Children's COMMISSIONER

An inconsistent approach to SEND, findings from analysis of Education Health and Care Plans (EHCP) from two local authorities in England

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Executive Summary

This document presents key findings from the analysis of approximately 650 Education Health and Care Plans (EHCPs) from LA1, a local authority in London and LA2, a local authority in the Midlands, completed over 2019-2021.

The findings are discussed in the context of the key aims and functions of EHCPs in England (see Introduction for overview) and outcomes are assessed according to the 'SMART' framework (SMART is an acronym for Specific, Measurable, Attainable, Realistic, and Time bound). Please note that this report aims to provide a feasibility study on analysing EHCP data and compares the functionality of EHCPs in two local authorities rather than reflect on the quality of the EHCP data in each local authority (LA).

Key findings

Inconsistencies in the structure, length and formatting of the EHCP forms, funding, timescales, and language used added complexity to the comparison pf EHCPs both within and between LAs, supporting the need for a standardised and digitised EHCP process across England.

EHCP structure and completion:

- The sample of EHCPs from LA1 and sample of EHCPs from LA2 broadly capture the same information. The LA1 EHCP includes more questions and collected more detail in the outcome and provision sections, whereas LA2 included pictures more often in Section A, which describes the child's views and aspirations.
- Within the sample of LA2 EHCPs, the structure was mostly consistent except with Section A. Some LA2 EHCPs used pictures in this section, some contained large sections of text, and some were broken up into distinct questions about the child's views and aspirations.
- Completion of the EHCP sections varied within LA1. For example, 10% of EHCPs in LA1 did not include a response to the question in Section A on what's important to the child.

EHCP Length:

- The EHCPs in both samples varied in length, up to a maximum of 40 pages in LA1, with an average of 22 pages. In LA2 EHCPs ranged from 8 pages to 23 pages, with an average of 14 pages.
- In both LAs the average word count was just under 5000 words, which would take approximately 50 minutes to read aloud to a child.

Top up Funding:

- In LA1 (a borough of London), the banding for high needs top up funding in mainstream school ranges from £3,000 to £17,000, with an average of £9,000 in our sample of EHCPs. In LA2, the funding bands are lower, ranging from no top up in some bands to £8,000, with an average of £4,000 in our sample of EHCPs.
- The differences in top up funding between LAs could be due to higher costs of provision in London. It is important to note that individual top-up funding does not reflect the total amount of funding available to children with an EHCP.

Outcomes:

- Specific: Broadly, both LAs capture the same information on children's outcomes, across the 'education', 'health' and 'social care' outcome sections. The key difference between LAs is the reporting of Section E (see Figure 1 for an overview of the sections), where LA2 reported this as a single grouped outcome, while LA1 separated this section into four 'identified need' categories. Health and social care outcomes were far less likely to be completed in the LA1 sample of EHCPs than in LA2.
- Measurable: In both LAs most EHCPs contained at least one measurable outcome, often referring to achieving a task on a certain proportion of attempts or for a certain duration of time.
- Time-bound: We found that 97% of LA1 EHCPs and 79% of LA2 EHCPs have at least one date associated with outcomes and could therefore be considered time-bound. However, outcome dates were often the same across all outcomes in an EHCP.

Provision:

- Specific: The section on provision, Section F, was structured inconsistently between LAs. Similar to the section on outcomes, the section on provision was separated into standardised categories in LA1, but in LA2, all outcomes and provisions relating to education (Sections E and F) were uncategorised.
- In both LAs, EHCPs that list 'communication and interaction' as the primary need were most likely to mention phrases relating to both external provision (e.g., 'speech language therapist') and internal provision (e.g., 'school', 'teaching assistant').
- We found differences in the mention of external and internal provision were found between funding groups. References to specialist external speech therapy were almost twice as likely to be used in high funding group EHCPs in LA1, indicating that external therapy-based provision may be associated with high needs top up funding.

Introduction

EHCPs give detailed insights into the care of children with special educational needs and disabilities (SEND) in England and enable comparison of the provision, services and outcomes for children with SEND across and between LAs.

Schools in England are obligated to provide support to children with SEND, called SEN support. Schools are expected to cover the first £6,000 for children with SEND. An EHCP is created for children with SEND that require additional support, beyond that which a mainstream school, or nursery can typically provide. EHCPs list each child's special educational needs, and detailed, quantifiable provisions to meet each of the need.

The quality criteria from the Department for Education (DfE) specify that a good EHCP meets the Requirements of the Act, Regulations and Code of Practice.[1] The SEND Code of Practice also specified that outcomes in EHCPs "should be SMART (specific, measurable, achievable, realistic, time-bound)."[2] According to the SEND code of practice, an EHCP should:

- describe positively what a child or young person can do.
- be clear, concise, understandable and accessible.
- be co-produced (with family and/or young person).
- set good, relevant outcomes.
- tell the child or young person's story well and coherently.

Decisions about the content of an EHCP must be made collaboratively with the child/ young person (CYP) and their parents, however the EHCP is ultimately drafted and finalised by the LA.[3] Section A outlines the CYP's views, interests and aspirations (see Figure 1 for an outline by section). Sections B, C and D provide a summary of the CYP's special educational needs and the health/social care needs and section E describes the outcomes identified and the timelines to achieve these outcomes (including outcomes for adult life).

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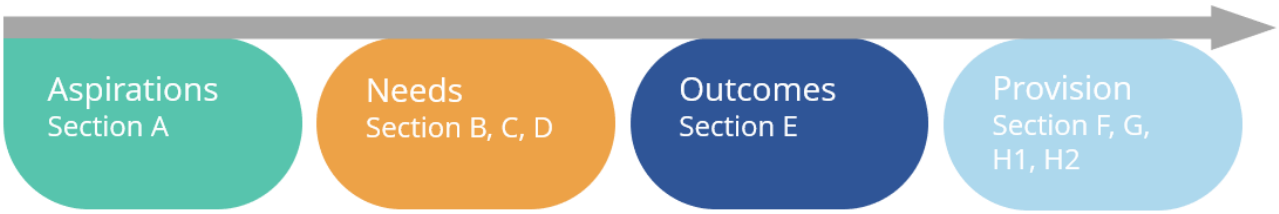
[1] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
[2] Ibid.
[3] Ibid.

Sections F, G, H1 and H2 outline the provisions required to meet the needs identified and the outcomes sought. Section F outlines educational provision, section G outlines health provisions and sections H1 and H2 outline social care provision needed to reach outcomes.

As set out in the SEND code of practice, the format of EHCPs in an LA "will be agreed locally"[4], so the order of these sections and the structure within these sections is expected to vary across LAs.

Figure 1: Outline of the EHCP structure by main sections and theme



Context on the population of LA1 and LA2

Our sample contains 497 EHCPs issued by LA1 and 152 EHCPs issued by LA2 that are broadly representative of the breakdown in terms of age group, gender and type of educational setting for all EHCPs issued in these LAs since their introduction (see Table 1 and Table 2 in the Annex for a full, anonymised breakdown of the sample).[5] In both LAs, the proportion of pupils diagnosed as having SEND and having an EHCP was similar to the national level.[6] The demographic characteristics of CYP with EHCPs in LA1 and LA2 were similar to the national averages except that the share of CYP with an EHCP from an ethnic minority is higher in LA1 and lower in LA2 compared to the national average.

[4] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

[5] Based on data from 'Education, health and care plans', Department for Education, accessible at https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans

[6] Based on data from 'Special educational needs in England', Department for Education, accessible at https://explore-education-statistics.service.gov.uk/data-tables/permalink/aaf8ff69-720d-4c8c-b6b6-2c650dab89e5

Context on SEND provision in LA1 and LA2

While Ofsted and Care Quality Commission (CQC) suggested areas of improvement for LA1 and LA2 in their most recent area SEND inspections, they both fell within the 49% of LAs that met the Ofsted and Care Quality Commission (CQC) standards with no significant concerns.[7]

The administrative benchmarks of EHCPs in LA1 and LA2 are similar to the national average, except that a higher share of EHCPs are processed within 20 weeks in LA2 compared to the national average and a higher share of requests for an EHCP were declined in LA2 compared to the national average.[8] LA1 stands out for particularly high attendance of SEND pupils in England.[9]

[7] Based on data from 'Main findings: area SEND inspections and outcomes in England as at 31 March 2021', Ofsted, accessible at https://www.gov.uk/government/statistics/area-send-inspections-and-outcomes-in-england-as-at-31-march-2021

[8] Based on data from 'Education, health and care plans', Department for Education, accessible at https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans

[9] Based on data from Table 1C - Attendance in state-funded schools during the COVID-19 outbreak at local authority, Attendance in education and early years settings during the coronavirus (COVID-19) pandemic, Department for Education, accessible at https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak

Consistency in EHCP accessibility, forms and information between LAs

EHCP structure and completion

The samples of EHCPs from LA1 and LA2 follow the structure outlined in Figure 1 and broadly capture the same information but the LA1 EHCPs include more questions. For example, the LA1 EHCP asks about outcomes, steps towards outcomes and provisions for each category need as well as health care and social care. Whereas the LA2 EHCP asks about outcomes, steps towards outcomes and provisions across any of the needs.

