as leading to positive individual experiences of the EHC plan process in local authorities rated as above average overall.

<b>One individual can make a huge difference</b>	<p>Some parents reported that their experience of the EHC plan process had been dramatically improved by an individual from their educational setting or LA being proactive, taking ownership of the process and providing information, advice and support.</p> <p><a href="#">Click here for more detail</a></p>
<b>Dedicated specialist support</b>	<p>One LA ran a specialist SEND centre where staff worked with families to guide them through the process of getting an EHC plan: this led to families having better understanding of their final EHC plan and ensured that the final plan included appropriate provision for the child/young person.</p> <p><a href="#">Click here for more detail</a></p>
<b>Having the EHC plan ready before a transition</b>	<p>Parents reported that it was extremely helpful when the EHC plan was ready in advance of the child/young person transitioning to primary or secondary school in order to communicate technical support requirements, facilitate dialogue between the family and the proposed setting and ensure that the required support was in place from day one.</p> <p><a href="#">Click here for more detail</a></p>
<b>Working together with sustained face-to-face contact between the family and professionals</b>	<p>Families who met more than once with the professionals from different disciplines who were inputting into their plan described this leading to a number of productive collaborative behaviours, ultimately resulting in better-informed plan content and a more efficient EHC needs assessment and planning process.</p> <p><a href="#">Click here for more detail</a></p>

<b>Involving the child / young person in a meaningful manner</b>	<p>A common characteristic of more positive experiences was that parents felt the child/young person had been involved in the process in more than a perfunctory 'box ticking' way, with their input directly informing the EHC plan content.</p> <p><a href="#">Click here for more detail</a></p>
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## Factors leading to dissatisfaction with the EHC plan process

The following were issues highlighted by respondents who classed themselves as 'dissatisfied' with the EHC plan process and who were from local authorities rated as below average overall. The first three factors were the most commonly reported by those in our small qualitative sample.

<b>A need for communication from local authorities throughout the process</b>	<p>Many parents felt that they had received limited information from their local authority about how their case was progressing, with some reporting that their emails and phone calls went unreturned for weeks or months at a time.</p> <p><a href="#">Click here for more detail</a></p>
<b>A need for accessible information and support during a complex process</b>	<p>Some parents felt that there was a lack of accessible information and support to guide them through the EHC process. Specific examples of what was perceived to be missing included a user-friendly guide to the steps involved, a list of useful contact numbers and awareness of the SEND Code of Practice.</p> <p><a href="#">Click here for more detail</a></p>
<b>A need for greater transparency about reasons for delays and greater recognition of the potential impact of these</b>	<p>Many parents interviewed in below average-rated local authorities reported the process of getting an EHC plan taking more than 10 months and stated that during this time they were often unclear about whether their plan was being progressed. This sometimes resulted in the EHC plan content becoming outdated, or the EHC plan not being in place in time for transition points between schools/colleges.</p> <p><a href="#">Click here for more detail</a></p>

<p><b>A need for increased involvement of families in the process</b></p>	<p>Some parents would have liked more involvement in the process of developing the EHC plan, reporting that they had been given limited scope for involvement in meetings and that their child was not given options for how they could take part.</p> <p><a href="#">Click here for more detail</a></p>
<p><b>A need for improved attention to detail in drafting a tailored EHC plan</b></p>	<p>A few parents felt a lack of attention to detail in the EHC plan drafting – for instance, where it seemed that text had been copied and pasted – made the plan feel generic rather than tailored to the child.</p> <p><a href="#">Click here for more detail</a></p>
<p><b>A need for more co-operative relationships with other parties</b></p>	<p>In some instances, an ‘uncooperative’ or ‘adversarial’-seeming relationship with schools made the process of getting an EHC plan feel more difficult. Some schools were unwilling to start the process or be involved in meetings, or had disagreements with local authorities when it became unclear who was in possession of outstanding reports.</p> <p><a href="#">Click here for more detail</a></p>

## Assessment of EHC plan quality

The expert review of EHC plan quality examined 18 EHC plans collected from participants who took part in the qualitative interviews. All plans were scored on the basis of three measures: inclusion of all statutory requirements (scored out of 120), being accessible (scored out of 100), and representing the principles of the Code of Practice and the 2014 Children and Families Act (scored out of 10). These measures were chosen by the review panel as key indicators of quality in relation to the service requirements and principles for EHC plans as indicated in the Code of Practice. [Appendix 2](#) provides more detail about the link between the assessment schedule and the Code of Practice.

After the evaluation, mean scores were taken across the sample for each of the three criteria. The highest mean average score awarded was 91%, for **including all statutory requirements** as mandated in the Code of Practice (see [Appendix 2](#)). The mean average score was for plans **being accessible** was 76%, while the mean average score for **representing the principles of the Code of Practice and the 2014 Children and Families Act** was 69%.

The scores for the different criteria were then combined to give a **mean average score of overall quality** of 79%. In terms of this overall measure of EHC plan quality, there was little evidence of a difference between plans from local authorities rated as above-average for parental satisfaction with the EHC planning process in the national survey and plans from local authorities rated as below-average.

It should be noted that while eight of the plans in the sample did not include a local authority date and signature as per the statutory requirements, it is possible that these plans were at a draft rather than a final stage. It was not possible to deduce this from the plans themselves, and given this lack of clarity it is not appropriate to assume that the absence of local authority dates and signatures demonstrated unlawful practice.

<p><b>What made for more accessible EHC plans?</b></p>	<p>The highest scoring plans were written in plain English with parental and child contributions written in first person, making the content more meaningful to the child that the plan relates to.</p> <p>The most accessible plans also had a consistent house style in which the statutory requirements were presented in clear sections using bold titles, low text density and a consistent approach to formatting, making them easier to navigate for the family and professionals.</p> <p><a href="#">Click here for more detail</a></p>
<p><b>How can EHC plans best address all statutory requirements?</b></p>	<p>In some cases, it was not possible to determine the status or history of reviewed plans: this suggests a need to develop clear document labelling systems that reduce ambiguity around plan status and to ensure that LA signatures are on all final plans.</p> <p>There were also instances of sections left blank on plans. Where sections are blank, providing an explanation such as ‘non-applicable’ or ‘no health needs currently identified’ can make the plan more future focussed and remove ambiguity that might reduce the plan’s impact.</p> <p><a href="#">Click here for more detail</a></p>
<p><b>How can EHC plans best address the requirements and principles of the SEND</b></p>	<ul style="list-style-type: none"> <li>• <u>Parental contribution</u>: Parental contributions were more evident at the start of reviewed EHC plans, with some disconnect between this content and that of later sections. Better practice could be achieved by ensuring that the content and tone of the parental contribution is reflected in the design of outcomes, e.g. by using the parent’s language or making direct reference to their input.</li> </ul>

<p><b>Code of Practice?</b></p>	<ul style="list-style-type: none"> <li>• <u>Contribution of child/young person:</u> The language used in this section of the plans varied: better practice was evident where it was written in the first person, in the body of the plan, and in a language accessible and meaningful to the child/young person. Better practice could also be achieved by ensuring that the content and tone of the child's contribution was reflected in the design of outcomes.</li> <li>• <u>Accounts of needs and capabilities:</u> Better practice was evident where the description of the child or young person's needs/difficulties was balanced with the description of achievements and capabilities. The best example seen provided a tangible illustration of the meaning and consequences of learning difficulties/ diagnoses that could be readily understood by stakeholders.</li> <li>• <u>Contribution and co-ordination of provision to support the outcomes listed in the EHC plan:</u> Better practice was evident where plans identified contributors, collaborators and providers; clarified who will collaborate with whom and who is ultimately responsible for the provision and the outcomes listed; and avoided ambiguity about the timing, quantity and frequency of support required.</li> <li>• <u>Focussing on positive outcomes and being future focussed:</u> While the plans reviewed commonly listed positive outcomes for education (and in some instances health and social care), better practice could be achieved by ensuring that these outcomes extend beyond the young person's current situation to future considerations of employment, independent living and interaction with the wider social community. There was also scope to improve practice by planning for forthcoming transitions in more detail, and including plans for transitions and outcomes in adulthood.</li> <li>• <u>Specifying SMART outcomes:</u> The best examples presented outcomes alongside specific targets and provision, with explicit explanations of how provision should be delivered to meet the outcome and how providers would shape their practice towards achieving the outcome. Better practice could be achieved by avoiding presenting a provision as an outcome or target, and by remembering that aspirational or long-term outcomes need <u>breaking</u> down into more measurable steps.</li> </ul> <p><a href="#">Click here for more detail</a></p>
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# 1. Introduction

## 1.1. Policy background

An Education, Health and Care plan (EHC plan) sets out the education, health and care support that is to be provided to a child or young person aged 0-25 years who has Special Educational Needs or a Disability (SEND). It is drawn up by the local authority after an Education, Health and Care (EHC) needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies and with children, young people and parents.

EHC plans, and the needs assessment process through which they are produced, were introduced as part of the Children and Families Act 2014. The Act initiated significant systemic reforms to policy for Special Educational Needs and Disabilities (SEND) and sought to enable a more joined-up, personalised and co-productive approach that placed children, young people and their families at the heart of the system: its implementation was designed to deliver positive outcomes for children and young people in the areas of education, health, employment and independent living through building on personal aspirations and providing contingent support. The Act, and an accompanying SEND Code of Practice<sup>3</sup>, sets out how local authorities must deliver EHC plans and requires them to:

- Enable the full participation of children, young people and their families in the construction of EHC plans, placing their views, wishes and feelings at the centre of the process
- Provide the information and support that children, young people and their families may need in order to participate in such processes
- Work with families to secure the best possible outcomes in health, education, wellbeing, employment and independent living with a clear focus on outcomes that are appropriate and measurable
- Design systems and strategies that enable communication and collaboration with the broadest possible range of stakeholders so that cohesive, effective and personalised provision can be designed and implemented

At every point during the EHC plan process there must be communication between parents, children/young people, schools and other relevant bodies. A key principle (but not a stipulation) is that there should be one point of contact so that service users do not

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<sup>3</sup> [The SEND Code of Practice: 0-25 years](#) details the legal requirements for key bodies – local authorities, health bodies, and education settings - involved in the EHC needs assessment and planning process and sets out statutory guidance for compliance. The 2014 Code replaces the 2001 Code of Practice – the latter still applies to those with a SEN Statement. More detail on the content of the SEND Code of Practice is provided in Chapter 1 of the report.

have to repeat information to multiple providers. Families, children and young people should experience the process as timely, participative, streamlined and positive in terms of the focus on future aspirational goals.

In addition, the SEND Code of Practice (DfE and DoH, 2015, paras 9.44, 9.61 and 9.69) provides:

- A recommended timeline within an overall statutory timescale for completion of an EHC plan, stipulating that the process must be achieved within 20 weeks (from the EHC plan being requested to its final version), unless there are exceptional circumstances;
- Detailed guidance to local authorities concerning the principles involved in writing an EHC plan and the sections required, which must give attention to the construction of:
  - Clear articulation of outcomes (that are specific, relevant and measurable);
  - A similarly clear articulation of how provision from education, health and care will come together to secure those outcomes;
  - Clear focus on the child/young person's capabilities;
  - Clear focus on planning for the future (e.g. in thinking earlier about transition points), accessibility and a clear review date; and
  - Ensuring that the EHC needs assessment and planning process is designed to evidence and enable the core principles of the Code of Practice and the Act.

The SEND accountability framework established in 2015<sup>4</sup> sets out an approach for assessing SEND provision in conjunction with the Act and SEND Code of Practice. The framework provides structure for improving outcomes and experiences for children, young people and their families and, when applied, seeks to show how the system is performing, hold partners to account and support self-improvement. The framework applies at the local and national levels and to independent assessments of the EHC plan process – such as those carried out by Ofsted.

## 1.2. Aims of this research

Following the introduction of EHC plans in 2014, the Department for Education commissioned a survey of parents and young people with an EHC plan in order to build a representative national (and, where the data allows, local) picture of how parents and

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<sup>4</sup> [The 'SEND: supporting local and national accountability' framework](#)



young people in England were experiencing the EHC needs assessment and planning process and their resultant EHC plans<sup>5</sup>.

The survey, conducted in 2016, focused on children and young people with an EHC plan that had been created in the calendar year 2015 (the most recent full calendar year at the time of the survey). This ensured that parents and young people had had their EHC plan in place for long enough to be able to give their views on what effects it had had so far, but that the EHC needs assessment process was still recent enough for respondents to remember it.

The survey found variations in experiences of the EHC needs assessment and planning process (and in perceptions of the resultant EHC plans) by local authority. There were 13 local authorities where the proportion of parents and young people who were **satisfied with the overall experience of the EHC plan process** was significantly lower than average<sup>6</sup>; and 16 where the proportion was significantly higher than average<sup>7</sup>. It also found 7 local authorities where levels of agreement that **the help/support described in the EHC plan will achieve the outcomes agreed for the child/young person** were significantly lower than average and 7 where levels of agreement were significantly higher than average<sup>8</sup>.

Reflecting on these survey findings, the Department for Education commissioned further research – the subject of this report – to better understand the experiences of parents, children and young people in local authority areas with above or below average levels of satisfaction.

The aim of comparing individual experiences of the EHC needs assessment and planning process in these above and below average areas was to identify factors that may lead to satisfaction or otherwise.

The research also sought to evaluate the quality of EHC plans for a sample of survey respondents in order to explore the relationship between positive and negative user experiences of the EHC needs assessment and planning processes and the quality of the resultant EHC plans.

The overall purpose of this research project is to identify exemplary practice in order to support improvement in EHC needs assessment and planning processes and in the resultant EHC plans.

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<sup>5</sup> The survey findings can be found here: [Education, Health and Care plans: a survey of parents and young people](#)

<sup>6</sup> At the 95% or 90% confidence level

<sup>7</sup> At the 95% or 90% confidence level

<sup>8</sup> There was no obvious geographic clustering of the higher and lower performing areas.

### 1.3. Methods

#### Qualitative research to understand experiences of the EHC needs assessment and planning process

Qualitative research, consisting of 25 face-to-face in-depth interviews, was used to better understand the experiences of the EHC needs assessment and planning process among parents, children and young people.

In order to compare these experiences in local authority areas with above average and below average levels of satisfaction, the sample was structured to include:

- Thirteen interviews with individuals who were **satisfied**<sup>9</sup> with the EHC plan process and their resultant EHC plan, in local authority areas with **above average** satisfaction overall
- Twelve interviews with individuals who were **dissatisfied** with the EHC plan process and their resultant EHC plan, in local authority areas with **below average** satisfaction overall

This was purposive sampling, using a small-scale qualitative sample to deliberately contrast positive and negative experiences in order to understand the contributing factors. It does not aim to be representative of all local authorities or to create an authoritative overall picture of the current state of the EHC needs assessment and planning process or the quality of EHC plans.

Participants were sampled from the sample of 13,643 parents and young people who had an EHC plan created in 2015 and responded to the 2016 survey. The survey findings were used to pinpoint individuals in the survey dataset who were either satisfied and in an above average local authority area or dissatisfied and in a below average local authority area. The individuals approached had given permission to be re-contacted for further research, at the end of the 2016 survey. This means that, as with the 2016 survey, our findings pertain to individuals with an EHC plan created in 2015.

Some children and young people with EHC plans created in 2015 were transferred from a SEN Statement to an EHC plan; these individuals will have experienced a different

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<sup>9</sup> Note on defining those who are overall 'satisfied' or 'dissatisfied': An individual was classed as 'satisfied' or 'dissatisfied' overall according to their answers to the following questions in the 2016 survey:

- C7: Overall, how much do you agree or disagree that taking part in getting your EHCP was a positive experience for you?
- G2: Overall, how much do you agree or disagree that the help and support included in the EHCP will help you achieve what you want to in life?
- G3: Overall, how satisfied or dissatisfied are you with the whole experience of getting the EHCP?

Those who responded 'Strongly agree/agree' to C7 and G2, and 'Very satisfied/satisfied' to G3 were considered 'satisfied' overall. Those who responded 'Strongly disagree/disagree' to C7 and G2, and 'Very dissatisfied/dissatisfied' to G3 were considered 'dissatisfied' overall.

process from that experienced by individuals involved in creating a plan where there was no previous SEN Statement in place. In future, being transferred from a previous SEN Statement to an EHC plan will become less and less common, and so the decision was made to only interview individuals who were entirely new to the system.

Eligible respondents were contacted by telephone and invited to take part in a further interview. An invitation script was used to ensure the purpose of these further interviews was explained fully and consistently. The interviews themselves were conducted face-to-face by members of the research team at IFF (the co-authors of this report), from 3<sup>rd</sup> April to 11<sup>th</sup> May 2017.

In-depth semi-structured interviews were chosen, as they allowed researchers to explore experiences in detail, respond to the feedback of the participant and tailor their questions to individual experiences. While interview content was relatively fluid to allow for differences in individual stories, all interviews were underpinned by a discussion guide (a series of set questions and probes) to ensure that all the necessary points were covered. At certain points in the interview, the responses that the participant had given within the survey were revisited and used as a starting point for more detailed discussion. A copy of the discussion guide can be found in Appendix 1.

