



Education, Health and Care Plan (EHCP) Quality Assurance Framework

November 2023

Summary document of the Shropshire
EHCP Quality Assurance Framework

Introduction

A process and framework for the quality assurance of EHCPs was co-produced and implemented across the Shropshire SEND system in 2021. This document represents the revised EHCP Quality Assurance Framework 2023. The process, criteria and responsibilities are subject to regular review to ensure the model is effective, learning is disseminated, and improvements made as a result. This document sets out the agreed quality assurance process and framework following review.

Shropshire Vision

"Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We want them to thrive and live their best life."

Principles

The Shropshire EHCP Quality Assurance framework provides a structure through which managers, leaders, partners and stakeholders can analyse the quality of EHCP planning, support and compliance with statutory responsibilities specific to the EHCP framework, local and national guidance, so that children and young people with SEND in Shropshire can achieve positive outcomes and pursue their aspirations successfully.

Our approach to Quality Assurance is informed by five core principles.

1. **Participation:** we will listen to and engage co-productively with children and young people and parents / carers.
2. **Responsibility and accountability:** all professionals take responsibility and are accountable for the quality of their work, including being prepared to explain their judgements and actions to people who use Shropshire services, to senior leaders, and to the public.
3. **A culture of shared learning and understanding through the process of QA:** we will engage pro-actively in the process of quality-assurance, take on board feedback and development opportunities, and promote a learning organisational culture.
4. **Dynamic collaborative feedback and review:** we will pro-actively seek out and welcome regular collaborative feedback and review from those using Shropshire services.
5. **Consistently high-quality and impactful:** we seek to improve our support continuously to ensure a consistently high-quality offer across the county. Our work around quality-assurance is designed to have a direct impact on improving experiences and outcomes for children and young people and their families.

The following standards will be used throughout the Quality Assurance process:

1. Quality Standard One
EHCPs clearly record the views, interests and aspirations of the child or young person and their parent/carers and these are (a) fully represented within the plan and (b) inform the outcome of the plan.
2. Quality Standard Two
EHCPs are clear, concise, understandable, and accessible and outcomes are SMART. In addition, they should be aspirational, person centred and identify strengths.

3. Quality Standard Three
EHCPs are holistic, all agencies involved with the child or young person, and their parent/carers, have contributed to the plan within timescales.
4. Quality Standard Four
EHCPs clearly describe the child or young person's special educational needs, their strengths and capabilities and specify the support and intervention required. Where there is a medical diagnosis, the EHCP will focus on the impact of the diagnosis for the individual child or young person and not solely on the diagnosis itself.
5. Quality Standard Five
EHCPs specify how education, health and care services will work together to meet the child or young person's needs and support the achievement of the agreed outcomes, including transition planning for adulthood and independence.

Quality Assurance

All EHCPs will be measured against the Quality Assurance Framework. The levels below describe the mechanism to ensure that all EHCPs meet the required standards, at an operational level, multi-agency level and strategic level to ensure a unified approach.

Level 1 (Individual Agency QA):

Each individual agency will make arrangements to quality assure advice prior to submitting their reports to the SEN Team. This is to ensure that quality advice is available at the first point of writing or amending an EHCP so that everyone who is part of the SEND workforce has a role to play in improving the quality of Education, Health and Care Plans.

Level 2 (LA SEN Team Senior Case Officer QA):

Every draft EHC Plan will be quality assured by a Senior Case Officer in the SEN Team using the Quality Assurance Framework and feedback will be provided using the Feedback for Draft Education, Health and Care Plans (EHCP) form (Annexe A). This will support the development of the case Officers' EHC Plan writing skills and develop consistency in plan writing. The EHC Plan is issued when graded at least 'Good'. Reports provided by SEND Team will show the number of plans which have been re-graded through the QA process

Level 3 (Thematic QA):

Themes from the Feedback for Draft EHCP Form will be collated by the SEN Team Manager who will provide a termly summary of learning and feedback to each agency. This will support the continuous improvement cycle.

