

Local Area EHC Plan Quality Assurance Framework

December 2022



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Introduction

The Greenwich SEND Local Area Partnership (LAP) refers to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in the local area. The Greenwich SEND LAP is the geographical footprint of the local authority. The Greenwich SEND LAP will work to ensure that the assessed special educational needs of children are supported with consistently good quality Education, Health and Care (EHC) Plans. The SEND LAP is aspirational for all children and committed to giving them the opportunity to thrive by ensuring there is quality provision in place to meet identified needs, support outcomes and plan for transition.

This document sets out how the Greenwich SEND LAP will work collaboratively to consistently produce good quality EHC Plans that:

- Have been developed alongside children and families.
- Are aspirational.
- Clearly identify the child's special educational needs.
- Have SMART, achievable outcomes.
- Have provision clearly specified and quantified.
- Clearly support transition and preparation for adulthood.

The Greenwich SEND LAP reviewed and revised the EHC Plan template in July 2022 and this may be reviewed again following the outcome of recent consultation for the (Green Paper) SEND Review.

Note throughout this document the term:

'Parent' is inclusive of anyone with parental responsibility, including carers and corporate parents.

Please contact the SEND Assessment and Review Service if you have any queries:

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I. The Education, Health and Care Plan Explained

I.1 There is currently no national template for EHC Plans, however there are minimum statutory requirements and EHC Plans must include Sections A-K.

I.2 The agreed format is:

A. The views, interests and aspirations of the child and their parents, or of the young person	<ul style="list-style-type: none">• Details about the child or young person's aspirations and goals for the future. When agreeing the aspirations, consideration should be given to the child or young person's aspirations for paid employment, independent living and community participation.• Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical).• A summary of how to communicate with the child or young person and engage them in decision-making.• The child or young person's history.• If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.
B. The child or young person's special educational needs (SEN)	<ul style="list-style-type: none">• All of the child or young person's identified special educational needs must be specified.• SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train the child or young person.
C. The child or young person's health needs which relate to their SEN	<ul style="list-style-type: none">• The EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the child or young person's SEN. Some health care needs, such as routine dental health needs, are unlikely to be related.• The Integrated Care Board (ICB) may also choose to specify other health care needs which are not related to the child or young person's SEN (for example, a long-term condition which might need management in a special educational setting).

<p>D. The child or young person's social care needs which relate to their SEN</p>	<ul style="list-style-type: none"> • The EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child or young person's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970. • The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion must only be with the consent of the child and their parents.
<p>E. The outcomes sought for the child or the young person</p>	<ul style="list-style-type: none"> • A range of outcomes over varying timescales, covering education, health and care as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people aged over 18. Therefore, for young people aged over 17, the EHC Plan should identify clearly which outcomes are education and training outcomes. • A clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome, it is not an outcome in itself. • Steps towards meeting the outcomes. • Forward plans for key changes in a child or young person's life, such as changing schools, moving from children's to adult care and/or from paediatric services to adult health, or moving on from further education to adulthood. • For children and young people preparing for the transition to adulthood, the outcomes that will prepare them well for adulthood and are clearly linked to the achievement of the aspirations in section A.

<p>F. The special educational provision required by the child or the young person</p>	<ul style="list-style-type: none"> • 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. • Provision must be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes. • Where health or social care provision educates or trains a child or young person, it must appear in this section. • There should be clarity as to how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it • In some cases, flexibility will be required to meet the changing needs of the child or young person including flexibility in the use of a Personal Budget. • The plan should specify: <ul style="list-style-type: none"> ○ any appropriate facilities and equipment, staffing arrangements and curriculum ○ any appropriate modifications to the application of the National Curriculum, where relevant ○ any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum ○ where residential accommodation is appropriate that fact ○ where there is a Personal Budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment, must be included in the plan and these should be set out in section J)
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<p>G. Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN</p>	<ul style="list-style-type: none"> • Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it. • It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget. • Clarity as to how advice and information gathered has informed the provision specified. • Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate). • The local authority and ICB may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the Plan.
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<p>H1. Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)</p>	<ul style="list-style-type: none"> • Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment). • It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified. • Section H1 of the EHC plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. These services include: <ul style="list-style-type: none"> ○ practical assistance in the home ○ provision or assistance in obtaining recreational and educational facilities at home and outside the home ○ assistance in travelling to facilities ○ adaptations to the home ○ facilitating the taking of holidays ○ provision of meals at home or elsewhere ○ provision or assistance in obtaining a telephone and any special equipment necessary ○ non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break) • This may include services to be provided for parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.
<p>H2. Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN</p>	<ul style="list-style-type: none"> • Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children. Section H2 must only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment. • Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in

