

# EHCP QA Programme 2024 Cycle 1

Left click the heading buttons to take you to the relevant area in the report.

■ Yes ■ Partly ■ No

## Background

218 documents audited.

42 EHCPs  
176 Advice Documents

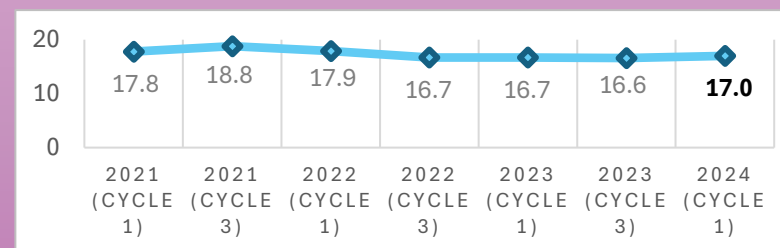
## EHCP Score

17.0

5 plans scoring higher than 19 were moderated.

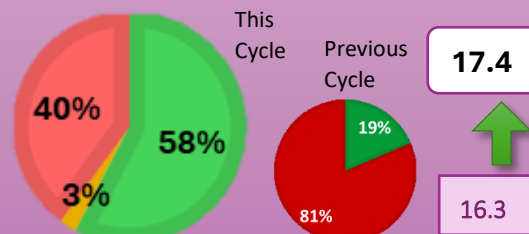
16.6

MODERATION SCORE



## Section A

Inclusion of One Page Profiles has improved.

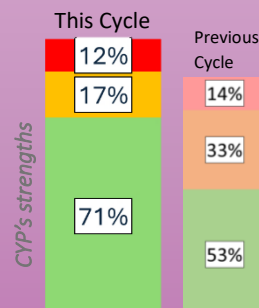


## Section B

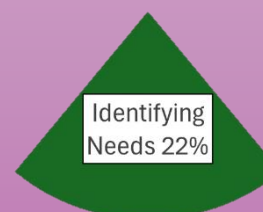
17.6

Highest scoring section from A-H.

15.8



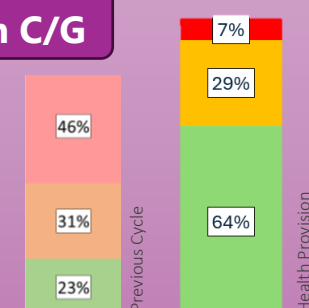
Second largest pie slice of strength in qualitative comments of the EHCPs:



## Section C/G

15.5

12.9

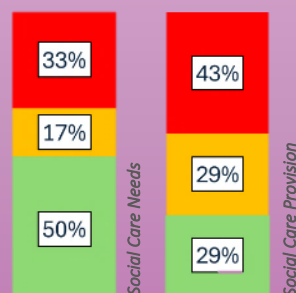


## Section D/H

13.2

10.8

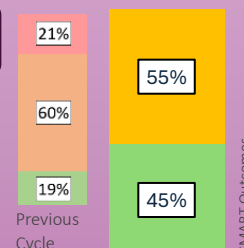
Information about Social Care Needs and Provision in Sections D and H1/H2 has not improved from the last cycle.



## Section E

Writing SMART Outcomes in Section E continues to be an area for improvement.

However, this cycle showed 0 'no' responses.



16.8

14.8

Identified Area for Improvement from in qualitative comments of the EHCPs:

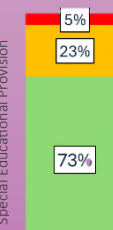
Provision 15%

## Section F

16.9

16.0

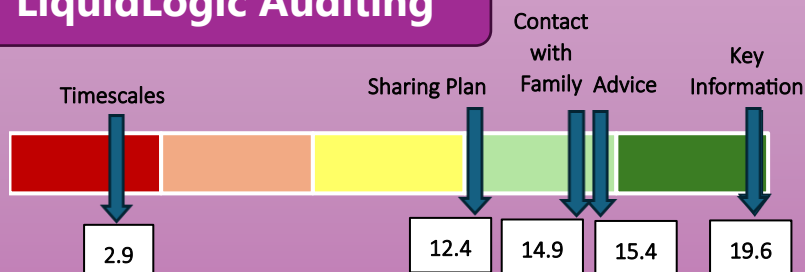
Special Educational Provision



# EHCP QA Programme 2024 Cycle 1

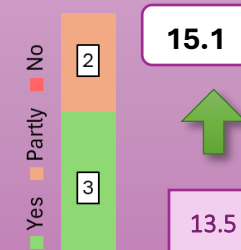
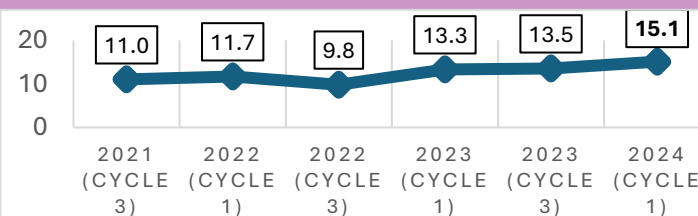
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## LiquidLogic Auditing



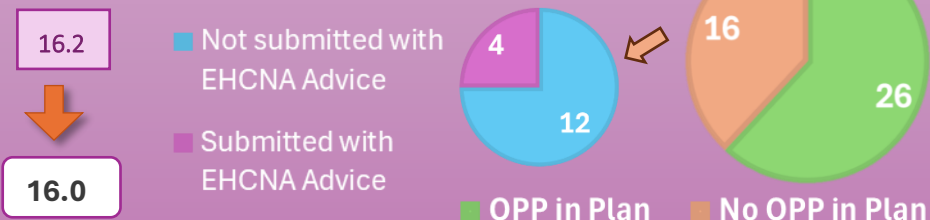
## SES Advice

This cycle has shown the highest score.



## Family/CYP Advice & Views

39/42 EHCPs had Family Advice this cycle.

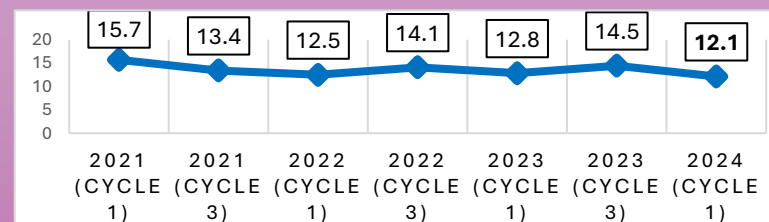


35/42 EHCPs had Education Setting Advice submitted this cycle.

## Education Setting Advice

14.5 (down to)

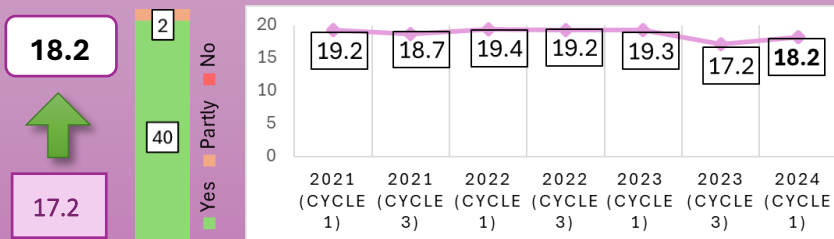
12.1



## EP Advice

Advice is always well-reflected in the plans.

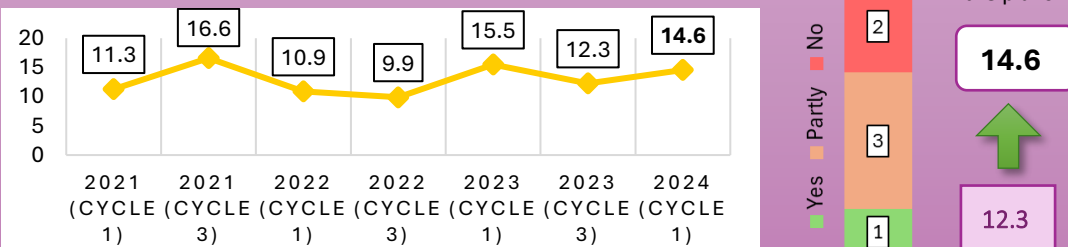
Score has increased by 2.0 this cycle.



## Social Care Advice

Score has increased by 3.2 this cycle, despite Section D/H in the plans decreasing.

Advice is not well-reflected in the plans.



# EHCP QA Programme 2024 Cycle 1

Left click the heading buttons to take you to the relevant area in the report.

## SALT Advice

Advice is well-reflected in the plans.

19.2

14 audits completed.

Yes Partly No



## Physiotherapy Advice

Advice is well-reflected in the plans.

19.8

3 audits completed.

Yes Partly No



## OT Advice

Advice is well-reflected in the plans.

7 audits completed.

20.0

Yes Partly No



## Community Paediatrician Advice

15.1



10.6

Community Paediatrician Advice was either partly or completely reflected in the EHCPs. There were 0 'no' responses.

Yes Partly No



## Health & Medical Advice

12.5

The best scoring type of advice was NSFT. The worst scoring type of advice was GP Advice.

Mental Health

Clinical Psychology

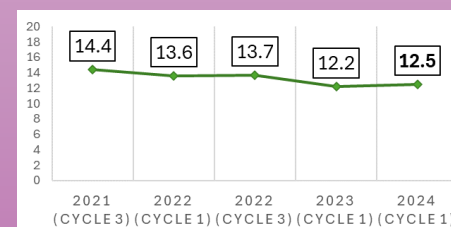
Ophthalmology

NSFT

Health Visitor

Audiology

GP



Health & Medical



# EHCP Quality Assurance Programme

## 2024: Cycle 1 Audit Report

### *Key Findings*

*Left click to navigate the report.*

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## Background

This year continues the strategy of auditing new EHCPs in Cycle 1, which ran March-May.

The SEND Progress and Quality Assurance (PQA) team selected one new EHCP per Family Services plan-writer – 42 EHCPs in total. Plans were then allocated to Coordinators and Assistant Coordinators for audit at random, with the plan writer name redacted from the EHCP. Wherever possible, plans selected were recently finalised and included health and/or social care advice. Auditors were given the three-month cycle to complete audit frameworks, with the majority of EHCP audits completed during a dedicated Family Services team meeting.

