

Sefton SEND EHCP Quality Assurance Guidance			
Highlight final grade at end of moderation			Answer only Yes or No unless a comment is specified
4	Outstanding	Plan meets all of the Quality Standards, all relevant advice from professionals is included. The golden thread is strong as is the voice of the CYP or family, there is clear evidence of co-production or multi-agency working. Excellent standard of English throughout.	
3	Good	Plan meets most of the Quality Standards, with Good or better in at least 5 of the 8 sections marked. The voice of the CYP or parent is evident throughout, there is a golden thread and triangulation of information.	
2	Requires Improvement	4 or more out of 8 Quality standards are not met. There is no golden thread or coherent links between each area of the plan. The voice of the CYP or parent may be weak there may be a lack of consistency throughout the plan.	
1	Inadequate	The plan fails the Quality Standards across all sections. The plan has aspects that are not legally compliant with the SEND Code of Practice.	
EHCP Section	Quality Standards to be met	Further Clarification	
Section A: Views, Interests and Aspirations This is the opportunity for the child/young person and their parents/carers to express their views. This can be done in whatever way is best and it is recommended that a Person - Centred Approach is taken in gaining the views of the child/young person.	1. Does it include details about the child or young person's history?	This should be a concise history of a paragraph or two detailing the key points of progress to where the child is now. It might include: Any relevant birth or family information Something positive about the child What services are involved, when services became involved or when they were discharged When diagnoses were received Which nurseries, schools etc attended (e.g. if there has been a lot of school moves to give some context- relevant context to be given but not a list of all schools as this is already included e.g. has the child moved area, been excluded, moved to specialist. If relevant any moves from other areas to Sefton etc	
	2. Is it clear where views were gathered directly from the child/young person and where they were provided by parents/others?	It should be clear how the child or young person has contributed to the plan and how their views are reflected in it. 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. It should be consistent in which person is being used - 1st or 3rd person - not changing throughout.	
	3. Does it explain how views have been sought?	Who obtained the views of the young person and/or parents/carers? How were they obtained – was it by a face to face meeting with a teacher/TA/LA officer? Through a telephone call? Via a form? Best practice would be a co-production or Joint Outcomes meeting. If the YP has not expressed their own views, it should state why not or be clear from the <i>how the child communicates</i> box. Other means of representing the child views - eg pictures, handwritten note, drawing, sample of emergent writing	
	4. Does it state how the CYP communicates, how to communicate with them and engage them in decision making?	What is written here should be reflected later in the plan e.g. in provision and outcomes. It is very important to note how the child communicates and how to communicate with them.	
	5. Does it include details about the CYP's interests play, health, school, independence and friendships?	Section A should really bring alive the personality of the YP. This information may not have been provided and the plan should not be penalised for the lack of it.	
	6. Does the plan include details about the CYP's goals or aspirations for the future?	The information provided here should be reflected later in the plan and should feed through to outcomes. It is possible a CYP and their parents may have different views – this section can include both sets of views. Some children may not be ready to provide this.	
	7. Does the plan include Aspirations and Goals for the future (relating to Preparation for Adulthood) usually if the YP is in Year 9 or above?	The information provided here should be reflected later in the plan and feed through to outcomes. It is possible a CYP and their parents may have different views – this section can include both sets of views	
		Score out of 4, with 4 being the highest score	
		Section A moderator comments	
	Quality Standards to be met	Further Clarification	
Section B: Educational Needs This section will contain most of the information from the educational setting and will describe the strengths and areas for development of the child/young person.	10. Is the description of need clear, concise and easy to read?	The needs should be grouped together. It should not jump between different needs and keep mixing them up. Is the correct terminology used? Is it clear and specific and in the appropriate context and section? Is terminology age appropriate? For example: personal care terminology. Is it sensitively written? If no needs have been identified for any area, there should be a statement to confirm that. 'No needs identified'. There may be some information around strengths and what the CYP can do in the case of no identified needs.	
