

Education, Health and Care Plans (EHCP) Quality Assurance outcomes – Autumn Term 2025-26

Rationale

Quality assurance activity is a vital part of ensuring that children, young people and their families receive the right support at the right time and that those services have a positive and lasting impact.

In order to drive practice and system learning and improvement, a new Education Health and Care Plan (EHCP) Quality Assurance Audit Programme was launched in September 2025.

Aim

The audit programme consists of audit arrangements to ensure that EHC plans are compliant with the SEND Code of Practice (2015) and the SEND Regulations (2014). The aim of this programme is to track and monitor the quality of EHCPs, and evidence actions taken to improve identified areas for development.

The importance of a good quality EHCP is to provide an effective framework for supporting our children and young people who have significant special educational needs and/or disabilities. Every child should have a fair chance to learn and grow.

Methodology

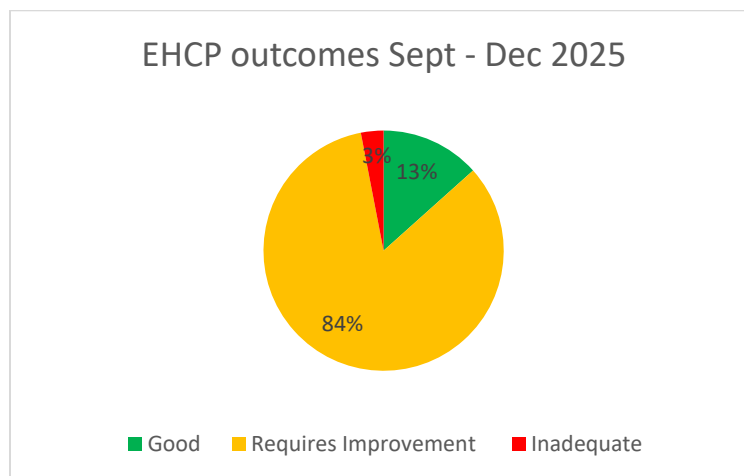
Between September and December 2025, 329 EHCPs were audited, 3% of the overall number of EHCPs in Suffolk (11,536 current EHCPs) and were selected randomly.

It would be pertinent to note that the level of audits completed over this cycle is extraordinary due to a request from the AD in July 2025 for support from the Specialist Education Service (SES) to audit a larger sample of EHCPs. This was carried out by the team between September and December 2025. 300 audits were completed collaboratively with practitioners; this approach was positively received. Practitioners felt involved in the process and could directly identify good practice and the areas of learning.

The regular audit cycle will see approx. 35 plans audited per month unless a spot audit is commissioned for a higher number.

Audit Outcomes

Rating category	Number of EHCPs	Percentage
Good	44	13%
Requires Improvement	275	84%
Inadequate	10	3%
Total	329	100



Analysis

To ensure the quality benchmarking is consistent, 7% of the audit outcomes were moderated. 1 plan was upgraded from Inadequate to Requires Improvement and one plan downgraded from Outstanding to Requires Improvement, judgments were agreed for all other moderated EHCPs.

Going forward the QA Team will ensure at least 20% assurance activity is moderated so we can be confident in the consistency of our benchmarking.

Improvements from previous audits

- **Inadequate plans reduced** from 9.5% in September to 0% in December, despite increased number of plans audited.

- **Good quality plans improved in December** (by 17%) but remained below September levels (19%).

Strengths

Aspirational plans - EHCPs, on the whole, have clear hopes, dreams and aspirations included directly from our children and young people. This is an important element to include as this supports appropriate outcomes being written and helps to make the plan child/person-centred.

Direct views - In 81% (267) of our plans, they include parents/carers views and aspirations for their child. Along with what is important to the child or young person, there must be a balance of what is important *for* them too.

In 78% (256) of plans reviewed, it is clear views are gathered directly from the child/young person, and where and how they are supported to give their views. The same for parent/carers and professionals. This supports the balance between what is *important* to the child and young person as well as what is important *for* them.

Personal budgets - Positively it is clear across most plans whether a personal budget has been requested or not. This makes tracking and monitoring of provision, progress and impact easier to evidence and supports transparent conversations during the review process.

Area for improvement

Child/young person's needs - Being specific about the special educational needs of the children or young people could be better identified in 47% (154) of plans. This impedes the ability to be able to understand the progress and importantly, being able to understand what the barriers are to learning. Consistency in the quality of how we record the child and young person's needs, their outcomes and the provision sections of the plans, remains an area in need of improvement.

Outcomes - In 60% (197) of plans, outcomes were not always informed by the aspirations of the child or young person or were SMART. We can and should afford to be more aspirational *with* and *for* children and young people; they may be put at a disadvantage to being able to achieve their goals if plans are not informed by their aspirations.

Provision - Provision is not consistently clear for each area of need. In 69% (227) of plans provision contains Quality First Teaching (QFT) or Ordinarily Available Provision strategies, however it is not clear how provision will support and enable outcomes.

The quality of advices - Advices vary from all partners, but specifically, those submitted from the Educational Psychologist (EP) service varied the most. EP advice still includes QFT

strategies that are not explicitly reported separately from any specialist provision and outcomes that are not, in the majority, always SMART.

The quality of review paperwork from educational settings - EHCP review paperwork from educational settings are not reviewing and recommending amendments for outcomes and provision effectively. Through this process settings can support outcomes becoming SMART and provision being more effective along with the removal of any Quality First Teaching (QFT) or Ordinarily Available Provision strategies.

Conclusion

Overall, we are seeing incremental improvements in the quality of EHCPs (including the timeliness). We must however address the most pressing areas in need of improvement: the quality of professional advices, and SMART and aspirational planning linked to outcomes.

Recommendations for all partners

1. **Strengthen identification of needs** – Partners to ensure that EHCPs clearly and consistently identify *all* special educational needs, explicitly describing the barriers to learning so that plans provide a clear and shared understanding of the child or young person’s profile.
2. **Improve the quality and consistency of professional advice** – Support the educational psychology services, so they can be consistently aligned with local templates and expectations, clearly separating universal strategies from specialist provision and ensuring outcomes are SMART. This should include:
 - a. **Improve the quality of outcomes** - Outcomes within EHCPs must be consistently informed by the aspirations of the child or young person and written in a SMART format to enable effective monitoring of progress and achievement.
 - b. **Clarify and specify provision** - Provision should be clearly linked to each identified need and outcome, be specific and quantified, and clearly distinguish specialist provision from Quality First Teaching or Ordinarily Available Provision. This will strengthen accountability and support outcome delivery.
3. **Strengthen the effectiveness of review documentation from educational settings** - Educational settings should be supported to use review paperwork more effectively to evaluate progress, update outcomes, recommend necessary amendments, and ensure provision remains relevant, specific and aspirational.

To close the learning loop the QA Team will offer:

1. Targeted professional development opportunities - Initiate a programme of development for practitioners and leaders, bespoke development sessions for partners and providers.

2. Increase joint quality assurance activity - between SEND services and partner agencies, particularly from educational psychology services, to support shared learning, and improve the consistency of advices.

Request for the Steering Group:

1. To agree the recommendations
2. Partners to develop their actions plans
3. To track the progress via the Quality & Performance Steering Group.

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