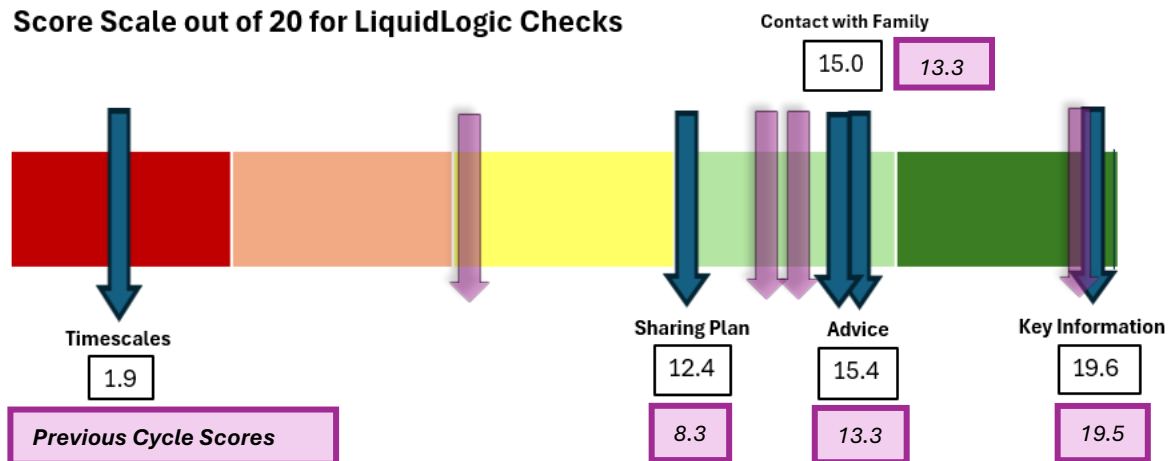
EHC needs assessment (EHCNA) advice audits were completed by a range of partners from across the SEND system. Social Care and Family Support (Early Help) advice audits were completed by the Designated Social Care Officer (DSCO) for SEND and the Professional Advisor with SEND portfolio. Health and Therapies advice audits were completed by the DCO Teams and leads from Integrated Community Paediatric Services (ICPS). Educational Psychology advice was audited by Senior Educational Psychologists. Family/child and young person views and advice from educational settings and Specialist Education Services (SES) were audited by the PQA team.

Type of Advice	Number of Audits	Number of Audits Completed
EHCP	42	42
Family Advice	40	40
Education Setting Advice	35	35
EP Advice	42	42
Speech and Language Therapy (SALT) Advice	18	14
Occupational Therapy Advice	7	7
Physiotherapy Advice	3	3
Health & Medical	21	21
Social Care Advice	8	8
SES Advice	6	6
Total	222	218

## Liquidlogic Auditing

*This cycle added another area to the new LiquidLogic checks implemented in the previous cycle; the measuring of timescales.*

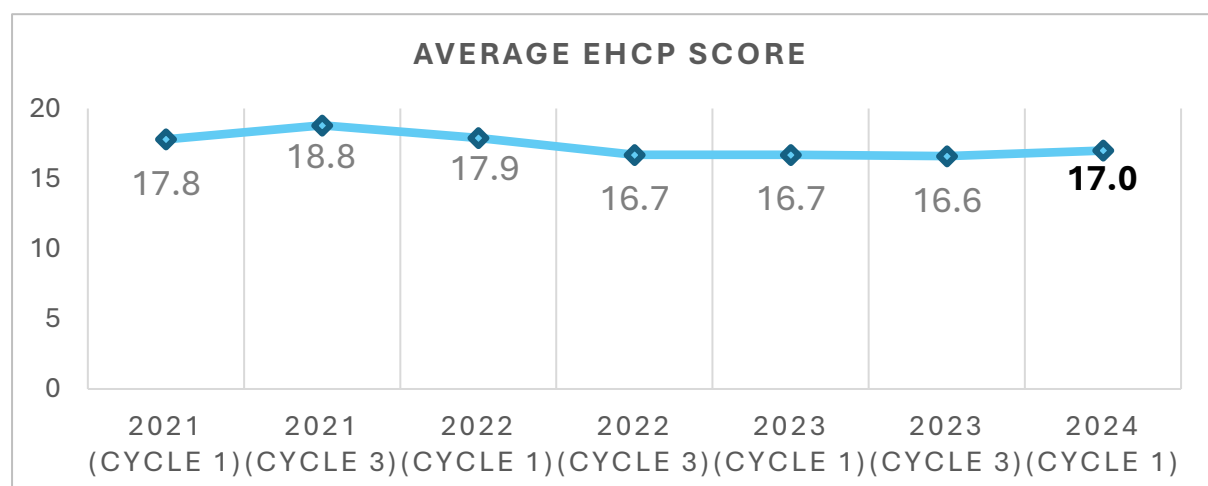
### Score Scale out of 20 for LiquidLogic Checks

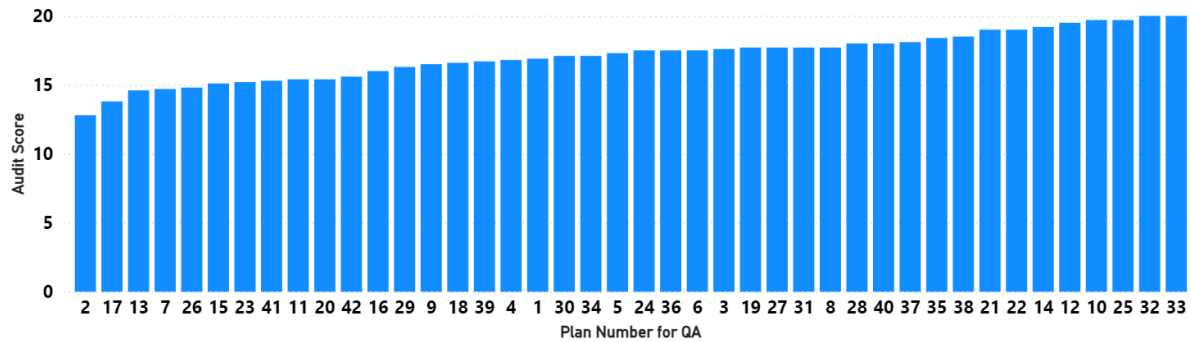


The quality checking of information inputted into Liquidlogic. These sections were divided by key information so that required for SEN2 audited information was analysed using the scoring system for the other areas of our analysis.

## EHCP Score

*The average EHCP score has increased slightly this cycle, from 16.6 to 17 (out of 20).*



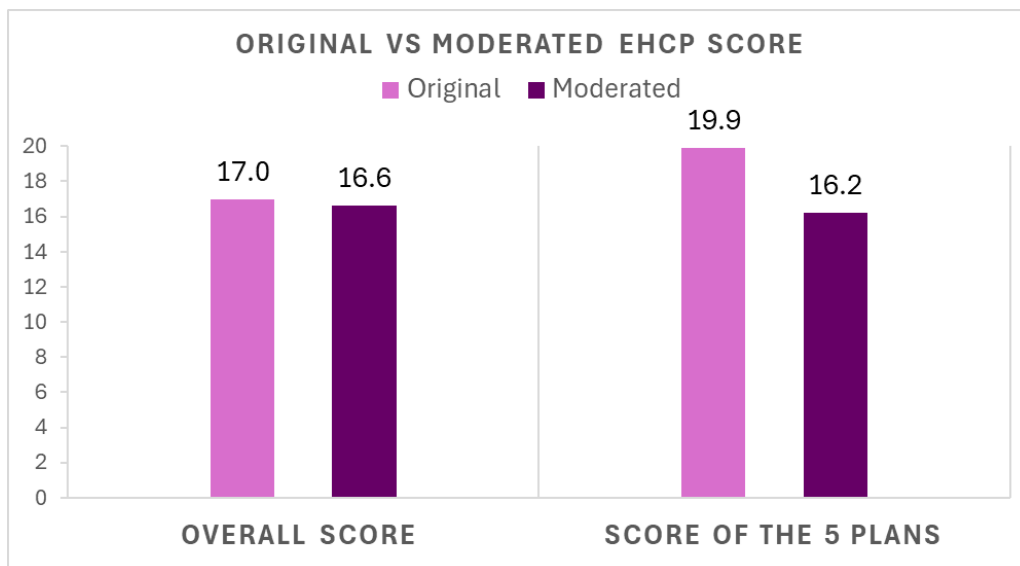


This bar chart shows the average score for each plan audit. It visualises distribution as well as highlighting the minimum and maximum score achieved.

### Moderated EHCPs

A number of EHCPs scored well above the average this cycle. To check the robustness of QA by Family Services, the PQA team undertook group auditing of 5 plans where scores were above 19.

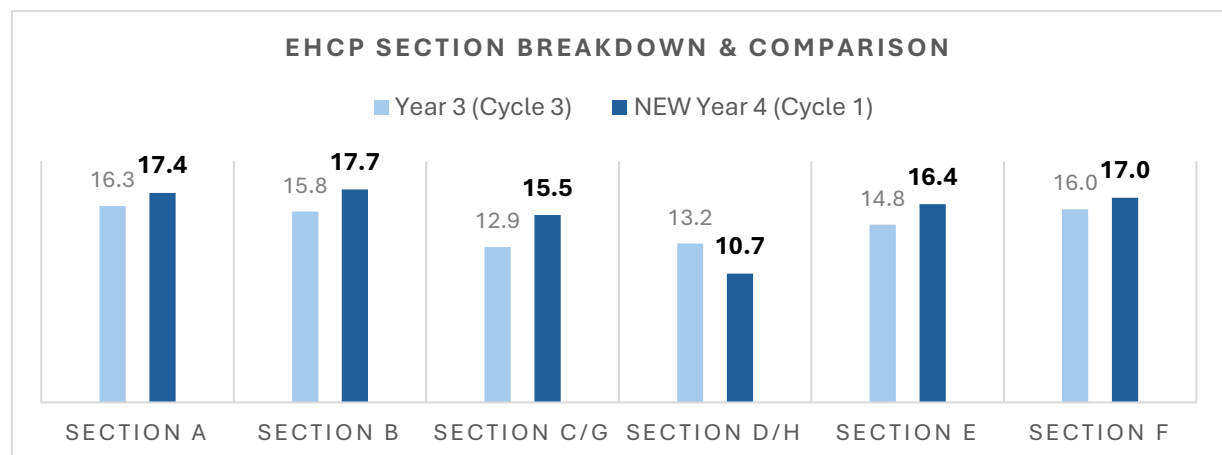
EHCP Number	Original Score	Moderated Score
10	19.7	17.2
12	19.5	15.0
14	19.2	16.9
25	19.7	17.4
32	20.0	14.8



These results suggest that plan-writers may benefit from a refresh of guidance on how to quality assure plans. We can see that there are several large score difference in the table above between the original score and those moderated. It is vital that auditing is approached equally across all of Family Services to create a reflective EHCP score.



