

Workstream 2A – Effective EHC Plans

**An analysis of 40 EHC Plans for children and young people
with sensory impairment**

Author: *Lilias Reary*

Date: *November 2015*

Version: *vP1*

Status: *For publication*

Preface



This report was commissioned using funding provided by the Department for Education under contract with NatSIP, the National Sensory Impairment Partnership:



Contact:

Lindsey Jane Rousseau, NatSIP Facilitator

T: 07711 030711

E: lindsey.rousseau@natsip.org.uk

W: www.natsip.org.uk

Copyright © NatSIP 2015



This document is copyright © NatSIP 2015, and is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License. For more details please see <http://creativecommons.org/licenses/by-sa/4.0/>

You are free to share — copy and redistribute the material in any medium or format, adapt — remix, transform, and build upon the material for any purpose, even commercially, under the following terms:

Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

Share Alike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.

No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.

Workstream 2A – Effective EHC Plans

**An analysis of 40 EHC plans for children and young people
with sensory impairment**

Table of Contents

1. Background	5
1.1 Introduction and purpose	5
1.2 The Sample.....	5
1.3 Confidentiality.....	5
1.4 Method.....	5
2. Results and discussion.....	6
2.1 Positive aspects of the plans.....	6
2.2 The information to be included in an EHC plan	7
2.3 Section-by-section analysis	8
2.3.1 EHC Plan Section A	8
2.3.2 EHC Plan Section B	10
2.3.3 EHC Plan Section C	11
2.3.4 EHC Plan Section D	12
2.3.5 EHC Plan Section E	13
2.3.6 EHC Plan Section F	15
2.3.7 EHC Plan Section G	17
2.3.8 EHC Plan Section H1	18
2.3.9 EHC Plan Section H2	19
2.3.10 EHC Plan Section I	20
2.3.12 EHC Plan Section K	22
3. Next steps.....	23

1. Background

1.1 Introduction and purpose

One of NatSIP's objectives is to support professionals in writing effective education, health and care (EHC) plans for sensory impaired children and young people and ensuring they fully comply with the Special Educational Needs and Disability (SEND) Code of Practice (2015)¹ with regard to their content.

The purpose of this analysis is to help guide the development of training, tools and practical guidance in this area.

1.2 The Sample

40 EHC plans, minus appendices, were obtained from at least 32 different local authorities across England. (It was not possible to identify the local authority responsible for three of the plans).

All the EHC plans in the sample were for children or young people with a sensory impairment (hearing impairment, vision impairment, or multi-sensory impairment). Due to difficulties in acquiring a sufficient number of plans, the majority of plans in the sample were for children and young people with a hearing impairment. However, this should not detract from the general findings of this report, as no significant differences in terms of quality and content of the plans could be attributed to the type of sensory impairment. The plans also covered a wide range of ages from early years to seventeen years of age. It is not possible to give an exact breakdown of ages represented, as the date of birth had been removed in some plans in order to ensure the anonymity of the child or young person.

It is acknowledged that this is a small sample compared to the many EHC plans that have been written. However, these plans come from local authorities all over England and the intention was to identify emerging trends.

1.3 Confidentiality

In all cases an undertaking was given that a child, young person, their family and local authority would not be named or identified in any situation, written format or oral presentation.

1.4 Method

A tick sheet, based on the content to be included in an EHC plan as described in the Code of Practice, paragraph 9.62, was created to provide a quantitative analysis of the content of the plans in the sample.

The individual sections of all the plans were then read in order to carry out a qualitative assessment of the content.

¹ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

2. Results and discussion

2.1 Positive aspects of the plans

This review focused primarily on areas for development, but it also looked for complete EHC plans or aspects within them that could be presented as good practice examples.