Within the sample of LA1 EHCPs there were two distinct templates with questions worded slightly differently, due to a one-off change in the format of EHCPs. Within the sample of LA2 EHCPs the structure was mostly consistent with the main exception being the section A of the EHCP on the child's views and aspirations. Some LA2 EHCPs used pictures in this section, some contained large sections of text, and some were broken up into distinct questions (for example, "What is important to me?", "What makes me happy?", and "What would I like to achieve in the future?").

The level of completion of the EHCP Section A varied within LA1. Section A of the EHCP in LA1 is broken down into several questions about the CYP. Around 10% of EHCPs in LA1 did not include a response to the question on what's important to the child, 7% did not include a response on what was working well and 4% did not include a response to the question on what the child enjoys.

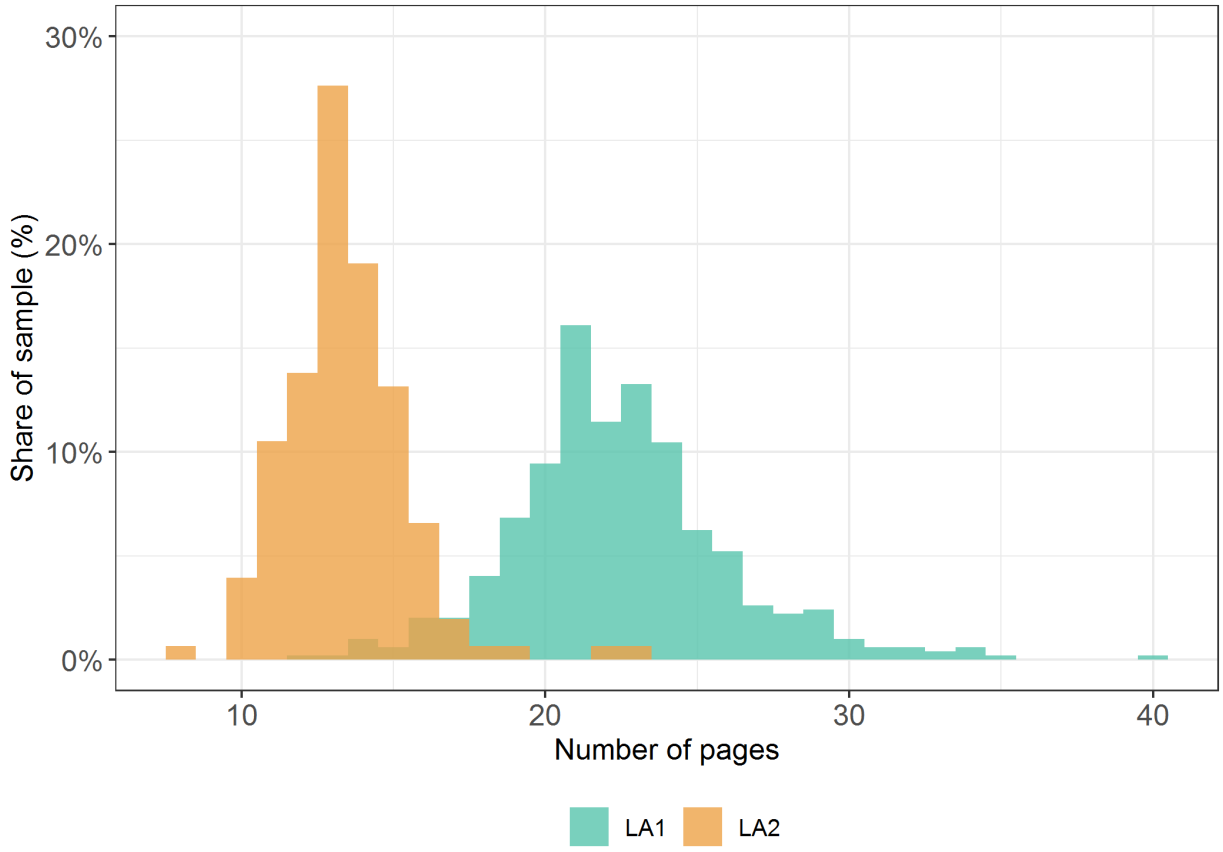
Length of EHCP documents

The DfE specifies that a good EHCP is concise and accessible[10]. One proxy for the conciseness of EHCPs is form length, specifically number of pages and word count. In both LAs, the word count suggests that EHCPs take approximately 50 minutes, on average, to read aloud to a child with SEND.

[10] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

The EHCPs in our LA1 and LA2 samples vary in detail and length, as shown in figure 2. LA1 EHCPs ranged from 12 pages to 40 pages, with an average of 22 pages and 4,800 words. LA2 EHCPs tend to be fewer pages with more words per page. These EHCPs range from 8 pages to 23 pages, with an average of 14 pages and 4,700 words. Some LA2 EHCPs included pictures as a way of making the EHCP more accessible and some LA2 EHCPs had large sections of text.

Figure 2: Distribution of the page count of EHCPs in LA1 and LA2.



The number of pages and word count of EHCPs were similar across gender and ethnicity in LA1 and LA2. There are some small differences in average word count across age or primary need. In LA2, the word count is higher for EHCPs where the primary need is communication and interaction than for EHCPs where the primary need is Social, Emotional and Mental Health (SEMH). In LA1, the word count and number of pages is higher for pupils with sensory and/or physical needs or communication and interaction needs. In LA2, the word count is higher for EHCPs where the pupil is 8 years old or younger.

Top up funding

LAs are increasingly adopting a banding approach to high needs top up funding in EHCPs. In LA1 (a borough of London), the banding for high needs top up funding in mainstream school ranges from £3,000 to £17,000. In LA2, the funding bands are lower, ranging from no top up in some bands to £8,000 per annum. For pupils in mainstream schools, the average top up funding in our sample of EHCPs is £9,000 in LA1, compared to an average of £4,000 in LA2 (excluding cases where there is no top up).

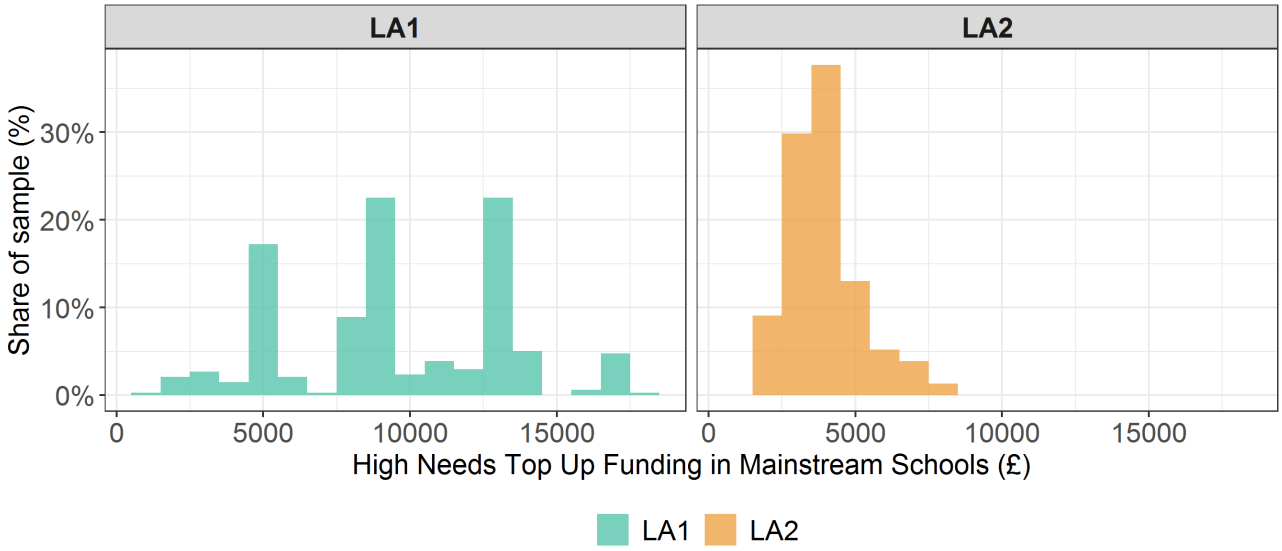
In LA1, the banding for special schools range from £11,000 to £21,000 while LA2 does not set out bands for pupils in special schools. The average top up funding for pupils in special schools in our sample of LA1 EHCPs is £13,000.

