

## FAQs for Education, Health and Care Plans: Specialist Health Advice Givers

### 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 specialist Health advice givers during workshops delivered by the Council for Disabled Children on EHCPs, including the Yorkshire and Humberside regional workshop specifically for this group. These workshops and this resource are funded by the Department for Education's Delivering Better Outcomes Together programme.

### The relationship between outcomes and advice

*Is it the advice giver's responsibility to identify outcomes for a child or young person?*

No, but they can advise on them. The child, young person and/or their parent carers should be supported to identify their own holistic **outcomes sought** through a person-centred conversation, along with their **aspirations**. These draft outcomes should be shared with advice givers as part of the request for advice, and at this point the advice giver can comment on and shape the outcomes sought (within their professional remit) as relevant for the individual's age and stage of education. See below for further information.

**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.

*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).

*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, and plan writers will formalise these.

*What is the advice giver's role in shaping outcomes sought into SMART outcomes?*

If you have the relevant expertise, as an advice giver you 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.

*Based on my clinical expertise and judgement, there are outcomes that I think a child or young person should be working towards. How do these fit into the plan?*

This is where terminology can become confusing. As a clinical expert, you are likely to have 'outcomes' in place for a child or young person which are specific to your service. CDC prefers to call these service-specific **targets**, to distinguish them from **holistic outcomes**. These are often short-term (less than 2 years), are achievable with support from one particular service, and focus on what is **important for** the child or young person, rather than 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 or young person is making progress towards their outcomes. 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 be on their way to achieving their outcomes. At the **Annual Review**, advice givers can use their targets to show whether or not the individual is making progress, even if the overall outcome has not been achieved yet.



## Good quality advice

*What should good quality advice include?*

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**. There should be a clear relationship between these elements, and provision must be **specific** and **quantified**.

[You can read more about specificity in different types of Health advice here.](#)

*Can existing reports be used as advice?*

Yes, as long as the existing reports meet the requirements above and are simple, clear and easy to understand. Remember that plan writers are unlikely to have the same clinical or professional expertise that advice givers have, and the reports need to be accessible to them as well as to the family.

*What do you mean by impact of needs?*

Good advice is more than a diagnosis; it explains how a child or young person's condition/s creates barriers in their life and how this prevents them from achieving their outcomes. This must be bespoke to the individual as no two children or young people will experience their condition/s in the same way.

*Should I recommend what is best for the child or young person, or what is available locally?*

As an advice giver, your role is to recommend the provision that is right and appropriate for meeting the needs of the particular child or young person, based on your clinical judgement. If that provision does not currently exist locally, there should be a commissioning conversation to address this; however, this is beyond your remit as an advice giver.

*Does recommending provision which is not available locally put the advice giver at risk regarding tribunals?*

Remember that the Tribunal must have regard to the Code of Practice when making decisions, but it does not consider local processes, policies or thresholds. As long as your advice meets the legal requirements of identifying need, recommending specific and quantified provision, and indicating how this will contribute to the child or young person's outcomes, then your advice is sound.

### Further information

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

- [CDC's e-learning resources](#) (including Holistic Outcomes, Annual Reviews and Good Quality Health Advice)
- [EHCP exemplars](#)
- [Securing Good Quality Health Advice for EHCPs](#)
- [Outcomes, outputs and impact: What is the difference?](#)