## EHCP Section Average Scoring



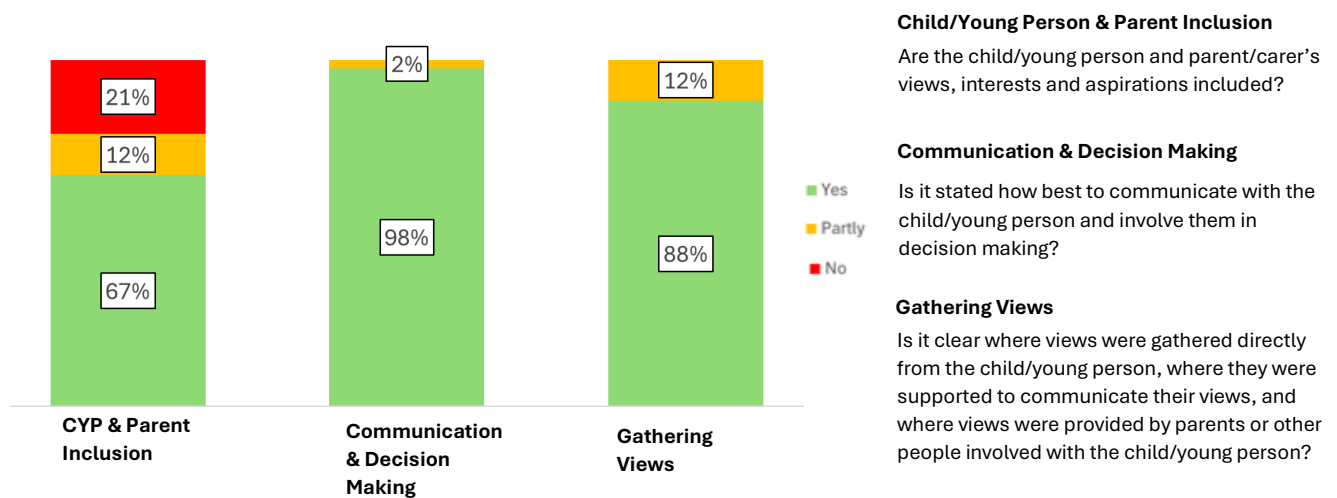
	Section A	Section B	Section C/G	Section D/H	Section E	Section F
Year 3 (Cycle 3)	16.3	15.8	12.9	13.2	14.8	16.0
NEW Year 4 (Cycle 1)	17.4	17.7	15.5	10.7	16.4	17.0
Variation	↑ 1.1	↑ 1.8	↑ 2.7	↓ -2.5	↑ 1.7	↑ 1.0

The average score for each of the 'key' sections of the EHCP has increased by at least one point, with the exception of D/H. The most significant increases are for Section B (Special Educational Needs), C/G (Health needs and provision) and Section E (Outcomes).

In this report, the sections will be analysed by using the key measurement data included in the EHCP audit questions as well as including themes from the qualitative comments that relate to the relevant sections.

## Section A

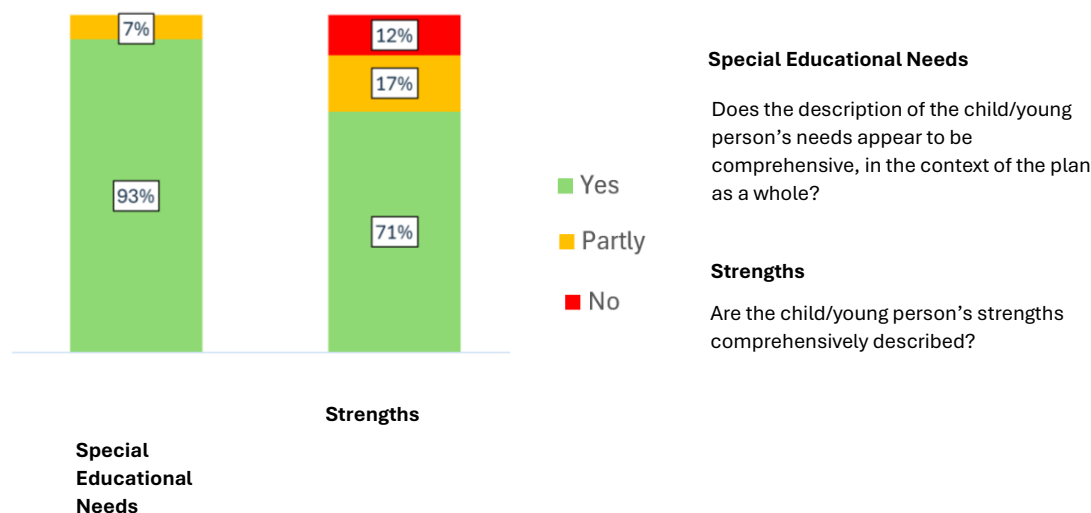
*This cycle showed a nearly 100% 'yes' response as to whether information about how the CYP makes decisions and communicates is included in the EHCP.*



The increase in 'no' responses as to whether parent/carer and child/young person views, interests and aspirations were included in the plan may be due to the higher number of family views that were taken from the Liquidlogic EHCNA request form. This does not ask for the level of detail that the Family Advice form requests and therefore does not create the same reflective picture.

## Section B

*Section B was the highest scoring (A-F).*



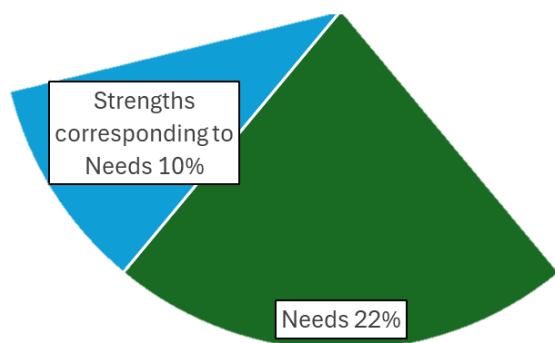
*Description of the special educational needs and strengths of the CYP has improved.*

The number of 'yes' responses to these key measurement questions have increased, as well as the number of 'partly' and 'no' responses decreasing. This is further support by the qualitative comments supplied in the audit, discussed below.

*‘Needs’ and ‘Strengths corresponding to Needs’ were two highly scoring areas that made up the qualitative comments of the EHCP audit.*

‘Strengths corresponding to Needs’ refers to the importance of having a balance of both the CYP’s strengths and needs, to help ensure the EHCP is positive and child centred.

Identified themes in the EHCP Audit  
Areas of Strength Comments

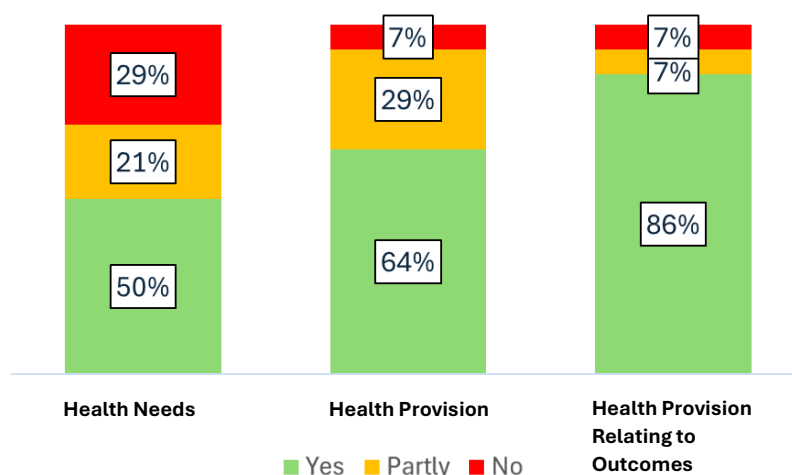


This section of a pie chart shows the distribution of themes as a percentage of the overall comments.

## Section C/G

*This cycle showed a significant increase in overall score for Section C/G.*

*‘Health Provision’ and ‘Health Provision relating to Outcomes’ has shown a significant increase in ‘yes’ responses.*



### Health Needs

Does Section C include the child/young person’s health needs relating to their SEN?

### Health Provision

Is health provision in Sections G specific, quantified, and detailed?

### Health Provision Relating to Outcomes

Is it clear how any provision in Section G will support achievement of one or more of the relevant outcomes in Section E?