Interviews were transcribed in full and summarised into an analysis framework under headings related to the objectives: this allowed comparisons to be made between individual experiences and between the above and below average rated local authority areas. Demographic characteristics and other factors – including the reported length of the process, the age of the child/young person and the types of need that the EHC plan was perceived to cover, as noted above – were also used as factors in our analysis.

Finally, when arranging and conducting each interview, the research team sought to obtain – with informed consent – a copy of the individual's EHC plan. In total, 18 parents agreed to share their child's EHC plan. These were anonymised and shared with University of Derby to enable the evaluation of the plans with reference to the statutory duties, principles and intentions communicated in the SEND Code of Practice.

## **The context and methodology for the assessment of EHC plan quality**

Within the sample of 18 EHC plans, all plans were scored on the basis of three measures: inclusion of all statutory requirements, being accessible, and representing the principles of the Code of Practice and the 2014 Children and Families Act. These measures were chosen since, in combination, they were key indicators of the quality of the plans in relation to the service requirements and principles for EHC plans indicated in the Code of Practice. [Appendix 2](#) provides detail about the link between the measures and the Code of Practice.

To assign these scores, each EHC plan was independently evaluated by two reviewers. The combination of reviewers varied for each plan (see [Appendix 2](#) for more details about the expert review team). During a pilot phase of the review process, reviewers evaluated half of the sample and all scores and commentaries were collected in order to assess the accuracy and consistency of the reviews. Judgements for this sample were interrogated and moderated via meetings of the expert group. Then, the team reviewed all 18 EHC plans in the sample and moderated again. Once this process was complete, the lead researcher moderated the whole sample, engaging two experts in SEND policy from outside of the group as external moderators.

Members of the expert review team were not involved in data collection at the interview stage and did not have access to that data until after the review was complete. Furthermore, they did not have access to the quantitative data showing levels of satisfaction among the participants who provided their EHC plans. This was to maximise the objectivity of the review.

It should be noted that whilst researchers asked parents for a copy of their child’s final EHC plan, some plans did not include information that is legally required in a final plan, such as a local authority date and signature. This may simply be an omission in the final plan, or it could indicate that some draft plans may be included in the sample.

## Review schedule

To ensure consistent judgements, reviewers analysed the EHC plans for evidence of accessibility, compliance with statutory requirements and enactment of core principles. This was to support a fair judgement of quality using a carefully designed set of criteria drawn from analysis of the Code of Practice (DfE and DoH, 2015). The review had 3 sections, explained below, which were combined to produce a score for overall quality.

Section of Review	Focus of Section	Purpose
Part 1	Accessibility, to include evidence of availability of alternative formats.	Enables reviewers to evaluate the extent to which the plan is understandable to service users (in the spirit of the participative approach central to the principles of the process).  Supports evaluation of the extent to which the EHC plan is accessible to service users and providers.
Part 2	Content of EHC plans: Statutory	Enables reviewers to measure the extent to which the EHC plan meets the statutory requirements for

Section of Review	Focus of Section	Purpose
	Minimum Checklist	<p>content as mandated in the Code of Practice (DfE and DoH, 2015, para 9.63).</p> <p>Supports the reviewer's judgement of statutory compliance.</p>
Part 3	Evidence of core principles, practices, and requirements	<p>Enables reviewers to evaluate the extent to which the EHC plan includes and manifests the requirements, core principles and practices of the Code of Practice (and hence the Children and Families Act) in relation to participation, collaboration, high quality provision, successful preparation for adulthood and tangible outcomes.</p> <p>Adds rich detail to the outcome of the audit (Part 3) and provides qualitative data for exemplification of strong and weak practice.</p>
Part 4	The overall quality of the plan	Enables reviewers to judge the overall quality of the plan drawing on all the data arising from parts 1-3.

Reviewers provided a commentary and supporting evidence from the document itself to support defence of their judgement. This qualitative data was used to inform a score for each item being evaluated so that overall quality and the quality of items could be reported, to inform the identification of strong and poor practice. The criteria used as a basis for judgement are provided in Appendix 2.

## 2. Factors leading to satisfaction in local authorities rated above average

This chapter describes a number of factors which are believed to have led to satisfactory individual experiences of the EHC plan process in local authorities rated as above-average overall. Themes are presented in order of the significance of their potential to impact families' experiences of the process and the perceived quality of the final plan. Those with the most potential are discussed first.

### 2.1. One individual can make a huge difference

Even in high-performing local authorities, it was common for parents to feel it was a 'fight' to get the process started. This could be a matter of struggling to obtain sufficient information about the process or struggling to get acknowledgement from relevant educational staff that there is a problem that needs to be addressed.

In this context, parents had sometimes encountered a single individual who had dramatically changed their experience of the process for the better by being proactive, taking ownership, and acting as a source of information, advice and support.

***"[The EHC coordinator] got together all the support team in [the local authority] and the nursery and really drove through getting their reports and getting the educational psychologist in and collating everything. It felt like when the wheels were in motion it moved quite swiftly."***

Parent of 5-7 year old with education needs only

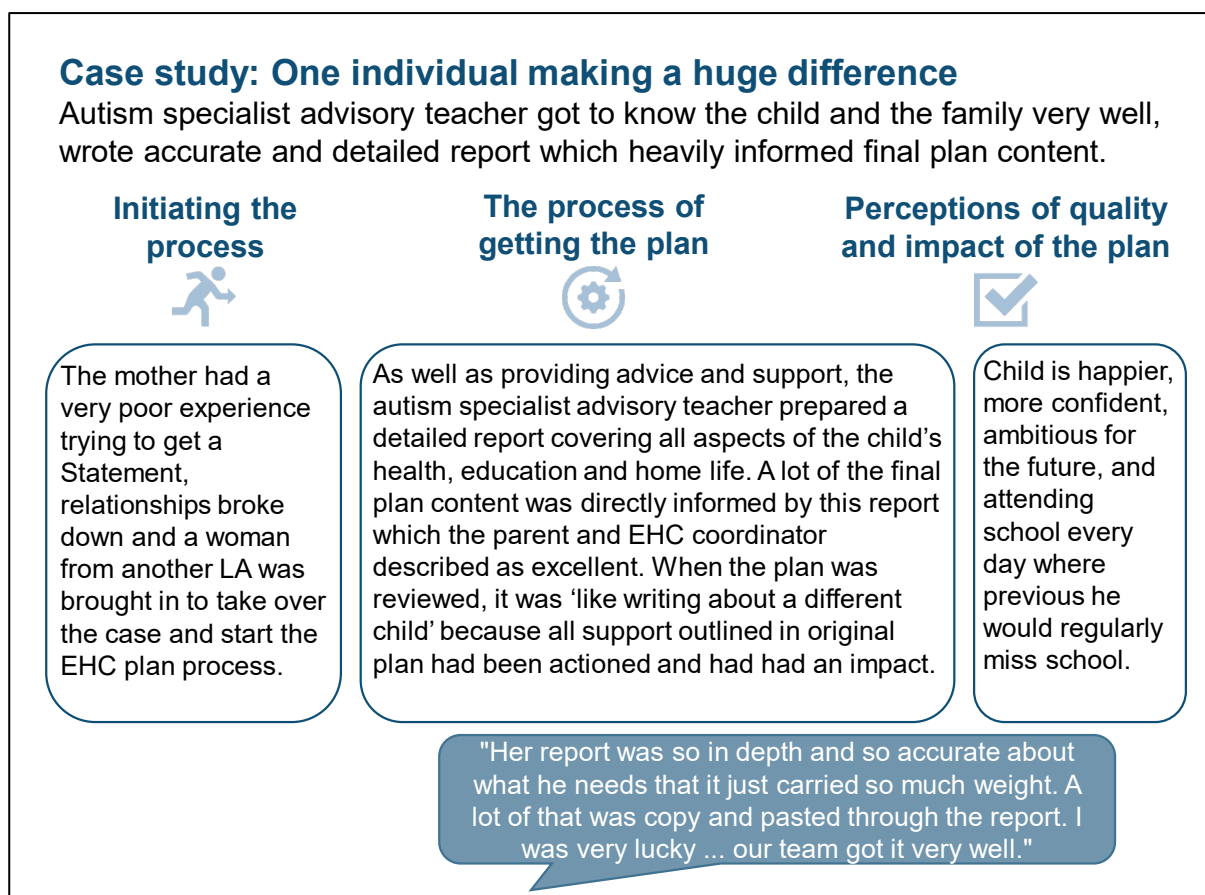
These parents felt they had gone from being 'in the dark' with an unfamiliar process and terminology, or feeling 'alone' or 'ignored', to having someone on their side to properly understand their child's needs and how they should best be addressed and to 'fight their corner' in terms of securing the necessary support.

***"She [CAMHS caseworker] came in when we were really at a low point, she got to know us really well as a family. She was a big driving force for getting it sorted, she would ring the local authority, she was constantly chasing professionals who hadn't done assessments."***

Parent of 11-14 year old with education, health and care needs

Families felt that this individual had enough experience in their field to know the best course of action to recommend. On top of this, the individual would proactively contact the relevant professionals, chase for updates, and drive the process forward. In some cases, this individual would understand how best to word the content of the plan such that the child/young person's needs will be appropriately met in a school context.

Figure 2.1 Case study: One individual making a huge difference



## 2.2. Dedicated specialist support

In the 2016 quantitative survey of parents and young people with EHC plans discussed in the introduction to this report, 37% of parents and young people reported having used at least one source of information, advice or support during the process of getting an EHC plan.

In one above-average rated local authority, some parents discussed the support they received from a dedicated specialist SEND centre run by the local authority. This centre hosts a range of professional support services and sources of information, advice and guidance.

The parents who mentioned receiving support from the centre were typically referred by medical staff when their child was at an early age. When the child approached school age, the centre initiated conversations about an EHC plan and provided a template for the family to fill in to enable them to express their needs.

Parents supported by this specialist SEND centre received assistance from staff to better understand some of the terminology encountered during the process. The concepts of targets and outcomes were thoroughly explained and, as a result, these parents tended



to have a much stronger grasp of the final EHC plan content than other parents who were interviewed.

***"In the beginning, it was difficult for me to sit down and fill out the paperwork. [Member of staff] told me to do it the way I think. She gave me a month to do it and then we sat together to talk about what she thinks and she helped guide me about what the terminology meant."***

Parent of under 5 year old with education and health needs

The specialist centre also supported the parents in questioning the draft plan and appealing where it was felt that the initial plan content fell short of what was required: the parents felt that otherwise they might have accepted what they were given even if it was insufficient.

Finally, staff from the centre were present at all meetings and were felt to have stood up for the interests of the family. One parent felt that having the staff on their side was like having an 'extra parent' acting as an advocate for the child / young person's needs.

### **2.3. Having the EHC plan ready before a transition period**

Some parents in above-average performing local authorities said that it was particularly helpful to have the EHC plan agreed before the transition to starting primary school or secondary school. The advantage of this was threefold:

**Firstly**, the plan could be sent on to the next educational institution to act as a 'blueprint' for the support that would need to be arranged before the child arrives.

One parent described how having such support in place from the beginning of primary school ultimately helped their child catch up with his peers in terms of development:

***"Initially before he started [primary school] there were concerns he wouldn't be able to catch up with things. On his initial assessments in September / October he was only achieving up to 24-36 months on things but on his recent parent evening, in the majority of areas, he is reaching up to 60 months which is age equivalent, so the proof [of whether or not the plan is helping to achieve the agreed outcomes] is in the pudding."***

Parent of under 5 year old with education, health and care needs

**Secondly**, having the plan to use as a basis for discussion meant that schools could have an open dialogue about what support they could feasibly provide. In some cases, this resulted in the child being rejected from a school that would have been inappropriate.

**The final advantage** of having the plan ready before transition points is that it allowed parents to avoid having repeated ‘technical’ conversations with schools when explaining their child’s support needs.

## **2.4. Working together with more sustained face-to-face contact between the family and professionals**

In the 2016 quantitative survey, 74% of parents and young people agreed that different services (education, health and social care) worked together at least some of the time to create the EHC plan.<sup>10</sup>

In above-average performing local authorities, those who met more than once with professionals from different disciplines commonly described productive collaborative behaviours. These are discussed in turn below.

### **Constructive communication between different professionals**

Constructive communication between professionals resulted in everyone ending up ‘on the same page’. In one case, an acting head teacher was not convinced that the child concerned had any issue at all. Medical professionals who attended the meeting made their case and, after some constructive dialogue, the acting head changed their mind. The parent felt that agreement between the medical team and communication with the head teacher ultimately helped the plan progress smoothly.

### **Actions being progressed between meetings**

Where it was evident that professionals had worked with each other outside of meetings, this was felt to produce a better plan and a more efficient process.

***“They were getting on very well ... [I could tell] just by the fact that they all spoke freely of conversations they had been having and were putting points across. I could tell they had spoken to one another and it wasn’t just a quick email or something so they seemed to be working as a team building it up.”***

Parent of 11-14 year old with education, health and social care needs

### **Having a good grasp of the child / young person’s needs before the initial meeting**

Sometimes this knowledge came from professionals being diligent and taking the time to properly understand the child’s needs. In other cases, it arose naturally because families had built a relationship with local professionals over several years preceding the start of

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<sup>10</sup> Of the 13,643 parents and young people surveyed, just under half (48%) reported that this happened most or all of the time and a quarter (25%) that this happened some of the time.

the EHC assessment process. Where this happened, the process progressed more efficiently.

***“They all knew [child] really well and were saying the same things. They have all been involved in her care since she was a baby. They all came together quickly as they realised [child] needed help and we needed to do something.”***

Parent of 5-7 year old with education, health and social care needs

Not only did these factors help the meetings to be more productive in terms of agreeing plan content, but the process generally proceeded more quickly than it otherwise would have as a result of effective collaboration.

## **Cases where these collaborative behaviours were absent**

On the other hand, some parents described a process where the factors outlined above were not present. In these cases, the lack of effective collaboration between professionals caused stress for the families involved and produced delays.

***“No one works together ... not that I am aware of. I think I told them the things that were happening... I had to chase everything: the coordinator, health professionals, reports, emails... It wasn't clinical enough, there were timescales but nobody follows them.”***

Parent of 8-10 year old with education, health and social care needs

## **2.5. Involving the child/young person in a meaningful manner**

In the quantitative survey, just over half (55%) of parents and young people agreed that the child or young person's wishes and opinions were included in the EHC plan.

While not emerging as a 'top of mind' positive during the interviews, a common characteristic of the more positive experiences was that the child/young person had been engaged with and properly involved in the process. When probed, these parents felt that this engagement was genuine and not a perfunctory 'box-ticking exercise'.

It was common for parents in these above-average local authorities to report that their child had been asked about their likes and dislikes, both at home and at school, as a straightforward way for them to be involved. In addition, children were asked to fill in simple questionnaires as part of the plan process. In above-average local authorities, parents pointed out how this sort of input from the child was helpful and ultimately appeared to inform the final plan content.

In meetings, attempts were made to get as much input as possible from the child, though sometimes this was just a few words or dictated via a parent. In one case, a parent said that their child enjoys being involved and that the final plan is more effective as a result of his involvement.

***“He has a lot of opinions, he likes to be asked...it was very good for him to be involved because as a school refuser he had had a very negative perception of the education system...he was desperate to have an education, he wanted to feel a bit more normal in a world where he doesn't. He liked the fact that he got a questionnaire and he could draw pictures...it worked very well, his involvement...I feel [the plan] is effective because it takes into account his whole lifestyle.”***

Parent of 11-14 year old with education, health and care needs

## **Involving young children**

Many parents of young children mentioned that the scope of their child's involvement in the process was limited to some degree by their child's age. Despite this, one parent of a 5 to 7 year old described how a child-friendly version of the plan had been produced for the child's own benefit at times when it was possible for them to be involved. Sometimes, where the child was very young, nursery staff were involved to help understand the child's views.

***“At nursery they got key workers and other members of staff, they all wrote down what they liked about [child] and what they thought about him and put that together. I know that his key worker tried to work with [child] to actually put down their version of what they thought [child] liked and disliked and his capabilities.”***

Parent of 5-7 year old with education needs only

The approaches used to interact with the child/young person were tailored to their age and needs. There were examples of these interactions directly informing plan content. In one case, the child involved was 3 years old and struggled with communication so had limited involvement. The rest of the family were asked what she enjoyed and mentioned how she likes to play with a toy kitchen at home. This was written into the final EHC plan and speech and language therapists have subsequently built activities around the toy kitchen.

In some cases, however, despite attempts being made to fully involve the child, this ultimately failed to have much impact on the process or final plan.

