

Essex Information for Evidence Writers

Writing outcomes-focused advice

Principles and practical advice for
professionals writing statutory
advice for Education, Health and
Care needs assessments



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1.0 INTRODUCTION

These guidelines have been written for professionals who will be providing statutory advice for Education, Health and Care (EHC) needs assessments. This is the assessment process as set out in the Special Educational Needs and Disability Code of Practice 2015. The assessment determines if a child or young person requires and Education, Health and Care plan (EHCP) to meet their needs. You will be asked to provide advice by the Local Authority and you have 6 weeks from the date of the request to submit your advice.

The EHC needs assessment will not automatically mean that services not previously involved will become involved. The criteria for service involvement will need to be considered.

The guidelines have been produced to provide a common framework and to support professionals when they have been asked to provide this advice. This guidance attempts to address many questions that have been raised by advice writers. It is hoped that advice writers will find these guidelines succinct and relevant to their professional role. There has been a focus throughout on primary sources of evidence and examples from practice. This document has been written in collaboration with colleagues from education, health and social care.

2.0 CONTEXT

2.1 Families say, as part of an EHC needs assessment they want:

- to see that professionals have listened to their views and included those views in their written advice;
- to see that the assessment/planning/intervention process starts with what young people and families want and need, not with what services typically do or deliver;
- reports that are written primarily for parents, carers and young people to read: jargon-free, personal, as brief as possible, with unambiguous professional opinions, advice and conclusions and specific recommendations regarding needs and provision.

2.2 The Special Educational Needs and Disability (SEND) Code of Practice

The SEND Code of Practice states that children, young people and their families must experience the assessment and planning process as a partnership leading to the co-production of the EHC plan.

In particular

‘The local authority **must** gather advice from relevant professionals about the child or young person’s education, health and care needs, desired outcomes and special educational, health and care provision that may be required to meet identified needs and achieve desired outcomes.’ (Paragraph: 4.4).

‘The evidence and advice submitted by those providing it should be **clear**, **accessible** and **specific**. They should provide advice about **outcomes** relevant for the child or young person’s age and phase of education and **strategies** for their achievement. The local authority may provide guidance about the structure and format of advice and information to be provided. Professionals should limit their advice to areas in which they have expertise. They may comment on the amount of provision they consider a child or young person requires and local authorities should not have blanket policies which prevent them from doing so.’ (Paragraph 9.49).

‘Advice and information requested by the local authority must be provided within six weeks of the request, and should be provided more quickly wherever possible, to enable a timely process. (This is subject to the exemptions set out in paragraph 9.42.)’ (Paragraph 9.52)

As part of the EHC needs assessment process in Essex, a meeting (the Outcomes Meeting) is held with families and those involved in the child/young person’s life. If you submit advice as part of an EHC needs assessment you will be invited to this Outcomes Meeting. At the meeting there is an opportunity to review information in the advice and how it is used to represent the child/young person in their plan. This includes a discussion about outcomes. It is acknowledged that not everyone will be able to attend every Outcomes meeting they are invited to. However, all efforts will be made to attend as many as possible and liaise closely with families when attendance is not possible.

2.3 Feedback

Feedback from trials, service users and practitioners has identified the following:

- a poor quality plan might be written based on good professional advice, but a good plan cannot be written based on poor professional advice;
- advice should be outcomes-focused, and not provision-focused e.g. “*Janette will be able to play with a group of friends of her own age*” should be the focus, rather than “*Janette needs a social skills programme*”;
- practitioners should understand the difference between submitting a report and providing advice – advice includes conclusions and recommendations for provision.

3.0 GUIDING PRINCIPLES

3.1 Person-centred planning

For professionals writing advice about an individual, person-centred planning means that the assessment should be conducted as far as possible according to the individual’s needs and wishes. Assessments should be conducted in a manner that takes account of the individual’s needs and wishes; enables them to express their

views; enables them to understand what is being done and proposed; and describes the individual as far as possible in terms that they would choose to describe themselves. Person centred planning should have the person's aspirations and outcomes at the heart of the process. Aspirations are longer term and outcomes should be identified which will support children and young people to go on to meet their aspirations.

In Essex One Planning is the approach used to promote person centred planning. This approach should be used in the educational setting as soon as a child or young person is identified as having SEND. More information about One Planning and where you can access free training can be found on the Essex Local Offer (www.essexlocaloffer.org.uk) . Prior to receiving a request for statutory advice as part of an EHC needs assessment professionals might already have had involvement in the One Planning process with parents, children or young people. When writing statutory advice professionals should discuss the plan already in place as a result of One Planning where possible. The golden thread linking the outcomes, the needs (the barriers to achieving the outcomes) and the provision (what is needed to help the child or young person address their needs and achieve their outcomes) should be evident in the advice. It is important to remember that an EHC plan is only required if special educational needs require special educational provision which is over and above that which would normally be available in the educational setting for all children and young people. The advice should help with the decision making with regards to the needs identified and the provision required to meet the outcomes.