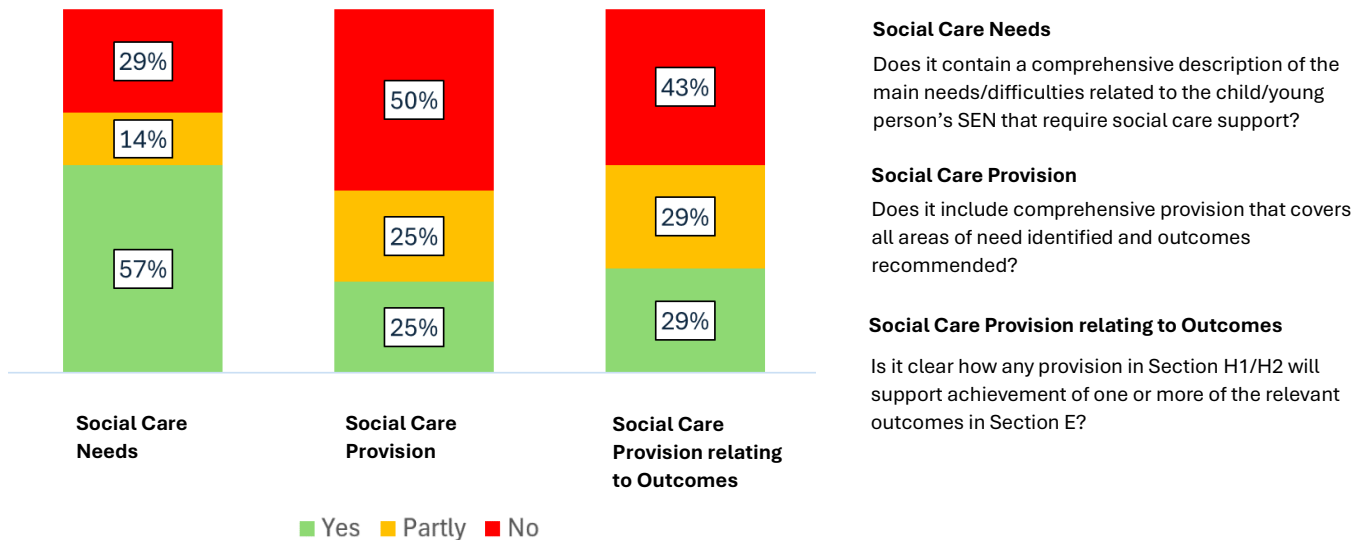
The score for Sections C/G has significantly improved since the previous audit cycle, from 12.9 to 15.5. This is reinforced by the improvement across two of the three key measurement questions, particularly around Health Provision.

The new QA check / sign off of Sections C and G by the DCO teams, which came into effect September 2023, is likely to be the main contributing factor for the improvement. The DCO teams have also provided training and resources for Family Services since the beginning of the academic year.

Additionally, the audits of advice from health and therapy services continue to show an increase in quality of the information in this advice, supporting Family Services to write higher quality Sections C and G.

## Section D/H

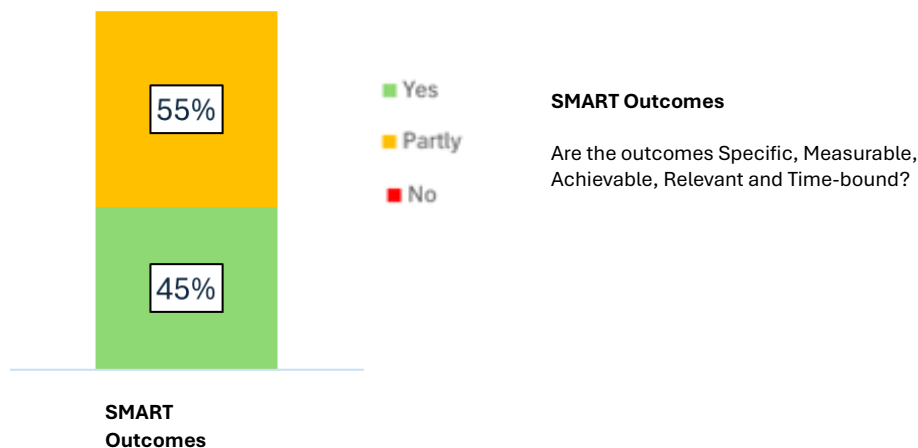
*The inclusion of Social Care within Section D/H has decreased in score this cycle. The number of 'no' responses increased across all three key measurement areas.*



This section was the only one this cycle to show a decrease in score. This is likely an impact of the increased awareness and understanding within Family Services following training and support from the DSCO. Understanding as to what should be in these sections may have resulted in harsher critiquing during auditing as opposed to a decrease in quality of the sections. As the advice audits show below, the quality of advice being received from Social Care and Family Support has improved.

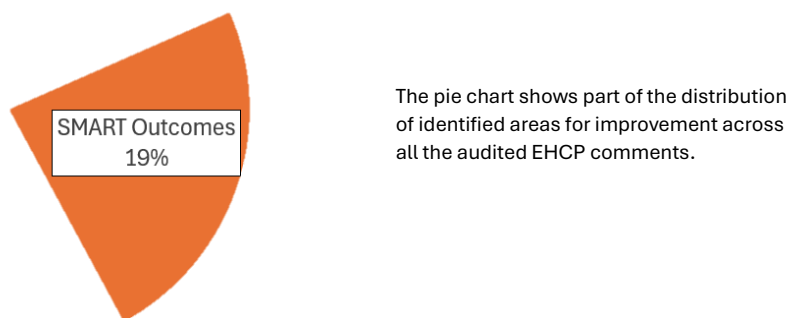
## Section E

*This cycle showed only 'yes' and 'partly' responses as to whether EHCP Outcomes were SMART.*



This improvement in outcome quality may be explained by the PQA Team's continuing development to better the quality of SMART Outcomes created by all services. An increased awareness of how to meet SMART criteria may have led to more confidence when quality assuring the outcomes written by others. The importance of SMART Outcomes remains a priority for the PQA Team, who have delivered training/CPD around EHCP outcomes to two of the three Family Services area teams so far. We expect to see further improvements in Section E data as we move into the next QA cycles.

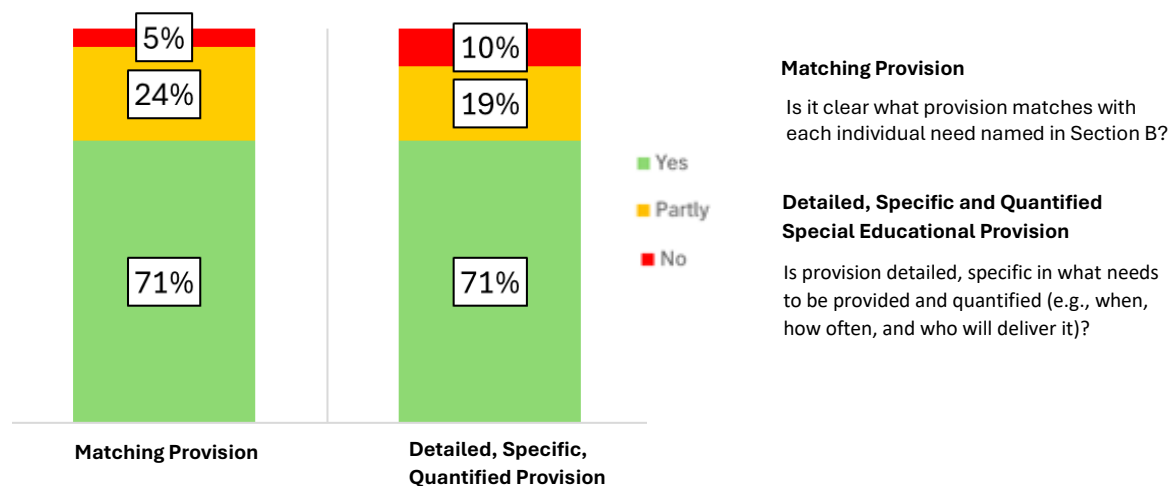
*However, SMART Outcomes does remain a key areas for improvement identified in the EHCP audit comments.*



The number of audits addressing SMART Outcomes as scoring 'partly' may be due to the recent formatting changes of the plans in Liquidlogic. Previously, the template of the EHCP would preface Section E with a comment that all outcomes span to the end of Key Stage [X], therefore all plans would meet the criteria of outcomes being 'time-bound'. This removal of this in the Liquidlogic form means that plan-writers must remember to include a timeframe for each individual outcome; forgetting to do this may have resulted in outcomes only being able to score 'partly' for this key measurement question.

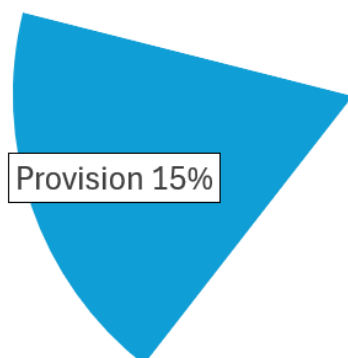
## Section F

*This section showed an improvement in score this cycle as well as increase in ‘yes’ response to specific, detailed, and quantified provision. Nearly 75% of responses said provision did match needs in Section B.*



90% of EHCP audits said provision was either ‘yes’ or ‘partly’ meeting criteria for being specific, quantified, or detailed. There was a 20% increase in the number of ‘yes’ responses and a decrease of 6% in the number of ‘no’ responses.

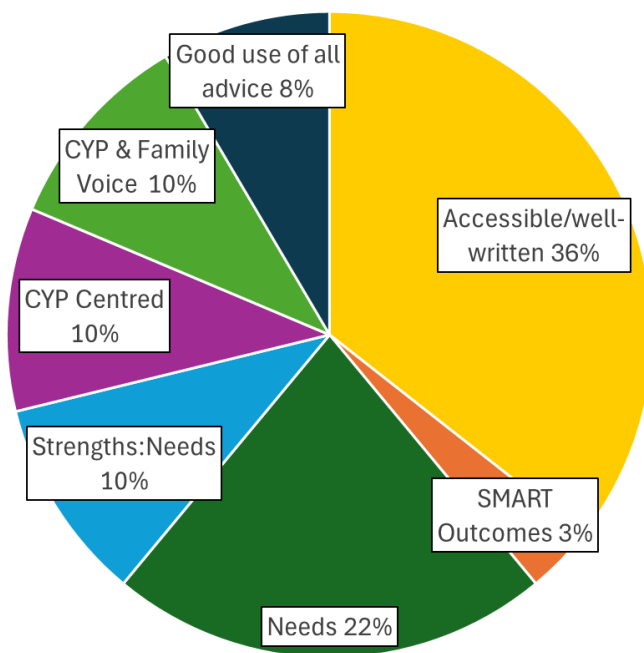
*Provision remains an area for improvement identified in the EHCP audit comments.*



The pie chart shows part of the distribution of identified areas for improvement across all the audited EHCP comments.