	11. Are the YP's special educational needs easily identified in the narrative?	The needs written should be those the plan is going to address. Inclusion of a long list, of which only some link to provision and outcomes, may make the plan over-complicated. Care should be taken not to confuse needs with provision. Each need should be articulated separately so that this can be easily identified by the provision	
	12. Are all the needs identified incorporated into the summary of need, thereby making it clear what needs to be addressed in the future?	The bullet pointed summary will identify the needs that are going to be addressed by the provision in the table later in the plan and the outcomes that will be achieved as a consequence of the provision. This will enable the golden thread to be identified.	
	13. Are there strengths or information about what the child or young person can do?	Needs should build on current strengths so it is important to include what the CYP can do well or is in the process of developing. The tone should aim to be positive where possible. There may be examples of strategies that have proved to be successful for the YP.	
	14. Are the current levels of attainment included and any progress measures?	An overall understanding of the CYP's current functioning should include current attainment, for example EYFS profile or P16 equivalent. Where relevant, other age related progress can be included such as self-help skills or independence. It should reference when the assessment took place and how old the CYP was at the time of the assessment. This will facilitate measuring progress at annual reviews.	
		Score out of 4, with 4 being the highest score	

	Section B moderator comments	
Quality Standards to be met	Further Clarification	
17. Has the assessment identified any health needs?	Answer yes if needs have been identified.	
18. Is there a statement to confirm if no needs have been identified? Go to Q.24	Answer Yes if there is a statement that confirms that no needs have been identified, the section must not just be left blank.	
18. Does it clearly specify the health needs relating to SEND?	Should include relevant, even if complex medical information. The information should be able to be understood by a non-specialist (any jargon should be defined and acronyms written out in full) - Health needs mentioned elsewhere e.g. in Section A should be also in section C - Should correspond with the provision outlined in Section G - Focus on needs not diagnosis. Diagnosis can be included for clarity - Exception is the ASD diagnosis and ADHD with no medication - there will be no identified provision for health	
19. Does it clearly set out which health needs are SEND or not SEND related?	Non SEND needs can be included but SEND needs should be prioritised. There may not be a provision for a non SEND need.	
20. Does the plan outline how the health needs impact on the CYP's day to day life, education or training?	Should not just be a generic statement relating to 'people', although clinicians may not always have this level of detail.	
21. Is it proportionate, appropriate and sensitively written?	Should not include out of date (historical) information such as birth history (longstanding diagnosis and lifelong conditions should still be included) - should not include lots of detail of educational needs arising from health needs. These should be in section B (usually SAL and sensory needs) - should include the child's strengths and what they are able to do as well as need – For example xxx is able to sit unaided and to stand and is learning to walk with the support of a walking frame +C36	
	Score out of 4, with 4 being the highest score Section C moderator comments	
Quality Standards to be met	Further Clarification	
24. Has the assessment identified any social care needs?	Answer yes if needs have been identified.	
25. Is there a statement to verify that no needs have been identified? Go to Q.31.	Answer yes if we have a statement - it needs to be clear if there are no needs or none identified at this time. If there is reference to current social care needs elsewhere in the plan they should be noted here. The correct appropriate wording if not known to social care must be used and just the terminology 'not on the electronic system' or 'not known to anyone'.	
25. Does it state any social care needs identified through the EHC needs assessment which are related to the child's SEN or require provision for a CYP under 18 under section 2 of the Chronically Sick and Disabled Person's Act 1970.	The needs should be concisely identified and relate to Sections A, B, E and F.	
26. Does it describe other social care needs (specified by the LA) not linked to child's SEN or disability.	The plan may also specify other social care needs which are not linked to SEN/ Disability. This could include reference to any CIN or CP which a child may have relating to other family issues such as neglect. The Code suggests that such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. The code notes that inclusion must only be with the consent of the child and /or their parents. Sensitive handling of information is imperative.	