***“It's difficult to make it not tokenistic really, but we thought it would be important for him, he likes to have things explained to him...he didn't say***

***very much but he appreciated being involved. For a child with autism it was quite daunting really. Someone could have done one-to-one work with him to get his ideas, but it's quite a difficult process to get a young child involved with."***

Parent of 11-14 year old with education, health and care needs

### 3. Factors leading to dissatisfaction in local authorities rated below average

This chapter presents a number of factors that caused dissatisfaction among parents in local authorities rated as below average for satisfaction with the EHC plan process. Most of these factors relate to the process of getting the EHC plan, rather than the quality of the content of the plan.

It should be noted that some of the feedback on dissatisfactory processes relates to symptoms experienced by families, with parents at best able to infer the underlying cause rather than knowing for certain what the problem is.

#### 3.1. A need for communication from local authorities throughout the process

Many participants reported that they received limited information from local authorities about how their case was progressing during the process of getting the EHC plan, and that their phone calls and emails often went unreturned for weeks or months at a time. This was the case both after applications had been submitted and after the first meetings had taken place, even for the small number of parents that had a named contact (such as an EHC coordinator or SEN caseworker).

Parents found this frustrating, particularly because many of them did not understand how the process of getting an EHC plan worked and thus did not know what was happening (see Section 3.2). Some parents felt that they were having to constantly chase the local authority for information which took a lot of time and energy, and was challenging when they also had a child with SEND to care for.

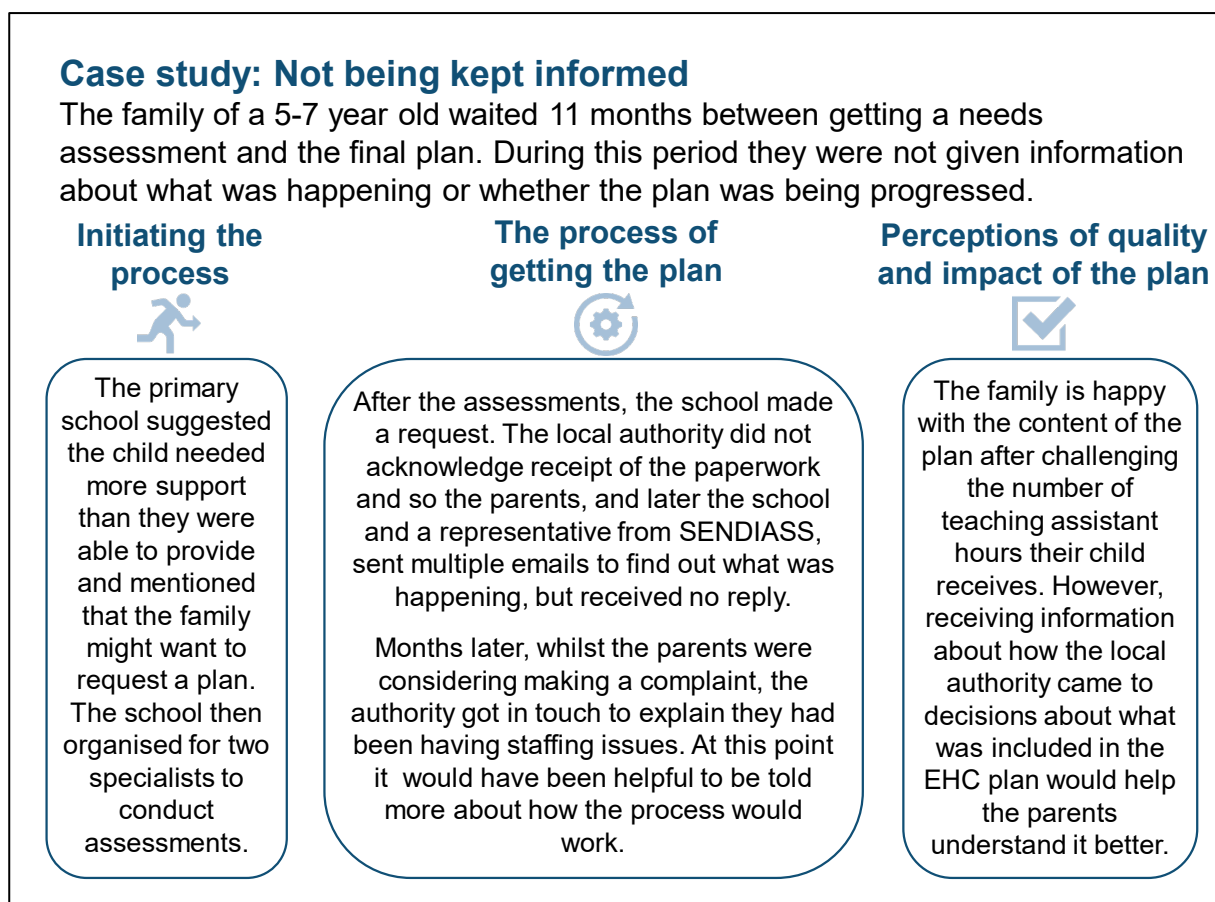
***“I just thought it wasn't on their radar. Unless someone made sure it was, she'd probably fall to the bottom of the pile.”***

Parent of 5-7 year old with education, health and care needs

***“[The process] was awful ... no one did anything until you rang them. It was really hard ... no professionals like the teachers knew what was going on with the EHCP.”***

Parent of 8-10 year old with education, health and care needs

**Figure 3.1 Case study: Not being kept informed**



### 3.2. A need for accessible information and support for families

The EHC plan process feels complex as a parent – and there was often insufficient information to help understand what was happening, which caused some parents to feel as though they were going through the process alone. Specific examples of what was perceived to be ‘missing’ included: a user-friendly guide to the steps involved; more information about the evidence they needed to supply when submitting the paperwork; a list of useful contact numbers; and simply knowing that there is a SEND Code of Practice (and how this relates to the process they are going through).

Receiving insufficiently user-friendly information was also cited as a problem because documents tended to use ‘policy-speak’. Parents who had not yet, or very recently, received a diagnosis for their child also struggled to understand the documentation they received as they were not familiar with SEND terminology. Consequently, parents often felt they had to ‘read up’ on the policy background before engaging with the process, which was considered overwhelming, or rely on guidance from relatives or friends who had either been through the process themselves or had a background in teaching.

***“One of my friends is an educational psychologist, my dad was Head Teacher at the primary school, my mum was reception teacher and my friend was a Special Educational Needs teacher so I used all these people. If I didn’t have that, I’d have felt lost.”***

Parent of 5-7 year old with education, health and care needs

Some parents expected the local authority to be more heavily involved than they were and made a number of suggestions for ways they could discuss the process, including a workshop run by the local authority for parents considering going through the process or a face-to-face meeting with EHC coordinators.

***“[I would have liked] somebody out there who could have helped you fill the forms out... the teachers, the doctors should be able to point you at an early stage in the right direction but they don’t want to get involved.”***

Parent of 8-10 year old with education needs

This was compounded with some parents feeling under pressure to get the paperwork ‘right’ (even if they did not understand what that meant). There were some examples of parents being told by the local authority that it was becoming increasingly rare to be issued with an EHC plan by the local authority and because of this the parents were conscious about “jeopardising” their child’s chances.

***“Nothing was clear it was just fill it out to the best of your ability, send it off and hope... it would have been helpful if I had help initially from a school – somebody there who could have initially said to me I think you need to get [child] diagnosed for x, y, and z... there was nobody to tell me...I didn’t have a clue what to expect because I didn’t have a clue what I was doing.”***

Parent of 8-10 year old, education needs only

In response, a few parents made the decision to hire external support, at considerable expense to the family. Examples included a private advocate to attend meetings and liaise with the local authority, and a solicitor to help the family understand what the local authority could and could not do.

### **3.2.1. Managing the logistics of getting an EHC plan**

In addition to this being a complex process, a number of parents were carrying out a lot of administrative work in relation to their request for a plan. This was reported to be stressful and very time intensive for parents who already had limited time due to their caring responsibilities. Examples included:

- Chasing and coordinating specialists or schools for their reports



***“I was pushing it along all the time and it was really stressful ... I actually took some time off work unpaid to progress things through because I couldn’t juggle it with work because it was so intensive – all the evidence gathering and making sure everyone was doing what they were supposed to be doing.”***

Parent of 8-10 year old with education needs

- Updating specialists that had not been present at meetings on conversations that had taken place

***“It's been very disjointed, I've had to pass on conversations I've had with the educational psychologist and I've been a messenger. It's also lengthened the process unnecessarily at a time when as a family we were under so much stress.”***

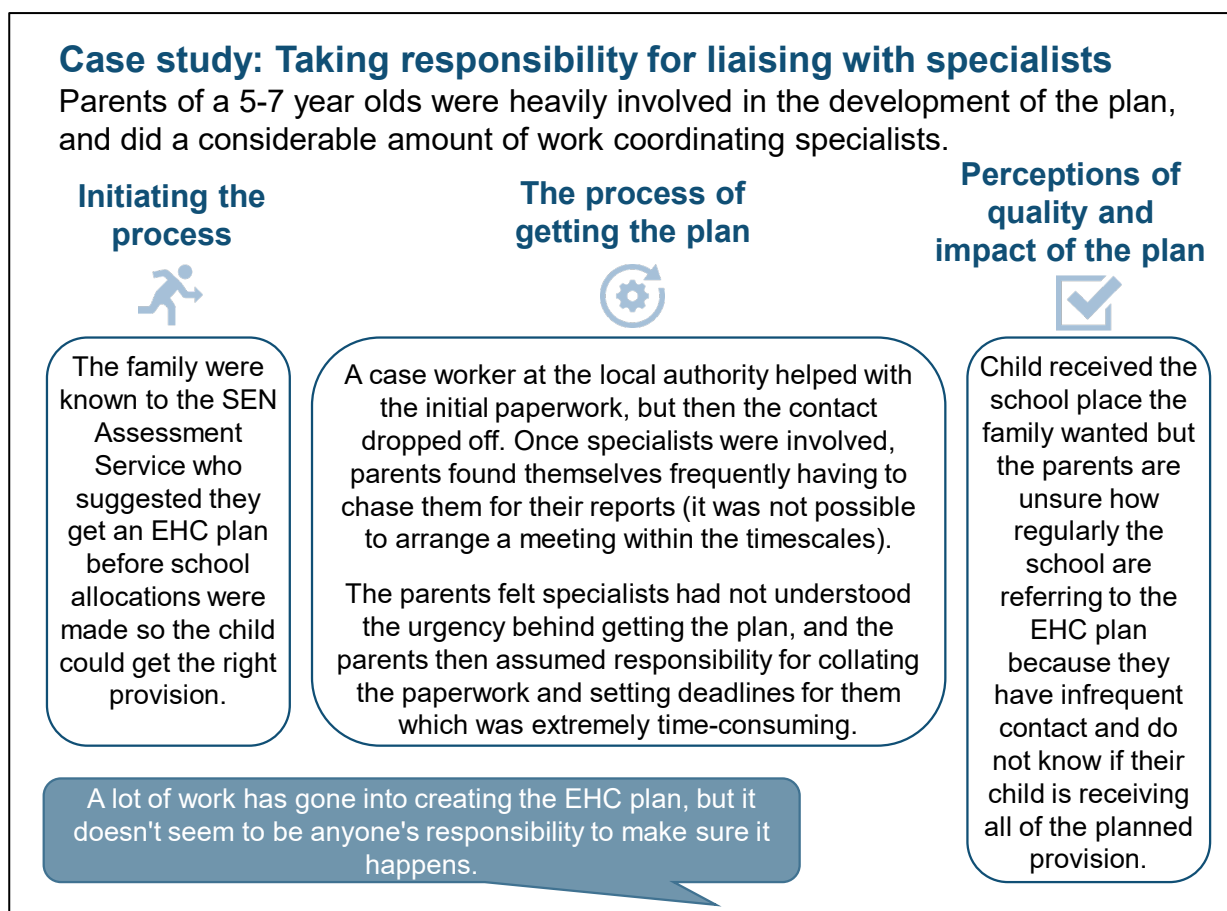
Parent of 8-10 year old with education needs

- Drafting the EHC plan on behalf of the Local Authority

***“[Advocate's assistant] and I seemed to do the legwork. She knew what plans are supposed to look like, and I knew what my son needed so I think we worked well together. [The] school weren't involved.”***

Parent of 8-10 year old with education and health needs

**Figure 3.2 Case study: Taking responsibility for liaising with specialists**



### 3.3. A need for greater transparency about reasons for delays

Although only one in five parents and young people (20%) interviewed in the national survey reported that the process of getting the plan took more than 10 months, many of the parents interviewed in below average-rated local authorities during the qualitative phase reported that the process took this long. A few parents recognised that the length of time taken was partly because they had requested amendments or gone to tribunal over certain elements, and therefore felt that the time taken had had a positive impact on the quality of plan. However, for many parents it was unclear if the local authority was progressing their EHC plan at all during this period. These parents felt that a wait of more than 10 months was unsatisfactory because, during this time, they were acutely aware that their child was without the provision that they needed for their current and future development, and interpreted the delays as a lack of interest or concern for the child's wellbeing. Most had been made aware of the 20-week timescale by their local authority or school and therefore expected the process to take some time, but they were surprised to find that provision had not been put in place during the same academic year.

***“Even if someone had phoned us to explain the delay and offer some sort of reassurance that would have helped.”***

Parent of 5-7 year old with education, health and social care needs

***“There were timescales but nobody follows them ... I asked several times and they said this should be – I think they said how long start to finish ... twenty weeks ... I don’t know [what they were doing], it was very hard.”***

Parent of 8-10 year old with education, health and social care needs

In some instances, there seemed to be preventable errors during the process. Examples of this included an EHC co-ordinator being off-sick and nothing seeming to happen during the (extended) period of sick leave, or the EHC assessment paperwork seeming to have been left unprocessed for 9 months due to an individual’s maternity leave.

***“There were delays with the school holidays, paperwork went missing...and it went way over the twenty-week deadline. They didn’t hide the fact they were running behind... [The content] was not different [thus]. It was only better or more detailed because of the way I made sure everything was in there – nothing to do with the local authority.”***

Parent of 8-10 year old with education needs

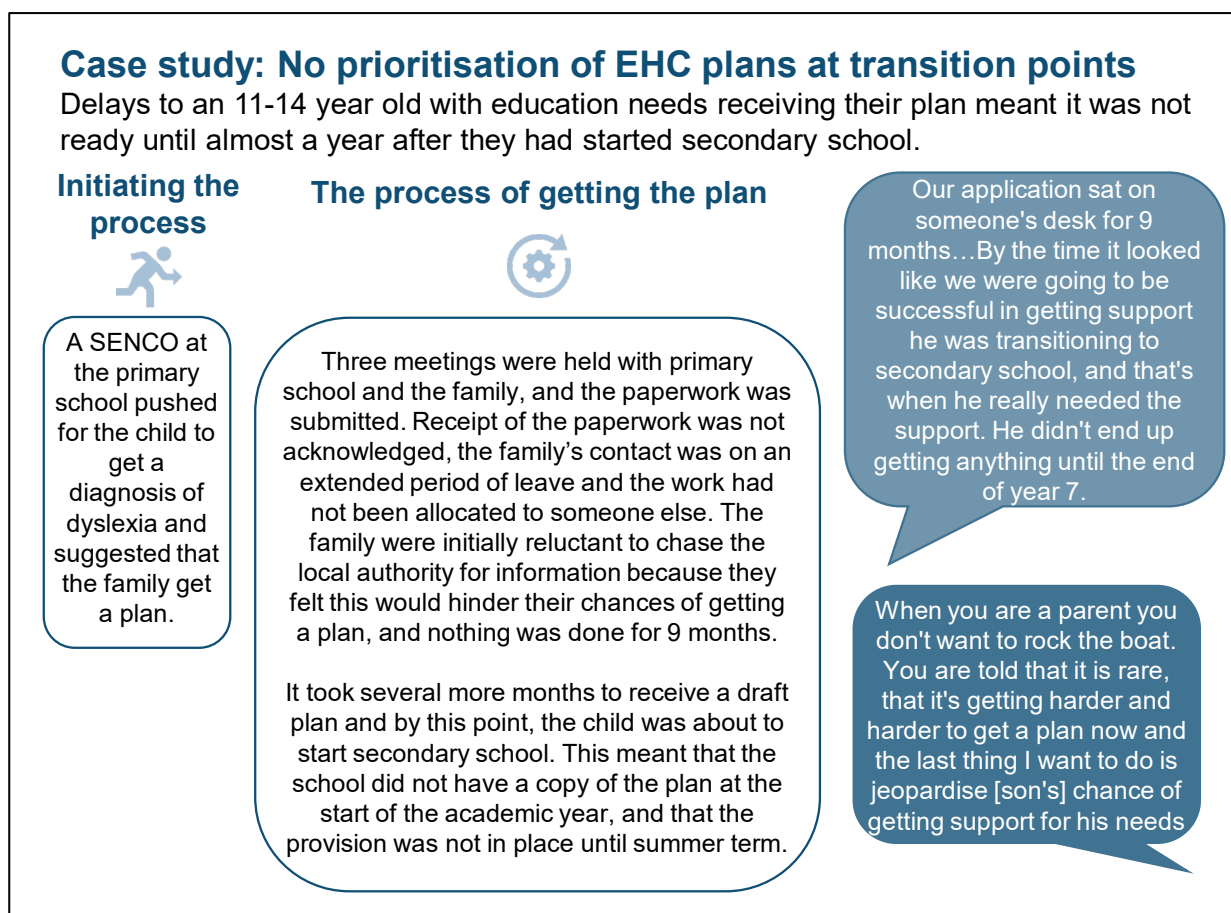
As well as being a source of dissatisfaction, some parents reported that the lengthy process meant their child’s needs had significantly changed or worsened by the time the EHC plan was implemented, and that further changes then needed to be made. This waiting for a final plan was sometimes cited as a source of great anxiety both for the parent and the child with SEND, as they did not know what was going to happen.