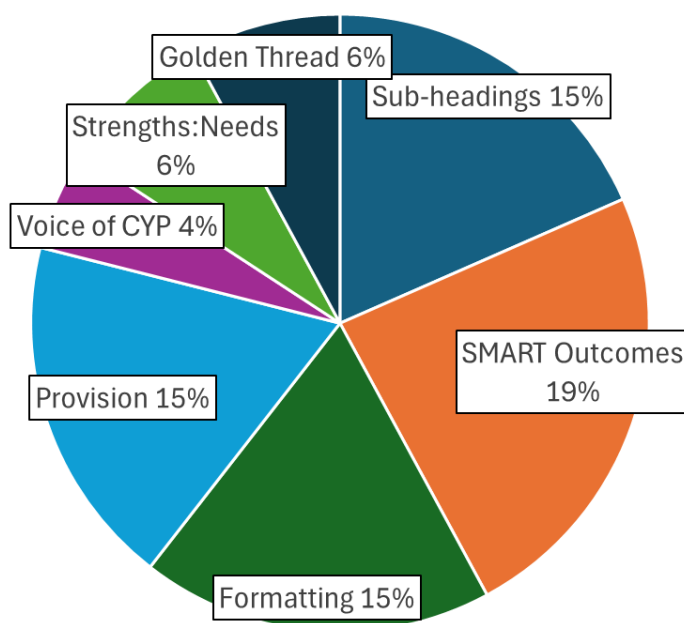
## EHCP Qualitative Comments

*Apart from EHCPs being accessible and well-written, qualitative comments by auditors showed the identification of special educational needs as the largest area of strength. Comments also highlighted plans as being child/young person centred and including the voice of the family and child/young person.*



Identified Areas of Strength in the Qualitative comments in the EHCP Audit.

*Since the move to Liquidlogic, issues with template, structure and formatting still continue to be identified in the audit comments.*

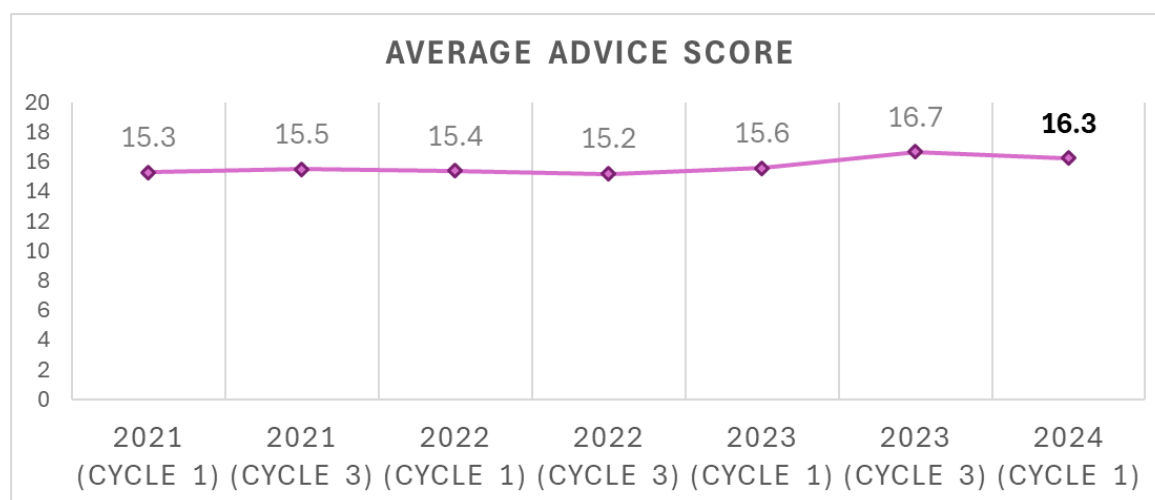


Identified Areas for Improvement in the Qualitative comments in the EHCP Audit.

## EHCNA Advice

Advice Type	Year 3 (Cycle 3)	Year 4 (Cycle 1)	Variation
Family Advice	16.2	16.1	-0.1 ↓
Educational Setting Advice	14.5	12.1	-2.3 ↓
EP Advice	17.2	18.2	1.0 ↑
SALT Advice	18.6*	19.2	-0.8 ↓
OT Advice	19.6*	20.0	0.4 ↑
Physio Advice	18.6*	19.8	1.2 ↑
Peads Advice	10.6	15.1	4.5 ↑
Health & Medical	12.2*	12.5	0.3 ↑
Social Care Advice	12.3	14.6	2.3 ↑
SES Advice	13.5	15.1	1.5 ↑
<b>Total Advice Score</b>	16.7	16.3	-0.4 ↓

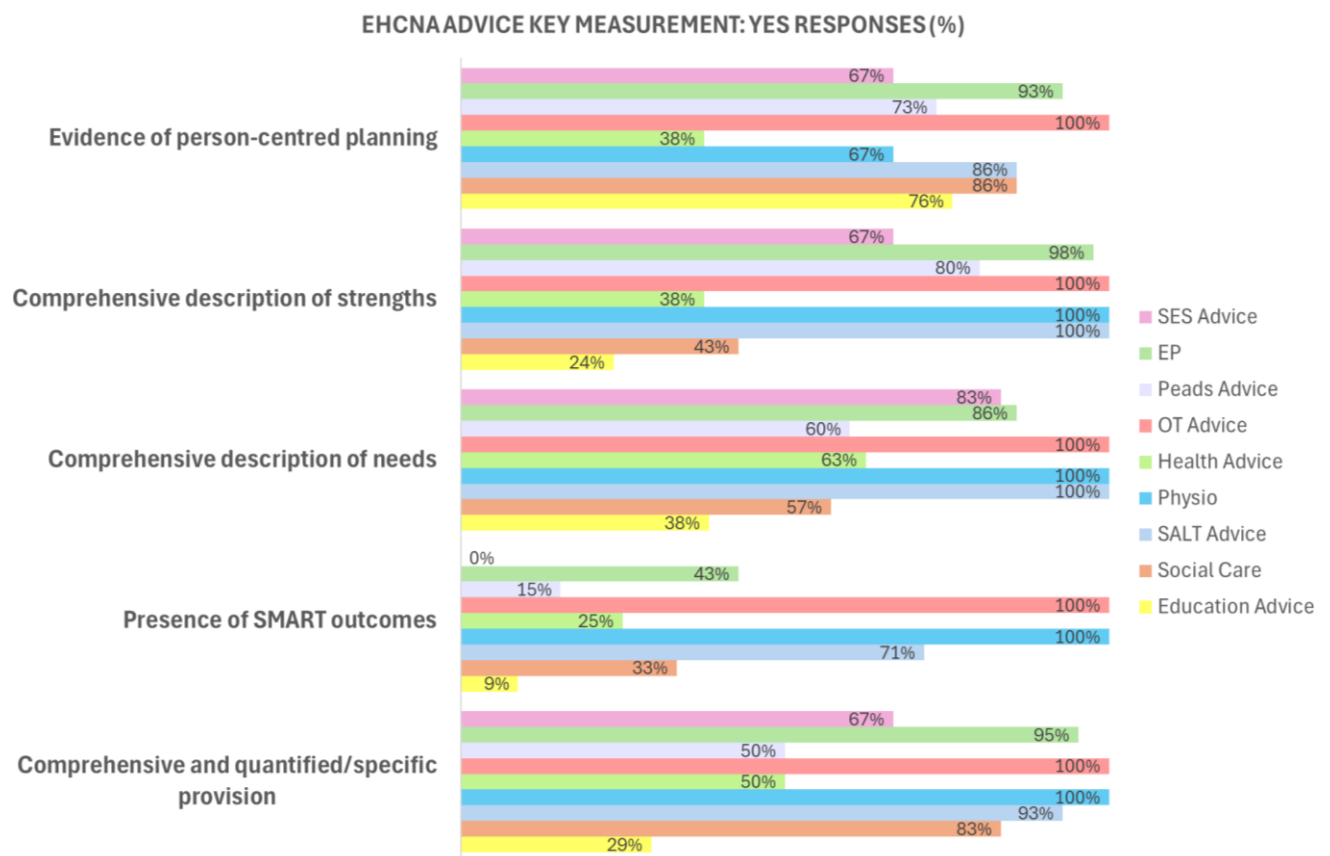
\*These scores were taken from Year 3 Cycle 1 due to capacity issues in the DCO Team that meant auditing for health advice did not take place in the previous cycle.



This cycle showed a slightly lower advice score, however still higher than scores seen in 2022, and early 2023. A high score last cycle may be partially due to the lack of health advice that was audited, creating a slightly non-reflective score across all the advice types. Therefore, even with the drop in score in Health & Medical advice, the score shows a high number of good quality advice reports to make up the 16.3 score.



## Key Measurement Scoring



## Family and Child/Young Person Advice/Views & One Page Profiles

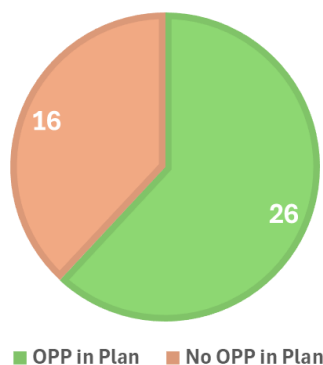
This cycle saw a change to the Family and Child/Young Person advice/views audit questions. As feedback is not given to parents/carers following the in-depth audit questions, it was decided to use only the key measurement questions plus specific individual questions about whether family advice, child/young person views, and/or a one-page profile were received.

Scoring will continue to be monitored to ensure advice is being completed to an expected standard, and any significant increases or decreases in score can be observed.

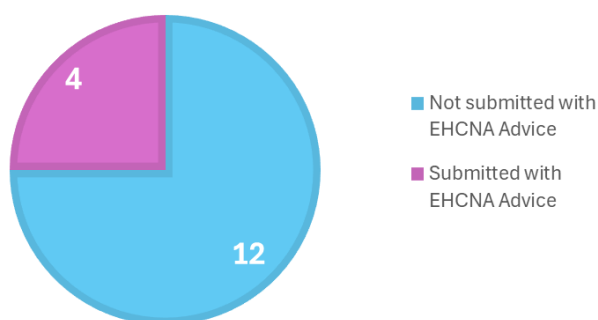
*There was a significant improvement in the inclusion of OPPs in the plans; 62% of plans had an OPP compared to 19% last cycle.*

Out of the 16 plans that did not have an OPP, only 4 were submitted with the advice forms and just not attached to the EHCP, compared to 19 last cycle. This cycle 12 of the selected EHCPs had no OPP present in the EHCP or the advice forms, this is not too dissimilar to last cycles score of 16. This cycle shows that plan-writers are more likely to attach the OPP, ensuring the child voice is present.