In LA1, average top up funding is higher for children with physical and/or sensory needs than for children with cognition and learning needs and funding is higher for children 8 and under compared to children 9-11. In both LA1 and LA2, there are no significant differences in funding by gender or ethnicity.

The higher average levels of top up funding in LA1 compared to LA2 is expected as a London borough, where the costs of provision are higher than the rest of the country. This is reflected in the high-needs allocations to each LA by DfE. In 2020-2021, LA1 received higher funding per-pupil with SEND driven, in part, by an Area Cost Adjustment applied to LA1. Differences in top up funding could also be driven by differences in placement and other types of funding for CYP with SEND.

Figure 3 shows that the majority of LA2 top up funding for pupils in mainstream schools is concentrated in a small range, while there is a wider range in LA1 funding.

Figure 3: Distribution of LA1 (green) and LA2 (orange) high-needs top up funding (£) in mainstream schools



Primary needs and summary of needs

Across all 497 EHCPs in LA1 (Table 1), the most common primary need was 'Communication and interaction' (55%), followed by 'SEMH' (24%), 'Cognition and learning' (15%), then 'Sensory and/or physical needs' (6%).

Table 1: Sample size and percentage of EHCPs listing each primary need in LA1.

Primary need	Sample size (n)	Percentage (%)
Communication and interaction	274	55
SEMH	117	24
Cognition and learning	74	15
Sensory and/or physical needs	30	6

In LA2 EHCPs (Table 2), children could be assessed as having multiple primary needs. Needs were not easily categorised as the categories were not standardised. Nearly half (48%) of all EHCPs in LA2 listed either 'SEMH' or 'Communication and interaction' as the sole primary need.

Table 2: Sample size and percentage of EHCPs listing each primary need in LA2.

Primary need(s)	Sample size (n)	Percentage (%)
SEMH	42	28
Communication and interaction	31	20
Communication and interaction & Cognition and learning	21	14
Cognition and learning	17	11
Communication and interaction, Cognition and learning & SEMH	10	7
Communication and interaction & SEMH	9	6
Cognition and learning & SEMH	8	5
Other	14	10

Notes: The 'Other' category includes combinations of primary need(s) with a sample size below 5 to maintain anonymity.

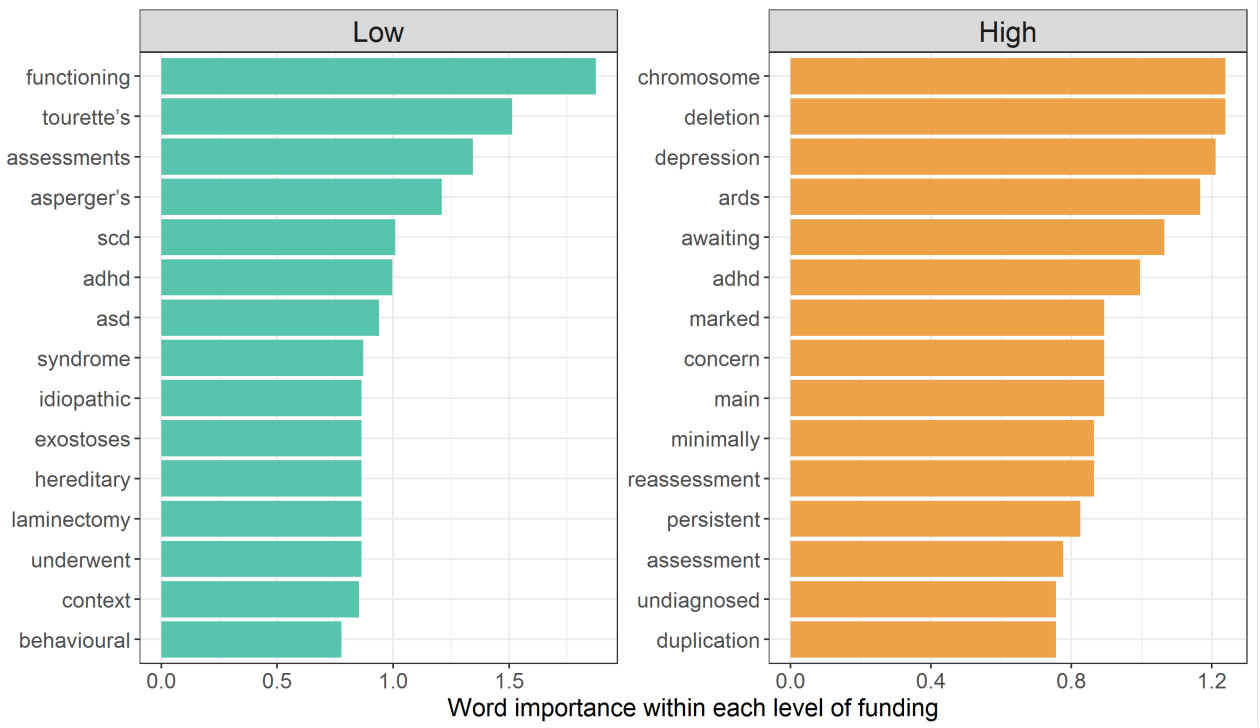
Summary of needs (LA1 only)

LA1 EHCPs include an open text 'summary of needs' section to elaborate on the child's primary need and provide wider context. As well as an explanation of needs, the summary often contains reference to the child's medical conditions and history, current support provisions and primary concerns. The strongest associations between words used to summarise children's needs are linked to 'communication' skills, 'language' and 'disorder' which was often mentioned in relation to disorders such as 'ADHD', 'autism' and 'developmental language disorder' (see Figure 1 in the Annex the full overview of associations).

Figure 4 below explores differences in the most 'important' words used to summarise children's needs by funding level in LA1, in which the 'low' additional top up funding group includes any child receiving additional top up funding under the median funding value of just under £9,000. The 'high' top up funding group includes children receiving additional funding greater than the median, up to the maximum additional funding amount (see Figure 2 for more details on funding).

In the high funding group, several words appear to relate more to congenital conditions such as Down's syndrome ('chromosome', 'deletion') and specific conditions such as 'adhd'. In the low funding group, the most important words appear to relate to social, emotional and mental health issues such as 'tourette's' and 'asperger's', and bone or skin conditions such as 'exostoses'.

Figure 4: The most important words used to summarise children's needs, categorised by additional funding group in LA1.



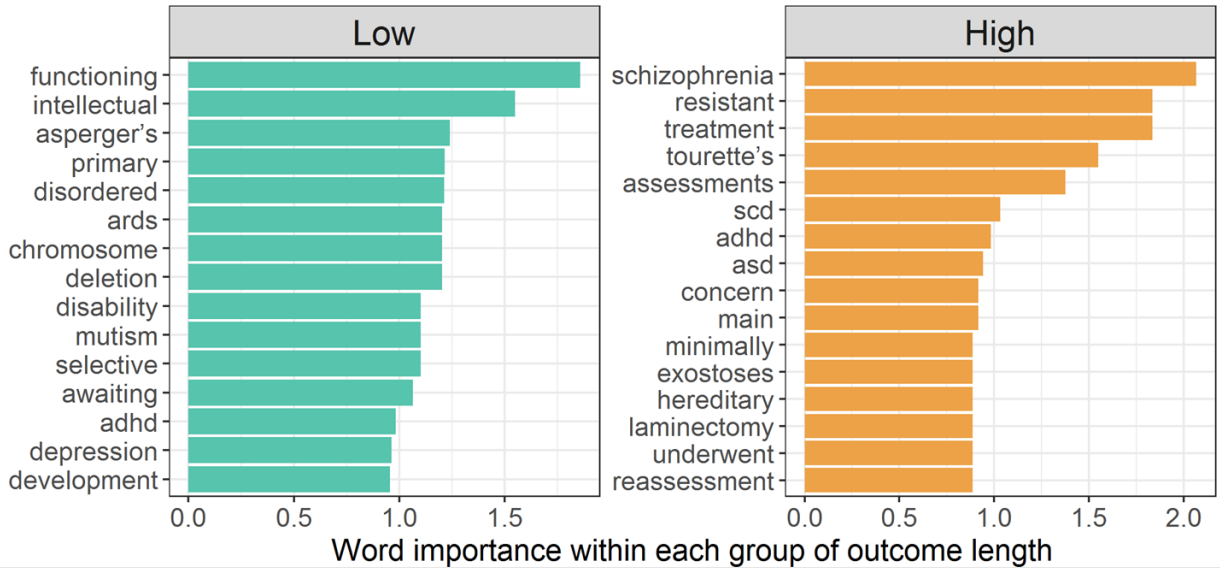
Notes: Word importance refers to TF-IDF score, see Annex for details

Figure 5 below explores differences in the most 'important' words used to summarise children's needs in LA1 by maximum outcome length in number of months. The 'low' outcome length group includes any child with a maximum outcome length shorter than the median length of around 3 years and 'high' group includes children with a maximum outcome length longer than the median (up to a maximum of 6 years - see Figure 6).

