

FAQs for Education, Health and Care Plans: SEN Case Officers

Introduction

The Education, Health and Care Plan (EHCP) process is complex, with many different partners involved at different stages along the way. This document answers key questions often raised by SEN Case Officers during workshops delivered by the Council for Disabled Children on EHCPs, including the North East regional workshop specifically for this group. These workshops and this resource are funded by the Department for Education's Delivering Better Outcomes Together programme.

Establishing aspirations and outcomes sought in a person-centred conversation

What is the purpose of the initial person-centred conversation at the beginning of the EHCP process?

The initial person-centred conversation should establish the child or young person's **aspirations** and **outcomes sought**. Where possible these should come directly from the child or young person, but it may also be appropriate to talk to parent carers and other people who know the child or young person well.

What is the difference between aspirations and outcomes sought?

Aspirations are hopes and dreams for the future; they do not need to be realistic. In the final plan document, they go in Section A. **Outcomes sought** are the realistic, tangible steps that a child or young person wants to take to get closer to their **aspirations**. There must be a clear progression from outcomes sought to aspirations, even if it is a long journey. Outcomes sought should be about the big things in life: happiness, friendship, inclusion, independence and so on. They are what is **important to** a child or young person, rather than what is **important for** them, and they are holistic; the outcomes can only be achieved if all agencies or services supporting an individual work together.

Should outcomes sought be SMART?

No. A child or young person should not be expected to set themselves SMART outcomes; advice givers will help turn **outcomes sought** into SMART outcomes through their advice.



What if the child or young person is non-verbal, pre-verbal or does not want to take part in a conversation?

There are lots of creative ways of hearing the voices of children and young people without having a formal conversation with them. Photos and videos of or by the child or young person can demonstrate their likes and dislikes. Art, creative writing and creative play give opportunities for them to explore their ideal world, which is often very informative. Informed observation, which takes into account body language, facial expressions, vocalisations (which are likely to differ from child to child) can tell us a lot about non-verbal children and young people's preferences. It is important to 'listen with all five senses' in order to understand an individual's world when they are reluctant or unable to express it verbally, and to build up a picture of their life from those who know them best.

Who should lead the person-centred conversation?

Someone who knows the individual very well. Processes vary from area to area, but in any context it should be someone who the child or young person trusts and feels comfortable with, who understands what is meant by aspirations and outcomes sought, and who has the skills to support the child to explore them.

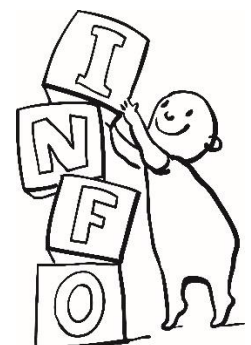
What should happen with this information next?

Once the child or young person's aspirations and outcomes sought have been established, these should be recorded centrally and sent to advice givers along with the request for advice.

The request for advice

Why do advice givers need to know what the child or young person's aspirations and outcomes sought are?

The advice giver's role is to work out what provision will meet the child or young person's needs so that they can get closer to achieving their outcomes. If the advice giver does not know what these outcomes are, they will only be able to focus on what they know about the individual (their needs) and not what they want to achieve (their outcomes).



Is it the advice giver's job to write outcomes for the plan?

No. If they have the relevant expertise, the advice giver can comment on the outcomes sought and provide specificity around them, to help plan writers turn them into SMART outcomes. For example, if a parent has said that they want their young child to sleep through the night, an occupational therapist might define 'sleeping through the night' as '6 hours of uninterrupted sleep, 5 nights a week'. This does not change the outcome sought, but it means it can be written as a SMART outcome in Section E of the final plan.

Advice givers might include 'outcomes' in their advice, often because they have not seen the individual's outcomes sought, but these are usually **service-specific targets**. These are often short-term (less than 2 years), a focus for one particular service, and focused on what is **important for** the child or young person, not what is **important to** them. Targets can go in the Appendix of the plan, but should not go in Section E.

What is the relationship between targets and outcomes?

As outcomes are long-term (2 to 3 years, or a key phase or stage), short-term targets help to identify whether or not a child is making progress towards the outcome. There will be lots of different targets, set by different services, under each outcome and they will change more quickly than the plan does. Think of each target as one jigsaw piece, and when they are all in place and being achieved then the child or young person should achieve their outcome. At the Annual Review, advice givers can use their targets to show whether or not the individual is making progress.

What else does advice need to include and why?

Good quality advice should do three main things: describe the child or young person's needs and how they impact on their day to day life, shape outcomes sought to SMART outcomes, and identify what provision will meet the needs so the child can progress towards their outcomes. This provision needs to be **specific and quantified** so plan writers do not have to guess what to include in the plan, and it should be clear how provision acts as a bridge between the child or young person's needs (their current situation) and their outcomes (what they want to achieve).

Well written, informative advice should be simple, clear and easy to understand; plan writers should not be expected to have the same clinical or professional expertise that advice givers have.

Further information

You may find the following resources useful for more information on EHCPs:

- [CDC's e-learning resources](#) (including Holistic Outcomes and Annual Reviews)
- [EHCP exemplars](#)
- [Top Tips for developing child-centred EHCPs](#)