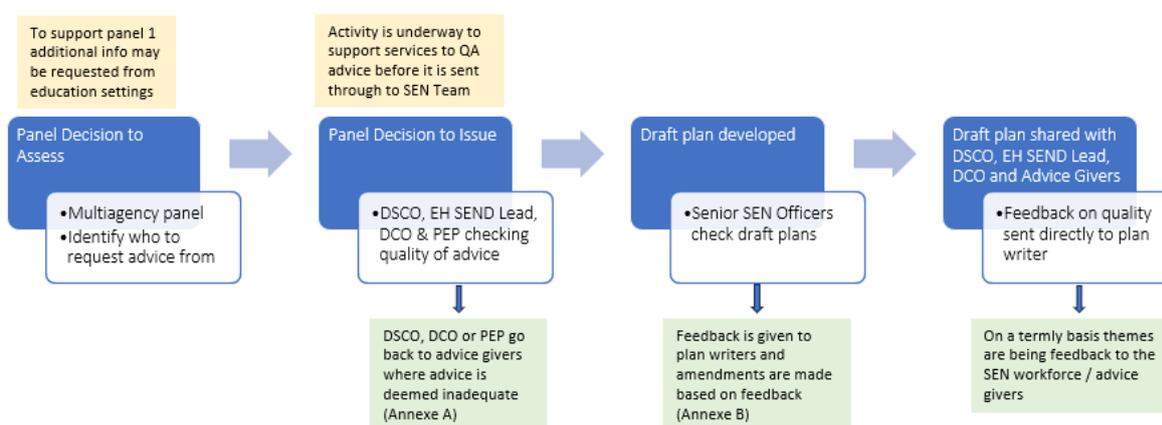
Level 4 (Multi-agency Operational QA):

Each week, the SEN Team Manager and Senior Case Officers will quality assure every draft EHCP and one in five of these plans will be quality assured during the SEN Panel by a multi-agency team of LA officers and Health Partners using the Quality Assurance Framework and scoring criteria. This will be known as Operational Quality Assurance and will inform staff training and practice improvement. The outcomes will be reported to the monthly Quality Assurance Group.

Level 5 (Strategic QA):

A sample of EHCPs selected from each of the Early Years, Key Stage 1 and 2, Key Stage 3 and 4 and Post 16 phases will be quality assured termly by senior officers and senior members of multi-agency teams together with representatives from the Parent/Carer Forum and SENDIASS using the Quality Assurance Framework and scoring criteria to provide an on-going cycle of developing and delivering good quality practice and high quality EHCPs. This will be known as Strategic Quality Assurance and will ensure maximum engagement and impact. The outcomes will be reported to and reviewed by the SEND Partnership Board

QA Processes – Closing the loop and escalation:



Continuous improvement loop

The strategic QA feedback collected will provide evidence by which we can review and improve our performance, identify areas of good practice as well as areas for improvement which in turn will support identification of new priorities. It will also tell us more about the experience of individuals in receipt of education, health and care plans and our commitment towards continuous improvement with the aim of promoting good outcomes and focus on preparation for adulthood.

Feedback from children, young people and families

Communications about the EHC needs assessment, engagement in co-producing their EHCPs and their experience of annual reviews is currently gathered through routine mechanisms, including, but not limited to the following:

- Feedback survey for parents and carers included with each new and amended plan.
- Feedback survey for children and young people sent to education with each new and amended plan.
- Bitesize feedback requested after every communication from young people, families and partners.

Framework for Quality Assurance

The table below sets out the consistent criteria to be used for Quality Assurance at each level.

4. Inadequate	3. Requires Improvement	2. Good	1. Outstanding
<ul style="list-style-type: none"> ● The EHCP is not compliant with the Code of Practice i.e. crucial aspects that should be included are missing or ● Information is included in the wrong section or ● There are obvious administrative errors (name, pronouns, typos etc.). 	<ul style="list-style-type: none"> ● The EHCP fulfils all key requirements of the Code of Practice – all relevant information is included and ● Information is included in the correct sections and ● There are no obvious administrative errors. 	<ul style="list-style-type: none"> ● The EHCP fulfils all key requirements of the Code of Practice – all relevant information is included and ● Information is included in the correct sections and ● The EHCP is mostly well-written with an appropriate level of detail throughout. 	<ul style="list-style-type: none"> ● The EHCP fulfils all key requirements of the Code of Practice – all relevant information is included and ● Information is included in the correct sections and ● The EHCP is well-written and clearly presented throughout, providing a holistic view of Education, Health and Care Needs and a “Golden Thread” between Needs, Provision and Outcomes linked to the CYP’s aspirations.