### **3.3.1. Prioritisation of EHC plans**

A few parents felt that their LA seemed to process EHC assessment requests based on the date that the request was made, rather than on degree of urgency or the need to put support in place by a certain point, such as a transition point (e.g. when starting secondary school).

This was particularly frustrating because it meant there was some uncertainty about what support would eventually be put in place for the child, and made the transition more difficult for the family. Furthermore, as highlighted in Chapter 2, being able to share EHC plans with prospective schools to help them understand the needs of the child was seen as a significant advantage of getting an EHC plan.

Figure 3.3 Case study: Lack of prioritisation of EHC plans at transition points



### 3.4. A need for increased involvement of families in the process

There were a few cases where parents would have liked more of a role in the process of developing the EHC plan beyond completing forms about the background to their family and their child's needs. In some instances, parents felt that they were not being listened to by specialists, and in another instance a parent was told by their local authority that they could not attend any meetings about the EHC plan because they were designed to only involve professionals. This resulted in parents being unclear about what the outcomes were trying to achieve, the timescales in which they will be achieved, or what support was being delivered.

A few of the parents interviewed had SEN themselves and were not asked about what would make it easier for them to participate in the process (though they did not proactively ask for this either). In one instance, a parent with speech, language and communication needs stopped attending meetings because they found it difficult to participate.

### 3.5. Involvement of the child/young person

As part of the national survey of parents and young people with an EHC plan, respondents were asked about the extent to which the child/young person receiving the plan was involved in the process. The survey specifically asked:

- Whether the child/young person was included in meetings
- Whether the child/young person was asked if they wanted to be included in meetings
- Whether steps were taken to help the child/young person understand what took place and why

While one in three respondents (31%)<sup>11</sup> reported that all three of these things happened, a similar proportion (28%) said that none of them happened.

It should be noted that for some parents who took part in our qualitative interviews this was not an issue because they felt that they were able to voice their child's views; others, meanwhile, felt that neither participation in meetings nor filling in an 'all about me' form was appropriate for their child's age, or nature of their special educational need or disability.

***"There was no way he would have coped with all the different questions. So, I would do one question, he would have a fit, and then we would maybe get two sentences out and then I would write them"***

Parent of 8-10 year old with education and health needs

### 3.6. A need for improved attention to detail in drafting a tailored EHC plan

A few parents were disappointed about the attention to detail in the EHC plan drafting, which sometimes made the plan feel generic rather than tailored to the child. Some parents cited instances of the plan content being copied and pasted:

- There were some plans that referred to a different child's name mid-way through
- It was also apparent to some parents that the content of the plan had been copied and pasted from professional reports
- In one example, a parent reported that some of the outcomes outlined in the plan were not appropriate because they did not acknowledge that their child was home-schooled

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<sup>11</sup> Findings are based on a total of 13,643 parents and young people surveyed. The survey findings can be found here: [Education, Health and Care plans: a survey of parents and young people](#)

These parents also reported that it took more than 10 months to receive the plan which caused them to feel particularly negative about these errors.

### **3.7. A need for more co-operative relationships with other parties**

An already challenging process was made more difficult for a few families by an 'uncooperative' or 'adversarial' relationship with their child's school. Examples of this included:

- Schools being unwilling to start the process of getting an EHC plan and be involved in meetings (in these cases parents were not given a reason why), leaving parents to make a request themselves
- A lack of communication between schools and local authorities which led to disagreements about who was in possession of outstanding reports
- A parent being told they could not attend meetings about the EHC plan
- A teacher recommending that a parent should find an advocate to successfully navigate the EHC process, whilst also saying she would lose her job if the local authority found out she had suggested this

***“There were occasions where the school said they had sent off reports and the council said they hadn't received it and you didn't know who was telling the truth or what had happened”***

Parent of 8-10 year old with education needs

In this 'adversarial' context, some parents/carers felt they had fared better than others: some saw themselves as more confident and informed and so reported having been able to reference the SEND Code of Practice in meetings to challenge those involved, while others that were less familiar with the legislation reported feeling 'talked down to' and 'dismissed' by the professionals that they had dealings with.

## 4. Assessment of EHC Plan quality

In addition to the 25 in-depth interviews about families' experiences of the EHC needs assessment and planning processes (Chapters 2 and 3), this study sought to evaluate the quality of interviewees' resultant EHC plans. This Chapter details the findings from the expert panel's review of the 18 EHC plans that were collected during fieldwork<sup>12</sup>. It starts with an overview of the scores achieved by the 18 EHC plans in the sample for each of the quality measures (see below) before going on to provide examples of what was done well and how plans could be improved.

The aims of the expert review were to:

- Identify areas of strong and weak practice in the content and construction of the sampled EHC plans with reference to i) accessibility, ii) meeting of statutory requirements, and iii) meeting the principles and requirements set out in the SEND code of practice (DoH and DfE, 2015)
- Identify and share exemplary practice in support of improvement across the sector
- Explore the relationship between levels of service user satisfaction and the quality of EHC plans
- Make practical recommendations for good practice across the sector

The design of the evaluation tool used for assessing plan quality was tightly linked to the statutory duties, principles, and service requirements for EHC plans outlined in the Code of Practice (paras 9.61 – 9.69) to ensure relevance to the current policy context (see page 15, Chapter 1 for a description of how the reviews were carried out).

The expert review enabled the evaluation of the extent to which statutory duties, service requirements and core principles were represented in the content of a small sample of plans. This sample is appropriate for a qualitative review aiming to identify examples of good and poor practice. It is *not* sufficient as a basis for evaluating the quality of 2015 EHC plans on a national scale. The expert review of plan quality assumes that a good quality plan is less ambiguous and more supportive in securing positive outcomes, continuity, and clear communication across stakeholders: it does *not*, however, assume that a good quality plan is a proxy for a good quality EHC plan process.

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<sup>12</sup> When conducting each interview, families were asked if they would be willing to share a copy of their EHC plan for the purposes of this research. It was not possible to obtain five of the plans, either because the individual did not give consent or because they did not have a copy to share. A further two plans were collected but could not be included in the review findings because they were incomplete.

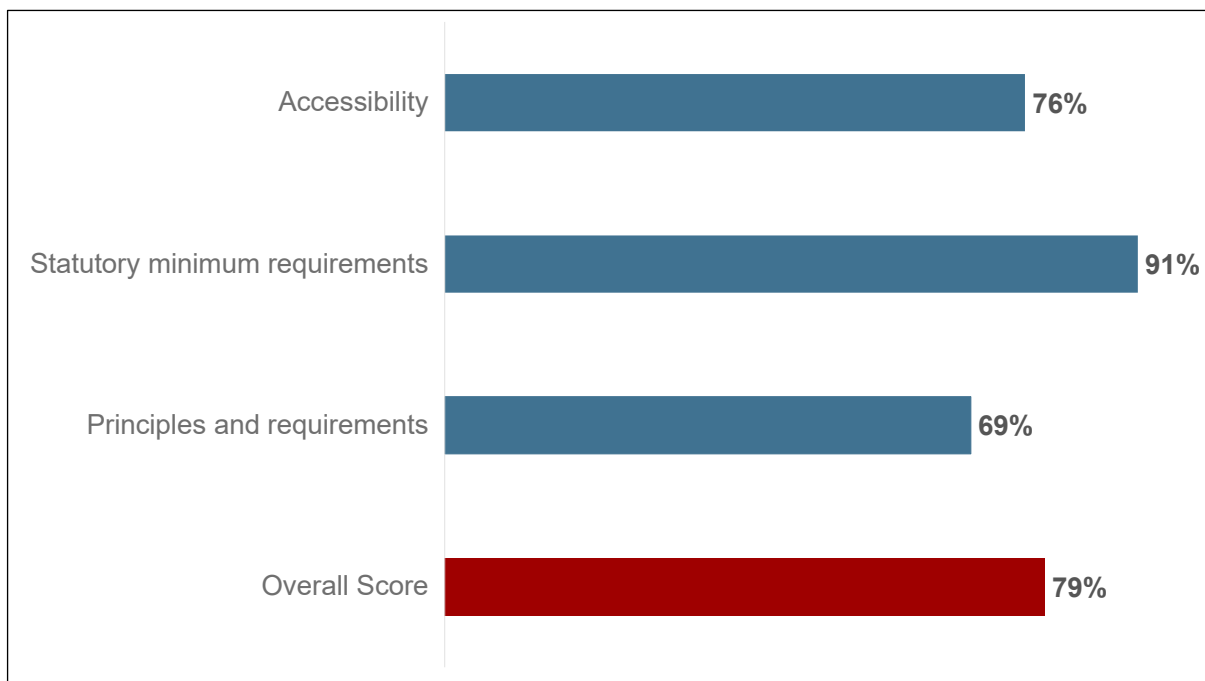
## 4.1. Overall results: what is the quality of the 18 EHC plans in the sample?

The expert review provided evidence about the quality of individual EHC plans within and across the sample. Plans were measured for quality in four areas using carefully designed evaluation criteria:

- **Accessibility:** To what extent is the plan accessible?
- **Statutory minimum requirements:** To what extent does the plan include all statutory requirements?
- **Principles and requirements:** To what extent does the plan represent the principles of the Code of Practice and the 2014 Children and Families Act?
- **Overall score**<sup>13</sup>

Mean scores for the 18 plans that were reviewed are presented in Figure 4.1 below. On average, the plans achieved an overall score of 79%. On average, plans received the highest score for the measure 'meeting the statutory minimum requirements' (91%), followed by accessibility (76%). 'Representing the principles of the Code of Practice and the 2014 Children and Families Act' achieved an average score of 69% across the sample.

**Figure 4.1 Mean moderated score for each of the criteria against which the EHC plans were assessed**



<sup>13</sup> A full breakdown of scores for each of the 18 plans in the sample is shown in Appendix 4.



### 4.1.1. Statutory minimum requirements

Figure 4.2 shows the number of statutory minimum requirements met by the 18 plans in the sample. Four plans met all 12 minimum requirements and a further 10 only failed to meet one. Three plans met 10 minimum requirements and one plan met five.

**Figure 4.2: The number of statutory minimum requirements met by the plans in the sample**

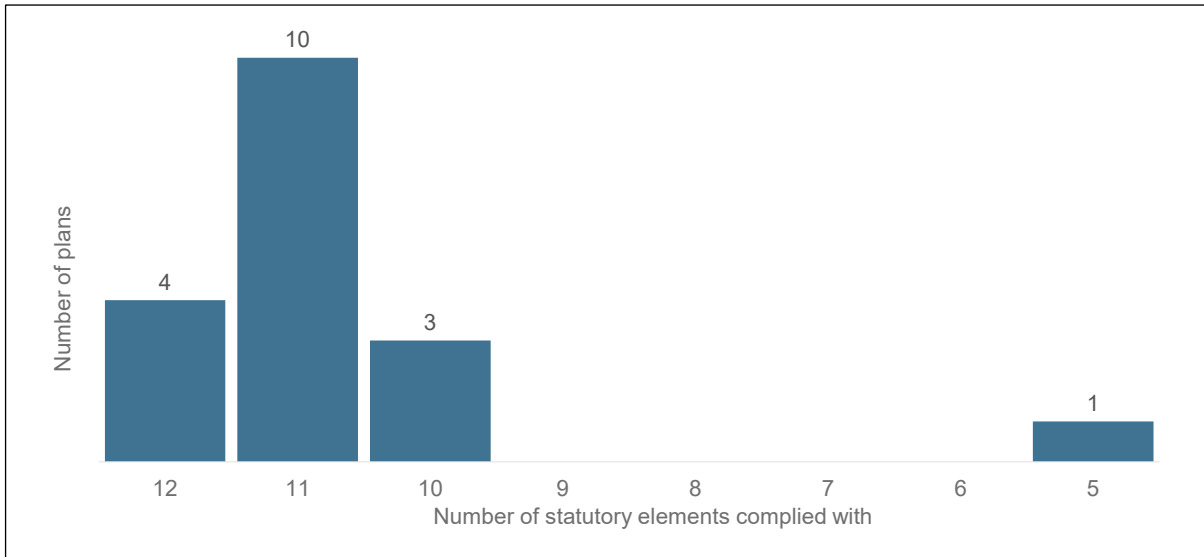
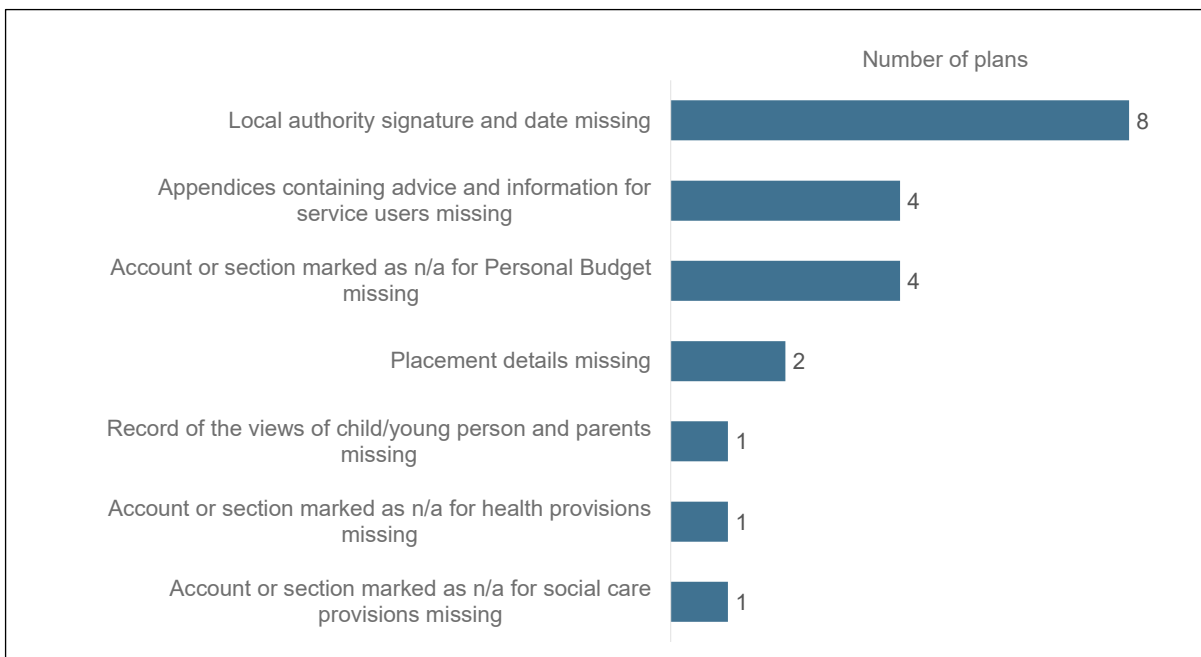


Figure 4.3 shows the specific statutory requirements which plans most commonly failed to meet. While parents were asked to supply what they considered to be their final plan, eight of the plans provided did not include a signature and date from the local authority. These omissions may suggest that some draft plans are included in the sample, in which case it is not appropriate to assume that the absence of local authority dates and signatures demonstrates unlawful practice.