In the event, none of the EHC plans in the sample provided all the required information as set out in the Code. However, there were some aspects in a number of plans which are worthy of sharing and these include:

- The use of a **single page summary** to introduce the child or young person seemed to provide a good succinct pen portrait of the child or young person. Some plans gave very little, or even no personal information about the child or young person while others wrote up to six pages. The single page summary, on the other hand, generally consisted of several speech bubbles with each bubble containing a single topic of two to three sentences about, for example, the child's likes or dislikes; brothers and sisters; how best to support them; things they were good at; what other people thought about them, etc. Older children seemed to prefer the use of boxes (with headings similar to the topics covered in the speech bubbles) to convey their information.
- **Ways of accessing parental views.** It was clear that many local authorities had given a lot of thought to this aspect, but despite the effort, many of the parental views and aspirations were focussed entirely on the provision they wanted for their child in their current situation. The fullest and most helpful responses from parents were elicited when local authorities asked parents to record their views by breaking their answer into three parts, using short, medium and long term time frames.
- **Identifying special educational needs.** Almost all the local authorities (98%) identified a range of special educational needs (SEN) for each child. However, there was quite a variation in the quality of the content in this section. The clearest picture of the child or young person's SEN was achieved when reference was made to results of assessments and observations undertaken, and was even more effective when the reader was signposted to the relevant report in the appendices for more detailed information.
- **The use of tabular formats to join sections.** This was used to advantage in some plans to join together Section E (Outcomes) and Section F (SEN Provision). The format seemed to clarify thinking while ensuring that provision was clearly linked to outcomes and needs, being especially effective when the steps towards achieving the outcome were also included. However, the table format seemed counterproductive when local authorities included more than two sections in one table, e.g. Sections, B, E, F, G (Health Provision); and H1 and H2 (Social Care) as this presented a confusing picture.
- **The use of jargon/technical language.** For this review, the reports appended to the EHC plans were not accessed and so the use of jargon within these individual reports was not assessed. Jargon was still present in many of the actual plans but, overall, its use seemed to be reduced while there was evidence of a conscious effort in several plans to write in plain English and to explain jargon when it was used. This trend is to be encouraged.

The remainder of Part B in this report will focus on the areas identified as being in need of further development.

2.2 The information to be included in an EHC plan

The Code of Practice para 9.62 states:

The format of an EHC plan will be agreed locally... However, as a statutory minimum, EHC plans **must** include the following sections, which **must** be separately labelled from each other using the letters below (A-K). The sections do not have to be in the order below and local authorities may use an action plan in tabular format to include different sections and demonstrate how provision will be integrated, as long as the sections are separately labelled.

Despite the Code being very clear about the content, 15 (37%) of the EHC plans audited did not fully meet the above specification. The reasons were:

- Missing out complete sections (6 plans).
- Using the letters required by the Code, but the content of the sections did not match that required by the Code (3 plans).
- Using own individualised format (3 plans) but still presenting it as an EHC plan.
- Putting several sections together (often E, F, G, H1, H2) and not labelling the different elements or not labelling them clearly (2 plans).
- Conflating the structure of a statement of SEN and an EHC plan by using parts 1-5 with the parts containing some elements of the requirements of an EHC plan (1 plan).

The deviation from the 'statutory minimum' of how to label and title the different sections, was an unexpected finding, but one which should be very easily corrected.

Further, many of the plans which had all the sections did not, in fact, have all the content required in each section by the Code of Practice.

2.3 Section-by-section analysis

2.3.1 EHC Plan Section A

The views, interests and aspirations of the child and his or her parents or young person.

The table below shows the information to be included (as described in para 9.62 of the SEN COP; the actual number of plans meeting that specification (also expressed as a percentage of the 40 plans under review); and additional information gleaned from the sample under review.

Information to be included	Number with the information (max 40)	Observations
Children and young person's aspirations and goals for the future	21 (52.5%)	This aspect was lacking in almost 50% of the plans, largely in the younger age group (Foundation Stage and Key Stage 1). It was also lacking in a few plans for older children, e.g. for a young person in Year 10 who had sensory and additional needs. Some included the actual questionnaire that had been used to elicit aspirations and goals and gave no further comments.
Parental aspirations and goals for their child in the future	30 (75%)	Often very short term and about 'wants' in relation to provision (e.g. a particular resource base, full-time teaching assistant support, etc.) rather than aspirations.
Details of play, health, schooling, independence, etc.	17 (42.5%)	Even where information was given, it was often very brief and seldom included all aspects.
How to communicate with the child	21 (52.5%)	This information was sometimes contained in a different section of the plan. It was not always easy to find in the correct section as it was in a long section of prose – only occasionally did it have a clearly marked dedicated subsection.
The child/young person's history	20 (50%)	This result represents the history recorded in Section A as required – history was sometimes given in Section B (SEN) and / or Section D (Health needs).
If written in first person, must make clear if child being quoted directly or views of parents/professionals	2* (17%)	*12 plans (40%) included writing in the first person, but only 2 made it clear whether or not it was the child doing the writing and so the percentage is based on these numbers.

