

**Question 4 - What components of the EHCP should we consider reviewing or amending as we move to a standardised and digitised version?**

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## SNJ's response to Question 4

1. We think most people would agree that a standardised national EHCP template is long overdue. It would have been particularly useful in 2014 when the SEND reforms were introduced, and many people, including ourselves, made the case for this at the time.
2. Nonetheless, it should still be useful now, not least for children's hospitals and specialist schools and colleges that may deal with dozens of LAs, each with their own EHC plan format.
3. The temptation would undoubtedly be to just use a word document. However, this is not a good idea. Word is used in many different iterations - on a mobile, on a laptop, desktop, mac, and the version differ. It would be much better to have an online form with spaces for parents to submit comments.
4. When checking through a **draft** EHCP, it is always necessary to create a separate table to ensure everything has been captured in **Section F**:

Draft Online EHC Plan example							
Identified Need (Entered by case officer)	Proposed Provision	How, how often, and by whom will the provision be delivered ?	Editable Parent space to comment on proposed provision	Intended outcome (short or longer term objective for the provision)	Editable Parent space for comment on proposed outcome	How will you know the outcome has been reached?	Editable parent space for comment on how to know if outcome has been reached
Need 1 that must be met with provision	Provision for Need 1						
Need 2 etc vv	Provision for Need 2 vv						
Editable Parent Space for comments/needs omitted	Editable Parent Space for provision needed/ omitted						

5. Note that Outcomes now follow Provision as this is far more logical. As this is the draft template, the input from the case officer is not editable by the parent. When it is sent back, the parent's comments cannot be edited by the case officer (though they may be copied and pasted into

their part of the plan). This creates a permanent record of the parent's comments.

6. This draft can then be edited by the case officer, (including copying and pasting parental comments) to allow for changes suggested by the parent, while preserving the parent's input that they cannot edit.
7. An additional section for comments by a case officer could be added to explain why a parent's suggestions have been included or not. This makes everything very transparent. At present, a parent's amendments can be (and often are) simply ignored and a final EHCP issued unchanged. This way a parent's comments are impossible to 'lose' and the LA must explain why they have not been included. If not, it is simply not a co-produced plan.
8. A national template will only put a "greater focus on the support that is being put in place" if it is logical, set up for co-production and accessible on mobile devices. Every LA would need to use the same system, or they would need to have a way of exporting it intact for another LA to be able to import, intact. It would also need to be exportable into a PDF format, an .odt and a word format for those who want to manage their draft in this way because they cannot access a form, and printed off for those who need to have a paper copy.
9. The data would need to be secure, and only available to be viewed by those who need to see it and a record kept of everyone who has accessed the document and what changes they have made that families have access to.
10. It must not be forgotten that some parents may be experiencing digital poverty, or may find an online system difficult because English isn't their first language or they have a learning disability or health condition. This is where the resurrection of the Independent Supporter is vital. IAS Services do not currently have the capacity to fulfil this role.
11. To ensure input from young people, the system would need an upload facility for videos, images etc - We suggest you investigate the Wiki EHCP from UEL that can be seen here:  
<https://www.specialneedsjungle.com/one-page-profiles-and-ehc-plans-the-wiki-way/>
12. On the above point, we would like to highlight a comment from our parental input below, from Paul Galloway, that we feel is particularly pertinent, "*Parents still want to know costings of provision and how that is mapped, so my suggestion would be to have a provision mapping*

*function/facility within the EHCP so that the provision can be fully transparent. I would also welcome the opportunity for all this information and data that will now be centralised to be tracked, so that investment could be more targeted to what providers needed in terms of support and training. Having electronic EHCPs would allow for the inclusion of vlogs which would, in theory, be easier for both the young person and their parents to communicate their thoughts and feelings about the provision and outcomes.”*

On top of the above it would also mean that a child and their needs could be brought to life so they become a vibrant individual rather than just a name (and one that is often pasted in wrong by an LA!)