**Figure 4.3: The statutory minimum requirements which plans most commonly failed to meet**



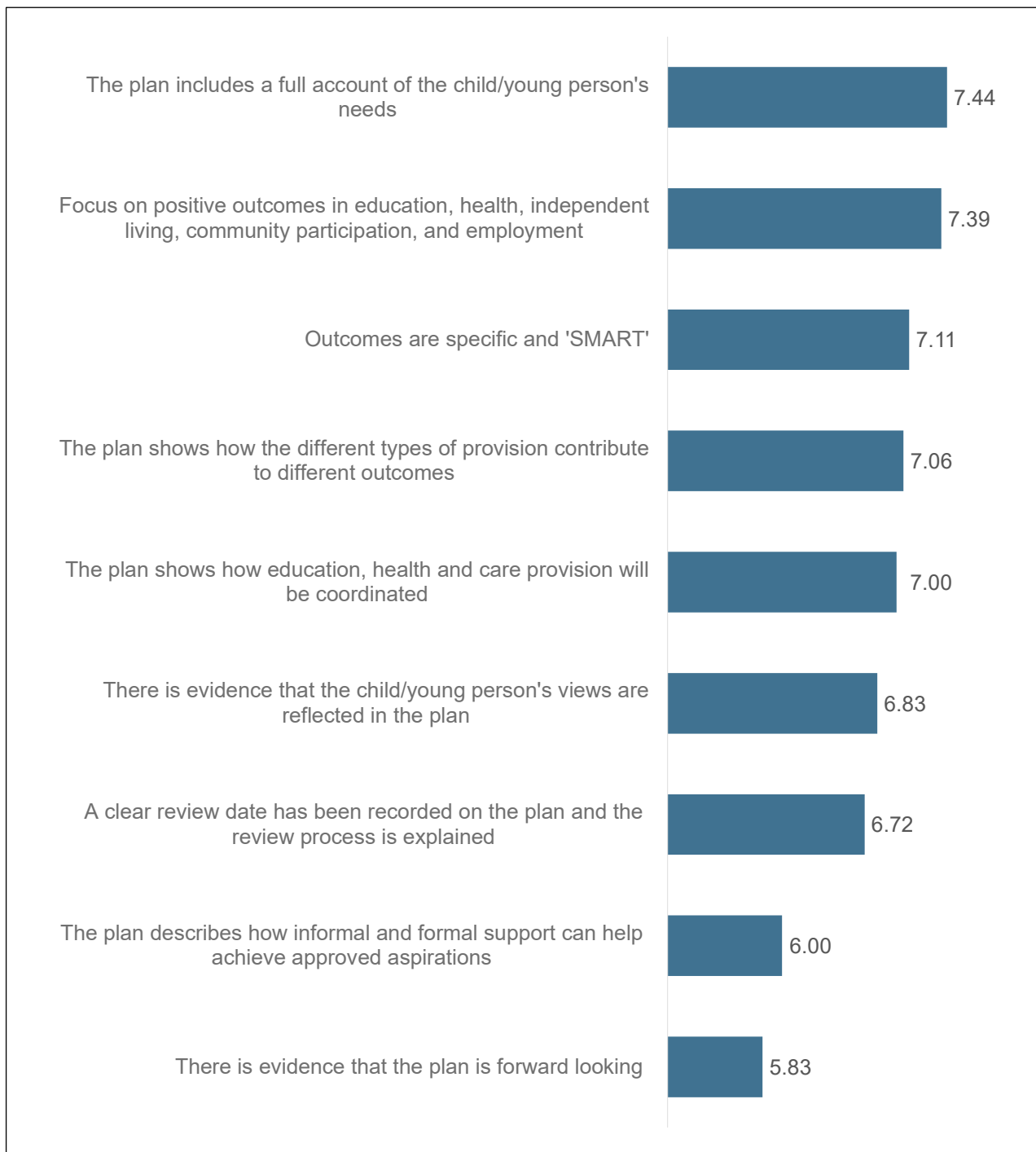
#### 4.1.2. Principles and requirements

In this part of the expert review, plans were scored between 0 and 10 for each of the principles and requirements set out in the SEND Code of Practice (see appendix 2). The highest scoring requirements were:

- Evidence that the plan includes a full account of the child's or young person's needs including positive descriptions of what the child or young person can do and has achieved (mean average score 7.44 out of 10)
- A focus on positive outcomes in the areas of education, health, independent living, community participation and employment (mean average score 7.39 out of 10).

The plans included in the sample were less likely to provide evidence that the plan is forward looking (e.g. in anticipating and commissioning for important transition points including adulthood); this measure scored an average of 5.83 (see Figure 4.4).

**Figure 4.4: Mean scores for the extent to which the plans represent the requirements and principles of the Code of Practice**



## 4.2. Discussion of findings

The following section discusses the quantitative and qualitative data from the review in more detail, looking at each measure of quality in turn. It also raises recommendations for good practice across the sector.

### 4.2.1. Accessibility

The mean average score for accessibility was 76 out of 100, or 76%. There was some variation across the sample, with a highest achieved score of 100% and a lowest of 60%. The highest scoring EHC plan for accessibility (Plan 2<sup>14</sup>) presented the parental and child contribution as an 'All about me' section which appeared to have been put together by the family. It includes sections titled 'What is important for the future?' and 'What do people need to know about us?'. It is written in the third person with the writer (who we assume to be a parent) using the phrase 'the vicissitudes of every-day life' implying command of high level English. The young person in the plan is described as having a reading age of 15+ and a spelling age of 17, so it can be assumed that the plan is accessible.

Another high scoring plan (Plan 8) was presented in plain English making it accessible to adults who may not be familiar with SEND terminology. A section called 'All about me' was child-friendly and targets/objectives in the provisions section were written in the first person (e.g. 'I will be able to read 10 high frequency words') making this potentially more meaningful for the young child to whom the plan relates.

In one EHC plan (Plan 10), efforts had been made to include a section about the child that was presented in an appealing and accessible way within the main body of the plan. This was the only plan with evidence that illustrations and low-density text had been used (see Figure 4.5).

In another plan, reviewers found evidence that alternative languages were available (though the parents had chosen a version in English). Access to alternative formats was not in evidence in other plans and there were no indications that easy read, braille or large print versions were available. Given that the receiving group of children and young people are likely to have sensory and cognitive difficulties, the availability of such alternatives would seem necessary in a context where participation and co-construction are encouraged. It is possible that these were available but that this was not referenced within the EHC plans themselves.

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<sup>14</sup> This indicates a specific EHC plan in our sample. A breakdown of the scores for each plan can be found in [Appendix 4](#).

Figure 4.5: Child-friendly presentation (redacted)

**People who know me describe me as:**

Determined, resilient and full of energy

Others like and admire my courage and my willingness to try new things

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**Things I like to do:**

Reading Stories  
 Play with jigsaw puzzles and Building Towers  
 Go to the park  
 Watching cartoons  
 Playing on my scooter




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**Things I really don't like:**

Colouring and crayoning  
 Being restricted  
 Having to stop in the middle of doing something




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**Parents hopes for in the future**

To be happy and find enjoyment in playing with others and make strong friendships



Figure 4.6: Accessible house style (redacted)

**Important Background Information**

Other things that are important to know about the child/young person and her family	<p>[redacted] has recently moved into the [redacted] area from [redacted] where she received her Education, Health and Care plan in May 2015.</p> <p>This amendment is to take into account [redacted]'s move into [redacted] and to update her special educational needs.</p> <p>[redacted] has been given the following diagnoses:-</p> <ul style="list-style-type: none"> <li>• Autistic Spectrum Disorder,</li> <li>• Attention Deficit Hyperactivity Disorder</li> <li>• A history of atypical febrile seizures,</li> <li>• Significant sensory difficulties and motor co-ordination problems</li> <li>• Poor sleep for which she takes medication</li> </ul> <p><b>The Keyworker has been identified as the SENCO at her current school.</b></p>
The following times or barriers make it more difficult for the child/young person or her family to attend meetings or appointments	None Identified

**Section A**  
*This section sets out the views, interests and aspirations of the child/young person and his or her parents.*

**[redacted] Profile**

**[redacted] and her parent's views, interests and aspirations**

[redacted] parents admire her energy, determination and resilience. They add that she has courage and a willingness to try new things. She laughs and smiles and appears happy most of the time. Parents say that she focuses best with fewer distractions and the knowledge that she can move on to something else. She responds well to repetition. They feel she has significant sensory needs.

[redacted] parents say that they would like [redacted] to settle in her school environment and develop. They want her to continue to be happy as she is now and would like her to find enjoyment in playing with others and make strong friendships.

[redacted] future is usually asking 'where are we going this afternoon/tomorrow'. Her hopes are usually to go to the park.

At home [redacted] likes to read stories, play with jigsaw puzzles, post and stack objects, build

The most accessible plans had a consistent house style which was presented in clear sections around the statutory requirements of the plan with bold titles, low-density text and a consistent approach to formatting. This would support portability to other local authorities should a family move out of the area. It also supports accessibility since the plans were easier to navigate. Figure 4.6, on the previous page, is an example of a layout that is appropriately spaced and presented, and adopted consistently throughout the document (Plan 10).

Where plans adopted a cut and paste approach with inconsistent layout styles, they were less accessible. This was evident in one plan (Plan 12) where a different child's name was inserted in one of the sections.

Another factor influencing the accessibility of the EHC plans in the sample was that most plans were dominated by 'professional speak' and technical or medical terminology, for instance:

***“[Child] has some difficulties with visual structure – developing myopia and astigmatism; eye control-eye teaming, near focus; visual special perception-directionality, visual integrations, text sensitivity and use of side vision.”***

(Plan 1)

Plans that included explanations of technical and medical terms to support interpretation of their consequences were more accessible. In the below examples, the consequences of a condition are explained, though there is room to make both explanations more accessible through use of plain English rather than 'professional speak.' This seems important for collaboration across different services as well as for families, children, and young people.

***“[Child] has left sided hemiplegia which causes unsteady walking, poor core stability and pelvic strength.”*** (Plan 6)

***“...hyperactive sensory system, e.g. movement, visual and auditory which causes general difficulties in ability to filter out unimportant information and focus attention on activities of interest and importance. The intensity of information can cause considerable discomfort and distractibility.”*** (Plan 12)

The Code of Practice (2015, para 9.61) notes that EHC plans should be clear, concise and understandable 'so they can be understood by professionals in any local authority', however many plans used acronyms that were specific to a local authority or educational setting. For example, in the provisions section of a plan (Plan 13), the

phrase '[child] to take part in a Sulp session weekly' was included with no expansion of the meaning of 'Sulp'<sup>15</sup>. Another example was in Plan 4 where a section labelled 'Provision Required' listed 'NT and AS support to be increased up to ten hours a week (dependent on engagement in learning)'<sup>16</sup>.

Finally, where plans adopted a landscape format or a portrait format throughout (rather than switching between landscape and portrait within the same document), they were more accessible when being viewed on a digital screen.

## **4.2.2. Statutory minimum requirements**

The Code of Practice (DfE and DoH, 2015, para 9.62) lists the 12 sections that must be included in EHC plans as a statutory minimum, for example, 'The views, interests and aspirations of the child and his or her parents or the young person' and, 'The special educational provision required by the child or the young person.'

Section 4.1.1 provided a summary of the audit of statutory requirements in the 18 EHC plans, in which a total of 216 items were reviewed (i.e. 12 statutory requirements were audited in each of the 18 plans)<sup>17</sup>. Of these 216, only 23 were absent suggesting that non-compliance with statutory requirements was rare in this sample. It should be noted that even in the instances of non-compliance, it may be that the requirements were included in annexes to the plan, which participants may have chosen not to provide. For instance, four plans did not present evidence of appendices that might contain advice and information for service users. However, where plans integrated the most relevant advice into the content of the plan itself, this was identified as good practice.

Eight plans did not include a local authority date and signature. However, it may be that these plans were at a draft stage rather than a final stage: it was not possible to deduce this from the plans themselves. One plan included content that had been crossed out. It was not clear whether this meant that the content was no longer applicable or whether the amendments arose from a review or parental appeal. These examples appear to be document management issues, where mark ups or changes are making the status or history of the plan unclear. For final or completed plans, the lack of a local authority signature makes the plan's legal status ambiguous. However, given a lack of clarity about whether the documents in this

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<sup>15</sup> Sulp is a Social Use of Language Program designed to improve interpersonal and social skills.

<sup>16</sup> The National Teaching and Advisory Service (NT & AS) works with children and young people with SEN who are facing difficulty in accessing education.

<sup>17</sup> See Appendix 5 for a full breakdown of each plan's compliance with the 12 statutory requirements.

sample were draft or final plans, it is not appropriate to assume that the absence of local authority signatures in these cases demonstrated unlawful practice.

Where plans had a clear and consistent house style, it was easier to track statutory compliance. There were eight instances where section headings and content tables for elements such as Personal Budget, health provisions and social provisions were present and blank but not marked as non-applicable, causing some ambiguity.

One of the lowest scoring reviewed plans (Plan 19) did not comply with seven statutory elements including views of parents and child, social care provision, placement details, Personal Budget, evidence of advice and information in appendices, local authority signature and date. There is also some ambiguity in the information provided on the front page as shown in Figure 4.7. The question 'Is the child or young person in Public Care?' is recorded as 'No' whereas the right-hand box notes a 'Full care order' and an 'Interim care order' with 'Delete as appropriate' underneath. Given that these deletions are not made, there is potential for confusion among collaborators who may be new to the case. This signals the importance of attention to detail in both the design of the form and its completion when aiming to avoid ambiguity.

**Figure 4.7: Example of ambiguity**

Is the child or young person in Public Care? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Status of Care Order Full Care Order Interim Care Order (sec.20) Vol Accommodated <i>Delete where appropriate</i>
---	--

Though compliance with statutory requirements may not be related to the quality of experience or provision, it is important to note that where these are not adhered to, the plan has legal ambiguities that potentially impede its longer-term impact and the opportunity for stakeholders to hold each other to account. Generally, the review found compliance with statutory requirements to be strong across the sample.

### **4.2.3. The requirements and principles for EHC plans from the Code of Practice**

A summary of marks regarding the extent to which plans represent the principles of the Code of Practice and the 2014 Children and Families Act has been provided in Section 4.1.2. Each of these elements is discussed in turn in this section.

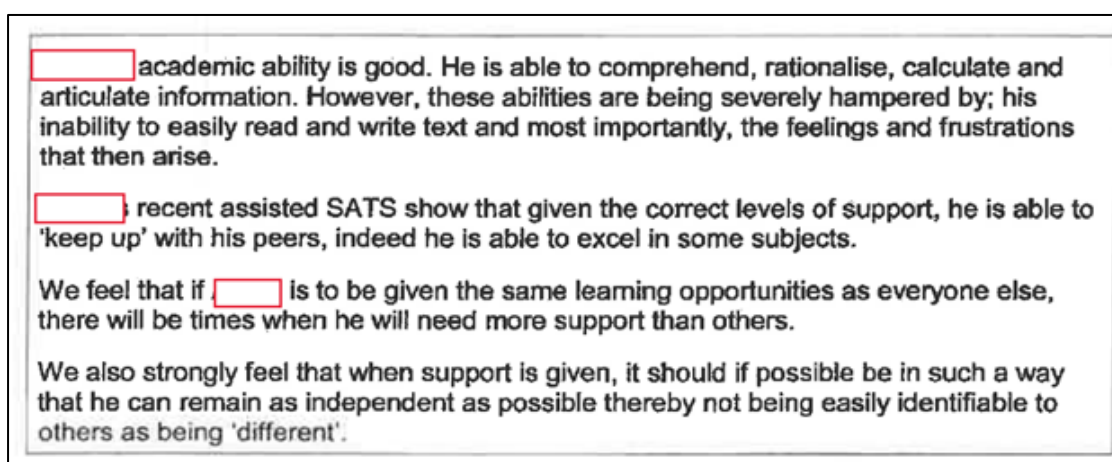


## Parent contribution

Paragraph 9.2 of the Code of Practice requires evidence that the parent has contributed to the plan and their views are reflected in it.

The mean score for this element was 7.94 out of 10, making parental contribution the highest scoring element overall (just one plan had no evidence of parental contribution). There were many examples of good practice in the sample. Figure 4.8 highlights a plan (from Plan 4) where the parental contribution is written in the first person and seems to be close to the parents' own words.

Figure 4.8: Example of parental contribution to the EHC plan



Parental contributions were often detailed and provided useful, personalised information. Where the parents' contributions were recorded in the first person, they came across as more authentic. However, there were also instances where the parental contribution seemed to have been written up by a professional since they were in third person and sometimes adopted 'professional speak':

***“[Child]’s mum and dad separated when he was nine and contact with his parent was through a contact centre and this has continued. [Child]’s mum worked and his aunt provided childcare.”***

Though the circumstances for using the third person were not possible to establish in this case, it seems reasonable to argue that writing these elements in first person is more helpful as a way of personalising the tone and content of the plan.

Practice was strongest when the views of parents and children were reflected in later sections such as in the assessment of needs, the outcomes and the provisions. For example, in one plan (Plan 14) parents explained the need for 'targeted support', and a range of forms of targeted support were recorded in the provisions section.