ONE PAGE PROFILES ACROSS EHCPS



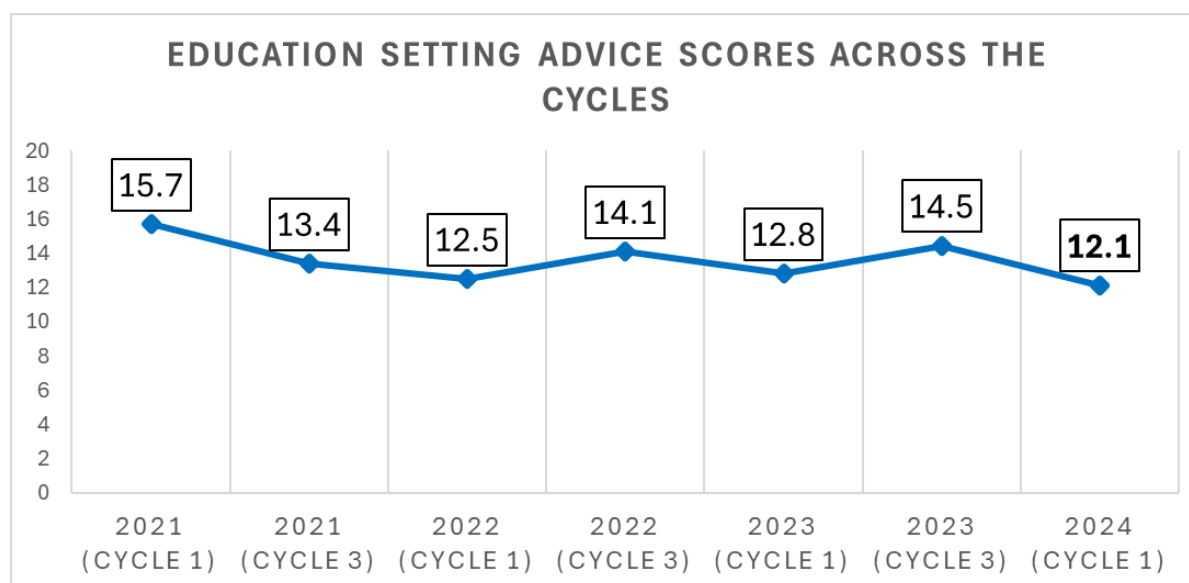
BREAKDOWN OF THE 16 EHCPS WHERE NO OPP WAS PRESENT



*Family Advice is often well-reflected in the plans, supporting the strong scoring Section A ([see here](#)).*

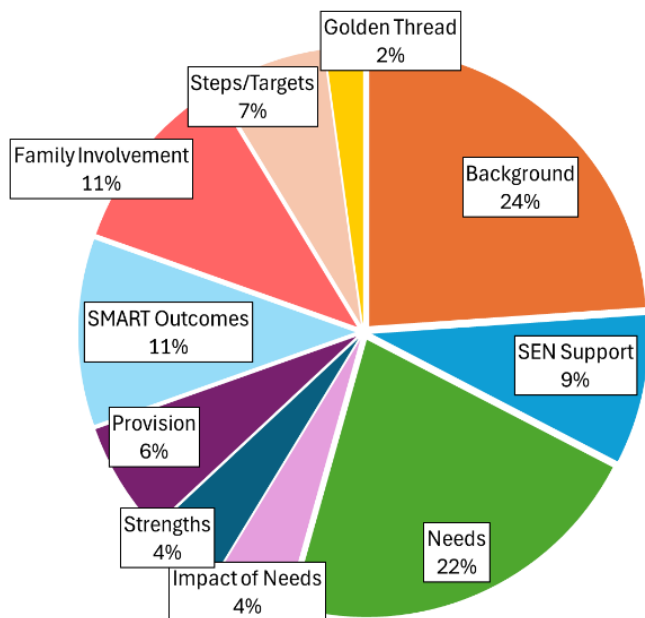
## Education Setting Advice

*The education setting advice score has decreased from the previous cycle.*

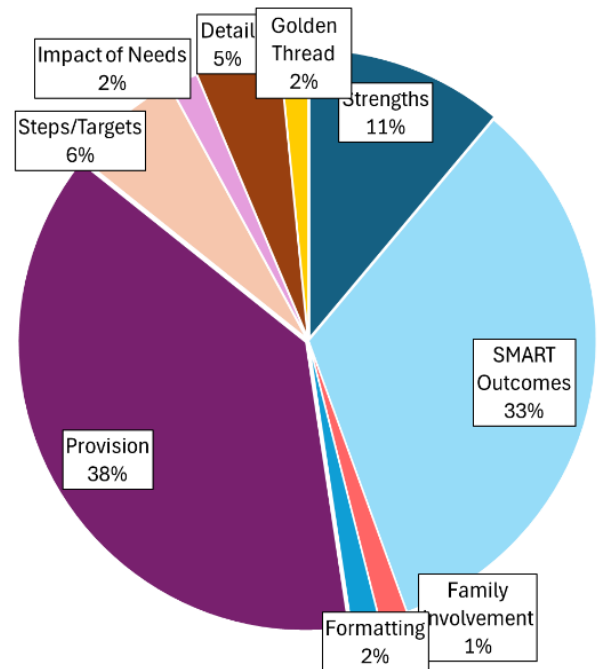


Qualitative comments from auditors highlighted information about the child/young person's background and descriptions of their special educational needs as the main areas of strength. The areas identified in comments as requiring improvement were 'special educational provision' and 'SMART Outcomes'.

**Areas of Strength as mentioned in the audit comments:**

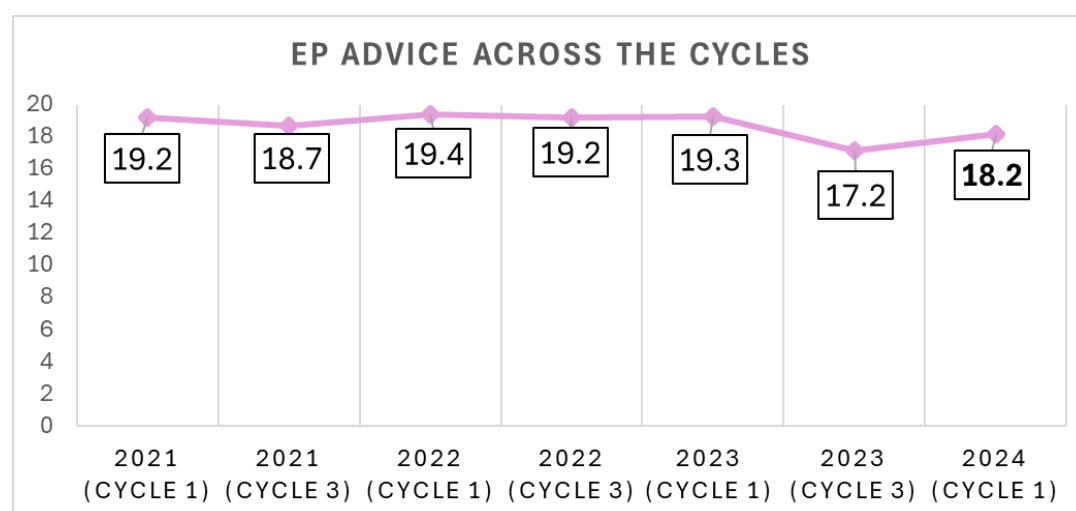


**Areas for Improvement as mentioned in the audit comments:**



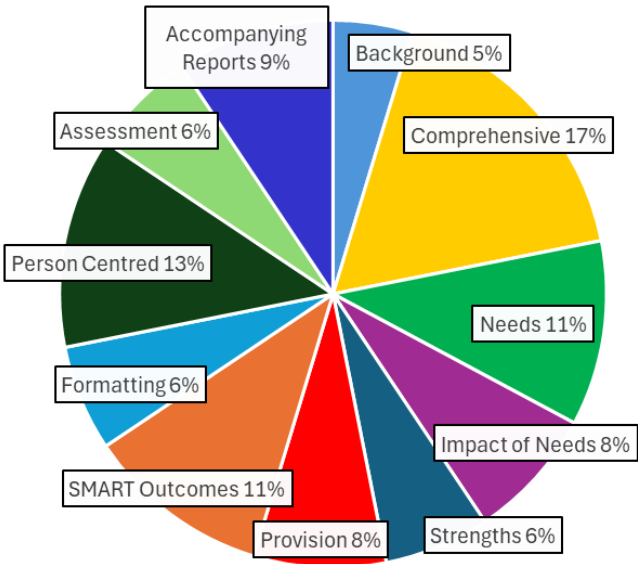
## Educational Psychology (EP) Advice

*EP Advice scoring remains high and has slightly improved in score this cycle.*

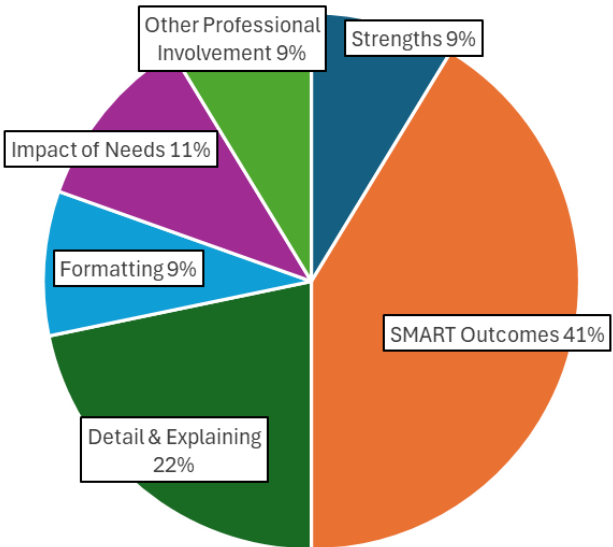


17% of the audit comments mentioned that the EP advice was comprehensive. 41% of the comments identified that SMART Outcomes was the biggest area of improvement.