Quality Standard One	Quality Standard Two	Quality Standard Three	Quality Standard Four	Quality Standard Five
The EHCP clearly records the views, interests and aspirations of the child, young person, their parents and carers and these are fully represented within the plan and inform the outcome of the plan.	EHCPs are clear, concise, understandable, and accessible and outcomes are SMART. In addition, they should be aspirational, person centered and identify strengths.	The EHCP is holistic, all agencies involved with the child, young person, their parents/ carers have contributed to the plan within timescales.	EHCPs clearly describe the child or young person’s special educational needs, their strengths and capabilities and specify the support and intervention required. Where there is a medical diagnosis, the EHCP will focus on the impact of the diagnosis for the individual child or young person and not solely on the diagnosis itself.	EHCPs specify how education, health and care services will work together to meet the child or young person’s needs and support the achievement of the agreed outcomes, including transition planning for adulthood.

Quality Assurance Score

Quality Assurance is structured around the 11 sections of the EHCP. Each section contains a small number of descriptors of good practice, derived from the SEND COP. For each section the QA team will be asked to record:

Quality score for each section:

Using the scale below and the descriptors for each section, enter a score (1-4 from inadequate to outstanding) for each section.

Commentary:

Record key strengths, areas for improvement and rationale for the score

Quality score for the overall plan

Considering the above, a score for the plan, as a whole

EHCP Quality Assurance framework: Descriptors

Section of the EHCP	Descriptor of good practice	Yes/No or N/A	Quality score 1 Outstanding 2 Good 3 Requires improvement 4 Inadequate	Commentary Strengths/Areas for improvement
Section A: Views, interests and aspirations and journey so far	1. The child / young person’s views, interests, and strengths are captured in depth, as well as their hopes, aspirations and goals for the future (e.g. securing paid employment, independent living, full participation in community activities), as a person, rather than as a set of needs.			
	2. The child / young person’s history is captured succinctly and accurately – including family background, educational history, placements, involvement of health and care services. The EHCP describes the people who support the family. This may include a one-page profile, or equivalent, making clear when the one-page profile was produced and by whom.			
	3. Evidence of how child / young person has been engaged, how their views were gathered, and how they have contributed to the EHCP. 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.			
	4. A summary of how to communicate with the child/young person and evidence of how they can be included in decision-making.			
	5. Captures the parents’ / carers’ views and aspirations.			
Section E: Outcomes	1. Outcomes reflect the child / young person’s hopes, aspirations and goals (section A) and needs (sections B, C and D), as opposed to reflecting the perspective of a specific service.			

Section B: Special Educational Needs	2. Outcomes are set out clearly and in a SMART format, with a clear link between outcomes and the provision needed for them to be achieved.			
	3. Outcomes are age-appropriate (as a minimum, distinct preparation for adulthood outcomes for young people aged 17 and over, while, as good practice, lifelong outcomes should be included in the EHCPs of children and young people of all ages, and certainly from Year 9 onwards).			
	4. Long-term outcomes, including education, health and care outcomes over the course of a key stage or equivalent. Arrangements for setting short-term targets at setting / school / college level or equivalent are specified.			
	5. Clear monitoring and review arrangements for long-term outcomes, including key review dates, are included.			
	1. All areas of SEN / difficulties identified in the professional advice received, listed in Section K, are captured in the plan. Any conflicting advice is addressed, indicating which professional advice listed in section K advises of what, with the local authority's position on this issue set out clearly.			
	2. All areas of SEN / difficulties are set out clearly and are described in sufficient detail (type and severity). The description of the child / young person's needs is linked clearly to established categories of SEN.			
	3. As a minimum, for a child / young person in Year 9 and above, needs are identified relating to preparation for adulthood. (As good practice, needs relating to preparation for adulthood should be included in EHCPs for children and young people of all ages.)			
Section C: Health needs relating to SEND	1. The child / young person's health needs, identified through the EHCNA, that relate to their SEN are set out clearly and in accessible language. If the child / young person has no health needs related to their SEN, this is made clear.			
	2. Any health needs not directly related to the child's / young person's SEN, and their implications, are identified as such.			