Issues for consideration

- This section was extremely variable in length – some being just a single page and others being at least six pages.
- This section had more parts/sub-headings missing than any other. It seemed in some cases that local authorities were simply writing to the title of the section and not realising the other required information as described in para 9.69 of the Code (i.e. focussing on aspirations but not on the other requirements shown in the table above).
- The history of the child was missing in half the sample but was sometimes included in other sections, especially Sections B and C – the child or young person's special educational needs.

- Very few plans used clearly marked sub sections within this section making it difficult to find the required information.
- Must explore reasons for not including the views of children and young people at all ages, but particularly in Key Stage 1 and below and then identify better ways of accessing child/young person's views and aspirations.

Positive aspects

- The use of a single page summary introducing the child or young person (as contained in the model plans developed by NatSIP²) seemed an effective way to give an introduction to a child.
- A good way to access parental views and aspirations (and to avoid getting 'wants' for specific provision) seemed to be achieved by asking them to think in the short, medium and long terms.

² <https://www.natsip.org.uk/index.php/send-reforms/ehc-plans>

2.3.2 EHC Plan Section B

The child or young person's special educational needs.

Information to be included	Number with the information (max 40)	Observations
All the child / young person's SEN must be identified	39 (98%)	Almost all plans completed this requirement – one just described the sensory needs. Very often, the SEN were described in very general terms with 20 (50%) making little or no reference to assessment results.
SEN may include needs for health and social care provision treated as SEN provision	10* (25%)	10 plans made explicit reference to this aspect; however, the need for therapy input (especially speech and language therapy input) was implicit in many more.

Issues for consideration

- Little reference to assessment findings and/or current levels of functioning and achievement. Such information may be available in the appendices, but it would seem helpful to identify baselines at this point against which future progress can be assessed. It is acknowledged that this is not a stated requirement in the Code.
- In some cases the description of need was becoming so general and in such simple language that it was preventing a clear understanding of the needs, e.g. 'he tries hard to listen and his voice is not always clear', 'she is getting on better with her language now she is wearing her hearing aids more'.

Positive aspects

- Most plans seemed to identify a range of needs.
- In several plans, where technical language was used (jargon) there were attempts to describe these terms in clearer everyday language.

2.3.3 EHC Plan Section C

The child or young person's health needs related to their SEN

Information to be included	Number with the information (max 40)	Observations
Must specify any health needs related to the child / young person's SEN	19 (48%)	Although nineteen plans completed this section, the input often recorded provision currently being given rather than need. In most cases the input did not give the impression it had been contributed directly by health.
The Clinical Commissioning Group may also choose to include other health needs which might need managing in an educational setting.	12 (30%)	Covered areas such as motor co-ordination, heart problems, ASD, epilepsy. Generally, expressed as statements of a condition rather than a need.

Issues for consideration

- More help needed from health colleagues to be clear about the actual *needs* of the child/young person as the plans:
 - seemed to be recording what was actually happening and available, or
 - although the additional needs expressed seemed appropriate to be included, they tended to be stated as conditions rather than the resulting health need / implications for the educational setting.

2.3.4 EHC Plan Section D

The child or young person's social care needs related to their SEN.

Information to be included	Number with the information (max 40)	Observations
Must specify any social care needs requiring provision for a child / young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970	5 + 5* (12.5% + 12.5%)	*These five children/young people are either in the referral process (2) or undergoing assessment (2) while the family of the 5th child/young person had been asked to make a request for advice on safety alarms in the home.
Local authority may also include other social care needs, not linked to SEND, such as child in need or child protection plan etc. <i>(Inclusion only with consent of parents)</i>	0 (0%)	This section was usually left blank, although some did make comments such as 'not applicable' or 'no social care involvement'.