13. The document should be ‘owned’ by the family, who would be able to generate access tokens via the system. This would enable hospital consultants to upload letters or other information.
14. There should be a way to include a One-Page “About me” Profile that can be updated by the child and their family during the year. This does not impact the EHCP itself, but it is a way for the family to be involved and for progress to be recorded.
15. A standardised plan will also enable families to see what is available to them such as a personal budget, as explanatory notes can be linked to the relevant law (explained in lay terms) in a glossary.
16. It would also be possible then at the relevant section, for clickable notes to be included in layman’s terms about, for example, the right to a social care assessment and a carer’s assessment. This avoids parents having to dig through DfE guidance that they will never find or be able to understand. They will be able to ask why is this section blank? The note here says my child should have a social care assessment (for example). This is one aspect of transparency and accountability that can work proactively rather than parents having to complain retrospectively.
17. It can also have a facility for the school/college to upload achievement data and notes. These can be stored to be acted on at the annual review. They would also be able to flag up concerns or requests for updated assessments so the case officer can see when a new Ed Psych, or other assessment may be needed in good time for an annual review.
18. It can also be a helpful way for families to archive medical and assessment letters by being able to upload scans or photographs that may need to be included at the next review.

19. The question about allowing for local variations shouldn't arise – an EHCP is a legal document and there shouldn't be any significant local variation, particularly anything that prevents it from being portable. There can be a facility to create additional fields as needed, but not to delete any legally-required information. This, however, relies on there being accountability for LAs who are not following the law when writing plans.
  20. A glossary of terms should be included so that acronyms can be fully understood by all. This is one area that would include additional fields for local variation so that area-specific acronyms and terms can be explained. This has the added benefit of when it is ported to a different LA or moved between schools, everyone knows what is being discussed.
  21. If this can be created as an app, it would be the most accessible way to do it. We would advise that you do not default to the same old consultants to help look into this - think creatively - who is good at creating apps, look at universities and software developers. Ensure you appoint people who understand how to work with families. This MUST be co-produced from start to finish to be usable. And not just PCFs, who are not known for their creativity or technical expertise!
  22. With careful development, and plenty of thought ahead of time, it can be an example of technology enhancing lives. If it gets put out to tender to the same old clunky organisations that charge millions and under-deliver, it will be another expensive waste of time and money that disabled children, young people and their families cannot afford. Be innovative, be thoughtful, and ensure a product that works for everyone is developed.
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## Responses from parents/SNJ readers.

***NB: These views are those of parents for whom we have acted as a conduit for their response to the Green Paper. The views expressed from here onwards are not necessarily those held by Special Needs Jungle.***



1. All the sections of the EHC plan must be in alphabetical order - i.e A to K.

- a. Sections E and F need to be switched, for example, outcomes are the result of provision received however, currently, outcomes come before provision. In relation to the digitised EHC plan, parents should be given the option of a paper-based plan or an online version.
  - b. Section B should have a summary/bullet list of SEN at the top. Each and every one of the child's SEN must be specified.
  - c. Strengths should not feature in section B but be included in section A.
  - d. Section F must specify and quantify provision in accordance with the law.
  - e. Section K must include all advices, not just those obtained by the LA - i.e. independent reports.
  - f. Section K must be updated following a review of the EHC plan if/when new reports are obtained."
2. Health and social care sections must be enforceable.



1. Broadly welcome the introduction of a national standard EHCP. However, it is crucial that there is still the scope within the standardised format to encapsulate the very personal needs and provisions for each individual young person.
2. However, I think most importantly that by creating a standard online EHCP it can be truly a 'live' document which can be updated regularly so that outcomes are measured on a more regular basis rather than what must appear to parents, an annual basis. So, I would look carefully at the provision and outcomes sections.
3. Provision will and should change regularly for each young person as they get older. Needs are either met or are not met, where new provision is introduced to try to ensure outcomes are improved for that young person.
4. Parents still want to know costings of provision and how that is mapped, so my suggestion would be to have a provision mapping function/facility within the EHCP so that the provision can be fully transparent. I would

also welcome the opportunity for all this information and data that will now be centralized to be tracked so that investment could be more targeted to what providers needed in terms of support and training. Having electronic EHCPs would allow for the inclusion of vlogs which would in theory be easier for both the young person and their parents to communicate their thoughts and feelings about the provision and outcomes.



1. Each section of the EHC Plan should be in alphabetical order i.e A-F and the sections should be in a logically order so it makes sense to the reader:
  - a. Section A & I - All About Me & School Placement
  - b. Section B - Special Educational Needs (bullet point list of diagnosis')
  - c. Section C - Health Needs
  - d. Section D - Social Care Needs
  - e. Section F - Provision (detailed for each individual diagnosis')
  - f. Section G - Health Provision
  - g. Section E - Outcomes
  - h. Section J - Personal Budget
  - i. Section K - Advices



1. Each section of the EHCP needs to be in alphabetical order to make it more understandable and have a flow of order for it to be more understandable for parents.
2. Parents should always be given both an electronic copy and a paper copy of the EHCP.

