Council for Disabled Children and Health

- DfE Strategic Reform Partner
- Part of the Delivering Better Outcomes Together consortium supporting implantation of the SEND reforms
- Integrated Personal Commissioning – VCS partner
- Supported NHSE with implementation of the reforms and run the DMO/DCO network
- Young people at the centre of what we do
- Work with parents
- Work with clinicians – RCPCH, BACD
- Work with researchers – MCRN, PenCru
- Work with commissioners
What we’ll cover

- To explore the importance of aspirations and outcomes in EHC plans and how those writing advice can contribute to achieving them;

- To highlight effective principles and practice;

- A chance to reflect on your role in EHC planning and discuss with colleagues.
Outcomes workshop

10.00 Introductions
   The story so far and what do we know about EHC plans
   Aspirations and outcomes
11.15 Break
   Aspirations and outcomes
12.30 Lunch
1.15 Some key legal considerations
   The assessment and planning process
   Review of assessment and planning process
2.30 Break
   Feedback
   What would you like to change?
4.00 Close
Setting the Ground Rules
Introductions

Tell us about: yourself, your role?
What’s going well in the EHCP process?
What are the challenges?
The story so far
Why do we need a focus on outcomes in the Children and Families Act?

System has not helped to deliver good life outcomes for many children and young people with SEN and disabilities – there have been low expectations and aspirations for this group in the past.

- More likely to live in poverty
- More likely to have mental health problems
- More likely to be more socially isolated.
- More likely to experience barriers to education, leisure or play
- More likely to have additional physical health problems, such as being overweight
- Less likely to be in education, training or employment into adulthood
How does the Children and Families Act and EHC plans try to address these problems?

- Having high aspirations
- Person-centred assessments
- Joint commissioning
- Better outcomes
Huge Pressure in the System due to transfers

Figure A: Number of children and young people with statements or EHC plans
Years: January 2010 - 2017
Coverage: England

Source: SEN2 2010-2017
Beginning to make an impact?

DfE funded research by ASK Research found parents generally reported that they liked new philosophy:

- being involved - with a person-centred approach, opinions listened to and respected
- child being at heart of process
- professionals taking a multi-agency approach and developing an holistic view of their child
- individual staff working with them throughout, making all the difference to their experience and satisfaction
- go the extra mile to inform and support them
- keep the family informed and involved in the process
- seek to really understand the family and child’s needs
Review 45 EHC plans submitted by Independent Support agencies

Health warning !!!

The **views of parents or young people** were almost always well represented and given significant prominence.

The **views of children** were sometimes missing. In a small number of cases, there was still a belief that non-verbal children could not communicate.

Many plans had **creative ways** of presenting information provided by children and young people.
Quick Activity - Authenticity

Who said it?
General comments

The Good:
• demonstrated an understanding of the whole child or young person
• clearly identified aspirations in Section A, and linked these to outcomes
• concise and focused only on the key information

Less good:
• read like an amalgam of different pieces of advice, not synthesised
• too much non-relevant information
• too much historical information (normally in Section A)
Outcomes

The vast majority of plans:
• tried to show how provision would support the achievement of the outcomes, and
• there were many well written joint outcomes which all services could contribute to achieving.

Confusion in a significant minority of plans about:
• Aspirations
• Outcomes
• Targets - a number of plans listed educational targets instead of outcomes
Education

- Most plans made clear links between special educational provision and the outcomes it was meant to support.
- Many plans made clear links between educational needs and provision to meet those needs.
- In a significant minority of plans educational provision was not detailed, specified or quantified.
Social care

• The vast majority of plans demonstrate no formal consideration of social care needs.
• Where social care needs were identified, there was sometimes **no provision to meet those needs**.
• There is confusion about the **definition of a social care need**
• In some cases social care needs were clearly identified in other sections but were not listed in the section on social care needs
Health sections

Many of the **basic requirements were not met:**

- Provision was not always matched to needs
- Where provision was included, it was rarely detailed, specific or quantified

Sections on health needs often included a statement about **diagnosis**, rather than a description of needs

There is **confusion** about the content of health sections e.g. mental health difficulties were clearly identified as an SEN but not as a health need
Group discussion: 2 minutes

• What is an aspiration?
• What is an outcome?
• What is the difference?
Group discussion:

- Is it an outcome?
- If not, what is it?
Thinking About Outcomes
Thinking About Outcomes

The Chums Project: Children oUtcomes Measurement Study

What are the outcomes that are important to children and young people?