Issues for consideration

- Five families are being referred to social care at a point where the EHC plan is being written. We would question why this was not an integral part of the assessment process for the plan.
- In five plans, social skills and social development needs are recorded in this section, but are being catered for (apparently appropriately) by education personnel – they are not mentioned later in either section H1 or H2 and so seem to indicate a misunderstanding of the content required for this section. They read as lower level needs that will be responded to by attending school based social skills groups.
- Some of the responses in this section (e.g. 'not known to social care', 'no details available', etc.) did not seem to demonstrate co-ordination and effective partnership working between the agencies.

2.3.5 EHC Plan Section E

The outcomes sought for the child or the young person

Information to be included	Number with the information (max 40)	Observations
A range of outcomes over varying time-scales (clear distinction between outcomes and provision)	<p>Range 34 (85%)</p> <p>Varying time-scales 22 (55%)</p>	<p>Most had a range of outcomes, although one plan had only two outcomes. Two plans only cited provision while several interspersed provision with outcomes. Two used the terms long term goals and short term targets. One plan only provided outcomes for sensory needs and none for learning, although the child clearly had learning needs.</p> <p>13 plans did not provide time-scales and 5 gave the same time-scale for all the outcomes – usually the end of a Key Stage.</p>
SMART outcomes (Code para 9.66)	0	Not one plan met the five requirements (SMART) in all of their outcomes. The most common shortcomings were failure to include a timescale, specificity and measurement.
Steps towards achieving outcomes	9 (22.5%)	Most plans appeared to omit this requirement, while some responded to it by outlining provision. 3 put steps in Section F, but did not label as a Section E requirement; 2 stated they were leaving it to the school to set the steps.
Arrangements for monitoring progress, including review and transition arrangements.	10 (25%)	10 plans included it in this section as required. The majority of the others put it towards the end of the plan in a separate, additional section.
Arrangements for setting shorter term targets by early years provider, school, college, etc.,	9 (22.5%)	This requirement was overlooked in the majority of cases, although was in a few cases included in a separate, additional section at the end of the plan for monitoring progress.
Forward plans for key changes in a child / young person's life, e.g. changing schools, moving from paediatric services to adult health.	7 (17.5%)	Seldom detailed, but, in 7 cases, contained an alert to the fact that provision would be required; however, there were many more that should have included this aspect.

Issues for consideration

- Lack of SMART (specific, measureable, achievable, relevant , time bound) outcomes and steps makes monitoring progress difficult (e.g. 'within 3 years to be able to use some Makaton signs', 'further develop attention and listening skills').
- It seemed difficult for some to differentiate between *steps for an outcome* and *detailed teaching strategies*, e.g. 'language used will be clear, tasks will be broken down into manageable steps and it is important to check that he understands where he is expected to be and what he should be doing...'

- The steps in one EHC plan were described in the heading as ‘these are the things we would like to be able to do!’
- Steps and school-based targets were sometimes regarded as being the same with one plan recording that step-by-step targets will be set each year to help work towards the outcomes while another indicated the setting would be responsible for setting the steps.
- The requirement to include or signpost the need for plans for a transition was often overlooked.
- Many plans included the requirements for monitoring at the end of the plan, rather than in this section as required by the Code.
- Time-scales, where used, were generally the same for all outcomes and most often this was the end of a key stage or phase in education – such a choice seems to make good sense but is this acceptable in terms of the Code which asks for ‘varying time-scales’?