A degree of disconnect between the content of the parent/child contribution and the outcomes/provision sections was common in the plans that were reviewed. For

example, in Plan 3 the parents raised very significant concerns about their child's disengagement from his hobbies and from social interaction with the world outside school but no mention of this is made in the section labelled 'current assessment/ observation/ report', or in the outcomes about the school context and confidence in school learning. Though there were some vaguer accounts of reductions in anxiety through health provisions, these were not yet defined or at an 'offer' stage:

***“Outcome 12: [Child] will lower his level of anxiety and increase his level of self-confidence. [Child] will receive 4 play therapy sessions and a referral has been made to the X service and [child] is waiting for an emergency assessment within NHS waiting times in the light of decline in emotional wellbeing. [Child] has now been offered systemic family therapy at the X centre. Who will do it: NHS health Professional; By when: Ongoing at level determined by NHS family therapy team.”***

Overall, the review found that there is room to reduce the gap between the parent or child contribution and the assessment, outcomes and provisions detailed in the plans. For example, outcomes could be written using the language of the children and parents, and provisions could be written with reference to the perspective of the parents and the child or young person. This is important in a context where the Code of Practice (DfE and DoH, 2015, para 9.22) notes that the EHC planning process should 'enable children and young people and their parents to express their views, wishes and feelings' and throughout, 'be part of the decision-making process.' Where the content of the child and parent contribution is echoed in the outcomes and provisions section, person centred practice and collaboration can be evidenced more strongly.

It was also helpful when plans included targeted questions to support the parental contribution. Some include prompt questions such as 'What is working at home and at school?', 'What are your child's interests, abilities and strengths?' and 'As [child] gets older, what are your wishes for them?'. This enabled a balanced and full account of the parents' perspective to inform planning and provision as well as reflection on capabilities, which is helpful in forming a more positive assessment of the child's needs.

### **Contribution of child or young person**

Paragraph 9.2 and 9.22 of the Code of Practice require evidence that the child or young person has contributed to the plan and that their views are reflected in it. The mean score for this aspect was 6.83.

It was common for the child's perspective to be written in the third person. Sometimes this was in a form of language that seemed close to their actual words and at other times, the words were 'professional speak.' The following example is a

paraphrase from Plan 4 to illustrate writing in the third person that attempts to be close to the child's actual message:

***“[Child]’s favourite lesson is product design because she feels that she is quite good at it. She explains that once she has got the idea of the order of things, she can get some understanding and do well since the rest makes sense. She also likes science, PE and break times.”***

This child is described as having expressive language difficulties which may be why an adult had written for her (context is important in judging the quality of this element).

Generally, better practice was seen in EHC plans that recorded the child's perspective in first person, in ways that seemed close to their actual words (as in Plan 3, for instance: *“I am good at dancing. I have won medals and prizes for this out of school but I don't always talk about this to my friends”*) and where the format was child-friendly (as in Figure 4.5). Where the child's views had a clear and obvious impact on the assessments, outcomes and provisions recorded in the plan, this represented a more participative and personalised process. This was very rare in the sample, as were forms of presentation that might be age and stage appropriate and potentially more accessible and meaningful to the child or young person.

### **A full account of the child or young person's needs**

Paragraphs 9.2 and 9.61 of the Code of Practice state that the plan should include a full account of the child or young person's needs including positive descriptions of what the child or young person can do and has achieved. Most of the plans presented a detailed account of the child or young person's needs and the mean score for this element was 7.44, making it the second highest of the 10 requirements and principles reviewed. However, in most examples the content was dominated by accounts about what the child could *not* do rather than their achievements or capabilities, though this was sometimes balanced by the content of the parental and child's contributions. The below is an example of a plan where there was a better balance between strengths and areas of difficulty.

***“[Child] is making steady progress with reading or writing but finds maths more challenging. Due to his difficulties with writing, he finds it easier to communicate his ideas verbally, rather than writing them down... He has a positive attitude to learning. He likes to be independent and rarely asks for support...he is happy to attempt all tasks he has been given. However, he can be less keen to progress with tasks he finds more challenging. His organisational skills are poor and he needs constant support to prompt him to remember things.”***

Performance in this element was stronger when EHC plans provided precise and illustrative accounts, e.g.: *[child] is very sociable and is good at turn taking* (Plan 14). Here, a specific example of a capability and skill is given which provides a useful baseline for later review. Illustrative assessments were also more likely to include implications for practitioners that have the potential to inform more personalised and improved practices. The example below takes an approach that is potentially useful to all stakeholders:

***“[Child] has a keen sense of fairness and when he perceived that things are unjust, he might react in ways that seem very challenging. Those working with [child] need to know that he reacts badly if adults forget to do the things they said they would do. Sometimes, people misunderstand [child]’s reactions. For example, if he thinks that a game has been played unfairly, he will get angry. This is not because he wants to win, it will be because he thinks the game has been played unfairly and someone else should have won.”*** (Plan 8)

The vast majority of EHC plans in the sample did provide a detailed and developmentally holistic account of the child or young person’s needs, mainly focussed on the school context and with at least some smaller account of their capabilities and achievements. The highest scoring plans were very specific about difficulties *and* capabilities, providing useful illustrations and examples, sometimes drawing on school based assessments against key benchmarks.

### **Coordination of provision**

In accordance with paragraphs 9.2 and 9.61 of the Code of Practice, plans should show how education, health and care provision will be co-ordinated to support the child or young person as well as how the different types of provision contribute to different outcomes. The mean scores for co-ordination of provision and how different types of provision contribute to different outcomes were similar (7.0 and 7.06). These elements presented some difficulties for evaluation since for some individuals, needs were assessed as being solely educational. In these cases, health and social care were reported as not needed, left blank under section headings, or not mentioned. With this context in mind, the review team scored this element cautiously (i.e. positively) when there was evidence that educational support within school was being co-ordinated with engagement of outside agencies.

There were a range of practices across the sample. A high scoring plan for this element (Plan 1) documented collaborative working, explaining how the ‘SaLT team’<sup>18</sup> were working with a class teacher to plan the curriculum with reference to language content. The plan included a full list of people who had contributed to the

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<sup>18</sup> Speech and Language Therapy Team

plan (including from health, social care, language therapy, educational psychology, and occupational therapy), their names, and the dates of their contribution. In the provisions section of the plan, the full range of professionals involved in this are identified by role and collaborations between school and other staff are implied. This is potentially supportive to parents since it provides lines of accountability and communication that are important for continuity.

Across the sample, best practice was demonstrated through clear naming of what service (or even better, who) was delivering what and when, and in what quantity. It was also demonstrated through evidence that services and the family were working together to co-ordinate the provision during the delivery period:

***“Who will make what happen, when: those around [child] will use strategies to reduce anxiety and explosive behaviours. Parents to attend ‘What now’ course and Y [name of professional] and Z [name of professional] will support. Also, supporting will be Multi-agency autism team, children’s services to liaise with Y and Z, parents supporting in discussion with [child]’s siblings.”*** (Plan 13)

Where parents and families were included as collaborators and contributors to the provision, this may represent a more genuinely participative approach and may also demonstrate the core principle that ‘EHC plans should describe how informal (family and community) support as well as formal support from statutory agencies can help in achieving agreed outcomes’ (Code of Practice, para 9.61).

Further, as noted in the discussion about parental contribution, there is a general need to ensure that outcomes, targets, and provisions echo the content and tone of the parent, child, or young person’s recorded contribution.

The Code of Practice (DfE and DoH, 2015, para 9.69) notes that ‘Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget.’ All the reviewed plans included some form of quantification though there were some variations in degrees of specificity.

The best plans quantified provision through describing type, hours and frequency of provision in a clear way whilst emphasising the need for flexible deployment of the resource according to the child’s changing needs or circumstances. In the below example, clear accounts of school based provision were included in a section that mapped the outcomes sought with provisions:

***“School staff to model clear and consistent language for [child] and support this with gesture or Makaton if appropriate. When and how often***

***will this happen? Daily. School staff to provide sensory input such as deep pressure massage when [child] becomes upset.” (Plan 11)***

In the same plan, this was accompanied by a section labelled ‘Special Educational Provision required by the child or young person’ where the following precise account of resource was provided along with a named service provider and/or funding source:

***“26 hours Learning Support Assistant time per week or 6 hours specialist teaching time or a combination of the two. 4-6 sessions of direct Speech and Language Therapy per term.”***

This combination of planned flexibility at the point of provision, and a precise statement of resource, makes the plan easy to understand. However, Plan 11 (labelled as a final plan) also contained reference to provision with some ambiguity about whether this was being provided, whether it was a recommendation or whether it was a statement of desirable provision:

***“[Child] would benefit from an occupational therapy assessment and feedback of a session per year relative to environment adaptations, strategies and safety awareness development.***

***[Child] would benefit from a minimum of 3 Occupational Therapy sessions for the first two terms (to then be reviewed).”***

This arose in two other plans and suggests some need to clarify that EHC plans should contain reference to provision that will be made rather than provision that is desirable or not yet confirmed.

In summary, some form of quantification was present in all plans in the sample and the best accounts of quantification combined flexibility with precise accounts of how much resource was being applied.

## **SMART outcomes**

In accordance with paragraph 9.66 of the Code of Practice, outcomes should be specific, measurable, achievable, realistic and time bound (SMART). The mean score for this element was 7.11 out of 10.

The highest scoring plan for this element (Plan 8, also one of the two highest scoring plans overall) presented outcomes alongside specific targets and mapped provision to this in a very direct way. The mapping included details of who would be involved in delivering this outcome, the quantity of the support, the resources needed and time-referenced success criteria. However, it does also serve as an example where steps

towards an outcome (which should be a more defined outcome for the child/young person) can be confused with provisions.

The range in scores for this element was relatively large demonstrating variance in the quality of practice. However, lower scoring plans tended to demonstrate the following aspects of poorer practice:

- Confusing SMART targets with provisions (e.g. “[child] *to attend revision lessons*”)
- Presenting outcomes as longer-term aspirations without breaking this down into small, achievable steps useable for contextual review by stakeholders (e.g. “[child] *to gain confidence in his own abilities*”)
- Presenting ambitious, non-stepped targets which present the child/young person as the agent and focus for change, without explanation of how providers will shape their practice towards the outcome (e.g. “[child] *will reduce his level of school related anxiety and will not inhibit his ability to socialise so he is able to succeed academically and socialise with his peers and appropriate adults*<sup>19</sup>”)
- Presenting provisions without clear account for those involved of how the provision should be delivered to enable the achievement of the outcome or target (e.g. “[child] *will use the mentoring programme*”)
- Presenting outcomes separately from provisions so they are difficult to track
- Using a very general descriptor against a smaller step target that makes it difficult to evaluate (e.g. “*achieve functional literacy, to develop his literacy and numeracy skills*”)
- Outcomes or targets that omit elements of the child/parent contribution (e.g. being exclusively focussed on academic learning when parents have raised concerns about the young person’s engagement with his friends and his hobbies outside school; not using the child’s preferences or strengths as a basis for planning how best to support them)
- Omitting explanations for how the outcomes and targets are to be continuously reviewed.

Largely, the outcomes and provisions were designed around immediate difficulties and needs as they arose in a current year and context. This weakness in future

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<sup>19</sup> This is in a context where the young person is assessed to have significant mental health needs.



focus was an important finding of the review, as was the lack of focus on building on strengths and capabilities.

### Positive outcomes

Paragraph 9.64 of the Code of Practice presents the need for a focus on positive outcomes in the areas of education, health, independent living, community participation and employment. Across the 18 EHC plans, this element scored the third highest mean score of 7.39. Reviewers were cautious (i.e. positive) in their scoring since many plans were about educational needs and provisions only.

All the plans sampled focussed on positive outcomes and included some description of how provisions would take the child or young person in a positive direction in their education. Where applicable, most described how health and social care would also contribute to positive outcomes in health and independent living. All outcomes were framed in positive language.

Plan 4 provided examples of typical strengths across the sample, as well as areas that could be improved. The plan described positive outcomes across a broad range of developmental areas as follows (paraphrased):

***“[Child] will have a smooth transition to secondary school  
[Child] will be able to use independent care skills by the end of Key Stage 4  
[Child] will be able to recognise and manage his own emotional states by the end of Year 9  
[Child] will be able to achieve functional literacy by the end of Key Stage 3  
[Child] will be able to accept challenge”***

These outcomes were then mapped to provision but not refined into short term targets, potentially making it difficult to review the success of the provision in supporting the journey towards their accomplishment. This example also recorded health needs in the assessment section noting that *“[Child] struggles to sleep and can also wet his bed when his anxiety levels increase”*, but positive health outcomes related to these experiences are not listed and there is no indication of any collaboration with health services around this issue. There is also no evidence of assessment contributions from health professionals.

### The plan is forward-looking

Paragraph 9.5 of the Code of Practice requires evidence that plans are forward looking, for example in anticipating and commissioning for important transition points including adulthood. This element achieved a mean score of 5.83 which was the

lowest of all elements across the sample, and generally the sampled plans did not represent strong practice in adopting a future focus. In the parental contribution to the plan below, parents' comments referred to adulthood with some intention to advocate for their child who seems to have been unable to express his aspirations during the process of developing the plan. This implies some need to develop the process so that the child's expression of his aspirations (and what seems to be a very strong focus on the future even at a young age) can be better supported and more genuinely integrated into the plan.

***“[Child]’s expectation is that he will have a ‘normal’ life which includes a professional job and a girlfriend (possibly a wife) and his own home. We talked a lot about his future and he likes the idea of being a driving instructor a surveyor or an engineer... Unfortunately, the question in ‘my story’ about his future just overwhelmed him and he replied that he couldn’t possibly say what he was going to do when he was only 9 years old.”*** (Plan 1)

Another example (below) records some plans for the transition of the young person to College which implied some liaison and planning. This young person had stated that he wanted to “get onto the travel and tourism course” in the ‘All about me’ section of the EHC plan, and though the plan is focussed on his next transition point, his voiced goal is not listed as an outcome that is factored into provision. The extract also demonstrates that general rather than specific plans are in place for the management of transition as key services, roles or people are not named.

***“It was felt by College Y that [child] would benefit from enrolling on a foundation course first since Teaching Assistant support would be available and this would allow him to become familiar with the College environment before doing something more challenging and [child] agrees with this. It will be important for him to have a mentor since he does need to express his feelings. [child] will have some additional visits to the College to promote his familiarisation and it will be important for him to partake in sporting and other activities so he can make friends. Provision: Shared Teaching Assistant Support: Resource: Delegated funds of £6,000 and local authority top up of £5455.”*** (Plan 2)

For younger children, it appeared more difficult to adopt a future focus. However, for older children, where parents had communicated concerns about life skills, engagement with the wider community, hobbies, and life outside schools, these were very rarely represented in the outcomes and provisions. It is fair to say that the plans were also very focussed on education and provisions being made within school.

## Formal and informal support

In accordance with paragraph 6.61 of the Code of practice, plans should describe how informal (e.g. family and community) support as well as formal support from statutory agencies can help in achieving approved aspirations. This was the second lowest scoring element, with a mean score of 6.00. Reference to how informal and family support was to be 'networked' into the provision was absent apart from mention of siblings in one plan. In the best plans, formal provision was listed with reference to specific services and specific professionals and to the quantity and frequency of that provision. It is interesting to note that peers are not considered as an informal source of support in any plan. Similarly, wider community support (such as play groups, youth groups, parent networks) were not listed as part of the provision for any of the plans reviewed.

## Review date

Paragraph 9.61 of the Code of practice requires that a clear review date has been recorded on the plan and the review date is properly explained.<sup>20</sup> The mean score for this element was 6.72, with six plans providing a specific review date (or month and year of review date) that was easy to find. Others embedded this in general text about how the plan would be reviewed.

Two plans did not give a review date at all. In a requirement that could be clear and unambiguous, this is surprising and may be another aspect of writing the EHC plan that could be improved by a better document management system.

## 4.3. Summary

There was variable quality across various elements in the plans sampled. Though there is space to improve in all elements, stronger practice was observed in parental contribution, identification of need, positive outcomes, and the planning of SMART targets.

Weaker aspects were in representing (and potentially supporting) co-ordinated provision across education, health and social care, the child's contribution, inclusion of informal support and the representation of a future focus. It must be noted that the EHC plans included in this review were written in 2015, very soon after the implementation of the 2014 Children and Families Act and even sooner after the publication of the first Code of Practice. Given that the weaker areas of practice

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<sup>20</sup> Scored only for the presence of a review date as is in keeping with mandatory requirements with qualitative data to support analysis of the presence of an explanation.

represent the more significant cultural changes intended by the Act, it is not surprising that these were observed to need development.

Longitudinal studies may cast more light on improvements to quality over time and on whether this relates to improved positive outcomes for children and young people with SEND.

## 5. Relationship between EHC Plan quality and the user experience

This chapter brings together the data from the previous discussions to examine the extent to which satisfaction with the process is linked to the quality of the EHC plan (defined in terms of the scores from the expert review). It starts by contrasting the scores from the above average-rated local authorities, where we spoke to participants with high levels of satisfaction, with the below average-rated local authorities (participants who were dissatisfied) before moving on to explore the process factors common to the highest and lowest scoring plans.

### 5.1. Above average-rated local authorities versus below average-rated local authorities

Table 5.1 shows that there is little difference in the mean percentage scores for the above average-rated local authorities when compared to the below average-rated local authorities (79% versus 77%), meaning there is little evidence of a positive relationship between EHC plans' expert overall quality rating and user satisfaction. Additionally, there is very little difference between the scores for the extent to which the plan is accessible and represents the principles of the SEND Code of Practice and Children and Families Act.