Can they be measured by Patient Reported Outcome Measures (PROMS)?
What did we find?

Data was themed using ICF classification system

For both parents and CYP our analysis found:

• Relationship between outcomes: how different outcomes areas inter-relate to form broader concepts and life outcome areas

• Hierarchy of outcomes: ‘high level life outcomes' at top, dependent combinations of lower level outcomes.

• Meaning of outcomes: individual outcomes have complex sets of meaning for parents and children

• There are similarities and differences between the parents and children
Outcome hierarchy parents

- Community
- Emotional wellbeing
- Gaining Independence, future aspirations

- making decisions and choices
- Interpersonal interactions and relationships

- Communication
- other mental functions
- temperament
- mobility
- self care

- functions of digestive and endocrine
- Genitourinary
- Pain
- Sensory functions
- functions of cardio
- body structures
- neuromusculoskeletal
- sleep
Outcome Hierarchy: children & young people

- Emotional Wellbeing
- Social and Community Life
- Interpersonal interactions and relationships

- Decision making
- Major life areas
- Gaining independence

- Communication, Mobility, Self care, cardio respiratory functioning, Temperament,

- Pain, Neuromusculoskeletal functions, Body structures, Other mental functions, sleep
Vital that health commissioners and providers understand their contribution to young people’s life outcomes

<table>
<thead>
<tr>
<th>Aspect of health</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>118</td>
</tr>
<tr>
<td>Communication</td>
<td>89</td>
</tr>
<tr>
<td>Movement (in Body Structures): e.g. Reduce/prevent contractures and deformity; muscle length and joint range of movement</td>
<td>60</td>
</tr>
<tr>
<td>Neuromusculoskeletal and movement-related functions: Improve gross and fine motor function; improve quality of movement</td>
<td>57</td>
</tr>
<tr>
<td>Self care: e.g. Improve independence in all activities of daily living (washing, toileting, dressing, eating)</td>
<td>51</td>
</tr>
<tr>
<td>Functions related to digestive system: e.g. Constipation, swallowing, drooling</td>
<td>50</td>
</tr>
<tr>
<td>Changing and maintaining body position: e.g. Sitting, standing, lying down</td>
<td>49</td>
</tr>
<tr>
<td>Mobility (in Activity and Participation): e.g. Improve transfer</td>
<td>45</td>
</tr>
<tr>
<td>Body function: e.g. Improve function, functional abilities (very general)</td>
<td>39</td>
</tr>
<tr>
<td>Muscle tone function: e.g. Spasticity</td>
<td>39</td>
</tr>
<tr>
<td>Sleep functions</td>
<td>37</td>
</tr>
<tr>
<td>Psychomotor control: e.g. Manage behavioural problems</td>
<td>32</td>
</tr>
<tr>
<td>Consciousness functions e.g. Seizure, stroke</td>
<td>30</td>
</tr>
<tr>
<td>Mobility of joint functions: e.g. Improve mobility and ease of movement of joints</td>
<td>29</td>
</tr>
<tr>
<td>Learning and applying knowledge: Acquiring skills; learning to read, write</td>
<td>28</td>
</tr>
<tr>
<td>Acquiring basic skills: e.g. Learning to coordinate fine motor function to improve eating, pencil holding</td>
<td>28</td>
</tr>
<tr>
<td>Control of voluntary movement functions: e.g. Coordination of movements, improve head and trunk control</td>
<td>25</td>
</tr>
<tr>
<td>Muscle power functions: Muscle strength</td>
<td>24</td>
</tr>
<tr>
<td>Activity and participation</td>
<td>22</td>
</tr>
<tr>
<td>Community, social &amp; civil life: e.g. Engage in social clubs; recreation and leisure</td>
<td>21</td>
</tr>
<tr>
<td>Temperament and personality functions: Confidence, emotional stability</td>
<td>21</td>
</tr>
<tr>
<td>Mental functions: e.g. Improve mental health issues; reduce emotional and behavioural difficulties</td>
<td>20</td>
</tr>
<tr>
<td>Specific mental functions: e.g. Anxiety, attention</td>
<td>20</td>
</tr>
</tbody>
</table>
What did we find?