Section D: Social care needs related to SEND	1. The child / young person’s social care needs, identified through the EHCNA, that relate to their SEN or require provision for a child under 18 (section 2, Chronically Sick and Disabled Person’s Act 1970) are set out clearly.			
	2. If the child / young person has no care needs related to their SEN, this is made clear.			
	3. Any care needs not directly related to the child’s / young person’s SEN are identified as such.			
Section F: Special educational provision	1. Provision is specified for every type of need identified in section B, and is proportionate to assessed severity of need, grounded in professional advice. Preparation for adulthood support specified, as a minimum for a child / young person in Year 9 and above.			
	2. There should be a “golden thread” that connects each need to each type of provision, and how the overall provision will support the achievement of the outcomes specified in section E.			
	3. Provision is detailed, specific and quantified (where applicable), presented in a clear and accessible way so that professionals in a setting / school / college would know how to implement it. The type of provision (Facilities, staffing, equipment), hours, frequency of support, level of expertise required, departure from national curriculum / study programmes, chronological age should be specified. Vague terms (e.g., “opportunities to …”) and non-specific language is avoided.			
	4. The provision specified could be given to a setting / school / college for staff to put into place without substantial extra work to interpret Section F being required.			
	5. Health or Social Care Provision which educates or trains a child or young person should be treated as educational provision and included in this section.			
Section G: Health provision	1. Provision matches each specific health need identified in section C.			
	2. It is made clear how the provision specified will support the achievement of the outcomes specified in section E.			

Section H1: Social Care provision for CYP under 18, relating to the Chronically Sick and Disabled Persons Act 1970	3. Provision is clear, detailed, specific and quantified (type of support and who will provide it) and agreed by Health Commissioning.			
	4. From Year 9 onwards, the health care provision clearly specifies what is required to assist in the preparation for adulthood and independent living (where appropriate).			
	1. Provision matches each specific care need identified in section D, specifically those relating to section 2 of the Chronically Sick and Disabled Persons Act 1970.			
	2. All provision assessed as being required for a disabled child or young person under 18, under section 2 of the Chronically Sick and Disabled Persons Act 1970, is included in section H1. This could include practical assistance at home, relating to meals. relating to educational or recreational facilities, relating to travel, relating to holidays, as well as adaptations to the home, or non-residential short breaks. Support for the parents / carers of a disabled child or young person is included if appropriate.			
	3. It is made clear how the provision specified will support the achievement of the outcomes specified in section E.			
	4. Provision is clear, detailed, specific and quantified (type of support and who will provide it).			
Section H2: Social Care provision	1. Children’s social care provision identified through early help, children in need or safeguarding assessments for children under 18, or adult social care provision for young people aged 18 and over, are included in section H2.			
	2. It is made clear how the provision specified will support the achievement of the outcomes specified in section E.			
	3. Provision is clear, detailed, specific and quantified (type of support and who will provide it).			
Section I: Placement	1. The name and type of setting / school / college is clearly recorded (only on final EHCP). (If a parent / carer has decided to home educate, this is recorded clearly.)			

	2. The EHCP makes clear if the placement is the preference of the parents / carers, if applicable			
	3. It is unlikely that home-to-school transport would need to be mentioned in this section. The only reason for home-to-school transport to be mentioned would be if the parent or carer had chosen a mainstream school that is not the nearest suitable school. If the latter is the case, Section I should include the following exact wording: ‘Child X shall attend school A which is the parent’s preferred school. This is not the nearest suitable school, which is B school. The parent has accepted full responsibility for transport to their school of preference (school A). If, for any reason, the parent is unable to transport Child X to school A, arrangements will be made for Child X to transfer to the nearest suitable school.’			
Section J: Personal budget	1. The EHCP specifies whether a personal budget has been requested and agreed to deliver part of the provision.			
	2. (If applicable) The EHCP specifies the provision, needs and outcomes that the personal budget is to help meet.			
	3. (If applicable) The EHCP specifies the type of personal budget, the amount covered by the personal budget, arrangements / regulations relating to direct payments.			
Section K: Advice and information	1. Advice and information that has informed the EHCNA and EHCP is set out clearly – titles and dates of relevant reports.			
	2. The final EHCP has been signed off by the relevant officer(s).			
	3. All contributing parties to the development of the EHCP are listed			
Overall quality of the EHCP	1. The EHCP will help secure the best outcomes across education, health and social care for the child/young person.			
	2. Clear and accessible language is used throughout.			
	3. There is a clear “golden thread” that runs between aspirations (section A), needs (sections B, C and D), advice (section K), provision (sections F, G and H), and outcomes (section E).			