**Table 5.1 Mean percentage scores, by local authority rating**

Measure: mean percentage score	Local authority rating		All Local Authorities (n=18)
	Lower than average (n=9)	Above average (n=9)	
To what extent is the plan accessible?	74	78	76
To what extent does the plan include all statutory requirements?	94	88	91
To what extent does the plan represent the principles of the Code of Practice and the Children and Families Act?	68	66	67
<b>Overall mean percentage score</b>	<b>79</b>	<b>77</b>	<b>78</b>

There is a very small difference between the scores for the extent to which the plan includes all the statutory requirements. Below average-rated local authorities scored

higher than those that were above average-rated (94% compared to 88%), though one should treat this difference with caution, given the small sample size. In the below average-rated authorities, instances of the EHC plan receiving above average scores from the Derby University review team tended to coincide with the parents having reported that they had been supported throughout the process; had received advice and support from another organisation; and/or had detailed knowledge of SEND legislation. Specific examples included:

- Involving the Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS), local information and advice charities;
- Working closely with an independent supporter or private advocate;
- Familiarising themselves with the Code of Practice or undertaking SEN training during the process (one had since become a SENCO and another attended IPSEA training).

## 5.2. Factors prevalent among plans with the highest and lowest scores

Consistent with the above, analysis of the process factors associated with the highest and lowest quality scores also highlighted the importance of parental involvement in the process:

- **Extent to which the plan is accessible:** Many parents, in cases where the plan received an above average score in terms of accessibility, were involved in initiating the process themselves, rather than the process being started by the school, local authority or a health professional.
  - Linked to this, where plans scored below average, a few parents reported that they were predominantly involved through the completion of forms about the family, and seemed to take less of a role in meetings about the child with specialists.
- **Extent to which the plan includes all statutory requirements:** Where plans achieved above average scores, many parents reported that they had worked closely with one individual, such as a SENCO or EHC coordinator during the process, or had been supported by SENDIASS or a local charity (as was the case in Section 5.1).
- **Extent to which the plan represents the principles of the Code of Practice and the 2014 Children and Families Act:** Again, a close working relationship with a particular individual or organisation was prevalent in the experiences of parents where the plan received a higher

than average score. In contrast, where plans scored less well, a few parents reported that the process of getting the plan was unclear, that it took a very long time (over a year), and that they felt that they wanted more information from the local authority about how the process works.

Although we cannot infer a direct link between experience and the quality of the plan due to the small sample size<sup>21</sup> and purposive sampling approach<sup>22</sup>, it does suggest that higher levels of parental involvement in the process may contribute to a more personalised plan and therefore a better outcome overall.

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<sup>21</sup> 18 EHC plans were analysed as part of this exercise, and 25 interviews were conducted with parents about their experiences.

<sup>22</sup> Individuals were specifically selected to take part in the qualitative research if they reported being satisfied in the 2016 survey and were from local authorities with above average satisfaction overall, or because they were dissatisfied and from local authorities with below average satisfaction overall. This was done to deliberately contrast more positive and more negative experiences.

## 6. Conclusions and recommendations

In this research, there was no clear link between satisfaction with the process and the expert panel's assessment of the quality of the resultant plan. Higher and lower quality plans were evident in the samples of both more and less satisfied families.

In part this may be because the factors defining a positive or negative experience were very much about the process of getting a plan, in a way that does not necessarily reflect the activities taking place behind the scenes (even though they had a significant effect on the level of stress placed on families). Families with positive experiences often attributed this to having a single point of contact to guide them through the process, access to specialist support and/or regular face-to-face contact with the professionals involved.

In contrast, those with negative experiences mentioned a lack of communication and/or difficulties in understanding how the process was meant to work or even uncooperative/adversarial relationships with some professionals involved. The timing of the process could also determine whether experiences were positive or negative – when plans were in place some time before key transition points then this was very helpful and meant families were able to use the plans as a firm basis for discussions with providers while some of those with negative experiences commented on long waits without an obvious acknowledgement from the local authority of the impact of this on their child.

However, some of the themes emerging from discussions of parents' experiences might be expected to impact on the quality of the resultant plans. Among parents with positive experiences, attempts to involve the child/young person in a meaningful way were mentioned as a key part of their experience. Similarly, a sense of being excluded from the process was commonly mentioned by those with negative experiences of the process. Some of those with negative experiences also commented that their plans felt generic, with these concerns reflected in some of the plans reviewed (e.g. where there was limited evidence of family input or some use of 'cut and paste' in compiling the plan). Overall, however, there was no notable difference in the quality of content between plans for families that were satisfied and those for families that were not.

The plans that were reviewed varied in quality across all the elements assessed. Generally, plans were judged to be better in terms of securing/documenting parental contribution, identification of need, positive outcomes, and the planning of SMART targets. The elements that were often less well addressed were representing (and potentially supporting) co-ordinated provision across education, health and social care, securing/documenting the child or young person's contribution, inclusion of informal support and the representation of a future focus.



The plans assessed for this review were written in 2015, very soon after the implementation of the 2014 Children and Families Act and even sooner after the publication of the first Code of Practice and this may explain some of the variation in quality between the different elements of the plan. Generally, the weaker areas of practice represent the more significant cultural changes intended by the Act, it is not surprising that these were seen to need development.

## **6.1. Practical recommendations for producing EHC plans**

Though the relationship between the quality of plans, user satisfaction and longer term positive outcomes is not yet proven, it is reasonable to assume that a high-quality plan can make an important contribution to continuity and longer term impact. From the review of the EHC plans made available for this research, it is possible to put forward some practical recommendations for ensuring the quality of EHC plans in the future. If put in place, these recommendations can support the construction of a plan that better enables:

- Shared communication, collaboration and participation among all stakeholders including parents and children
- Increased accessibility and accountability through clear, jargon-free plans with reduced ambiguity
- A useful, shared basis for evaluating the impact of provision upon outcomes
- Longer term, future-focussed plans in a context of clear communication and continuity
- More reliable processes for managing the status of the document throughout its development, ensuring that the plan is trustworthy, accurate and current

### **Practical recommendations for professionals involved in the creation of EHC plans: accessibility of plans**

- Ensure a consistent, clearly formatted house style of presentation with clear section headings
- Avoid sections of dense text
- Offer plans in alternative formats such as large text and easy-read
- Make the plan (or relevant parts of it) more accessible and meaningful to children and young people
- Provide explanations for professional or medical terms to support shared understanding across all stakeholders. Ensure that acronyms used within the locality are expanded and explained to support communication across stakeholders and other local authorities
- Present the plan in a consistent format (landscape or portrait) throughout to support readability on a digital screen

### **Practical recommendations for professionals involved in the creation of EHC plans: meeting statutory requirements**

- Develop document management processes to ensure that LA signatures are on all final plans
- Develop clear document labelling systems that reduce ambiguity so the status of the EHC plan is clear (draft, final, following annual review, following new statutory assessment)
- Where sections are blank, provide an explanation such as 'non-applicable' or 'no health needs currently identified' since this form of phrasing makes the plan more future focussed and less ambiguous
- Attend to details so that the data on the plan is unambiguous and accurate in all respects

## **Practical recommendations for professionals involved in the creation of EHC plans: reflecting the principles and requirements of the Code of Practice**

### *Parental contribution*

- Ensure that the parental contribution is written in the first person
- Use prompt questions to support the parental contribution (e.g. What are your hopes and aspirations for [CHILD]? What are [CHILD'S] strengths, interests, and achievements?)
- Ensure that the content and tone of the parental contribution is reflected in the design of outcomes
- List parents and other family members (such as siblings) as collaborators and contributors in the provisions section

### *Contribution of child/young person*

- Ensure that the child/young person's contribution is written in the first person and where possible in the body of the plan
- Present this in an appropriate age and/or stage style that is accessible and meaningful to them
- Ensure that the content and tone of the child's contribution is reflected in the design of outcomes
- Strive to list the child/young person as a contributor and collaborator in the provisions section

### *Accounts of needs and capabilities*

- Balance the description of difficulties with the description of achievements and capabilities
- Provide precise, illustrative accounts of difficulties, capabilities and achievements that can be used as a baseline for review
- Provide a developmentally holistic account (e.g. cognitive, social, emotional, sensory, community, career)
- Explain the meaning and contextual consequences of learning difficulties or diagnoses when these use terms that may not be understood by other stakeholders

*Contribution and co-ordination of provision to support the outcomes listed in the EHC plan*

- Provide clarification about who and/or what service provided what parts of the assessment information recorded on the plan
- Provide a list of all contributors, collaborators and providers with names and contact details to be shared across all parties
- Clarify who will collaborate with who in the provision and its ongoing development during the year of delivery
- Avoid ambiguity about who and/or what service is responsible for the provision and the outcomes listed in the plan
- Avoid ambiguity about the quantity/frequency of support to be provided and the timelines for its start and end
- Where appropriate, note the cost of the resource

*Focussing on positive outcomes and being future focussed*

- List positive outcomes to reflect all the developmental areas listed in the description of needs across education, health, and social care
- Ensure that the positive outcomes reflect the tone and content of the parental and child/young person's contribution
- Be careful to ensure that outcomes extend beyond the confines of the current context (i.e. addressing the future, in which the wider social community, independent living and employment may be relevant)
- Consider and plan for nearer transitions in detail, naming key stakeholders and collaborators to engage them at an early stage
- Wherever possible, strive to include planning for more distant transitions and for grander or longer-term aspirations to represent positive outcomes in adulthood

*Specifying SMART outcomes*

- List smart targets alongside the longer-term outcome to which they relate. Avoid representing outcomes as a code that links back to an outcome written in full in another section.
- Avoid presenting a *provision* as an outcome or target

- When noting a general provision (e.g. attendance at homework club) provide an explanation about how this should be delivered to meet the outcome rather than assuming that those providing this understand how this can happen
- Remember that outcomes are aspirational and longer term. Break these down into more measurable steps and plan the provision against these
- Ensure that outcomes and targets adopt the tone, content and aspirations of the parental and child contribution recorded in the plan
- Avoid presenting the child/young person as the agent and focus for change, without explanation of how providers will shape their practice towards the outcome
- Provide an explanation (within the plan) of how outcomes and targets are to be continuously moderated and who will collaborate in that
- Provide clear and unambiguous statements about the review date for the plan

# Appendix 1: Topic guides for qualitative interviews

## A Introduction

- Interviewer introduction.
- Thank participant(s) for agreeing to participate.
- **Background to the research:** You may remember that my company, IFF Research, has been commissioned by the Department for Education to speak with families and young people who have been involved in the assessment and development of an Education, Health and Care Plan (EHCP). The aim of this is to understand how families and young people are experiencing the process of getting an EHCP, and the outcomes of the EHCP.
- **REMIND IF NECESSARY:** An EHCP is a legal document that describes how a child's education, health and social care needs will be met, to help him/her achieve a set of agreed outcomes. For some children, this plan will replace a statement of special educational needs.
- There are no right or wrong answers, and you can stop at any time.
- **REASSURE:** We are interested today in hearing about your experiences of getting an EHCP. Nothing you say will have any impact on the education, care or support you receive or on your relationship with your local authority, school, or health or care providers. Your information will be kept confidential and will not be passed on. It will not be used publicly in any way that identifies you/your child, your/their school or college; or your local authority.
- **The interview will last approximately 45 minutes, but may be longer depending on what you have to say.**
- **Permission to record/take notes:** We like to audio record all interviews of this nature, and we will also be taking notes. The recording will only be used for analysis purposes. Is this ok?

## B Background to the child/young person and their family

- To start with, please can you tell me a little about your/your child's circumstances and needs? PROBE TO ESTABLISH TYPE(S) OF SPECIAL EDUCATIONAL NEED, WHETHER IN EDUCATION (AND IF SO WHAT SORT OF SETTING), WHETHER WORKING, WHERE LIVING AND WHO WITH
- And could you briefly tell me what sort of support you/they had been given over the years, before the EHCP was first discussed? PROBE: How well did this support seem to work, overall? Why?
  - **KEY – IF NOT EMERGED ALREADY:** Just to check, did you have a Statement of Special Educational Needs in place already? (NB Should not have had a Statement before but continue with interview if say they have).

## C Starting the process

- How did the subject of getting an EHCP first come up? Who first suggested it?
- And what happened next? Who made things happen?
- How easy or difficult was it for you to start the process of getting an EHCP? Why? PROBE: What, if anything, helped? What, if anything, made it more difficult?

- **KEY** – IF NOT EMERGED ALREADY AND HAD TO TRY MULTIPLE TIMES (B2=2/3 IN SURVEY): I understand you had to try to get an EHCP more than once. Can you tell me a bit more about how this came about? How did you feel about this? What effect did this have on you/your family? How might this situation have been avoided?

## D Next steps

- And once the process began, what did you expect to happen next? Where did this impression come from? How clear was it, what the process would be? Why? What, if anything, would have made it clearer?
- Please can you talk me through what happened next, step-by-step? PROBE FOR EACH STEP: Who was involved in this? As far as you know, what was the point of this? What did it achieve?

## E Being involved

- How much were you involved in the process of developing the EHCP? At what point(s) were you involved, and in way(s)?
  - IF PARENT: How much was your child involved in the process of developing the EHCP? At what point(s) were they involved, and in way(s)?
- How much were you/your child given choices about when and how to get involved?
- How did you feel about this? Why?
  - **KEY** - IF NOT EMERGED ALREADY: How well do you feel the EHC assessment process works for a child/young person of your/your child's age? Why?

## F Different services working together

- What sorts of professionals were involved in coming up with your EHCP? PROBE: What sorts of areas were they experts in (i.e. education, health, care), and who did they work for (e.g. the local authority, the school/college, the GP surgery)?
- How did they get involved? At what points? What effect did this have? What did you think of this?
- How much did these different types of professionals seem to be working together? What gave you this impression? What effect did this have? What did you think of this?
- **KEY** - IF PLAN COVERS EDUCATION, HEALTH AND CARE NEEDS (17 SUMMARY IN SURVEY): Just to check, I think your/your child's plan covers education, health and care needs?
  - IF SO: Did you notice anything specific being done to make sure that they were dealing with your education, health and care needs altogether?
  - IF SO: What? What did you think of this? What difference did it make to your experience of the process?

## G Information, advice and support

- Just to check, I think you mentioned (C2 = 1 IN SURVEY) that you received some / didn't receive any information, advice and support with the EHC assessment process. Is that right?
  - **KEY – IF RECEIVED INFORMATION, ADVICE AND SUPPORT (C2 = 1 IN SURVEY):** By that I mean information, advice and support from [NAMES OF PROVIDERS USED – C3\_2 IN SURVEY]. How specifically did they help you? What difference did that make?
- **ALL:** What (other) information, advice and support would have helped within the process of getting an EHCP? At what point(s)? Why?

## H Agreeing the EHCP content

- I think you mentioned it was (easy/difficult – G1\_3 IN SURVEY) to agree on the needs and support set out in the EHCP. Can you tell me more about why this was the case?
  - **KEY - IF NOT EMERGED ALREADY:** And do you think it makes it any easier or more difficult to agree the EHCP content when the EHCP is for a child/young person of **your/your child's age specifically**? Why?
  - **KEY - IF NOT EMERGED ALREADY AND IF PLAN COVERS EDUCATION, HEALTH AND CARE NEEDS:** And do you think it makes it any easier or more difficult to agree the EHCP content when the EHCP is dealing with education, health and care needs altogether? Why?
  - **KEY – IF RECEIVED INFORMATION, ADVICE AND SUPPORT (C2=1 IN SURVEY):** And do you feel that the information, advice and support you received from [NAMES OF PROVIDERS USED – C3\_2 IN SURVEY] made any difference to how easy/difficult you found it to agree on the needs and support set out in the EHCP? IF SO: How?

## I Timescales

- Roughly how long did it take to get the EHCP, from starting the process to getting the plan signed off? (I have **X** weeks here - is that right?) (C8 IN SURVEY)
- Was this longer, shorter or about the same as you expected? Why?
  - **KEY - IF LONGER:** What did you think was going on during this time? Where did this impression come from? **PROBE:** What, if anything, were you told? **IF UPDATED:** By whom?
  - **KEY - IF LONGER OR SHORTER THAN EXPECTED:** How did you feel about this? Why? **PROBE:** Do you feel your EHCP is better, worse or no different as a result of the amount of time spent on it? Why?