	<p>an adult care and support plan) under the Care Act 2014.</p> <ul style="list-style-type: none"> The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the local authority to include in the EHC plan social care provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan.
I. Placement	<ul style="list-style-type: none"> The name <i>and</i> type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution (or, where the name of a school or other institution is not specified in the EHC plan, the type of school or other institution to be attended by the child or young person). These details must be included only in the final EHC plan, <i>not</i> the draft EHC plan sent to the child's parent or to the young person.
J. Personal Budget (including arrangements for direct payments)	<ul style="list-style-type: none"> This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC Plan. It should set out the arrangements in relation to direct payments as required by education, health and social care regulations. The special educational needs and outcomes that are to be met by any direct payment must be specified.
K. Advice and information	<p>The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC Plan. There should be a list of this advice and information.¹</p>

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

2. The Local Area EHC Plan Quality Assurance Framework

2.1 EHC Plans will be randomly selected to be quality assured by Quality Assurance Panels against eight standards:

- i. The EHC Plan clearly records the views, interests and aspirations of the child, young person and their parents.
- ii. The EHC Plan provides a comprehensive picture of the child or young person, identifying strengths and achievements as well as needs requiring support or intervention.
- iii. The outcomes are clear, concise and SMART.
- iv. The EHC Plan is person centred and aspirational and informs the outcomes. The Plan clearly outlines how education, health and social care will work together to support the achievement of the agreed outcomes.
- v. All agencies involved with the child, young person and their parents have contributed to the EHC Plan and provided recent advice.
- vi. The EHC Plan specifies and quantifies the provision required.
- vii. The EHC Plan is forward looking and considers where appropriate transition planning and preparation for adulthood.
- viii. The EHC Plan is well formatted, jargon free and written in plain English.

2.2 Each member of the Quality Assurance Panel will review an EHC Plan and make a judgement on each of the eight standards.

Judgements

4 – Excellent: Consistently meets required standard.

3 – Good: Some inconsistencies, but overall meets the required standard.

2 – Poor: High degree of inconsistency and does not meet the required standard. EHC Plan should be updated at next Annual Review.

1 – Inadequate: Information provided is unsatisfactory and does not reflect any of the required standards. EHC Plan requires immediate review.

Overall Judgement – Total Score

32 – 28	27 – 20:	19 – 12:	11 – 8
Overall Excellent	Overall Good	Overall Poor	Overall Inadequate

- 2.3 Quality Assurance Panels will summarise Panellists' findings, identifying strengths and areas for improvement, alongside recommendations and any required professional development.
- 2.4 The implementation of recommendations and CPD will be monitored by the SEND Improvement Board.