Few of the top words are shared between the high and low outcome length groups. Comparing the words between groups, the 'High' length of outcome group contains many references to disorder such as 'schizophrenia', 'adhd', 'scd', and 'tourette's', whereas the 'Low' group tends to include more general words

such as 'development'. This indicates that children that have formal medical diagnoses are more likely to receive longer outcome lengths.

Figure 5: The most important words used to summarise children's needs, categorised by outcome length in LA1.



Notes: Word importance refers to TF-IDF score, see Annex for details

The most important words used to summarise children's needs were also investigated for each school type (college, independent, mainstream, special and other schools). Some similarities in the most important words were found between school types (see Figure 2 in the annex for more details). For example, references to congenital disorders such as 'Down's' syndrome, and associated words like 'chromosome', 'deletion' and 'duplication' can be seen for mainstream, special and independent schools.

Outcomes

In both LAs, outcomes were separated into three sections of the EHCP; Section E described the majority of outcomes, and Sections G and H described Health and Social care outcomes respectively. The key difference between LAs is the reporting of Section E, where LA2 reported this as a single grouped outcome, while LA1 separated this section into four 'identified need' categories ('Communication and interaction', 'cognition and learning', SEMH and 'sensory and/ or physical needs'). The anonymised case studies below highlight examples of all outcome types.

Cognition and learning

"By the end of March 2023, Michael will independently engage in academic work for 20 minutes at a time, at least once per day, so that he is able to make progress in line with his potential" – **Michael, KS2**

Social, emotional and mental health

"By July 2024, Peter will be able to self regulate his emotions and stop lashing out at other children and staff in an aggressive way causing physical pain and emotional damage to others." – **Peter, KS1**

Social care

"By the end of Year 8, Andrew will attend an after school/out of school club around his interests so that he can develop his skills in these areas and has opportunities to meet peers with similar interests." - **Andrew, KS2**

Communication and interaction

"By the end of Year 11 (July 2023), Mohammed will be able to independently identify and use strategies to regulate his emotions, so that he can engage in learning and social opportunities across the day." – **Mohammed, KS4**

Sensory and/or physical needs

"By the end of Year 9, July 2023, Jessica will be able to self-advocate, so that she can make her opinions known and report any difficulties with the technology that supports her to manage her visual impairment" – **Jessica, KS2**

Health

"By the end of Year 12, Luke will have strategies that he can use to manage anxiety so that he feels happy and confident in college/school." – **Luke, KS4**

Note: all names are randomly chosen to ensure anonymity.

In LA1, 'Cognition and learning' was the most completed outcome category within Section E, at 495 out of 497 (99.6%), followed by 'SEMH outcomes' (99.4%), 'Sensory and/or physical' outcomes (90.7%), 'Communication and interaction' (90.3%), while the 'Health' (Section G) and 'Social care' (Sections H1 & H2) outcomes sections were the least completed outcomes sections (10.3% and 1.8%). In LA2, outcomes are separated into three sections: E, G and H. All sections were over 98% complete; Section E (general/education outcomes) was the most completed outcome section at 149 out of 152 (98%). A much higher

proportion of EHCPs in LA2 completed sections G and H than in LA1, but the majority of these responses indicated there were no identified health or social care needs.

Are EHCP outcomes 'SMART'?

The DfE SEND Code of Practice stipulates that "EHC plans must specify the outcomes sought for the child or young person. Outcomes in EHC plans should be SMART (specific, measurable, achievable, realistic, time-bound)."[11]

In terms of specificity, in LA1, the 'most important' words within each outcome type are reflective of the category of need, a proxy for indicating whether the text within each outcome section is specific. For example, 'local' is the most important word for social care outcomes, while 'lashing [out]' was amongst the most important words to describe SEMH outcomes (Figure 3 in annex for more details). In LA2, however, the single textbox for Section E reduced specificity. The top 10 important words in Section E were more generalised (e.g., 'increase', 'confident' – Figure 4 in the annex for more details). Similarly, the words used to describe children's 'health' and 'social care' outcomes (Sections G and H) were often similar (e.g., 'anxieties' was the most important word in health care and social care).

We can proxy for whether outcomes were measurable based on whether they contained numbers or frequencies. Using this proxy, which is likely to understate the amount of measurable outcomes, 86% of LA1 EHCPs and 66% LA2 EHCPs have at least one outcome that is measurable. In LA1 EHCPs, the measurability of outcomes varied depending on the type of outcome, ranging from 26% measurable for physical and/or sensory outcomes to 72% measurable for cognition and learning outcomes. Examples of common outcomes that are measurable include:

- 8% of LA1 EHCPs include a cognitive and learning outcome that the CYP will be able to do a task "X% of the time"
- 6% of LA2 EHCPs include the outcome that the CYP will engage in a learning activity for "between 5-10 minutes"

[11] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

There are several outcomes found in multiple EHCPs which are not specific or measurable:

- 6% of LA2 EHCPs include the outcome that a CYP "will develop my communication skills"[12]
- 5% of LA2 EHCPs include the outcome that a CYP "will increase my ability to communicate with other people"
- 4% of LA1 EHCPs include the cognitive and learning outcome that a CYP will be making academic progress in line with his/ her ability so that he/she "can complete some learning tasks independently"
- 4% of LA1 EHCPs include the sensory and/or physical outcome that the CYP will be able to "self-regulate" sensory needs
- 4% of LA1 EHCPs include the SEMH outcome that the CYP will be able to regulate their emotions "using taught strategies".

In terms of whether the outcomes were achievable and realistic, we can check whether there are detailed provisions in place (see section on Provision).

Outcome timescales

We find that 97% of LA1 EHCPs and 79% of LA2 EHCPs have at least one date associated with outcomes and could therefore be considered time-bound.

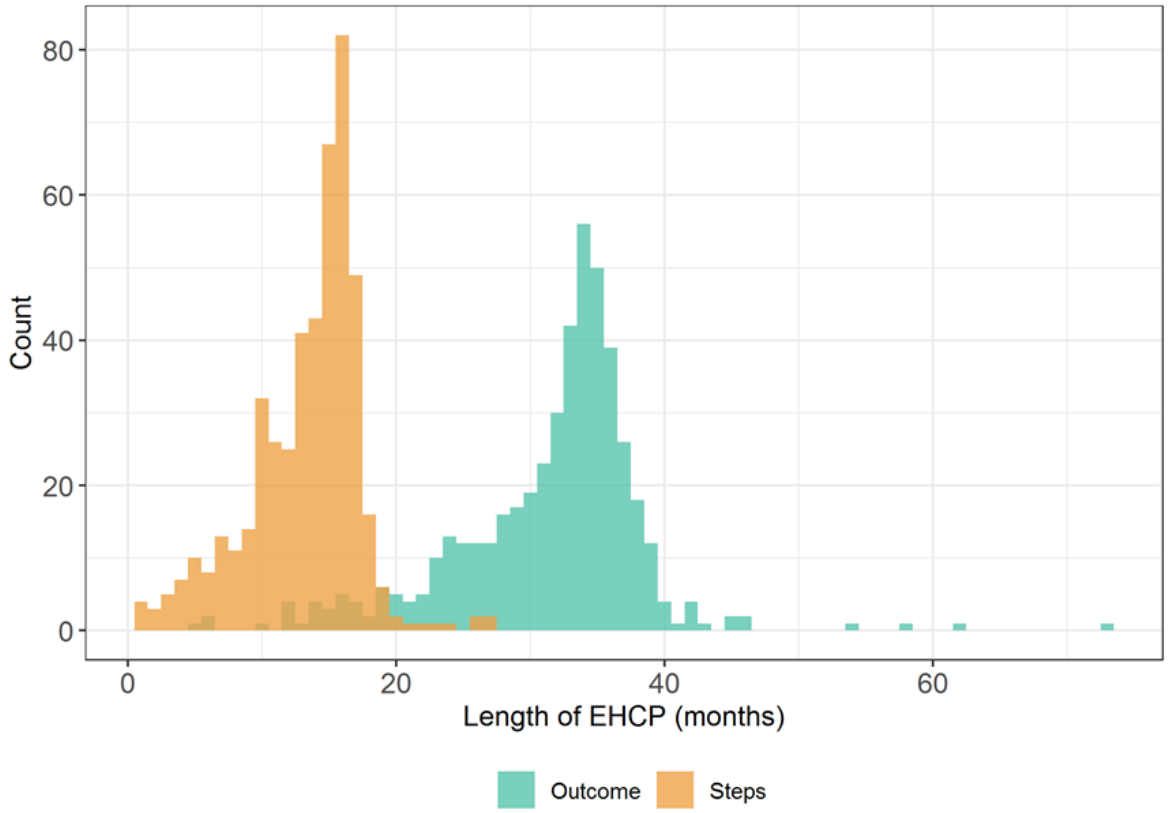
While the SEND Code of Practice specifies that the outcomes section of the EHCP should include "a range of outcomes over varying timescales",[13] in the sample of LA1 and LA2 EHCPs, the timescales were often the same.