3. Section B and F needs to be made clearer by professionals writing reports to contribute toward the EHCP. It should be absolutely crystal clear what the child's needs are and what is support is needed.
4. The current wording used by most professionals in reports and accepted by the local authorities never usually defines exactly what the child needs, which always causes delays in support and parents being forced to go to tribunal.
5. Health and social care section should be made enforceable by law
6. Strengths and difficulties should be put into separate sections and not mixed.



1. I agree that a standardised national EHC plan template is a good idea.
2. Our EHCP in Tower Hamlets is quite straight-forward. Some of the sections are just about background information (the sections about the child's history and hopes and dreams etc.). The important section is Section F – what the child needs and what support needs to be provided. It is vital this is not about the money, it is about the need.
3. I would be happy to move to a digital format as long as good security is on the system. Also, I would like access to our files.



1. I am incredibly concerned about the risk of EHCPs becoming standardised both as a parent and as a practitioner. SEND is inherently complex and every child and young person is a unique individual and, under law, has the right to be treated as such. Reducing any SEND diagnosis to a set of tick boxes is discriminatory as it risks narrowing definitions, sustains and perpetuates stereotypes of different types of SEND, and erases individual needs that require and demand a tailored response.
2. In a standardised system, my son would die. It is as simple as that. Reducing SEND to clickable boxes will risk children's lives, and you will be responsible for that and must be prepared to face the consequences of

failing to support each child as an individual. Children with SEND cannot be homogenised no matter how much you would like them to be. Who the hell is qualified to be able to even start standardising responses to the multiplicity of SEND that exists?

3. What must happen instead is that SEND Officers, health workers, education professionals, etc, need better training on how to understand SEND law and to be able to write high quality, quantified and specified EHC Plans for those that need them, and high-quality SEND support plans in school for those that do not yet meet the EHC threshold. If you standardise, you are accepting that incompetent professionals writing EHC plans and SEND support plans now, will carry on as they are. You are making it easier to fail children by trying to make the administration so simple that it really doesn't require anyone specialist to formulate a support plan.
4. Standardisation will lower quality, it won't raise it. More complaints will arise simply because the check-box options do not adequately accommodate or describe a child's needs or the provision to meet those needs. More square peg and round hold thinking. This all rather shows that people who have absolutely no idea about SEND have been involved in pulling together this Green Paper. Shame on you all.



1. I think that all the sections should be in order from A to F and also be easy for the reader to read. I don't think it should be on a hub as I don't feel that its safe, but I also feel that parents should have an option to say hub or paper.
2. I would also like to see the need and provision underneath instead of lots paper. Health and social care sections of the plan should be very important and should be enforceable. And section I should be at the start of the Plan as its at the end. I have to scroll to the end just find school plan. section J of the plan needs to show the plan



1. Notwithstanding the inevitable environmental benefits of a completely digitised system, the suggestion that EHCPs would be improved simply

by making them fully digitalized is a misnomer as the work involved is still the same unreasonable length whether paper copies of it are printed out or not.

2. Each EHCP will only succeed in placing greater focus on the support that is being put in place if the implementation of the support described in it is properly recognized by all those involved, fully implementable and properly funded. The provision required by each student also needs to be explicitly and precisely stipulated.
3. The outcomes the EHCP is supposed to achieve will only be evident if the resources, staffing and necessary equipment are in place and this needs to be done in advance of a child's placement not several months or years after a school placement.

The only essential parts of the EHCP are

- a. The identification of the child and their relationship to their primary caregivers
  - b. Their diagnosis of primary and secondary difficulties
  - c. The type of specialists that need to be involved to provide the support
  - d. A precise description of the mandatory provision that should be in place to support the child in managing their difficulties. This should include the level of professional expertise needed and the length of time and frequency that support is needed.
4. Arbitrary targets are not necessarily helpful. Targets can be set by each specialist professional involved and by each teacher for the subject the child is learning on an evolving progressive basis, in keeping with the child's variable rate of development and learning.
  5. The views of the parents and child should of course be taken into account when making decisions about placement and provision, but do not need to be written in as a separate aspect of this legal document. The provision stated should be a considered outcome of all the views of those in the process of decision making. Otherwise, these aspects of the form just become a somewhat patronising process that pays lip service to parent consultation. It does nothing to really respect the genuine wishes of the parents (and carers) which are so often overridden and all too frequently lead to the high number of Tribunal cases that we see when they are challenged. It is the lack of proper implementation of

effective provision that causes parents to go to court not whether they have been deemed to have been listened to.