3. The Local Area EHC Plan Quality Assurance Panel

- 3.1 The SEND LAP will constitute 3 Quality Assurance Panels that meet 6 times per year (every 1/2 term). Each panel will quality assure 4 EHC Plans, a total of 72 per year:
- One EHC Plan from Pre-school/ Primary Phase.
 - One EHC Plan from the Secondary Phase.
 - One EHC Plan from the Post 16/Post 19 Phase.
 - One EHC Plan where the child or young person is known to Social Care, the Youth Offending Service or the SEND Tribunal Team.
- 3.2 Each Quality Assurance Panel will consist of 4 representatives that will be a combination of:
- A school representative
 - A health representative
 - A social care representative
 - An educational psychologist
 - A SEND Outreach Services representative
 - A SEND Assessment & Review representative
- 3.3 EHC Plans, including all appendices (Section K) will be circulated for review to panellists at least ten working days in advance of the Quality Assurance Panel meeting.
- 3.4 Panellist will be required to record individual judgements in advance on agreed templates, which will be discussed in detail during the Quality Assurance Panel meeting, with the chair producing an overall judgement template.
- 3.5 Draft outcomes of Quality Assurance Panels will be circulated to Panellists within 5 working days of meeting and be ratified by the chair within 10 working days of the meeting.
- 3.6 Termly reports will be provided by the Head of SEND Assessment & Review to the SEND Improvement Board, and the parent representative group highlighting progress made implementing recommendations and CPD initiatives across the Greenwich SEND LAP.

4. The Local Area Quality Assurance Templates

4.1 Example of Individual Quality Assurance Scorecard

Quality Assurance Local Area Scorecard	
Panellist Information	
Date	<input type="text"/> Name <input type="text"/>
Representing	<input type="text"/>
EHC Plan Information	
Name	<input type="text"/> DoB <input type="text"/>
Primary Need	<input type="text"/> Provision <input type="text"/>
Year Group	<input type="text"/> EHC Plan Issue Date <input type="text"/>
Quality Standard	Judgement
1 The EHC Plan clearly records the views, interests and aspirations of the child, young person and their parents.	
2 The EHC Plan provides a comprehensive picture of the child or young person, identifying strengths and achievements as well as needs requiring support or intervention.	
3 The outcomes are clear, concise and SMART	
4 The EHC Plan is person centred and aspirational and informs the outcomes. The Plan clearly outlines how education, health and social care will work together to support the achievement of the agreed outcomes.	
5 All agencies involved with the child, young person and their parents have contributed to the EHC Plan and provided recent advice.	
6 The EHC Plan specifies and quantifies the provision required.	
7 The EHC Plan is forward looking and considers where appropriate transition planning and preparation for adulthood.	
8 The EHC Plan is well formatted, jargon free and written in plain English.	
Overall	
Comments/Recommendations	

4.2 Example of Combined Quality Assurance Scorecard

EHC Plan Information													
Name			DoB										
Primary Need			Provision										
Year Group			EHC Plan Issue Date										
Quality Standard						Rep 1 Judgement		Rep 2 Judgement		Rep 3 Judgement		Rep 4 Judgement	
1 The EHC Plan clearly records the views, interests and aspirations of the child, young person and their parents.													
2 The EHC Plan provides a comprehensive picture of the child or young person, identifying strengths and achievements as well as needs requiring support or intervention.													
3 The outcomes are clear, concise and SMART													
4 The EHC Plan is person centred and aspirational and informs the outcomes. The Plan clearly outlines how education, health and social care will work together to support the achievement of the agreed outcomes.													
5 All agencies involved with the child, young person and their parents have contributed to the EHC Plan and provided recent advice.													
6 The EHC Plan specifies and quantifies the provision required.													
7 The EHC Plan is forward looking and considers where appropriate transition planning and preparation for adulthood.													
8 The EHC Plan is well formatted, jargon free and written in plain English.													
Overall Sub Total													
Overall Judgement													
Comments/Recommendations													

5. Securing Continuous Improvement & Governance

- 5.1 The recommendations made by the Greenwich SEND LAP Quality Assurance Panels will be used to develop a programme of CPD across the SEND LAP. This will be monitored termly by the SEND Improvement Board with clear targets in place for all partners.
- 5.2 An annual report will be produced outlining the findings of the Greenwich SEND LAP Quality Assurance Panels with a focus on:
- I. Timeliness and compliance.
 - II. Identified strengths.
 - III. Areas for development.
 - IV. Impact of CPD across the partnership..
 - V. Next steps and recommendations

5.3