Outcomes in EHCPs typically include a timescale (i.e., "By June 2023, child/ young person will be able to…"). EHCPs in LA1 also have target dates associated with the steps towards outcomes (i.e., "By June 2022, child/ young person will…"). These timings vary across EHCPs, with some setting outcomes within a year of writing the EHCP and some setting outcomes over three years from writing the EHCP.[14] In LA1, on average, outcomes tend to be set 3 years after writing the EHCP and steps towards those outcomes tend to be 1.5 years after writing the

[12] Note that this includes minor variations such as "I will have developed my communication skills"
[13] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
[14] We calculate the length of outcome timescale as the number of months between the date of the EHCP and the outcome target date. If the outcome target date isn't specified as a date but a key stage or age, we calculate the implied date based on the child's current age.

EHCP. However, as Figure 6 shows, there is significant variation in these time-scales.

Figure 6: Distribution of the length of steps towards an outcome and outcome target dates in EHCPs in LA1



In LA2 EHCPs, the target dates for outcomes are always set in terms of the end of a school year (i.e., "By the end of key stage one…") and there are not any dates associated with steps towards outcomes. LA2 EHCPs tend to include more short-term outcomes, with an average length of 2 years (compared to 3 years in LA1).

Provision

The provision section of all EHCPs (Sections F, G, H1, and H2) provides information on the special educational, health and social care provisions needed for the child to reach their outcomes (Section E). The SEND code of practice specifies that "Provision must be detailed and specific and should normally be

quantified, for example, in terms of the type, hours and frequency of support and level of expertise"[15].

Inconsistencies between LAs

Inconsistency in the structure of Section E between LAs made analysis and direct comparisons between LAs challenging.

LA1 structures Sections E and F as four 'identified need' sections (Cognition and learning, Communication and interaction, Sensory and / or physical health, SEMH). Within each 'Identified need' section, several outcomes and provision are consistently reported using the following structure: 'Support Needed', 'To be provided by', 'Staff / Student ratio', 'How much / quantity', and 'How often'. In LA1, information on provision was incomplete or missing for several EHCPs, with varying missingness across the six key provision categories. Data was more often missing for the 'Health', 'Social care' and 'Physical health' sections than the other three provision categories, and of the aspects of provision, details on staff to student ratio and 'quantity' of provision were most likely to be left blank, often where there were no identified needs in these areas.

Conversely, in LA2 Section F provision was not as clearly separated by outcome type, as Section E (outcomes) is more generalised and does not set out clear categories for outcomes and provision, allowing the LA to write in the long-term outcomes in their own words. However, there was consistency between LAs for Sections G, H1, H2 provision, all of which were labelled as 'Health' (section G) and 'Social care' outcomes (H1 & H2). None of the EHCPs had left Section E/F blank but data was missing for 61 of the 152 (40%) EHCPs for 'Health' and 'Social care' provision, mostly where there were no identified health or social care outcomes.

Who was support 'to be provided by'

LA1

Table 3 outlines the use of 3-word phrases (trigrams) used to describe who or which service should provide the necessary support to each child, separated by the four primary need categories in LA1.

Comparing trigram use between the most common primary needs in LA1, EHCPs with 'Communication and interaction' as the primary need were most likely to

[15] Special educational needs and disability code of practice: 0 to 25 years, January 2015, accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

mention all of the trigrams listed in Table 3, but it is worth noting that the majority of these trigrams relate to speech and/or language therapy.

Table 3: Example three-word phrases (trigrams) used to describe which service would be providing support in LA1, broken down by primary need

Trigram	Total no. of mentions	% use of trigram per primary need			
		Cognition (%)	Comms (%)	Physical (%)	SEMH (%)
clinical_commissioning_group	433	16	58	4	22
local_offer_see	278	17	53	5	26
quality_first_teaching	234	17	59	3	21
speech_language_therapy	124	4	81	8	7
language_therapy_service	119	4	81	8	8
speech_language_therapist	71	15	59	10	15
first_teaching_speech	58	3	88	5	3
teaching_speech_language	58	3	88	5	3
salt_trained_ta	47	17	79	0	4
school_staff_education	44	11	80	2	7
salt_ta_adults	41	2	85	7	5
class_teacher_lsa	39	3	82	0	15
commissioning_group_local	37	30	38	0	32
autism_advisory_service	35	17	60	0	23

Note: The percentages are weighted to reflect the sample sizes in Table 1.

Table 4 outlines the use of 3-word phrases (trigrams) used to describe who would be providing the necessary support to each child, separated by funding group. Many of the phrases related to external provision (e.g., 'clinical commissioning group', '"LA1" local services', 'speech language therapist' and 'autism advisory service') were proportionally used more in EHCPs in the lower funding group. By contrast, 'speech language therapy' and 'language therapy service' were almost twice as likely to be used in high funding group EHCPs, indicating that external therapy-based provision is associated with high-needs

additional funding. Most phrases related to internal provision (e.g., 'ta class teacher', 'salt trained ta' and 'teacher teaching assistant') were also more likely to be associated with the high funding group.

Table 4: Example three-word phrases (trigrams) used to describe which service would be providing support in LA1, broken down by additional funding amount

Trigram	Total number of mentions	% use of trigram by funding group	
		Low funding group (below median)	High funding group (above median)
clinical_commissioning_group	388	**54.6**	45.4
"LA1"_clinical_commissioning	388	**54.6**	45.4
"LA1"_local_offer	338	**55.0**	45.0
local_offer_see	137	**55.0**	45.0
quality_first_teaching	125	**57.1**	42.9
speech_language_therapy	114	35.1	**64.9**
language_therapy_service	110	33.6	**66.4**
ta_class_teacher	94	**54.3**	45.7
"LA1"_local_services	68	41.2	**58.8**
speech_language_therapist	64	**53.1**	46.9
teaching_speech_language	55	36.4	**63.6**
salt_trained_ta	46	45.7	**54.3**
autism_advisory_service	35	**74.3**	25.7

*Note: Percentages in **bold** indicate the highest % use between the two funding groups. Where we refer to "LA1" this is a replacement for the name of the LA.*

As seen in the anonymised case study below, in some EHCPs multiple key terms can occur together, especially in more detailed EHCPs with multiple outcomes for the same identified need. This case study also highlights the structure of Section F in LA1, with separate sections for 'support needed' and 'provided by' for each of the four outcome sections.

Comms/Interaction support needed - "A one-off package of speech and language therapy input to help school staff to set up support for him. the speech and language therapist will work directly with child/young person, his parent, class teacher and any support staff to: introduce changes to the classroom environment; support child/young person to access and respond to these changes..."
Comms/interaction to be provided by – "Speech and language therapist/TA, speech and language therapist, school staff (education) class teacher, LSA with advice from SLT"

Boy, aged 11-15, LA1
Primary need = Communication and interaction
Low funding group
Low outcome length group

LA2

In LA2, the average word count to describe all aspects of provision varied between sections but considering the breadth of these sections, were shorter than for LA1. For 'general' provision, the average word count was 150 words, but for Health and Social Care provision, the word count to describe who provides support was 16 and 38 words, respectively.

Exploring the three-word phrases used to explain the setting or location of provision in LA2, the majority of phrases referred to internal provision (e.g., 'school steps achieve' and 'ta education staff').

When comparing trigram use between the most common primary needs (see Table 2 for a full list of primary needs), a very similar trend can be seen between LA1 and LA2, whereby EHCPs with 'Communication and interaction' as the primary need were most likely to mention all but one of the trigrams listed in Table 5. The only exception is 'send_local_offer' which was mentioned the most in EHCPs with 'Communication and interaction, and cognition and learning' as the primary need.