2.3.6 EHC Plan Section F

The special education provision required by the child/young person

Information to be included	Number with the information (max 40)	Observations
Provision must be <i>detailed</i> and <i>specific</i> and normally <i>quantified</i> (note if supported by a personal budget).	7 (17.5%)	Most plans did not meet all three requirements. 'Specific' and 'quantified' were the two descriptors causing most problems, while 'detailed' in several plans was interpreted as providing long lists of teaching strategies.
Provision must be specified for every need noted in Section B of the EHC plan	21* (52.5%)	* Most plans appeared to meet most of the needs identified; however, this was only readily identifiable in 21 cases.
Should be clear how the provision supports achievement of the outcomes	28 (70%)	Many showed the outcomes and provision in one table and this seemed helpful. However, some failed to label clearly that one column was Section E (Outcomes) and the other Section F(Provision).
Health and social care provision must appear here if it educates or trains.	23 (57.5%)	This was all health provision and generally speech and language therapy.
Should specify: <ul style="list-style-type: none"> Any facilities, equipment, staffing and curriculum Modifications to the curriculum Any exclusions from the curriculum or course studied post 16 Where residential accommodation required 	40 (100%)	All plans specified at least one of the bullet points – usually staffing and/ or equipment. Modifications to curriculum were always general, e.g. 'differentiated.' No exclusion from curriculum or a post-16 course was noted.
If there is a personal budget, should specify the outcomes it is supporting.	0	No personal budgets were allocated for educational provision. An amount for specialist support was recorded as a personal budget in one plan, but this was an indicative cost awarded to a child's educational setting over and above their notional SEN funding. There was no indication parents wanted this funding or had asked for it at any stage.

Issues for consideration

- Many plans described provision in woolly terms such as 'would benefit from...'; 'have access to...'; 'have opportunities to...'; 'speech and language as required'; 'speech and language as provided by health'; 'Teacher of the Deaf provision to be specified by the service'; and 'input, as required, to develop receptive BSL skills.'

- One plan listed 39 bullet points for provision and did not show their relationship to either outcomes or SEN.
- Many plans included classroom teaching strategies in the provision, e.g. 'make sure you do not cover your face when speaking to X'. While this latter point is important, it should not feature in this format in this section.
- In one plan there was a lack of clarity over the description of the person required to support the pupil – 'sessions with a qualified person of learners with VI.'
- Ensuring there is provision for every need proved quite challenging where plans had identified very detailed needs. It begs the question - if the outcomes are reflecting the needs, does this mean all the identified needs will have been covered?

2.3.7 EHC Plan Section G

Health provision required by the learning difficulties/disability which result in the child/young person having SEN

Information to be included	Number with the information (max 40)	Observations
Provision should be detailed and specific and should normally be quantified	(15)* (37%)	Only two out of the fifteen plans could be regarded as having sufficient detail to be regarded as detailed, specific and quantified. Phrases used included 'as deemed by the health authority' and 'normally commissioned'.
Be clear about how this provision supports achievement of outcomes, including the health needs to be met.	0	No plan related provision to any outcomes.
May include specialist support and therapies, e.g. medical treatments, occupational therapy, physio, specialist equipment (wheelchairs, continence pads).	7 (17%)	There seemed to be no good reason for putting speech and language here as, in all cases, it was central to the child / young person's educational development.
Local authority or CCG may also specify health care not related to the learning difficulties or disabilities.	4 (10%)	The areas identified would have implications for the education setting – epilepsy, cardiac problems, etc.

Issues for consideration

- Six of the plans in this section identified the required provision as speech and language therapy, putting it in this section rather than Section F, Educational provision.
- The content tended to be very general and seemed to be recording what was already in place and read more like a box filling exercise rather than a real consideration of the child/young person's actual health needs in relation to education.

2.3.8 EHC Plan Section H1

Social care provision which must be made for a child/young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.

Information to be included	Number with the information (max 40)	Observations
Provision must be detailed, specific and normally quantified	(4)* 10%	*In the 4 cases reported as having social care needs related to their SEN in this section – the provision was given in very broad terms (e.g. 'long term support from CDT'; 'short term breaks'; 'as agreed by the social care team'; 'no details available') and therefore did not meet the criteria required.
It should be clear how the provision will support outcomes	0	No examples related the provision to any outcomes.
Must specify all services assessed as being needed under section 2 of the CSDPA 1970.	Do not know	Due to lack of detail, it is not possible to know whether or not all services were specified in the 5 cases currently receiving input. A further 4 cases were just being assessed and were at the referral stage.
May include services for parent carers of disabled children.	Do not know	Not enough information given.