## J Views on the content of the final EHCP

- How do you feel about the final content of the EHCP? PROBE: Positive, negative? Why?
- I'm interested in how easy or difficult it is to understand your EHCP. ALL: I think you mentioned it was (easy/difficult – D1\_2 IN SURVEY) for you to understand – is that right? Why was that?
  - IF PARENT: I think you mentioned it was (easy/difficult – D1\_2 IN SURVEY) for your child to understand – is that right? Why was that?
- ALL: I think you mentioned you (did/didn't – D3\_1 IN SURVEY) feel your wishes and opinions were reflected in the final EHCP – is that right? Why was that?
  - IF PARENT: I think you mentioned you (did/didn't – D3\_2 IN SURVEY) feel your child's wishes and opinions were reflected in the final EHCP – again, is that right? Why was that?
- How do you feel the outcomes for you/your child described in the EHCP? PROBE: How appropriate or inappropriate are these? Why?
  - PROBE: To what extent does it include preparations for your/your child's next move in life, e.g. to school, college, Apprenticeship or work? PROBE: How appropriate or inappropriate is this? Why?
  - PROBE: Does it feel ambitious or aspirational enough for you/your child? Why?
- Overall, how do you feel about the outcomes described in your/your child's final EHCP? Why? (IF NECESSARY: Outcomes are benefits or differences you are hoping to achieve.)
- How could the content of the EHCP have been improved? IF SUGGEST IMPROVEMENTS: What difference would this have made?

## K Impacts

- You mentioned that you (agree / don't agree – E2 IN SURVEY) that the support described in the EHCP will achieve the outcomes agreed for you. Please can you tell me more about this? PROBE: What are you basing this view on?
- Has the EHCP already made any difference to you/your child's experiences of education, health or wellbeing? IF SO: In what way(s)? Can you talk me though how the EHCP did this?
  - PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E1\_2 IN SURVEY) that the EHCP has improved you/your child's experience of **education**? Is that right? Why do you say that?
  - PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E1\_3 IN SURVEY) that the EHCP has improved you/your child's experience of **health or wellbeing**? Is that right? Why do you say that?
- Do you think the EHCP will continue to make a difference to you/your child in future? IF SO: In what way(s)? Why do you think the EHCP will do this?
  - PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E3\_1 IN SURVEY) that the EHCP will improve you/your child's experience of **living independently in adult life**? Is that right? Why do you say that?

- PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E3\_2 IN SURVEY) that the EHCP will improve you/your child's experience of **fully participating in the wider community**? Is that right? Why do you say that?
- PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E3\_3 IN SURVEY) that the EHCP will improve you/your child's experience of **getting paid or unpaid work**? Is that right? Why do you say that?
- PROBE IF NOT EMERGED ALREADY: You mentioned that you (agree / don't agree – E3\_4 IN SURVEY) that the EHCP will improve you/your child's experience of **identifying their aspirations for the future**? Is that right? Why do you say that?
- **KEY** – IF NOT EMERGED ALREADY: And how well do you feel the EHCP caters to a child/young person of **your/your child's age specifically**? Why?
- **KEY** - IF NOT EMERGED ALREADY AND IF PLAN COVERS EDUCATION, HEALTH AND CARE NEEDS: How well do you feel the EHCP caters to your/your child having education, health *and* care needs?
  - What difference did it make, the fact that the EHCP was dealing with all three? Why?
- Thinking about your/your child's situation and needs, how might the EHCP have done a better job? PROBE TO ESTABLISH WHAT, IF ANY, SPECIFIC **EDUCATION, HEALTH OR CARE NEEDS** ARE FELT TO BE MISSING.
  - IF CONTENT COULD HAVE BEEN IMPROVED: And what could have been done differently in the process of getting the EHCP, to make sure the final EHCP met you/your child's needs better? PROBE, TO TRY TO LINK DEFICIENCIES IN **EHCP CONTENT TO PROCESS IMPROVEMENTS**.

## L Putting the EHCP into action

- Can you talk me through what has happened so far to put the EHCP into action?
- PROBE: What has been done? PROBE: Who has been involved?
- What has worked well about this? Why?
- What has worked less well? Why?

## M Monitoring and reviewing the EHCP

- How much do you know about how the EHCP will be reviewed?
  - IF TOLD ABOUT REVIEW PROCESS: How clear or unclear was this? Why? PROBE: Who told you this?
- Have you wanted to speak to someone about how the EHCP is working so far? IF YES: What did you do? IF ACTED: What happened next? How did you feel about this? EXPLORE IMPROVEMENTS IF RELEVANT.

## N Complaints and appeals

- How much do you know about what to do if you are not happy with something to do with the EHCP or the process of getting an EHCP?
  - IF TOLD ABOUT COMPLAINTS/APEALS PROCESSES: How clear or unclear was this? Why? PROBE: Who told you this?
- Have you wanted to tell someone about something you weren't happy with? IF YES: What did you do? IF ACTED: What happened next? How did you feel about this? EXPLORE IMPROVEMENTS IF RELEVANT.

## O Suggested improvements

- What would have improved your experience of the process of getting an EHCP? PROBE: What else?
- Of these, which thing(s) would have made the most difference? Why?

## P Collecting a copy of their EHCP content

### *IF HAS NOT BEEN POSSIBLE TO COLLECT EHCP IN ADVANCE*

- As we mentioned when we were inviting you to take part in this discussion, we would like to take a copy of your EHCP, by taking a photo of each page.
- The photos of each page would then be securely provided to experts working with us at Derby University who will consider how appropriate the content of the Plan seems to be.
- The photos will be anonymised so that no-one can see who the Plan belongs to.
- Sharing the EHCP will help us to better understand your experiences of the EHCP process. We appreciate your EHCP contains personal and sensitive details so the copy of the plan will be confidential and securely kept; it will not be shared with any other organisation, or used for purposes other than this research. It will be destroyed after the research, all in line with the Data Protection Act 1998. Please be aware that we won't be able to help you improve your Plan, but seeing what is written in it helps us to better understand your experience of the EHCP process and so provide better research to the government.
- Is this OK? [IF PARTICIPANT HAS CHANGED THEIR MIND AND REFUSES, YOU MUST ACCEPT THIS]

## Q Final comments and close

- What one piece of advice would you give the Department for Education, about how people's experiences of getting an EHCP could be improved?
- Is there anything else you'd like to feed back about this?

- Do you have any questions for me?
- On behalf of IFF Research, Derby University and the Department for Education, thank you very much for your time today.

## Appendix 2: Assessment of EHC plan quality

A summary of the review schedule used for the assessment of EHC plan quality is below:

### ***Part 1: Accessibility***

Evaluation of the extent to which:

- There is evidence that the plan is clear, concise, and accessible to parents, children, young people, providers, and practitioners (Code of Practice, Para 9.61)
- There is evidence of the availability of other formats (e.g. braille, large text, easy read version, alternative languages)

Maximum Score: 100

### ***Part 2: Statutory minimum checklist***

Audit of the presence of the following statutory sections (and where non-applicable, that this was noted under a section heading):

- The views, interests and aspirations of the child and his/her parents or the young person
- The child or young person's special educational needs (SEN)
- The child or young person's health needs which are related to their SEN
- The child or young person's social care needs which are related to their SEN or to a disability
- The outcomes sought for the child or young person are specified
- The special educational provision required by the child or the young person is specified and quantified
- Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN is specified and quantified
- Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the CSDPA (1970) is specified and quantified. Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN is specified and quantified
- Placement
- Personal Budget (including arrangements for direct payment)
- Advice and information is present in the appendices
- There is a local authority signature and date

Maximum Score: 120 (10 per item)

***Part 3: Principles and requirements***

Evaluation of the extent to which:

- There is evidence that the parent has contributed to the plan and their views are reflected in it (Code of Practice, Para 9.2)
- There is evidence that the child or young person has contributed to the plan and their views are reflected in it (Code of Practice, Para 9.2, 9.22)
- There is evidence that the plan includes a full account of the child's or young person's needs including positive descriptions of what the child or young person can do and has achieved (Code of Practice, Para 9.2, 9.61)
- The plan shows how education, health and care provision will be co-ordinated to support the child or young person (Code of Practice, Para 9.2, 9.61)
- The plan shows how the different types of provision (above) contribute to different outcomes (Code of Practice, Para 9.2, Para 9.61)
- There is evidence that outcomes are specified and are SMART (specific, measurable, achievable, realistic, time bound) (Code of Practice, Para 9.66).
- There is a focus on positive outcomes in the areas of education, health, independent living, community participation and employment (Code of Practice, Para 9.64)
- There is evidence that the plan is forward looking (e.g. in anticipating and commissioning for important transition points including adulthood) (Code of Practice, para 9.5)

- The plan describes how informal (family and community) support as well as formal support from statutory agencies can help in achieving approved aspirations (Code of practice, para 9.61)
- A clear review date has been recorded on the plan and the review process is explained (Code of practice, para 9.61) <sup>23</sup>

#### ***Part 4: Summary evaluation***

- Part 1: Accessibility: Percentage of maximum score
- Part 2: Statutory Minimum Checklist: Percentage of maximum score
- Part 3: Principles and Requirements: Percentage of maximum score
- Part 4: Overall Score: Mean of percentage score

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<sup>23</sup> Scored only for the presence of a review date as is in keeping with mandatory requirements, with qualitative data to support analysis of the presence of an explanation.

## Appendix 3: Moderation and the expert review team

The research team comprised 10 SEND expert reviewers listed below.

Dr Deborah Robinson	Lead researcher  Reviewer	Deborah is the Director of the Centre for Educational Research and innovation at the University of Derby.  She has extensive experience of working in schools as a Deputy Head and SEN Co-ordinator and is a published author in SEN and inclusive practice. She is a member of a LA commissioning board and has expertise in professional development for SEN.
Dr Geri Codina and other SEND expert staff (Andy Bloor, Chris Bristow, Trevor Cotterill, Ang Davey, Sarah Roeschlaub, Mel Smith)	Reviewers	Geri is a Senior Lecturer and PhD supervisor within the Institute of Education at the University of Derby. She has extensive experience of working as a SEN Co-ordinator in schools and her research has explored inclusive practice and well-being for children with Special Educational Needs. Members of the review team have wide experience as strategic leaders in LAs, specialist advisory teachers, officers in SEN statutory services, Special Needs Co-ordination, teaching in special and mainstream schools and lecturing.
Pam Bullen	External Moderator and Advisor	Pat Bullen is the East Midlands SEND Reforms Lead, Leicester City Council.  Pat has over 30 years of experience as a teacher, Head teacher and senior education leader, having qualified in 1984 to teach children with severe learning difficulties.  Pat has worked as an independent educational consultant and leads SEND Reforms at



		Leicester City Council. Pat was involved in the Pathfinder for EHC planning and personalisation and has extensive experience of leading effective practice in this area.
Professor Brian Lamb (OBE)	External Moderator and Advisor	Brian Lamb OBE is a policy adviser and expert in SEND. Brian is a consultant specialising in strategic change and innovation in the public sector with a focus on children with SEND. He was Chair of the Lamb Inquiry into Parental Confidence in SEND which helped form the basis of the current reforms to the SEND framework. Brian is also the founding Chair of the charity Achievement for All (3A's), which improves the outcomes of children and young people with SEND and has supported more than 4,000 schools and other settings in England and Wales over the last five years.

## Appendix 4: Moderated scores from expert review

Plan sample no. <sup>24</sup>	Plan from local authority rated above or below average for satisfaction	To what extent is the plan accessible? Percentage score following moderation	To what extent does the plan include all statutory requirements? Percentage score following moderation	To what extent does the plan represent the principles of the Code of Practice and the Children and Families Act? Percentage score following moderation	OVERALL SCORE Mean Percentage score
<b>Mean</b>	-	<b>76.11</b>	<b>90.89</b>	<b>67.1</b>	<b>79</b>
1	Below	70	100	79	<b>83</b>
2	Below	100	92	68	<b>87</b>
3	Below	80	92	79	<b>84</b>
4	Below	70	92	70	<b>77</b>
5	Below	65	100	62	<b>76</b>
6	Below	70	100	74	<b>81</b>
7	Above	90	83	64	<b>79</b>
8	Above	90	83	87	<b>87</b>
9	Below	60	92	57	<b>70</b>
10	Below	75	83	74	<b>77</b>
11	Above	80	92	74	<b>82</b>
12	Above	70	92	71	<b>78</b>
13	Above	60	92	81	<b>78</b>
14	Below	75	92	71	<b>79</b>
15	Above	85	92	63	<b>80</b>
16	Above	85	100	81	<b>89</b>
19	Above	75	67	29	<b>57</b>
20	Above	70	92	58	<b>73</b>

<sup>24</sup> EHCP Sample 17 and 18 were not useable as they were incomplete.

## Appendix 5: Results of the audit of statutory elements

Plan sample no.	The views, interests and aspirations of the child and his/her parents	The child's SEN	The child's health needs which are related to their SEN	The child's social care needs which are related to their SEN	The outcomes sought for the child are specified	The special educational provision required by the child is specified and quantified	Any health provision reasonably required by the learning difficulties or disabilities which result in the child having SEN is specified and quantified	Any social care provision which must be made for a child under 18 <sup>25</sup>	Placement details	Personal Budget <sup>26</sup>	Advice and info. is present in the appendices	There is a local authority signature and date	Extent to which the plan includes all statutory requirements? Percentage Score following moderation	TOTAL SCORE Percentage Score following moderation
1	y	y	y	y	y	y	y	y	y	y	y	y	100	83
2	y	y	y	y	y	y	y	y	y	y	y	n	92	87
3	y	y	y	y	y	y	y	y	y	y	y	n	92	84
4	y	y	y	y	y	y	y	y	y	y	n	y	92	77
5	y	y	y	y	y	y	y	y	y	y	y	y	100	62
6	y	y	y	y	y	y	Y	y	y	y	y	y	100	79
7	y	y	y	n	y	y	Y	y	y	n	y	y	83	79
8	y	y	y	y	y	y	Y	y	y	n	y	n	83	87
9	y	y	y	y	y	y	n	y	y	y	y	y	92	70
10	y	y	y	y	y	y	Y	y	y	y	n	n	83	77
11	y	y	y	y	y	y	Y	y	y	y	y	n	92	82
12	y	y	y	y	y	y	y	y	y	y	n	y	92	78
13	y	y	y	y	y	y	y	y	y	y	y	n	92	78
14	y	y	y	y	y	y	y	y	n	y	y	y	92	76
15	y	y	y	y	y	y	y	y	y	y	n	y	92	77
16	y	y	y	y	y	y	y	y	y	y	y	y	100	86
19	n	n	y	y	y	y	y	n	n	n	n	n	67	57
20	y	y	y	y	y	y	y	y	y	y	y	n	92	73

<sup>25</sup> This is resulting from section 2 of the CSDPA (1970). Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN is specified and quantified

<sup>26</sup> Including arrangements for direct payment

## Appendix 6: Moderated scores per item

Document Number (Derby)	There is evidence that the parent has contributed to the plan and their views are reflected in it (Code of Practice, Para 9.2	There is evidence that the child or young person has contributed to the plan and their views are reflected in it (Code of Practice, Para 9.2, 9.22)	There is evidence that the plan includes a full account of the child's or young person's needs including positive descriptions of what the child or young person can do and has achieved (Code of Practice, Para 9.2, 9.61)	The plan shows how education, health and care provision will be coordinated to support the child or young person (Code of Practice, Para 9.2, 9.61)	The plan shows how the different types of provision (above) contribute to different outcomes (Code of Practice, Para 9.2, Para 9.61)	There is evidence that outcomes are specified and are SMART (specific, measurable, achievable, realistic, time- bound) (Code of Practice, Para 9.66)	There is a focus on positive outcomes in the areas of education, health, independent living, community participation and employment (Code of Practice, Para 9.64)	There is evidence that the plan is forward looking (e.g. in anticipating and commissioning for important transition points including adulthood) (Code of Practice, para 9.5)	The plan describes how informal (family and community) support as well as formal support from statutory agencies can help in achieving approved aspirations (Code of practice, para 9.61)	A clear review date has been recorded on the plan and the review process is explained (Code of practice, para 9.61)	To what extent does the plan represent the principles of the Code of Practice and the Children and Families Act?	TOTAL SCORE	Percentage Score following moderation
1	9	7	7	9	9	9	8	5	6	10	79	80	
2	9	7	8	8	7	7	7	6	5	4	59	87	
3	10	7	8	8	7	8	9	5	7	10	79	84	
4	10	7	6	7	7	8	8	6	6	5	70	77	
5	7	5	5	7	7	7	7	5	6	6	65	83	
6	10	7	9	10	6	6	7	6	5	8	74	81	
7	7	8	9	4	7	8	6	2	6	7	64	79	
8	8	8	9	10	9	10	9	9	8	7	87	87	
9	7	8	4	6	5	8	5	7	7	0	57	70	
10	8	8	8	7	7	7	8	7	7	7	74	77	
11	9	9	10	7	5	7	8	7	7	5	74	82	
12	8	7	8	5	9	7	6	8	6	7	63	75	
13	7	7	8	8	9	9	8	7	8	10	81	78	
14	9	7	9	7	7	7	7	7	6	5	71	76	
15	7	7	7	8	6	7	8	4	5	10	63	77	
16	10	10	8	5	9	7	10	7	5	10	74	86	
19	0	0	6	2	4	2	6	7	2	0	29	57	
20	8	4	5	8	7	4	6	0	6	10	58	73	



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