*Areas of Strength as highlighted in the audit comments:*

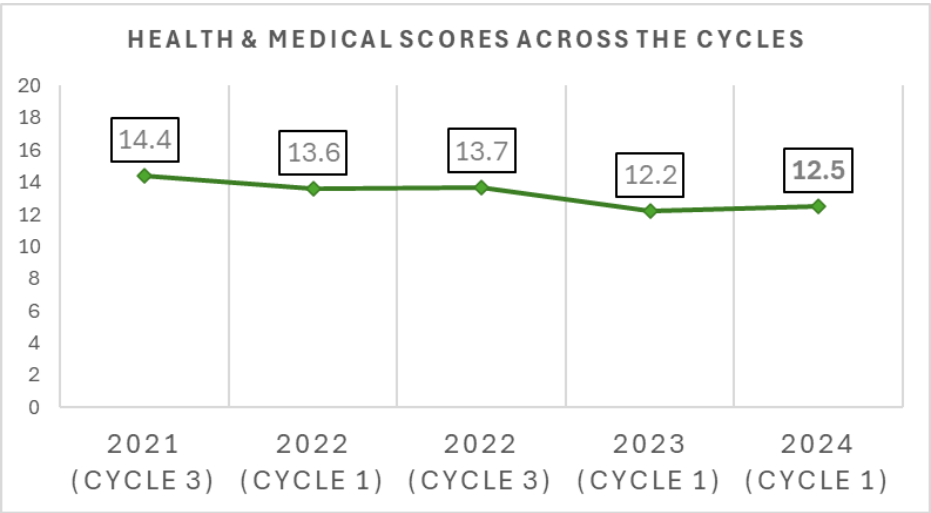


*Areas for Improvement as highlighted in the audit comments:*



## Health Advice

### Health & Medical Advice



Health and Medical Advice included in the above scoring this cycle included advice from Ophthalmology, Clinical Psychology, Health Visiting, Audiology, NSFT and a GP.

## Community Paediatrician Advice

15 Community Paediatric Advice documents were audited. The average score this cycle was 15.1.

## SALT Advice

*SALT Advice is often well-reflected in the plans, this may be due to its importance as provision that trains or educates the CYP in Section F ([see here](#)).*

Due to capacity issues, the DCO team agreed to audit two thirds of the SALT Advice this cycle. 14 out of 18 of the total audits were completed.

## Occupational Therapy Advice

7 OT Advice audits were completed, all were graded at 20 out of 20, creating the overall average score of 20.

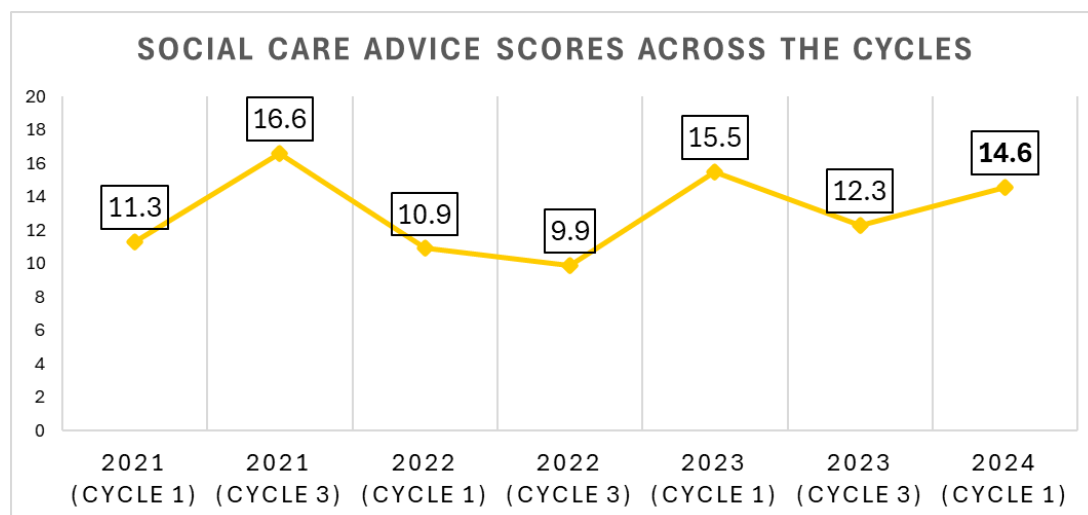
Following on from the EHCP moderation that took place this cycle, it has been decided that when scores are 19 and above in the advice auditing, the PQA Team will return to DCOs and request a moderation of this audit. This is to ensure that claims made regarding scoring, particularly when the average score is high, can be confirmed with multiple auditors.

## Physio Advice

3 Physio audits were completed, the overall average score was 19.8.

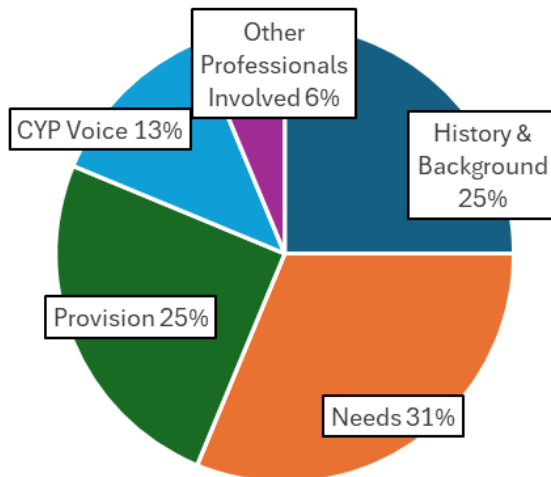
## Social Care Advice

*The quality of social care advice has improved this cycle.*

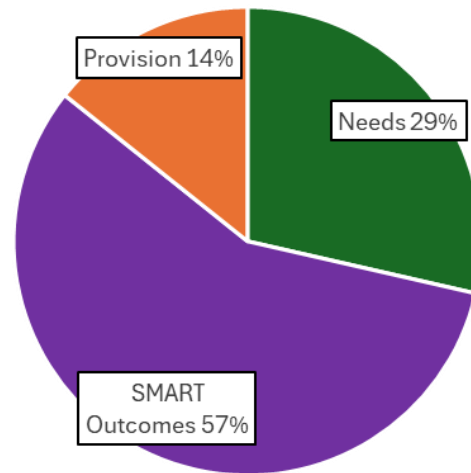


The number of social care audits completed was 8 this cycle.

**Areas of Strength as highlighted in the audit comments:**



**Areas for Improvement as highlighted in the audit comments:**



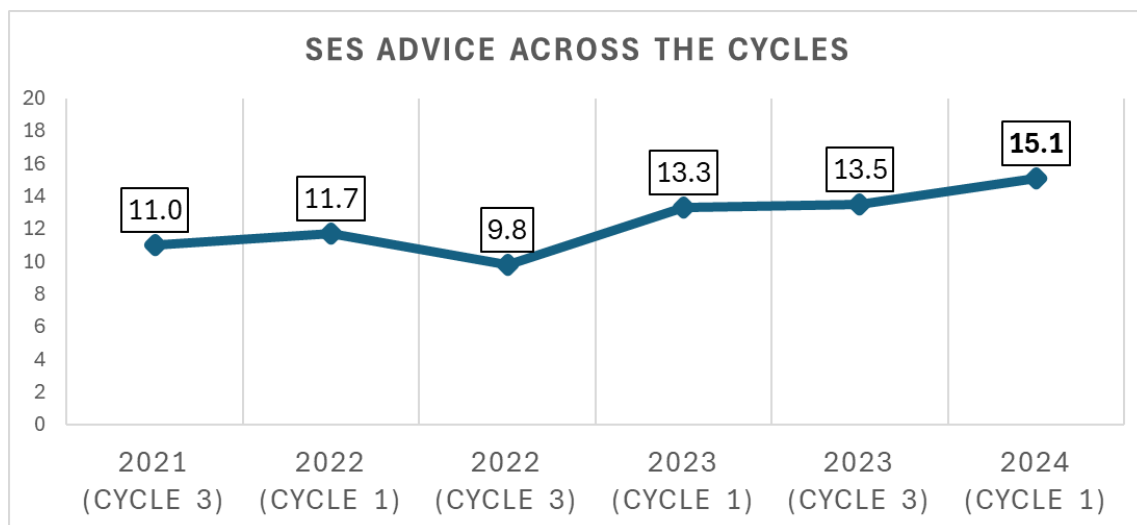
There has been a significant positive improvement in advice quality this cycle. This is likely due to the new resources available on the Good Practice Guide and the support being provided by the DSCO.

25% of audits identified the information about the background and history of the child/young person as a strength of the advice. 57% of audits suggested SMART Outcomes as an area needing improvement.

There is still a challenge in ensuring advice is completed and returned to Family Services, however there are now new processes in place to follow up the reassignment of the advice form on Liquidlogic with an email, plus reminder emails to practitioners when they are approaching the deadline and when past the deadline.

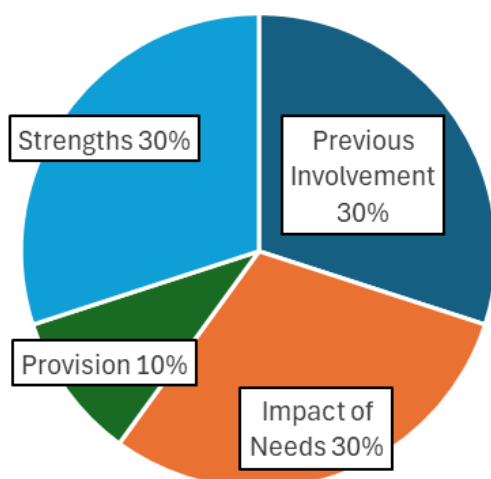
*Despite the overall score improvement, it remains poorly reflected in the final plan as seen within the advice reflection section of this report ([see here](#)).*

## Special Educational Service (SES) Advice

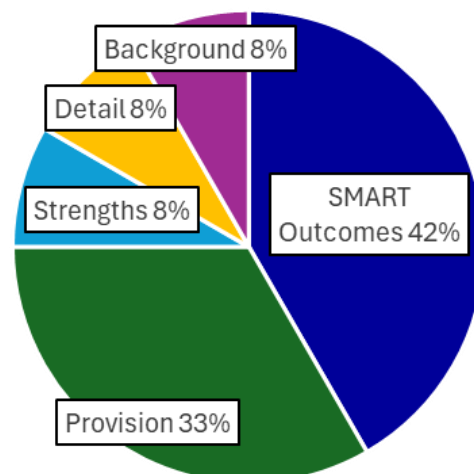


*SES Advice was strong in detailing the service's previous involvement with the child/young person, as well as describing their strengths and impact of needs. Like other advice, SMART Outcomes and Provision were highlighted as areas for improvement.*

