

10 Things to Avoid in EHCP Assessment Reports

1. Overly long narratives about the child/young person's history

Section A of the EHC Plan is useful for including relevant background information about the child/young person. It doesn't need to include their life story to date, or details about their early life that are not relevant to their current picture of need. It is also not necessary to include an account of all the specific named interventions they have received so far. What is most useful if you are a professional submitting EHCP advice is to list the dates of your service's input, and whether the child/young person is now discharged or remains open.

2. Overly specific, one-off examples

When describing the child or young person's needs, bear in mind that the EHC Plan is going to be written using your report, and then likely not updated for at least six months for under 5s, or one year (or more) for over 5s. Whilst an annual review should occur each year, this does not always result in an amendment notice and the plan itself being fully updated. This is why it is important to avoid one-off, context-bound examples when describing the child's needs, as they date quickly. Instead, make sure that information refers to recurrent needs and also describes the impact(s) of this need. For example, state that the child/young person can only focus on a task for up to two minutes (the attention need) and therefore cannot yet work independently (an impact), rather than describing an observation about a specific activity where the child/young person displayed difficulty with attention.

3. Limited information about the impacts of need

As an educational, health or SEND professional who has spent time with the child/young person, during existing provision delivery and/or throughout the assessment process, you will likely have a better understanding of the child/young person and their identified needs than the person responsible for drafting the plan (e.g. LA case officers or plan writers). They therefore rely on your assessment report to create a comprehensive account of the child's needs. This is why it is vital to avoid only providing a basic list of areas of difficulty, or assuming that everyone involved in the child/young person's case knows what you are referring to. Instead, as you describe the child/young person's

identified needs, also think about the impact of these needs on their learning in practical terms.

4. Repetitive information

In an effort to emphasise a point, some assessment reports say what is functionally the same thing in myriad ways. This makes it more difficult to clearly and succinctly represent the child/young person's strengths and needs, and much harder to identify what outcomes are to be met and the level of provision required. Keeping similar or related points together is the best way to recognise repetition and tackle it before submitting your professional report.

5. Conjecture

It is important to phrase your recommendations with certainty! Professional reports should avoid suggesting what might be causing an issue, or what the child or young person might need to support the meeting of their outcomes, or how a difficulty might affect them in the future. Instead, providing it is within your remit, state what is causing an issue, what they do actually need to support them in terms of provision, and how their needs will affect them in the future (and is affecting them at the present time). Plan writers can only work with information about presenting needs – not what might be – and therefore rely on your professional advice to talk about this.

6. Gaps in the Golden Thread

A key aspect of the structure of the EHC Plan is a Golden Thread of needs, outcomes and provisions. This means that, for each main educational / health / social care need that you identify, you should include a related outcome and recommend the provision required to meet these needs and outcomes.

7. Vague outcomes

As the person writing the final draft plan likely will not have the same expertise or time spent with the child/young person as those involved in providing regular support or gathering evidence for the assessment, it is vital that assessment reports set specific, measurable, achievable, realistic and time-bound (SMART) outcomes. Avoid recommending vaguely worded, non-specific outcomes that could seem generic and applicable to any child/young person of any stage, such as 'Kane will improve his expressive language skills'. Instead, set outcomes for a year or more in the future and be specific about what the child or young person will hopefully be able to do as a result of additional support (the recommended provision).

8. Recommending input from outside of your service

Provision cannot be included in the EHC Plan if it is not guaranteed by a professional with the capacity to ensure it is delivered. For example, if an Educational Psychologist were to recommend a block of Speech and Language Therapy input, this would not be includable in the plan. If this were the only provision recommended in the report, and the child/young person was not open to the Speech and Language Therapy Service, this would result in there not being sufficient information regarding the support required to meet the child/young person's communication needs. Therefore, don't 'over-promise', only recommend what is within your remit.

9. Reliance on other professional advice

Relatedly, don't leave blanks in your report and rely on other professionals to cover those areas in their own reports. It is not uncommon to see, for example, 'See Occupational Therapy report' in the physical and sensory section of advice, for there to be no OT report available. It is then unclear to the person writing the plan as to whether the child/young person has needs in this area or not. Whilst in this instance it would not be expected or appropriate for, say, a SENCO to provide detailed information on physical needs that fall outside of their expertise, it is helpful to provide an account of how the child/young person presents in each area, from your perspective. Therefore, do write about what you know, but also don't assume that all other reports will be completed on time and contain the necessary information.