27. Is it proportionate, appropriate and sensitively written? Has the plan writer ensured there is no harmful, confidential, personal, irrelevant or distressing information?	Information provided must be sensitively written, not name any individuals other than the YP or their parents, or contain detailed information for example around Child Protection issues. It should be clear if there is involvement with the family review hub, access to direct payments, Aiming High and Short Breaks.	
	Score out of 4, with 4 being the highest score Section D moderator comments	
Quality Standards to be met	Further Clarification	
30. Does the plan include a range of outcomes covering education, health and social care?	Outcomes relate to Education, Health and Social Care, best practice is co-produced outcomes. Outcomes should be focused on education and training, health and care outcomes that will enable children and young people to progress in their learning. May also include wider outcomes such as positive social relationships and emotional resilience and stability. Might include forward plans for key changes in a child or young person's life, such as changing schools or moving from children's to adult care	
31. For young people in Y9 and above, are there outcomes that will prepare them well for adulthood and are they clearly linked to the achievement of the aspirations in Section A?	Outcomes should follow from aspirations in Section A. Outcomes should enable the young person to move towards the long-term aspirations of employment or higher education, independent living and community participation.	

Section C: Health Needs
If the child/young person has health needs, they will be outlined in this section.

Section D: Social Care Needs
If the child or young person has social care needs related to their SEN or to a disability, they will be outlined in this section

Section E: The outcomes sought for the child or the young person.	32. For a young person aged over 17 are education and training outcomes clearly identified?	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.	
	33. Are outcomes SMART: specific, measurable, achievable, realistic and timebound?	Outcomes should follow from aspirations (Section A). No jargon, easy to understand and be mindful of whether they can be achieved. Do the outcomes reflect the needs of the CYP? Have the outcomes been co-produced? Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education in order to enable the child or young person to progress successfully to the next phase or stage.	
	34. Are outcomes achievable in terms of how many outcomes there are in Section E?	Sometimes outcomes are grouped together to reduce the number, or there may be short term targets shoing steps towards meeting outcomes.	
		Score out of 4, with 4 being the highest score Section E moderator comments	
Quality Standards to be met		Further Clarification	
Section F: The special educational provision required by the child or the young person.	37. Does it set out provision clearly for each need identified in Section B?	Provision must link back the Needs (B) and Outcomes (E). This is set out in a table. There must be provision for every need, though one provision may meet a number of needs. The language of provision must be concise, stating what the child or young person will receive or what the adult will do, rather than what they should have or should do. Phrases such as 'access to' and 'benefit from' are not concise and are vague. Should avoid the use of <i>requires</i> as this does not state what the CYP will actually receive. Must not have provision for parents or carers.	
	38. Does it normally quantify provision (how much of it, when and how often)?	This might reflect attendance in a small group e.g. literacy 3 x 20 mins per week in a group of 6 with a TA. It could also reflect 1:1 sessions, bought in provision or off site provision. Whenever possible it should be quantified and specific. Eg, for all interactions, when speaking with XX	
	39. Does it state who will provide the provision?	Information about the provider should be specific e.g. a teaching assistant (TA), a speech and language therapist, a teacher, an advisory teacher. It might say the level of expertise of the provider. Reference to a key worker or key adult refers to a named adult that has been identified to have responsibility for that child. It will refer to a trained member of the school staff.	
	40. Are there forward plans for key transitions such as changing schools, moving from child to adult services etc?	There may not be reference to this, but there will be times when we would expect to see it, eg transitions between key stage reviews, or changing setting. Some children require this for transitions every year.	
	41. Is the link between outcomes and provision clear?	There should be a clear link between the outcomes and provision. Is it clear how the provision will enable the outcome delivery?	
	42. Is there a clear link between Sections A and B?	The links should be clear between Sections A, B and the provision.	
		Score out of 4, with 4 being the highest score Section F moderator comments	
Quality Standards to be met		Further Clarification	
Section G: Health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.	45. Is there health provision relating to identified health needs? If no, go to section H.	Answer yes or no	
	46. Is the health provision detailed, specific and quantified?	Health care provision reasonably required may include specialist support and therapies, such as medical treatments and monitoring 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. The plan may also 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.	