Issues for consideration

Note: Issues to be considered are being made on H1 and H2 together as the issues tend to go across both. They follow Section H2 below.

2.3.9 EHC Plan Section H2

Any other social care provision required by the learning difficulties/disabilities which result in the child/young person having SEN.

Information to be included	Number with the information (max 40)	Observations
Social care provision identified through early help and children in need assessments and safeguarding assessments for children. (Must only have those services which are not provided through Section 2 of the CSDPA. Should include any provision through a social care direct payment.	1 (2.5%)	Recorded residential short breaks
Any adult social care provision required by those over 18 and set out in an adult care and support plan.	N/A	This was not applicable to any of the plans in the sample

Issues for consideration

N.B. Issues to be considered are being made on H1 and H2 together as the issues tend to go across both.

- Some confusion about which section to use for different services and support, e.g. visual alarm systems appeared in both H1 and H2.
- Concern that this section and the following was left blank for 3 children who seemed to have clear needs for social care provision - 2 children with MSI and one registered as blind.
- Another child, who was said to be receiving short breaks in Section D, did not have any provision recorded in either H1 or H2.
- One response simply said 'not known to social care'.
- One response in section D stated only that there was an 'open case', with sections H1 and H2 both stating that details were unknown.
- Concern that 5 cases are being assessed as part of the EHC plan – would have thought this should have been part of the information required for the EHC plan.
- At least 5 plans appeared to confuse social emotional needs with social care provision.

2.3.10 EHC Plan Section I

Placement

Information to be included	Number with the information (max 40)	Observations
Name / type of school, maintained nursery, post 16 institution, etc.	39 (97.5%)	Local authorities very aware of this procedure.
Details must only be in final EHC plan	39 (97.5%)	As above

Positive aspect

- This is one section that is clearly understood by virtually all the local authorities and requires no further work.

2.3.11 EHC Plan Section J

Personal budget (including arrangements for direct payments)

Information to be included	Number with the information (max 40)	Observations
Detailed information on any personal budget used to secure provision for EHC plan.	1 (2.5%)	This was not detailed, although the amount was for £13,000. One other plan indicated that 'suitability for a personal budget was being assessed' and no further details were given.
Must specify the outcomes and SEN outcomes that are to be met by any direct payment.	0	Outcomes were not specified.

Issues for consideration

- On examining more closely the only plan indicating the existence of a personal budget, it became clear that the family were not accessing this option and there was no indication that they had even been considering it. It seemed as if the local authority was using this section to indicate the top up amount allocated to the settings notional SEN budget.
- Sections 9.95 and 9.97 of the Code state that the amount of money to deliver the provision should be indicated where the parent or young person is involved in securing the provision or if the local authority is requested to do so by the parent or young person. Neither situation seemed to be applicable in this particular plan.
- Section 9.102 states the amount should be indicated to parents or young people if they are in the process of setting up and agreeing the personal budget. Again, this does not appear to be the case in this plan. It looks more as if the local authority wants to be open about the costs involved and could be doing this routinely in all plans.

2.3.12 EHC Plan Section K

Advice and information

Information to be included	Number with the information (max 40)	Observations
A list of the advice and information gathered for the assessment.	30 (75%)	Another 3 plans had put this information at the beginning of the plan, but had not labelled it as section K.
Advice/information set out in appendices.	10* (25%)	*This number has to be interpreted with caution as, for the purposes of this exercise, no appended information was requested or submitted. Some of the plans stated that appendices would indeed be part of the plan and this provides the number in the previous column. Two plans indicated appendices could be accessed on request, while another stated the advice had been 'incorporated' into the plan.

3. Next steps

Our analysis indicates that professionals with responsibility for EHC needs assessments and plans would benefit from further training and support on the content of the Plan.

NatSIP therefore proposes to develop an online tool/checklist setting out all the information required in an EHC plan as described by the Code, with a link to more detailed guidance and models of the type of information required in that section.

NatSIP also proposes to pilot a series of training workshops.

-- End of Document --