• Children, young people and their parents have **BIG** outcomes that don’t fit into a single professional area of expertise

• Being happy, independent, having friends, spending time as a family, going out when they want

• Professionals have narrow outcomes and targets informed by their expertise and knowledge: managing pain, teaching new skills, improving functioning of a part of the body

• How can they be brought together?
The Importance of outcomes: Lucy
Group activity: [agree case study]

Using the A3 version of the outcomes pyramid to work through the case study
Aspirations and Outcomes in EHC Plans
Principles:

• The views, wishes and feelings of the child and their parents, or the young person
• The importance of children, parents and young people participating ‘as fully as possible’ in decision-making
• The information and support necessary to enable participation
• Support to ‘achieve the best possible educational and other outcomes’
EHC Plan Structure

EHC plan checklist

A. Views, aspirations
B. SEN needs
C. Health needs
D. Social care needs
E. Outcomes
F. SE provision
G. Health provision
H1. Social care: CSDPA
H2. Social care: Non CSDPA
I. Placement
J. Personal budget
K. Advice and information
Section A - Aspirations

Aspirations should be clearly defined in Section A

Aspirations in Section A sets direction for rest of the plan – outcomes and provision need to support progress towards the aspirations in Section A.

Should be developed with child or young person and parents at an early stage of the EHC Needs Assessment

Aspirations in Section A set direction for rest of the plan:
• outcomes and provision need to support progress towards the aspirations in Section A
Aspirations- Tips

An aspiration is an ambition or hope for the future:
• they are not outcomes
• they don’t have to be smart

Children, young people and families can have any aspirations they want:
• they should be supported to explore them by professionals in a person-centred conversation/s
• professionals should not use their positions to overrule families aspirations
Examples of Aspirations

Jessica’s parents would like her to be able to go on trips out with them as a family

Jay wants to be a computer designer when he is older

I want to live in my own house when I grow up

We want Sam to be safe and happy

I’m going to go to university to study literature

I want to be a butterfly
Section E: Outcomes

• EHC plans must specify the outcomes sought for the child or young person
• There is a distinction between aspirations and outcomes
• Outcomes should follow from the aspirations identified in Section A
• An outcome is “A benefit or difference made to an individual as a result of an intervention’
• Personal and ‘not expressed from a service perspective’ and not a description of a service being provided
Section E: Outcomes

- What clearly articulate what should be achieved by end of a phase or stage
- arrangements for monitoring progress
- From 14 must include Preparing for Adulthood outcomes
  - Employment, health, independent living and community inclusion - but should start earlier
- Can include steps towards meeting outcomes
- Short-term, service level targets should be included in an appendix, not as outcomes

- Aspirations and outcomes not subject to appeal to the SEND Tribunal
What does SMART mean?

**Specific**: Clear, precise, unambiguous statements

**Measurable**: Targets i.e., numbers, percentages, levels ... or verbal confirmation – *will it be clear whether the outcome has been achieved?*

**Achievable**: is it informed by cyp/families views, and professional views of evidence based practice, and the resources available

**Realistic/Relevant**: we prefer *relevant* because we already have *achievable*

**Timed**: Realistic deadlines for completion and long term timescales
Common pitfalls to avoid

**Too many outcomes:**
- ideally an EHC Plan should include 4-6 outcomes
- collating loads of separate outcomes results in some plans having over 20

**Operational targets rather than outcomes:**
- Too short a timescale
- Too small and too achievable an outcome

**Solution Outcomes:**
- embedding service provision into a desired outcome so it is automatically achieved
- “X will receive speech and language to improve his communication”
Common pitfalls to avoid

Manufactured Outcomes:
• generating an outcome purely for the EHC plan
• may be SMART but lack relevance and occupy staff resources at a time of significant constraints

Generic/vague/jargon outcomes:
• outcomes that are not clear or meaningful e.g. “James will gain access to practical skills”

Recurring Language:
• ‘access to…’
• ‘opportunities for…’
• ‘able to’ or ‘does’
Section E: Outcomes - examples

By the end of his current course, **Ralph** (19 years old) will attend 3 work based interviews.

