

Consultation on reviews of Education, Health and Care plans: proposed timescales

Response of the Association of School and College Leaders

A. Introduction

1. The Association of School and College Leaders (ASCL) represents over 21,500 education system leaders, heads, principals, deputies, vice-principals, assistant heads, business managers and other senior staff of state-funded and independent schools and colleges throughout the UK. ASCL members are responsible for the education of more than four million children and young people across primary, secondary, post-16 and specialist education. This places the association in a strong position to consider this issue from the viewpoint of the leaders of schools and colleges of all types.
2. ASCL welcomes the opportunity to contribute to this consultation.

B. Key points

3. ASCL is concerned this consultation was designed before feedback from the SEND Green Paper (GP) consultation has been collated. We don't feel this is the right focus for initial inquiry; timeliness should be reviewed on the basis of a reformed EHCP process.
4. We agree that the timeliness of the EHCP process is problematic, but it isn't the most important issue about this statutory process to address. In fact, timeliness should be the final consideration of a reformed EHCP process, not the first.
5. In our response to the GP consultation, ASCL stated our support for a standardised and digitised EHCP. Our members would like a streamlined, more agile EHCP. This document should be a single, useful summary for parents, professionals and teachers; a living document which is both accessible and valuable for all relevant parties who support a young person with SEND. This may require a redesigning of the EHCP to cut down the length, but not the value or purpose, of this tool.
6. The questions about timeliness in this consultation appear to extend statutory timeframes and ask us to lower our expectations of timely support for students with SEND.
7. At present, EHCPs are long and inaccessible for classroom teachers, particularly secondary school teachers, who may teach up to 150 students per day. Based on national data, this means that teachers would teach at least three students per day with an EHCP. If EHCPs on average are 20+ pages long, this is not information that teachers can hold in their head whilst teaching.
8. ASCL would like to see the national EHCP template prioritise and compartmentalise information into key sections:

- a one-page overview, including the voice of the pupil and their family
- key information for education:
 - for teachers, e.g. SEND needs and effective teaching strategies
 - for SENDCOs, e.g. targets, required provision, funding, placement
- key information for health
- key information for care
- an appendix containing pupil history and further documentation

C. Answers to specific questions

Question 1: To what extent do you agree or disagree that, where an LA proposes to amend an EHC plan after a review meeting, it should issue proposed draft amendments to the plan as soon as practicable after that meeting and in any event within eight weeks?

9. **Disagree.** Four weeks is the current timeframe, which has been supported through a [high court ruling](#). Currently a family will not receive the amendments for up to twelve weeks (three months). If this extends to eight weeks for the draft, families and schools may not receive the amended EHCP for four months. We feel this window is too long and detracts from the power and value of an EHCP to act as a living document. To meet the current expectations of a four week turnaround, investment is required, including training of LA officers and a commitment to sufficient LA staffing, rather than a longer turnaround time which could damage or delay appropriate provision.

Question 2: Where an LA proposes to amend an EHC plan following a review meeting, to what extent do you agree or disagree that it should in any two stage procedure be required: (a) in the first stage, to issue a notice confirming the decision to propose amendments to the plan and the process and timescale for the procedure that must follow; and (b) in the second stage, to issue a notice of its proposals for the amendments and copies of any evidence which supports those amendments?

10. **Disagree.** This would add to the bureaucratic layering of the process and create further delays to providing support and/or additional funding.

Question 3: Currently the advice and information gathered before a review meeting should be circulated at least two weeks in advance of that meeting. To what extent do you agree or disagree with our proposals that information should instead be circulated at least three weeks in advance of the review meeting?

11. **Neither agree nor disagree.** Providing schools, professionals and parents with more time to gather evidence can be advantageous, but this proposed change feels like an unhelpful distraction to the real issue which is building the capacity (knowledge, expertise and time) of all professionals to engage in meaningful evidence collection.

Question 4: To what extent do you agree or disagree that the proposals in this consultation would have a positive impact on those with particular 'protected characteristics' such as a disability and on children's rights?

12. **Disagree.** Adding up to four weeks to amendments for an EHCP is unacceptable. Every week in which provision is left unchanged is important to a child with a disability and their family, and to all children eligible for an EHCP. Legislation and guidance must support a rapid response to meeting the needs of young people with protected characteristics.

Question 5: Is there anything else you would like to say about the proposals in this consultation?

13. Timeliness is a secondary issue. The primary challenges that need to be addressed are:
- lack of knowledge and understanding amongst professionals
 - lack of involvement of health and social care
 - poor representation of the voice of children and young people
 - lack of co-production with parents
14. Addressing the issues listed above is fundamental to improving timeliness. They require adequate ringfenced funding, training of professionals, and greater parity and clarity.
15. The issues and requirements are well-summarised in a recent systematic literature review of service user experiences of EHCPs from [BERA](#).

D. Conclusion

16. Longer completion times are not the answer to improved quality and better experiences for young people.
17. This attempt to review timeframes puts the cart before the horse. Timing challenges are a symptom of underskilled, overstretched staff. More funding is needed to improve turnaround times, but funding alone is not sufficient. Tailoring of the EHCP process must happen first, and be followed by professional development for all participants in this collaborative EHCP process.
18. I hope that this response is of value to your consultation. ASCL is willing to be further consulted and to assist in any way that it can.

Margaret Mulholland
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August 2022