	4. There is clear evidence that the advice is the result of co-production with the child / young person, parents / carers and professionals and this is reflected in the EHCP			
	5. The EHCP will help prepare the child/young person for adulthood – including transition planning for adulthood and independence.			

Actions

After each termly strategic quality-assurance discussion, key themes / areas for development will be collated and strategic actions agreed.

No.	Main areas for development identified	Improvement actions required
1.		
2.		
3.		

Annex A. Feedback for Draft Education, Health and Care Plans (EHCP)

NAME:	Date:
Casework Officer:	Comments and Key: Pink=remove Blue=reword Yellow=spelling/amend Purple = suggested wording
SECTIONS OF THE EHCP	
PERSONAL INFORMATION	
SECTION A – PUPIL VIEWS	
PARENTS/CARERS VIEWS	
JOURNEY SO FAR	
SECTION B SPECIAL EDUCATION NEEDS <ul style="list-style-type: none"> • This section must not contain Provision • Are the CYPs SEN clear? • Does it include their strengths 	
SECTION C - HEALTH NEEDS SECTION C – SEN HEALTH NEEDS <ul style="list-style-type: none"> • Diagnosis stated and described in simple language. • Where impact of need is described in section B state this: ‘X has a • diagnosis of Y, the impact of this is described in section B’ • If there is a need there must be Provision in G. 	
SECTION D – SOCIAL CARE NEEDS <ul style="list-style-type: none"> • If there is a need there must be Provision in H1 or H2. 	
SECTION E - OUTCOMES <ul style="list-style-type: none"> • Do outcomes link to Summary of Needs? • Is it clear if Outcome is Education, Health or Care (or combination)? • Is there an end date – Key Stage? • Are Outcomes SMART (Specific, Measurable, Achievable, Realistic, Time limited)? • Do the Outcomes link to the CYP’s aspirations? • Is Preparation for Adulthood included? • Why this outcome, what will it enable the CYP to do? Remember • Golden Thread 	
SECTION F – PROVISION <ul style="list-style-type: none"> • Is the special educational provision required to meet the SEN of the • CYP specified and quantified? • Does the Provision link to all Needs specified in Section B? • Is it clear how the Provision will support achievement of Outcomes? • Remember Golden Thread • Is all provision which ‘educates and trains’ in section F. 	
SECTION G HEALTH PROVISION <ul style="list-style-type: none"> • Need Provision if an identified need. • Remember Golden Thread • Specific, quantified, detailed 	

SECTION H1 SOCIAL CARE PROVISION <ul style="list-style-type: none"> • Need Provision if an identified need. • Remember Golden Thread • Specific, quantified, detailed 	
SECTION H2 ANY OTHER SOCIAL CARE PROVISION <ul style="list-style-type: none"> • Need Provision if an identified need. • Remember Golden Thread 	
SECTION I – PLACEMENT <ul style="list-style-type: none"> • This must remain blank at draft and completed at Final stage. 	
SECTION J – PERSONAL BUDGET DETAILS <ul style="list-style-type: none"> • Ensure information states whether requested or not when finalising 	
SECTION K – ADVICE AND INFORMATION GATHERED <ul style="list-style-type: none"> • All who contributed are included with appropriate dates 	
ADDITIONAL COMMENTS	

Annex B: SEN Team process for plans quality assured as less than ‘Good’

The below process is followed in the SEN Team where a draft EHCP is rated as ‘inadequate’ or ‘requires improvement’, through the QA process.

1. Draft EHCP is quality assured by Senior Case Officer (SCO) according to the framework.
2. Feedback provided to plan writer (SEND Case Officer)
 - a. If minimal changes required: SCO makes suggested amendments and provides feedback by way of ‘tracked changes’ and ‘comments’ to the plan writer as learning for the future.
 - b. If more substantial work is required: SCO provides feedback to the plan writer and plan writer makes amendments, which may include gathering more evidence or clarifying information from the evidence already provided.
3. Draft EHC Plan is Quality Assured by Senior Case Officers and SEN Team Lead collectively and graded separately. Draft EHC Plan is issued when graded at least ‘Good’.
4. Report provided by SEND shows the number of plans which have been re-graded through the QA process.