Table 5. Example three-word phrases (trigrams) used to describe which service would be providing support in LA2, broken down by the top four primary need categories which had a sample size of over 10 EHCPs.

Trigram	Total no. of mentions	% use of trigram by primary need			
		Cognition (%)	Comms (%)	Comms/ cognition (%)	SEMH (%)
working_child_young	50	6	35	17	22
educational_psychology_service	36	18	27	6	22
speech_language_therapy	32	8	48	31	2
young_person_school	31	6	32	20	21
care_health_education	29	2	42	24	17
education_staff_contact	29	2	42	24	17
health_education_training	29	2	42	24	17
relevant_qualified_professional	26	14	38	9	19
send_local_offer	26	5	13	32	23
speech_language_therapist	26	5	55	30	2
learning_difficulties_disabilities	24	3	32	16	28

Note: The percentages are weighted to reflect the sample sizes in Table 2, to allow comparison between primary need categories.

Comparing trigram use between funding groups, the opposite trend was found to LA1. 'Speech language therapy' and 'speech language therapist' were more likely to be used in the low funding group EHCPs compared to the high funding group, whereas 'educational psychology service' was more likely to be used for the high finding group. The anonymised case study below provides an example of this term is used in relation to a child in the high funding and outcome length groups in LA2.

Table 6. Example three-word phrases (trigrams) used to describe which service would be providing support in LA2, broken down by additional funding amount

Trigram	Total number of mentions	% use of trigram by funding group	
		Low funding group (below median)	High funding group (above median)
educational_psychology_service	30	40.0	60.0
school_steps_achieve	30	53.3	36.7
stage_education_staff	30	40.0	60.0
cognition_learning_care	29	49.3	51.7
learning_care_health	29	49.3	51.7
person_school_steps	29	41.4	58.6
speech_language_therapy	29	55.2	44.8
young_person_needs	29	49.3	51.7
speech_language_therapist	22	63.6	36.4

"All adults involved with child/young person must be able to regulate his emotions (i.e., anger) by their presence as a consequence to having built a 'trusting' relationship whereby child/young person feels they are someone he can turn to as a 'safe haven' when he is upset or anxious. For this type of relationship between child/young person and the adults supporting him to develop, the setting must have an attachment aware policy that takes a relational and universal approach to supporting children who have had traumatic life experiences. support in this could be sought from the relevant qualified professional i.e., educational psychology service (EPS)."

Boy, aged 8 and under, LA2
Primary need = Social, Emotional and Mental Health
High additional funding group
High outcome length group

Placement

In our sample, children with an EHCP in LA2 were more likely to be placed in a special school than children with an EHCP in LA1. In this sample of children with an EHCP, 22% of LA2 pupils with an EHCP were placed in a special school compared to 14% of pupils with an EHCP in LA1. It is worth noting that in LA2, if a CYP was placed in a resource hub within a mainstream school, the type of placement on the EHCP would be a special school.

In LA1, the name of school or setting, year group, start date, contact details and placement address are provided, whereas in LA2 only the 'Name of Educational Placement/Training Provider' and 'Type of Placement' are provided.

Conclusions

Using data from 649 EHCPs across two LAs in England (LA1 and LA2), this report provides detailed insights into the similarities and differences EHCP structure, functionality, and accessibility, as well as variation in additional funding amounts, outcome timelines and provision.

In this sample, the average high needs top up funding in LA1 was higher than in LA2, likely due to costs of provision. For pupils in mainstream education, the range of top up funding in LA1 was much larger than the range of top up funding in LA2. In LA1, top up funding tended to be higher for children aged 8 and under compared to children aged 9-11 and for children with physical and/or sensory needs.

Outcomes in this sample of EHCPs were generally specific, measurable, and time-bound with some exceptions. In this sample, the majority of EHCPs in both LAs had at least one date associated with outcomes and could therefore be considered time-bound according to the SMART framework. However, for many EHCPs the same date was provided for all outcomes. In both LAs the majority of EHCPs contained measurable outcomes but there were several examples of common generic outcomes (such as "develop communication skills").

Text analysis revealed that provision of support to achieve the outcomes set in the EHCPs varied by additional funding group and by primary need. Overall, phrase frequency analysis suggests that in both LAs, EHCPs which list 'communication and interaction' were most likely to specifically list both external and internal provisions, compared to other primary need categories. In LA1, EHCPs receiving the top 50% of additional funding in LA1 were more likely to mention external provision services such as specific therapists, while EHCPs in

the lower 50% of funding group were more likely to mention phrases relating to services or people internal to the school environment.

A lack of consistency in EHCP structure and the formatting of the data collected between LAs prevented direct comparisons of EHCP data. We also found variation in the accessibility of EHCPs and the extent to which outcomes set in EHCPs are specific, measurable, achievable, realistic and time bound. This supports the need for a standardised and digitised EHCP system, to enable greater accessibility, both for direct stakeholders and wider understanding and monitoring of the EHCP system.

Methods

Data access and collection

The EHCP forms were collected from the LAs under Section 2F of the Children Act 2014. This legislation enables the Children's Commissioner to gather information from public bodies to inform her work.

For information of any kind to be analysable it needs to be in a 'machine-readable' format meaning that it is structured and can be processed by a computer without human intervention. Many LAs use programs such as those provided by Liquidlogic which provide a structured and accessible repository for all social care and education management data and enable bespoke 'reports' to be created which extract all of the data related to a specific time-period or characteristic. In the case of LA2 and LA1, the information captured through the EHCP was not stored through an accessible system such as Liquidlogic but were kept as individual Word documents or PDF files. The impact of this was that to provide the data to OCC, one LA needed to manually copy files from individual folders across to a central folder whereby they could then be uploaded to a secure file sharing service. This is a time intensive process and limits the LAs ability to carry out similar analysis themselves due to staff resource constraints.

To draw analytical insights from a body of information, the information needs to be compiled into a database or dataset which allows the analyst to query all the records at the same time. For example, rather than looking at the information recorded in Section A of one EHCP for insights, by compiling the information into a single dataset, an analyst can look at all the information recorded in Section A across all EHCP forms. Bringing the information together in this way allows analysts to answer key questions, from relatively simple queries such as: what

was the average length of time allocated to outcomes in the EHCPs, to more complex questions such as: what different types of provisions were being allocated to children and how did they differ by child's need?

Data extraction and cleaning

The data in this report was collected from 497 EHCPs in LA1 and 152 EHCPs in LA2. All data extraction, quantitative and qualitative analyses were conducted using R. All personally identifiable data was removed so that analysis was conducted on anonymized data. The same extraction and cleaning process was automatically applied to all EHCPs without any manual extraction.

Data for LA1 EHCPs was generated by extracting all the text from EHCPs in PDF format (using the R package 'pdftools') and then creating variables by extracting pieces of text that followed standard questions (using the R packages 'dplyr' and 'stringr'). LA1 EHCPs followed one of two different standard sets of questions.

Data from the LA2 EHCPs was generated by extracting all text from EHCPs in Microsoft Word format (using the 'readtext' R package) and then creating variables by extracting pieces of text that followed standard questions (using the R packages 'dplyr' and 'stringr'). All dates were standardised using the 'lubridate' package.

Qualitative analysis

When referring to the relative importance of words, this is calculated using tf-idf analysis. A tf-idf (term frequency – inverse document frequency) value increases proportionally to the number of times a word appears in the document and is offset by the number of documents in the set of documents that contain the word. This adjusts for the fact that some words generally appear more frequently.

Text analysis was used to detect the most common three-word phrases or 'trigrams' used to explain the provision needed to support each child (Section F) in both LAs. Key phrases indicating children's place of provision were manually coded into two themes, 'external' provision and 'internal' provision. For example, 'external' provision phrases included 'clinical commissioning group' and 'speech language therapy while 'internal' provision phrases included 'ta', 'teaching assistant' and 'school'. The frequency of each phrase was calculated and grouped by theme (external and internal provision), which was then broken down by primary need and funding group. Any trigram where any word was repeated (e.g., 'ta_teaching_ta' or 'teaching_assistant_teaching') was removed.