6. Outcomes of EHCP targets often seem rather false and manufactured for the sake of the form. What is key is the specialist advice for the provision necessary for effective learning and development to take place.
7. Also crucial is the relevant funding, resourcing and staff expertise to meet that provision and six-monthly assessment of how the child is responding to it should be based on the progress observed and the child's engagement with it.
8. It is important that the human interaction of face-to-face meetings be retained where possible for the purpose of building a relationship with the parents and child when discussing the type of provision and support required. Where a parent is unable to attend, it would be helpful to have the additional option of using an online system for such meetings.
9. I think the whole concept of the EHCP as it stands is too lengthy, unwieldy and inflexible. It should be a document that can be put together easily by those involved with each child's assessment. It should sum up the practical conclusions of the specialist assessments and should be coordinated by an independent specialist SEND agency that collaborates as a team for the purpose from education, health and social care rather than from the school or LA.
10. It needs to provide expert advice to the school and legally protected provision requirements should be made explicit on the document. The advice should be given independently of the funding body. Funding should be ringfenced and provided directly to the school, health and/or care services making the provision.



1. Section A should always be accompanied by a photograph of the child or young person.
2. Section B Each need should be clearly numbered which matches the number in the provision section showing how each need will be met by provision.

3. Section C Healthcare should also be made enforceable. Health professionals hardly attend Annual reviews and provision is not enforced in schools.
4. Section D social care in my experience is never completed correctly. This section is left blank if not known to social services. All children should have a referral and needs assessed. Thus should be made enforceable.
5. [Current] Section F should come first, with section E outcomes after.
6. Section F must detail provision which is specific quantified and enforceable not just using the monetary values.
7. Section J: many parents/carers are not aware of personal budgets or how to go about asking it should be made part of the annual review and transport costs should also be offered.
8. Parents should be given the choice whether they still want paper copies or not.



1. The only benefit in a National Template is to stop local authorities from disputing a child's need should a family need to move areas. One of the key problems with the current EHCP, is that no one we have ever dealt with prior to our son's appropriate educational placement, had ANY IDEA how to fill out an EHCP in a thorough manner and to allow it to be worked with in order to support our son correctly.
2. This was for many reasons - because they had not had suitable training, or were being told to fill it out so it could be ended ASAP or they did not have suitable commissioned reports on a child's need, or if they did have the reports they didn't understand how to implement them or were told that the needs were too expensive and often a combination of all these reasons.
3. By all means, create a legally-binding template, but these MUST be filled out by staff in an unbiased, professional way, by staff who know exactly how to complete them and move them onwards with the child's development and developing needs. They should not be written with the sole purpose of ending them as soon as an LA decides they think the child can manage for a purely cost-driven reason. Just for information,

SEND tends not to vanish overnight because you want it to for budget reasons.



1. The standardised and digitised EHCP should include:
  - a. the description of my child as a person (completed by child, parents and professionals)
  - b. their full range of needs,
  - c. their STRENGTHS (which could support effective provision),
  - d. the provision and support they require,
  - e. the outcomes an EHCP is supposed to help them achieve.
2. Provisions and outcomes should be set out together. (My son had one from a LA which showed them on different pages which made it really hard to review and check what provisions were supporting which outcome).
3. EHCPs should have been standardised and digitised years ago. Please make them accessible to ALL groups of professionals that support the child, not like the current NHS system that doesn't appear to share information in the way it should.
4. While the standardised and digitised EHCP might go some way to support a better annual review process, this improvement will only happen with:
  - a. supported and trained staff who actually understand the annual review process and their legal implications
  - b. informed staff who understand and can recommend available, reliable provision to support outcomes
  - c. proven, high-quality provision that is understood by those supporting children.
5. The danger here is that provisions will be 'copied and pasted' onto the paperwork without being effectively carried out. That means that the paperwork 'ticks the boxes' but the child doesn't necessarily make the progress.