	47. Is it clear how health provision will support the achievement of health outcomes.	It should be clear how the provision supports the 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 - Any provision that educates or trains the child, such as SALT would normally be in section F - Only provision 'reasonably required' should be included	
	48. Can you see what will be provided, by who and when, and for how long.	This should be very clear and not include parents attending clinics for example. What will the health care provider provide? Health provision that educates or trains the child or young person should be in Section F. How long will link in with transition.	
		Score out of 4, with 4 being the highest score Section G moderator comments	
Quality Standards to be met		Further Clarification	
	51. Is there social care provision relating to identified social care needs? If no, go to section I.		

Section H: Social care provision (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) (H2) Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN	52. Is the social care provision detailed, specific and quantified?	In terms of support and who will provide it the plan needs to detail where this is to be secured from, including if it is from direct payments. It should not include provision for parents or carers, social care can only specify social care provision.	
	53. Does it specify provision for every need specified where these are relevant to H1/H2?	Section H1 of the EHC plan specifies services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. Section H2 of the EHC plan 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 also include any adult social care provision to meet eligible needs for young people over 18. H2 may also specify 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.	
	54. Can you see what will be provided, by who and when, and for how long?	What is going to happen, how often available, who is doing it, and when it will be reviewed. How long will link in with transition.	
	55. Is it clear how the provision will support the achievement of Social care outcomes (Section E)?	It should be clear how the provision supports the achievement of the outcomes, including the social care needs to be met and the outcomes to be achieved through provision secured through direct payments.	
		Score out of 4, with 4 being the highest score	
		Section H moderator comments	
Quality Standards to be met		Further Clarification	
Section I: Placement	56. Is the name and type of the school or setting specified?	The name and 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. 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 will be named - for example if a parent makes their own arrangements - such as Home Education. Where a child is educated otherwise than at school, section I will be blank	
Quality Standards to be met		Further Clarification	
Section J: Personal Budget	61. Does the EHCP specify whether or not a PB has been requested and agreed?	Should be clear if we are referring only to PB for education. There is a tick for Yes / No	
	62. Is there a Personal Budget?	If no PB - Jump to Section K	
	63. Does it show the amount allocated and how this will be paid?	Some, or all elements of a personal budget may be referred to as a direct payment.	
	64. Does it set out the details of how the PB will support particular outcomes?		
	65. Does it give the details for monitoring and reviewing where there is a personal budget and/or direct payment for education?	A direct payment cannot be used by a LA to fund a school place or P16 institution. Funding must be set at a level to secure the agreed provision in the EHCP and meet health needs agreed in the Personal Health Care Plan DP may	
Quality Standards to be met		Further Clarification	
Section K: Advice and information	66. Is there a list of the advice and information gathered during the EHC needs assessment?	The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC plan.	
	67. Are all contributors to the EHCP named and referenced with contact details?	The contributors may be asked to contribute to a review	
Quality Standards to be met		Further Clarification	
Compliance	68. Does the plan include a date by which it must be reviewed?		
	69. Is the plan signed and dated by a relevant officer of the LA?	May include Health and SC signature	
	70. Does the plan describe positively what the child or young person can do?		
	71. Is the plan clear, concise, understandable and accessible?	Is it also written at a good standard of English? The plan needs to take into consideration the average Reading Age of Sefton residents. Can the plan be understood by a mixed range of abilities? Is it written in clear English, for example, making use of short sentences, sub-headed sections, simple vocabulary. This helps people find what they need quickly and absorb it effortlessly. Where there are technical terms, it should be explained what they mean the first time they are used.	
	72. Is the plan co-produced?	Is there evidence of joint agency working and parental and YP involvement? Good evidence of CYP and family views, who has been involved, evidence of a co-production meeting.	
	73. Does it tell the child or young person's story well?		
	74. Is there a strong link (golden thread) running through linking Sections A and B to the outcomes and provision?		