Annex

Table 1: Sample Description of LA1 EHCPs

	Number of EHCPs in sample	Percentage of sample (%)	Share of English pupils (%)[16]
By gender			
Male	421	85%	51%
Female	76	15%	49%
By age			
8 and under	291	59%	41%
9-11	114	23%	23%
12-15	52	10%	29%
16-17	22	4%	6%
18+	7	1%	0%
Unknown	11	2%	-
By ethnicity			
White British	43	9%	65%
Minority ethnic	353	71%	35%
Unknown	101	20%	-
By school type			
Mainstream	357	72%	92%
Special	68	14%	2%
Independent	12	2%	6%
College	20	4%	-
Unknown or other	40	8%	-
Total	**497**	**100%**	**100%**

[16] DfE, Schools, Pupils and their characteristics, available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/e1d5be84-a463-4d3e-a477-992f557dec5f and https://explore-education-statistics.service.gov.uk/data-tables/permalink/f32d4db6-6a53-4430-8207-695e1d481d47

Table 2: Sample Description of LA2 EHCPs

	Number of EHCPs in sample	Percentage of sample (%)	Share of English pupils (%)[17]
By gender			
Male	106	70%	51%
Female	44	29%	49%
Unknown	2	1%	-
By age			
8 and under	70	46%	41%
9-11	44	29%	23%
12-15	25	16%	29%
16+	10	7%	6%
Unknown	3	2%	-
By ethnicity			
White British	111	73%	65%
Ethnic minority	37	24%	35%
Unknown	4	3%	-
By school type			
Mainstream	112	74%	92%
Special	33	22%	2%
College or small training provider	6	4%	0%
Total	**152**	**100%**	**100%**

Notes: Independent schools not included here due to small sample

[17] DfE, Schools, Pupils and their characteristics, available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/e1d5be84-a463-4d3e-a477-992f557dec5f and https://explore-education-statistics.service.gov.uk/data-tables/permalink/f32d4db6-6a53-4430-8207-695e1d481d47

Figure 1: Bigram map of the summaries of each child's special educational needs and/or disability in for 497 EHCPs in LA1.

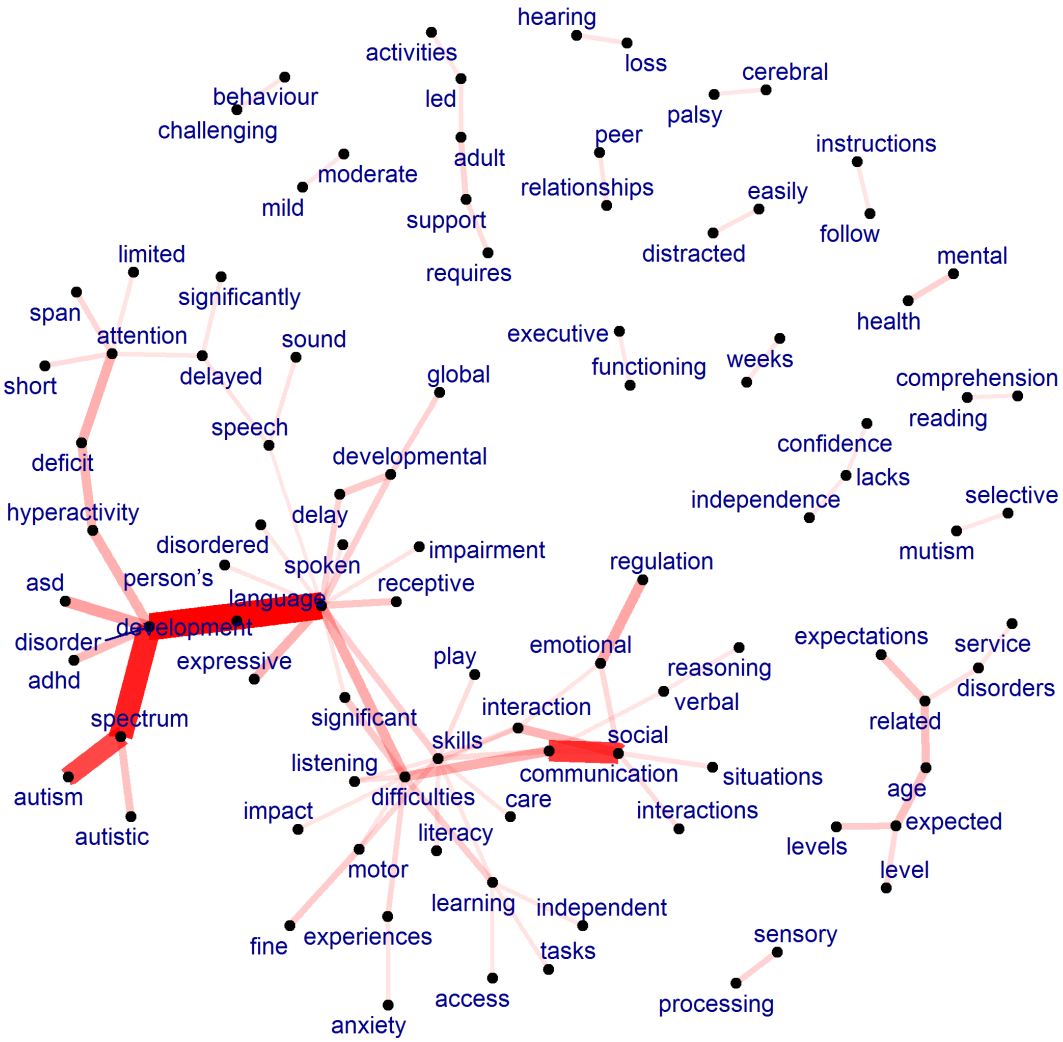


Figure 2: The top ten most important words used to summarise children's needs, categorised by school type in LA1.

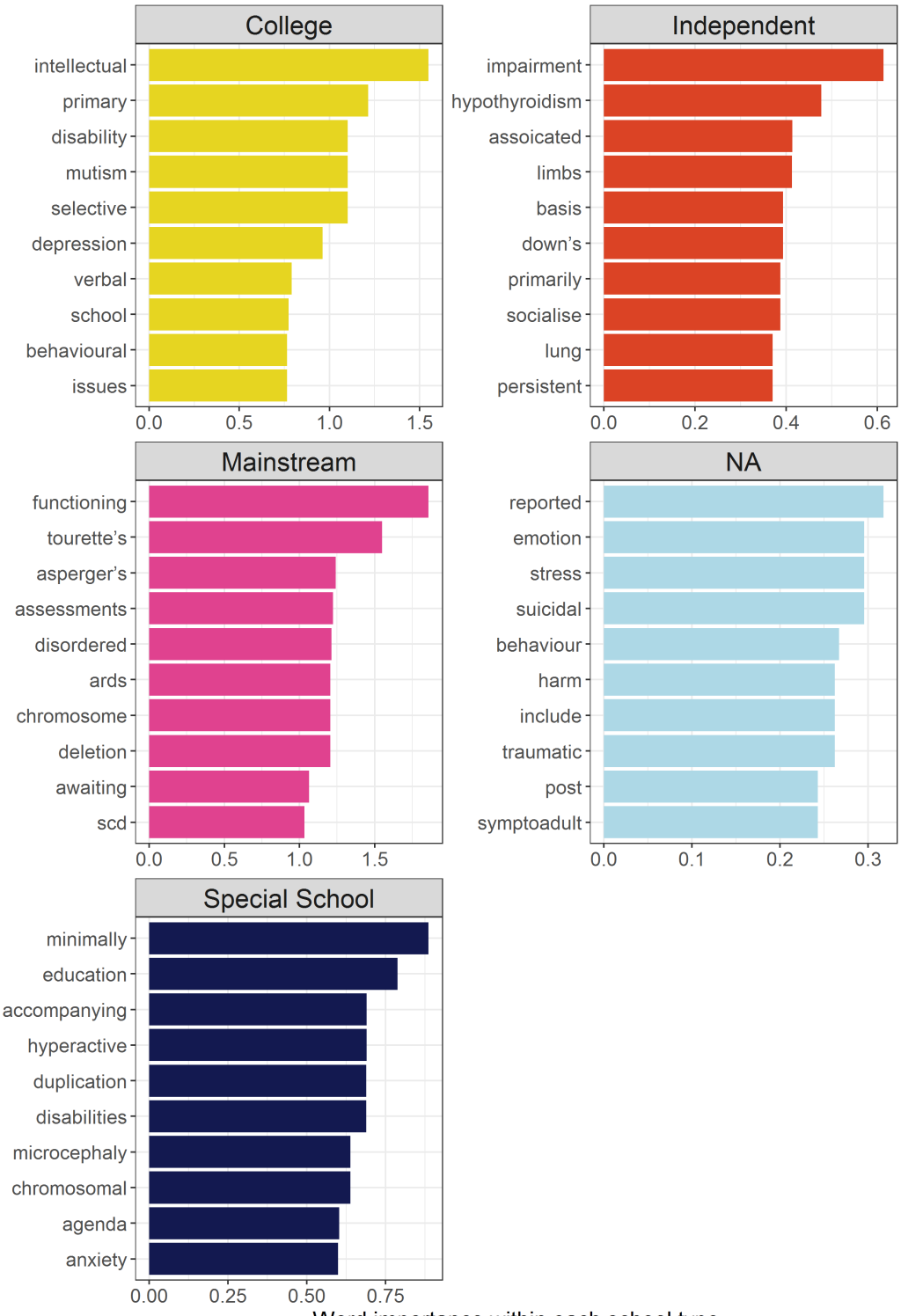


Figure 3: Top ten most important words used to describe children's outcomes, separated by outcome type in LA1. Word importance is calculated relative to the whole document using tf-idf.