**Mohammed** (8 years old) works independently for at least 50% of each lesson period, by the end of KS2.

By the end of year 9 **William** (12 years old) will be able to make his own way to school every day.

By the end of KS1, **Sheila** (6 years old) will be able to express her preference when offered a choice between two activities.

**Mason** (3 years old) engages in a play activity with another child and an adult on a daily basis, by the time he is in reception.
Choose either:

- Sam
- Ellie
"The greatest danger is not that our aim is too high and we miss it, but that our aim is too low and we hit it"

Michelangelo
Key Legal Considerations
Special educational needs, definition

The Children and Families Act 2014

A child or young person has a special educational need if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her.
Learning difficulty a significantly greater difficulty in learning than the majority of others of the same age

A disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age

Special educational provision means educational or training provision that is additional to, or different from, that made generally for others of the same age
SEN: a relative definition
An EHC needs assessment can be requested at any time by:

- a child’s parent or a young person
- a school or other educational institution

Anyone can bring a child to the attention of the LA if they think an EHC assessment is necessary, including:

- Social Care
- Health

If the request is made, or if the child or young person is brought to an LA’s attention, the LA must consider whether an EHC needs assessment is necessary.
Considering whether or not to assess

When considering a request, LA must **consult** as soon as possible:

- a child’s parent
- or a young person

And must **notify**:

- Social Care
- Health
- Head teacher or Principal of the school, college or early years setting that the child or young person attends
A local authority must conduct an assessment of education, health and care needs when it determines that:

- it **may be necessary** for special educational provision to be made for the child in accordance with an EHC plan.

When considering whether it is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having **taken relevant and purposeful action** to identify, assess and meet the needs of the child or young person, the child or young person has not made expected progress.

Right of appeal against a decision not to assess...
An LA must issue an EHC plan if, following the EHC needs assessment, it is necessary for special educational provision to be made in accordance with an EHC plan.

An LA should take into account whether the special educational provision required ‘can reasonably be provided from within the resources normally available to mainstream early years providers, schools and post-16 institutions’

Code of Practice 9.55
Normally available provision

Can reasonably be provided from within the resources normally available to mainstream early years providers, schools and post-16 institutions

It must be clear what is ‘normally available’

It must be set out in the local offer

Key Questions

Is this clear?
Do other professionals
Are parents aware?
Health in EHC Plans

An EHC plan must contain

- details of the child or young person’s health needs which are related to SEND - Section C
- Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

May also specify health care needs and provision not related to the child or young person’s special educational needs

This is based on advice of relevant health care professionals

- Advice must be provided within 6 weeks of the request
- Parents may also submit reports from non-NHS practitioners if they wish (independent health advice).
- The LA must consider these reports in parallel with the advice provided through the joint commissioning arrangements
There is a specific bit of law about EHC plans that turns some health services into special educational provision.

If health provision **educates or trains** then it must be deemed special educational provision and go in Section F of a plan. Speech and Language Therapy is almost always SEP. Other therapies are decided on a case by case basis.

This decision rests with the local authority.

Health professionals should make recommendations based on their judgement and area of expertise regardless of whether or not that provision will be classified as SEN or health provision in the final plan.
Working together to deliver joint provision

EHC plan should set out how agencies will work together to deliver joint provision, not just separate direct provision.

If recommended delivery model is not direct provision by health professionals but through education professionals,

The health service role in training, quality assurance, on-going management needs to be clearly set out.

It can’t be assumed that other services will be aware of how this operates.

EHC plans need to give children, young people and parents as much clarity as possible.
The Tribunal is a legal court and its role is to hear appeals made by parents, or young people over compulsory school age, against decisions taken by the local authority in relation to EHC plans.

The Tribunal can make decisions about:

• The decision to undertake an EHC needs assessment or reassessment;
• The refusal to issue an EHC plan following an assessment;
• The content of Sections B (special educational needs) F (special educational provision) and I (name of setting the child or young person will attend).