1. We do need a template, but all elements of the current EHCP need to stay.
2. Your proposals imply that the new EHCPs will set out the standardised provision available under the national standards, rather than specifying individual provision. I strongly disagree with this.
3. Under the current law, Section B must clearly identify each and every special educational need. Section F must contain detailed, specific and quantified provision to meet each and every need in B. Section I must name a placement that is able to make the provision in F. THIS MUST NOT CHANGE.
4. Section E (outcomes) and Section F (provision) should be reversed – provision should come first.
5. In Section I, LAs should no longer be able to name just a “type” rather than an actual school.
6. Para 21, Ch2 – “We will ensure there are appropriate controls in place so that the plan cannot be changed without parent or carer input and that it will provide an audit trail of previous decisions and amendments.” This sounds like they are proposing to allow the LA to make changes so long as there has been “parental input”, and to take away the current right of appeal where the EHCP has been amended. This vital right of appeal must not be taken away.
7. A lot of parents will struggle with digitised EHCPs because they don't have home computers/scanners/printers. 'Co-production' from a phone is impossible.



1. Firstly it needs to be easily accessible, easy to use and should not just be a tick box exercise. It should allow the reporting person to give a full description of the child's needs and any professional opinions available. It should also be used as a history of the child's progress or otherwise from year to year with the provision that has been provided. Noting promised provision that hasn't happened so this can be rectified.



1. I feel that EHCPs are too long and too repetitive.
2. I feel that the document simply needs to list needs and provisions to cater for those needs.
3. If the EHCA process is efficient and robust, LA SEN coordinator's should be able to identify each need (documented by each professional) and match a provision.
4. If different professionals repeat a need, simply log two provisions for that need.
5. The EHCP document is far too complicated and could be streamlined, taking away the need for an additional IEP (about each child that goes to subject teachers in mainstream secondary.)



1. I think there should be a standardised EHCP format so that one independent organisation would easily be able to monitor the quality of the documents being produced although I am not clear on how that will enable greater focus on the support being put in place. The problem with ECHPS currently is that there is no-one except the parent to monitor that what is written is being done in the placement. Parents have little or no ability to question if the support is not being put in with accordance to the document.
2. Fully digitised will exclude a percentage of parents who lack the skills to access the documents and so should be offered free appropriate support to go through the EHCP process. There should be more user-friendly versions including voice recordings and video footage which will help engage the reader as I suspect too many teachers lack the time to read long EHCP documents. I would encourage the use of online documenting to make the document a more live and up to date reflection of the child and progress and it would allow some parents to monitor progress and document their own opinions on how the provision is working.
3. Local and regional variations in Acronyms and eligibility criteria for ECHPs would need to be fully standardised to prevent problems and confusion with a standard plan. A standard plan would allow for a

nationally recognised EHCP training programme to be implemented and made compulsory.



1. A standard format for EHCPs which contains SMART (specific, measurable, achievable, realistic, timebound) outcomes is long overdue and I would welcome this.
2. A digital version would make life easier for many people, however not all, and it is essential that other options are available for people who struggle to access digital versions for a variety of reasons. A revised EHCP should allow the submission of evidence and information in a range of formats, including video and sound recordings, particularly for children and young people who struggle with reading and writing and their parents/carers who may be disabled themselves.
3. A digital version would need to ensure that the changes requested by parents/carers and schools, and anyone else inputting, were recorded and not overwritten. It would need to be securely stored and accessed to prevent data breaches.
4. The form needs to be simplified and easy access guides embedded stating the law/legal requirements and entitlements. Anonymised examples should be provided to help parents/carers and professionals complete them to a high standard. They should also include information about the statutory timescales that need to be followed and what legal redress parents/carers have should these not be followed by the LA.
5. It is essential that all outcomes and provision are SMART, to prevent schools and LAs failing to deliver all the provision set out and in full, and so that the annual review process can run as smoothly as possible. The new form should include space for schools, health professionals and others to update on progress against outcomes on a regular (monthly or quarterly) basis rather than waiting for an annual review meeting where key information may be lost and when it is too late to catch up. This would help parents gain a better understanding of how the school and others are delivering what is set out in the plan - or not.



1. the format is OK but there is patchiness about who supports child in putting their views forward



1. I have no particular view on this other than to comment that a standard, digitised version would be of great help in managing down the mountains of paper work generated from annual reviews, expert reports and the EHCP amendment/negotiation process itself. A digitised system that would be able to track changes between final EHCPs from one academic year to the next, and also between draft versions negotiated within a single year, would be welcome.