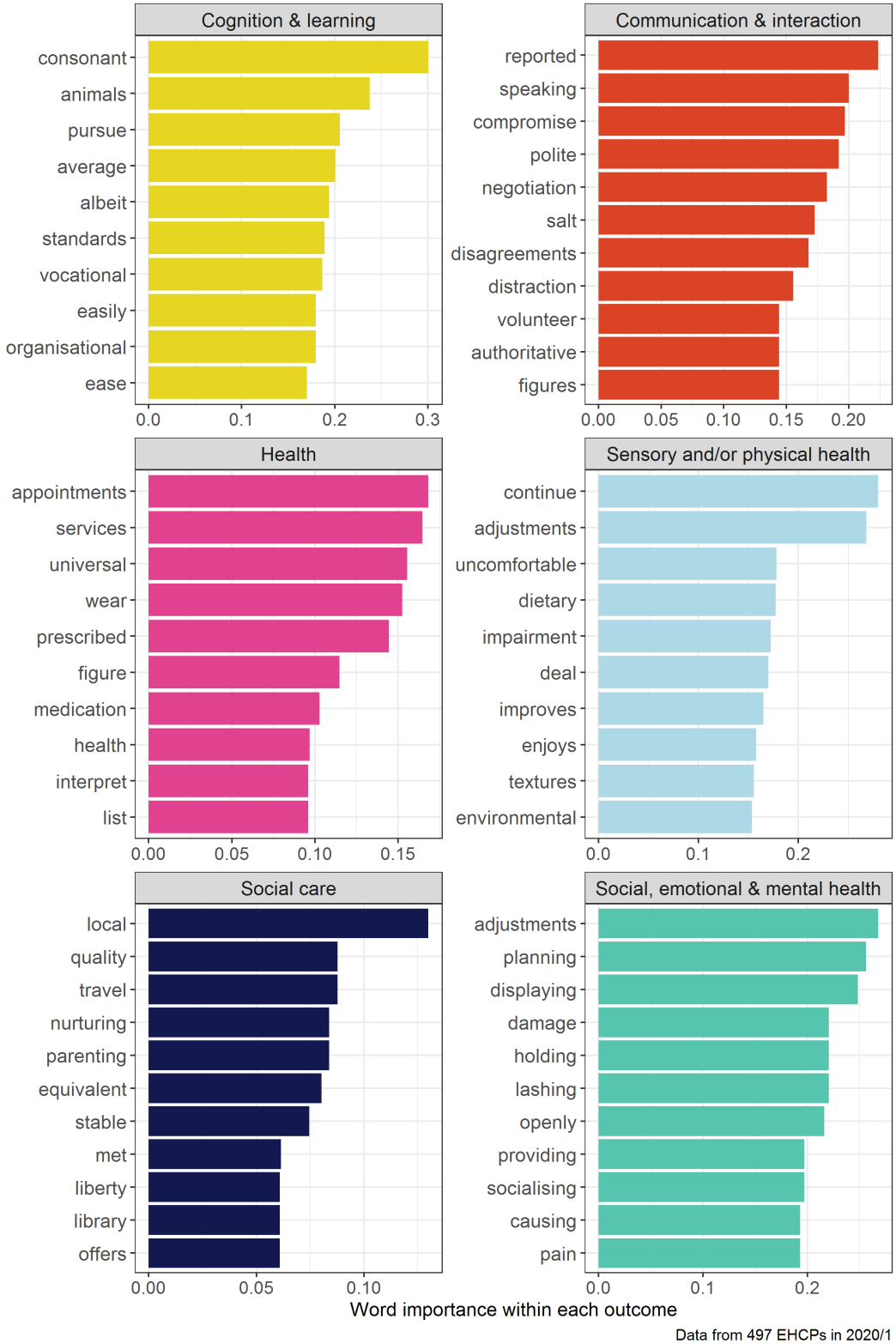
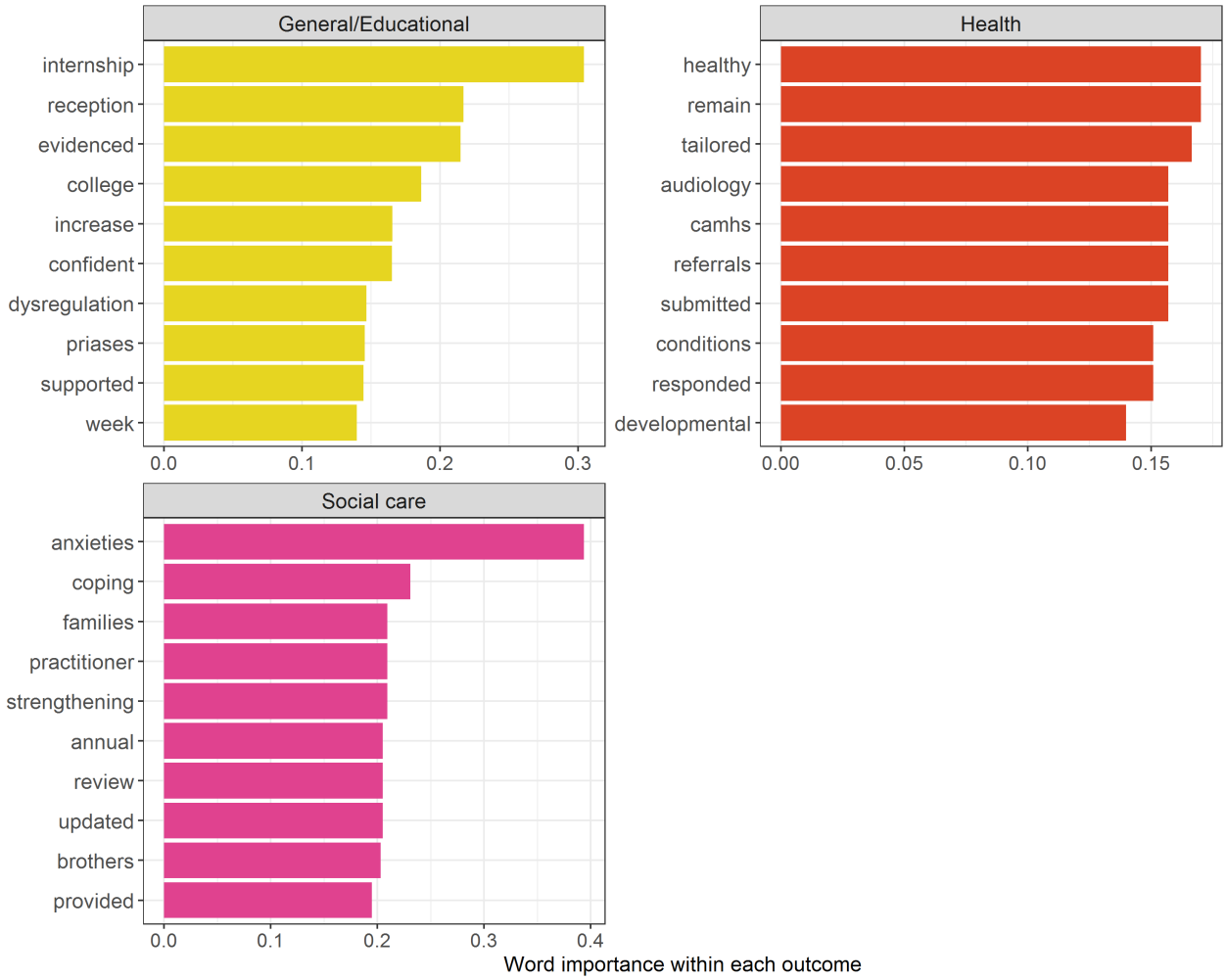


Figure 4: Top ten most important words used to describe children's outcomes, separated by outcome type in LA2. Word importance is calculated relative to the whole document using tf-idf.



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