**Areas of Strength as mentioned in the audit comments:**



**Areas for Improvement as mentioned in the audit comments:**



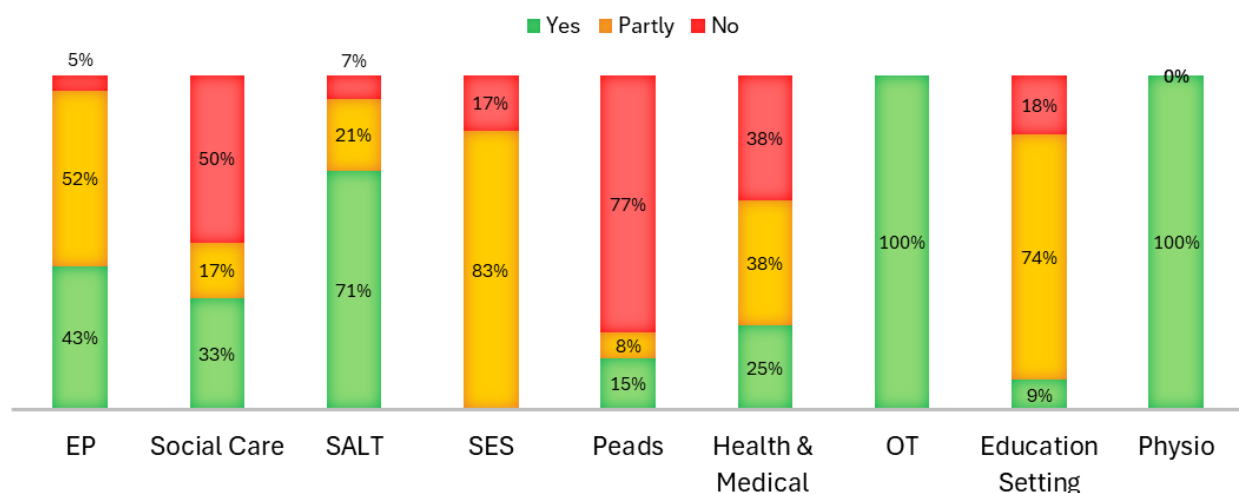
Audits show that SES Advice is not well reflected in EHCPs ([see here](#)). None of the audits said 'yes' to the advice being appropriately reflected.

## SMART Outcomes across Advice Types

What is the distribution of yes/partly/no scores when analysing SMART Outcomes across the advice types?

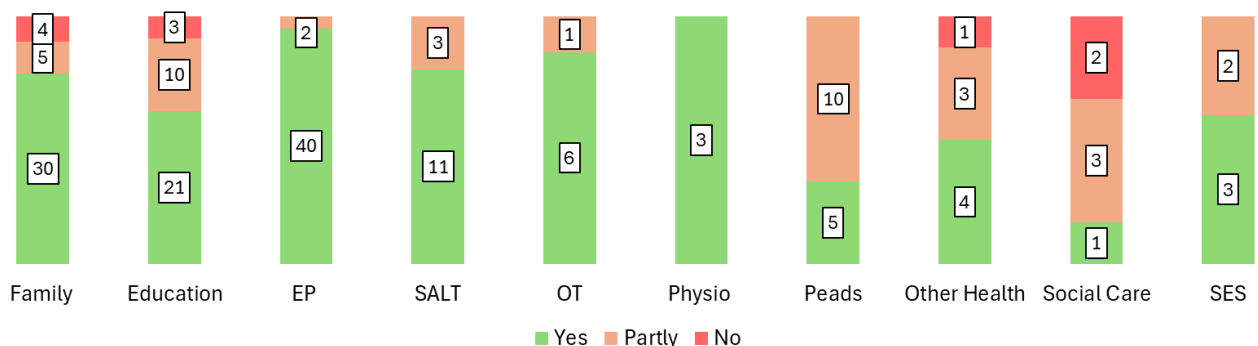
Following work done by the PQA Team to improve the development and inclusion of SMART Outcomes in the EHCP for Family Services. A deeper dive was undertaken looking specifically at the SMART Outcomes audit question across the advice types.

**Does the advice include long or medium-term outcomes and are these SMART (specific, measurable, achievable, relevant and time bound)?**



The bar charts shows the percentage of the yes/partly/no responses as to whether outcomes are present and meet SMART criteria. It is evident that Community Paediatrician Advice has a strong 'no' responses as well as Social Care Advice and other Health & Medical Advice. Following the work done by the PQA Team such as CPD sessions delivered to Family Services, the results show that these sessions may need to be delivered to colleagues in Health and Social Care, and colleagues across SEND.

## Advice Reflection



This chart provides a breakdown of each advice type and whether the auditor scored yes/partly/no as to whether the advice had been well-reflected in the corresponding EHCP.



Health Advice has been well-reflected, Community Paediatrician advice shows the highest number of 'partly' responses. This supports the increase of score in Section C/G and advice scores this cycle. Social Care advice has a high number of 'partly' and 'no' responses, reflecting the decrease in score for Section D/H.

Family, Education and EP Advice continue to be well-reflected in the plans. EP Advice is often over-favoured for other advice types, and this has been acknowledged in the areas for improvement comments.

## **Recommendations:**

### **Education Setting Advice**

Impact of needs should be more specific in order to be able to understand how the YP experiences barriers to their learning.

Include background information in advice about child and involved professionals/services.

Outcomes need to be SMART in order for successful support, provision delivery, tracking, and monitoring to be undertaken within the education setting.

Provision must be clear, concise and quantified in order for education settings to be able to deliver provision effectively.

### **Educational Psychology (EP) Advice**

Impact of needs should be more specific in order to be able to understand how the YP experiences barriers to their learning.

Timescales for outcomes need to be included in order to support monitoring and tracking of progress.

Outcomes need to be SMART in order for successful support, provision delivery, tracking, and monitoring to be undertaken within the education setting.

Provision must be clear, concise and quantified in order for education settings to be able to deliver provision effectively.

### **Health Advice**

When scores are 19 and above in the advice auditing, we would suggest a moderation of this audit. This is to ensure that claims made regarding scoring, particularly when the average score is high, can be confirmed with multiple auditors.

### **Social Care Advice**

Outcomes need to be SMART in order for successful support, provision delivery, tracking, and monitoring to be undertaken within the education setting.

Provision must be clear, concise and quantified in order for education settings to be able to deliver provision effectively.

The description of the main needs/difficulties related to the CYP's SEN that require social care support needs to be more comprehensive.

## Special Educational Service (SES) Advice

More general background could be given about CYP as well as inclusion of short term targets

Outcomes need to be SMART in order for successful support, provision delivery, tracking, and monitoring to be undertaken within the education setting.

Provision must be clear, concise and quantified in order for education settings to be able to deliver provision effectively. Wording such as 'Access to' plus describing types of provision as 'key adult support' should be made more precise.

The description of the main needs/difficulties related to the CYP's SEN that require social care support needs to be more comprehensive.

## Good Practice Reminders for EHCP Writers

### Section A

- Ensure the **One Page Profile (OPP) is included in the EHCP**. Although this has improved as evidenced in the above data, OPPs are still being found to have been submitted but not included in the final plan.
  - If a OPP is not received initially, asking the setting or CYP's family/carer to complete this.
  - Any formatting issues with Liquidlogic, refer to the manual / ask for support.
- Sections A can sometimes be overly detailed / not concise.
  - Do not need to include the *full* history of the CYP, it is important to ensure all information is relevant.

### Section B

- Section B was one of the strongest sections in this audit cycle, however, some plans had included **too much information**, increasing the likelihood of errors.
  - Don't just copy and paste without checking.
  - Use paragraphs rather than long list of bullets, where appropriate.
  - Check for duplication and repetition of needs. Merge information that says the same or very similar things.
  - Check for contradiction, i.e. making sure an identified need does not dispute a strength.
- Where needs are identified for an area of need, e.g. SEMH, include strengths too.

### Section C/G & Health

- Ensure all health needs have been identified - sending early warnings and advice requests to all involved, including those that are hospital based and all acute services.
  - Check with the family early in the process that **all relevant health involvement** has been accounted for.
  - Reach out to the DCO team if you have queries with receiving advice, or, need clarification regarding the content in the advice report.

### Section D/H & Social Care

- 50% of plans responded 'no' as to whether the quality of social care provision was detailed, specific and quantified, therefore it is important to **chase up advice** or go back to the professional is not certain about the information included in the report.
  - Contact the DSCO for support if needed.

- **Check involvement** throughout the EHCNA process as involvement can change.

#### *Section E*

- Making sure that outcomes meet all **SMART criteria** (specific, measurable, achievable, realistic, and time-bound).
  - This cycle showed that often outcomes fail to have a timescale i.e. 'by the end of ...'.

#### *Section F*

- If you receive advice with vague wording in the provision, e.g. 'should', 'would benefit from', 'opportunities to', it is vital to change words to more concrete verbs such as 'CYP **will** have...'.
  - It was noted that sometimes information appeared within the wrong formatting columns within Section F i.e. descriptive information should not appear within the frequency column.

#### *Other*

- Information **does not need to be cited** e.g. 'CYP's parents said this in the Family Advice...'.
  - Ensure the **plan is concise** – provision which covers lots of pages may make it inaccessible for the various audiences (parents and/or education staff).
  - **Avoid over-repetition** of certain words e.g. sentences that start with 'Billy does... Billy has... Billy can'.
  - Ensure that **style of writing keeps the plan child centred** i.e. writing 'Billy's Mum and Dad' rather than 'Mr and Mrs Smith'.
  - Consider what is **appropriate** for **parent and child aspirations** i.e. multiple examples of aspiration being 'for the Local Authority to find a suitable educational placement'.
  - Regarding Liquidlogic, it is important that **placement and primary need** are entered into the record, this reflects the continuing high score seen for the Key Information area of the data analysis.
    - Similarly, it is important final plans are shared with both the family and education setting as this score received various 'partly' responses.