It does not make decisions about the health section of a plan.
When making decisions the Tribunal will wish to see health advice that contains the following legal requirements:

- **Need** - what are the child or young person’s needs?
- **Provision** - what is the provision to meet this need? This must be specified and quantified.
- **Outcomes** - what will be achieved by this provision?

The Tribunal retakes the decision based on the available evidence- takes health advice into account.

The Tribunal can summon health professionals if they are crucial to decision, but this unusual
# First-tier Tribunal (SEND)

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered</th>
<th>Decided</th>
<th>For P/YP</th>
<th>For LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 - 12</td>
<td>3557</td>
<td>823</td>
<td>564</td>
<td>211</td>
</tr>
<tr>
<td>2012 - 13</td>
<td>3602</td>
<td>808</td>
<td>682</td>
<td>117</td>
</tr>
<tr>
<td>2013 - 14</td>
<td>4063</td>
<td>797</td>
<td>660</td>
<td>137</td>
</tr>
<tr>
<td>2014 - 15</td>
<td>3147</td>
<td>788</td>
<td>680</td>
<td>107</td>
</tr>
<tr>
<td>2015 – 16</td>
<td>3712</td>
<td>833</td>
<td>780</td>
<td>92</td>
</tr>
</tbody>
</table>
Group discussion: 5 minutes

- What is your experience of the Tribunal process?
- Does it impact your role?
The Assessment and Planning Process
Interactive EHC planning process

Whole process to be completed in 20 weeks
Health Service must respond to request for information in 6 weeks

1: Bringing child to attention of local authority

2: Decision to assess
   2.1: Child’s parents or young person must be consulted
   2.2: Latest that local authority can inform of decision
      No
      2.3: Right to appeal

3: Assessment & evidence gathering
   3.1: Parent or young person can:
   - comment
   - request a particular school or college to be named in plan

4: Draft plan
   4.1: Latest that local authority can inform parent or young person if they do not intend to issue plan
   4.2: Plan must be finalised and sent
      4.3: Right to appeal

*1: Parent or young person can:
   - comment
   - request a particular school or college to be named in plan
*2: Consultation with school or college about being named in the plan

46%
Key stages in EHC needs assessment process

- Deciding Whether to Assess
- Requesting Advice
- Assessment and Evidence Gathering
- Drafting and Agreeing the Plan
- Implementation and Annual Review

Different involvement of different people at different stages
What does this need to look like for health professionals?
The LA must seek information and advice relating to needs, provision, and desired outcomes. Information and advice must be sought from:

- **Medical advice and information from a health care professional**
- **Advice and Information in relation to social care**
- **Advice and Information from any other person LA thinks appropriate**
- **Advice and information in relation to preparing for adulthood and independent living**
- **Advice must be provided within 6 weeks of the request**
- **Need to consider: Information Sharing & Timescales**
EHC Assessment and Evidence Gathering

Good quality educational, psychological, health and social care advice is vital to developing EHC plans that support children and young people to achieve.

This requires a shared understanding between those drafting the plan and the professionals submitting the advice:

- What information is required
- When it is needed
- What format it should be in

Local areas need to develop their process together with parents and the range of professionals who will be providing the advice and delivering provision
At what point does the local authority hold person-centred discussions with parents, children, young people? Do these discussions include the identification of:

- aspirations
- outcomes that would move CYP towards those aspirations

Are the wishes, views and feelings of parents, children and young people authentically reflected in every part of the plan, or just in section A?
Is advice linked to needs and aspirations?

Professional advice should focus on how needs impact on areas of life and on ability to achieve aspirations and outcomes.

Local Authority should provide those writing advice with information about the aspirations and outcomes identified by children and young people and families.

This will help professionals tailor their advice to the aspirations, focusing on the:

• needs and barriers to achieving those aspirations,
• advice what would be and appropriate outcomes towards these aspirations
• recommendations for steps towards outcomes
• what provision will support achieving these outcomes
Legal duty on the CCG (or NHSE) to identify relevant health cares professionals and ensure commissioned services are mobilised to participate in the development of EHC plans

A health professional is defined as someone regulated by a relevant medical council.

This applies to professionals working in a community provider, acute trust or a mental health trust, in children or adult services.

