

Pinch Points in the Education, Health and Care Plan Process: A Summary and Proposed Solutions

The Council for Disabled Children has been delivering training on roles and responsibilities in the Education, Health and Care Plan (EHCP) Process for the past 6 years, with a focus on holistic outcomes. The conversations held, either at a local or regional level, consistently highlight the same challenges, which cannot be solved within an individual service or agency. These challenges are systemic, and solving them will rely on taking a national, system-wide view of the process.

This document draws on more than 30 multi- and single-agency workshop discussions (conducted in 2021 – 2022 and spanning all 9 regions) to summarise the principal messages from practitioners, managers, leaders and families on where the barriers are and what will resolve them. This document accompanies a mapping exercise, which identifies how the challenges experienced by individual agencies/ services impact on the wider system.

Barriers/ challenges	Frequently recommended solutions	National, regional or local?
1 The person-centred conversation, at which aspirations and outcomes sought by the child, young person and/or parent carer/s should be established, often takes place too late in the process.	Confirm that the person-centred conversation takes place in parallel with the decision on whether or not to assess.	Clarity at national level.
2 There is often a lack of clarity as to who is responsible for this conversation, where it is delegated by the local authority.	Establish a clear process in each local area to agree who is responsible for the person-centred conversation, and this should be published on the Local Offer.	Agree at local level.
3 Both the person facilitating the person-centred conversation and the family insufficiently aware of the purpose of the person-centred conversation. Aspirations are usually identified, but these are not unpicked to identify the tangible, holistic outcomes which will move the individual closer to achieving their aspirations. There is often a focus on provision and/or educational targets rather than holistic outcomes.	Routinely use the 4 Preparing for Adulthood domains (Employment, Independent Living, Community Inclusion, Health) as the framework for the person-centred conversation, regardless of the age of the child or young person. Develop resources to support the professionals who facilitate the person-centred conversation, as well as families, to understand the purpose and value of the conversation and to prepare for it. These should support families to move from a focus on provision to a focus on outcomes. These should also include approaches for 'conversations' with non- and pre-verbal children, as well as those children and young people who are reluctant to engage. Ensure SEN Case Officers have sufficient capacity to support those who are facilitating the person-centred conversations and quality assure the information they receive. Many SEN Case Officers would like the capacity to conduct the person-centred conversations themselves.	Guidance at national level. Developed at national level (VCS), drawing on existing local resources. Acknowledgement of capacity constraints at national level.
4 Advice givers rarely receive the individual's aspirations and outcomes sought with the request for advice.	Improve the quality of person-centred conversations to ensure that the aspirations and outcomes sought are available (see above). Develop national advice request templates which include the individual's aspirations and outcomes sought as standard.	See above. Develop at national level.
5 Current statutory timescales do not allow sufficient time for assessment, particularly where the individual is not currently known to services.	Acknowledge tensions between timescales for different agencies/ services, and explore how alignment might be achieved with the EHCP process.	Acknowledgement at national level.
6 Advice givers have insufficient capacity to respond to the request for advice in a way which is person-centred and high quality, particularly where they have not recently engaged with the individual.	Acknowledge that engaging effectively in the EHCP process is time-consuming, and take this into account when planning work/caseloads; engaging in EHCP's should be 'part of the day job' rather than in addition to. Explore options for increasing capacity through further recruitment. Build the evidence based to demonstrate where interventions led by non-practitioners (e.g. parent carers, teaching assistants) are effective, to increase confidence. This would take pressure off practitioners, but families need more confidence and reassurance that it is effective.	Acknowledgement of capacity constraints at national level. Acknowledgement of capacity constraints at national level. National.
7 Advice givers have insufficient capacity to coordinate and align advice.	See above. Explore digital solutions as an alternative to multi-disciplinary meetings.	Acknowledgement of capacity constraints at national level. National (VCS).
8 Advice givers are under pressure to recommend provision that is known to be available locally, rather than the provision that is most appropriate to meet the child's needs and drive towards their outcomes.	Commissioners to aggregate data on provision that is requested but not available, and use this to inform commissioning decisions. Improve co-production in commissioning decisions to better meet need and increase trust from families.	Local. Local.
9 Parent carers lack confidence that the state-funded SEND system is able (and in some cases, willing) to meet their child's needs, so turn to private recommendations. This tension can lead to tribunals where there is conflict in the recommendations.	Strengthen the graduated approach in schools. Build evidence base for interventions (including case studies of success), and co-produce messaging to reassure and support families. Ensure services are accessible on a needs-led basis, not diagnosis-led. Ensure the Local Offer is clear, accessible, up-to-date and easy to use. Increase practitioner capacity so they are able to discuss proposed provision with families and allay any concerns, using evidence and success stories.	Local; share examples of good practice and impact at the regional level. National (professional bodies) Local; share examples of good practice and impact at the regional level. Local. Acknowledgement of capacity constraints at national level.
10 Plan writers do not receive sufficiently specific information from advice givers to write SMART outcomes.	See 6.	
11 Plan writers do not receive sufficiently specific information from advice givers to specify provision.	See 6.	
12 Practitioners receive insufficient warning of the Annual Review.	Align Annual Review dates with individual's birthday, rather than the education setting's calendar. Review Annual Review timescales in light of constraints in practitioners' timeframes (e.g. minimum 6 week notice for Health).	Local. National.
13 Practitioners have insufficient capacity to attend/ contribute to Annual Reviews.	See 6.	
14 Annual Reviews are insufficiently person-centred.	Promote existing resources and guidance on delivering quality Annual Reviews, including supporting families to prepare. Promote usage of the 4 Preparing for Adulthood domains in Annual Reviews, regardless of age.	National (VCS). Guidance at national level.