10. Only commenting on positive progress in Annual Reviews

Often annual review advice can be overly focused on the positive progress made to the detriment of updated information around ongoing needs. When reviewing plans and providing updated advice, it is helpful to comment on the ongoing relevance of what is in the plan, and to provide updated information on what the child/young person still struggles with and provision that they still need. A useful approach is to look at the last signed off plan (if available) and use this to ascertain what needs to change, commenting on this within your report. Instead of just stating what the child/young person can now do, also describe what they continue to have difficulty with. Don't forget to comment on what provision is no longer relevant, and what new support and intervention is required to continue to support the child/young person's needs.

10 Common EHCP Writing Mistakes (not related to advice quality)

1. Inaccurate reflection of child/young person views in Section A

Child/young person views should only be written in the first person if given directly by them, otherwise reported views/feelings/wishes should be written in the third person (e.g. 'Charlie's mum shared that he enjoys playing at the park').

2. Disorganised description of educational needs

Section B forms a large chunk of a plan and therefore needs to be written clearly and be both comprehensive in content and concise in wording. Related information must be grouped together under relevant headings/subheadings, whilst ensuring that collated wording flows and is not repetitious.

3. Inclusion of unnecessary information

With so much information to potentially include in Section B, plan writers need to make an informed judgement about what is not necessary. Examples of what not to include are: time-specific language (e.g. 'in the past year...'); references to who stated what (e.g. 'the Educational Psychologist said...'); references to other people (e.g. 'other children are wary of playing with him'); very specific examples of what the child/young person has been observed to do or not do (e.g. 'During assessment, Sammy was unable to count beyond 7'); provision-sounding wording (e.g. 'he needs individual adult support in the classroom to refocus'); and parental views (which should instead be included in Section A).

4. Insufficient description of health needs in Section C

It is not sufficient to just state a medical diagnosis in Section C. Whilst a diagnosis is useful as a starting point, ultimately it is the resulting need that requires provision. It is also important that the impacts of needs are specified so that it is clear how these needs are affecting the child/young person and therefore inform what provision needs to be in place.

5. Insufficient information about social care needs in Section D

As above, it is important to include information about the impacts of a child/young person's social care needs on their life and that of their family. The equivalent to a 'diagnosis' in Section D is where a child/young person is subject to a particular plan or legal status. For example, 'Mark is a Child in Need under the category of neglect' is not in itself a need; plan writers need to consider what the associated needs and impacts are in this case.

6. Incorrect wording of outcomes

Whilst it is down to assessing professionals to recommend SMART outcomes, in many instances there are tactics that plan writers can use to ensure Section E meets requirements, such as adjusting wording to avoid unmeasurable words (e.g. 'will develop' or 'will improve') and not including wording that reads more like provision (e.g. 'Ann will be able to access a sensory group').

7. Vague provision wording

Again, plan writers are reliant on professionals to provide recommendations that are specific and quantified, but they can also edit vague wording, avoid including particularly ambiguous wording (e.g. 'would benefit from'), and adjust wording from e.g. 'Joe needs X' to 'Joe will have X' so that the recommendation is more concrete.

8. Incorrect placement of therapy provision

Input from health or therapy professionals that can be classed as 'teaching or training' the child/young person should be treated as special educational provision and included in Section F, rather than Section G.

9. Inclusion of inappropriate provision

Recommendations for therapy input can only be included if they are made by the therapy service itself, and recommendations for provision to be carried out at home by parents should not be included.

10. Grammar and proofreading errors

Whilst the accuracy of the content of an EHC plan is a priority, it is also important for plan writers to write in a clear, consistent style and be accurate with grammar and punctuation, as this reflects on the quality of the document as a whole.

Want to learn more?

Writing EHC plans and contributing to EHC Needs Assessments are specialist tasks that require specific training - explore Enhance EHC's online, CPD accredited training courses at www.enhanceehc.co.uk, or contact us at training@enhanceehc.co.uk