It also includes primary care- GP’s- and public health services: school nurses and health visitors and are commissioned by Local Authority Directors of Public Health.
To deliver on this responsibility CCGs and NHS England need to set clear expectations for providers that deliver services to children and young people with SEND from 0-25.

This needs to specify that as part of their contract providers will:

- contribute to EHC needs assessments within the timeframes, and
- deliver the agreed provision.

The [NHS England Standard Contract 2017/18 and 2018/19](#) used by CCGs to contract with providers includes the following specification:

‘Where a local authority requests the cooperation of the Provider in securing an Education, Health and Care needs assessment, the Provider must use all reasonable endeavours to comply with that request within 6 weeks of the date on which it receives it.’
Completing advice, health

Where relevant professionals are identified they should complete the advice template-

• Advice should be focused on the person centred aspirations and any outcome areas already identified
• Set out practical impact on child’s life and their ability to make progress relevant to their aspirations
• Avoids complex diagnostic information, it needs to be clear and accessible to non specialists- BACD recommend a less is more approach
• Recommends provision based on professional & clinical judgement, NOT availability of provision
• Limited to area of professional expertise
• Health should not make recommendations about educational placement
EHC Plan Issues- Social Care

Social care needs must be considered and advice sought

When beginning an EHC needs assessment, checks should be made to see if:

• a child or young person is known to social care
• other assessments have been done or are underway

If the CYP is “not known” to social care:

• Are there unmet social care needs?
• Who might provide advice? Teachers, Early Help, Youth Workers, Short Breaks Providers, Allocated Social Workers

BUT- Having social care needs does not mean that a social worker will need to be involved
How is provision articulated in the plan in terms of:

• Specificity? - how is this reflected for different types of provision? Are you using appendix?
• Evidence of impact?
• Expertise required?
• Is it clear how shorter term targets are going to be set and monitored at service or institutional level?
• How is the plan agreed and finalised?
• Who sees it at this stage?
• How will progress towards outcomes be monitored at annual review?
Agreeing the multiagency plan

There should be a clearly defined process for agreeing EHC Plans, thinking about the following groups:

- Where children and young people do not require specialist health and/or social care services and have their health and/or social care needs met through universal services

- Where children and young people have health and/or social care needs that are met through secondary or targeted services e.g. therapists, early support, CAMHS- can this be agreed as part of an existing provider contract or service level agreement?

- Children and young people with complex health and/or social care needs who require access to a number of coordinated services or bespoke packages of care
## Putting the Process Together

<table>
<thead>
<tr>
<th>Aspirations</th>
<th>Needs</th>
<th>Outcomes</th>
<th>Provision</th>
<th>Steps Towards Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by the local authority following discussions with the family</td>
<td>Provided by health professionals</td>
<td>What can be achieved within 2-3 years to move towards outcomes and how it will be measured</td>
<td>Recommended by the relevant health professional</td>
<td>Recommended by the health professional</td>
</tr>
</tbody>
</table>

### This is Stage 1
Developed in conversations with children, young people and parents. Health professionals may attend this meeting when required, but generally this will be completed by a local authority SEN officer.

### This is Stage 2
Health advice explains the impact of a child’s health, and relevant environmental factors, on their life and their ability to make process linked to their aspirations.

### This is Stage 1.5-2.5
Draft outcomes maybe developed in discussion the family at Stage 1. Health professionals should be able to comment and contribute to these outcomes to help them become SMART.

### This is Stage 3
Health advice recommends provision to meet the assessed needs and support achieving the holistic outcomes.

### This is Stage 4
Health professionals set out how the impact of provision will be accessed on a shorter term basis.
Feedback

Strengths and weaknesses in the EHCP process
Using the A3 process chart, review the current approach and identify:

- strengths
- weaknesses
How effective is Milton Keynes use of forms and templates:

• What are the strengths
• What could they be improved and how?
Looking at your templates and forms

What would you like to change and how:

• Wigan-wide?
• Service wide?
• For yourself?
Key Resources

EHC plan guide

CDC modules on the SEND reforms for health
www.councilfordisabledchildren.org.uk/makingithappen

Identifying social care needs

CHUMS Report
http://councilfordisabledchildren.org.uk/chums
Thank you!