3.2 Outcomes-focused

Professionals may feel that they already incorporate important elements of co-production and person-centred planning in their work and their advice, for example, through the One Planning process. However, experience suggests that writing outcomes-focused advice is far less common than it should be, and it is the case that **professionals frequently recommend provision or processes in their reports instead of commenting on outcomes**. An outcome is understood as the fulfilment of an ambition or wish. It is something that the person hopes to attain or achieve; it is

not a goal set by a professional as part of their service delivery, not a piece of provision or description of part of an intervention.

From the SEND Code of Practice

*'EHC plans **must** be focused on education and training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.'* (Paragraph 9.62).

'An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be Specific, Measurable, Achievable, Realistic and Time bound (SMART). Outcomes are not a description of the service being, provided – for example the provision of three hours of speech and language therapy is not an outcome. In this case, the outcome is what it is intended that the speech and language therapy will help the individual to do that they cannot do now and by when this will be achieved.' (Paragraph 9.64).

'When agreeing outcomes, it is important to consider both what is important to the child or young person – what they themselves want to be able to achieve – and what is important for them as judged by others with the child or young person's best interests at heart. In the case of speech and language needs, what is important to the child may be that they want to be able to talk to their friends and join in their games at playtime. What is important for them is that their difficult behaviour improves because they no longer get frustrated at not being understood.' (Paragraph 9.65).

*‘Outcomes underpin and inform the detail of EHC plans. Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education in order to enable the child or young person to progress successfully to the next phase or stage. An outcome for a child of secondary school age might be, for example, to make adequate progress or achieve a qualification to enable him or her to attend a specific course at college. Other outcomes in the EHC plan may then describe what needs to be achieved by the end of each intervening year to enable him or her to achieve the college place. From year 9 onwards, the nature of the outcomes will reflect the need to ensure young people are preparing for adulthood. In all cases, EHC plans **must** set out clearly the special educational provision that will enable the outcomes to be achieved.’* (Paragraph 9.66).

3.3 Co-production

The SEND Code of Practice states the Local Authority needs to ensure *‘that children, young people and parents feel they have participated fully in the process and have a sense of co-ownership’* (Paragraph 4.9).

Co-production does not mean that professionals have to give advice that always agrees with and supports young people and their families’ wishes and aspirations. It is entirely credible and acceptable that professional advice will disagree or diverge from what a young person wants, but where this happens the professional should refer to this disagreement, explain how it has arisen and justify their own position.

4.0 SPECIFYING OUTCOMES AND SEPARATING THEM FROM PROVISION

4.1 Defining outcomes, steps to outcomes & provision

For professionals writing statutory advice the best approach to advising on outcomes will be to start with an understanding of the achievable **outcomes** the individual is aiming for; then consider what are likely to be the **steps** to outcomes; then to specify the **provision** that will be needed to make this happen.

The overarching aim of any outcome is to move the child or young person towards their aspiration. Think of outcomes as steps on the journey towards the aspirations. While steps to outcomes are not necessary for an EHCP they can be helpful to support the family, child/young person and the educational setting to understand how best to support the child/young person measure progress to outcomes.

This is accomplished by:

- building on what is working well for the individuals and their family;
- focusing on changing things that are not working well;
- addressing needs.

Writing a good outcome takes practice. It involves following a number of steps to gather information, integrating the different perspectives of all the relevant people and then working together to produce a personalised and meaningful outcomes. 'It is worth devoting some training and professional development time to this. Even the most experienced SEN practitioner will have to develop a new set of skills.' (Devi, 2016).

A webcast is available ['Writing Outcomes with Confidence'](#)

This will support you to understand aspirations, needs, outcomes and provision. The link through from aspiration to provision and back again should be obvious (the golden thread): **Aspiration ↔ Needs ↔ Outcomes ↔ Provision.**

4.11 Top Tips for writing Outcomes

Outcomes should state clearly what the benefit is for the child or young person.

- ✓ A good example of an outcome is 'for my friends to be able to understand me so that I can join in with their games at playtime' or 'to be able to buy my ticket and travel on the bus by myself.'

X This is not an outcome: '*to improve intelligibility when speaking*'.

Outcomes should be expressed from the child or young person's perspective, rather than the adults and professionals.

- ✓ A good example of an outcome is: *'Emily will get dressed by herself by 8.00 am, so she can catch the bus at 8.30 am with her friends'*
- X This is not an outcome: *'to provide Emily with mobile technology assistance to support independent morning life skills'*.

Outcomes should be important to the person and measurable.

- ✓ A good example of an outcome is: *'Aril will move around the school building independently ready for his transition to secondary school.'*
- X This is not an outcome: *'To improve my independence.'*
It is neither specific to the CYP nor measurable. We have no way of judging whether it has been achieved. We do not know what being independent looks like or feels like to this CYP, or why it is important to them.

4.12 What is a SMART Outcome?

An Outcome should be SMART

- ✓ **Specific** – to that CYP, not a generalised target that could apply to anybody with a similar category of need
- ✓ **Measurable** – this does not just mean 'progress can be evidenced using a standardised test!' How can the individual demonstrate that the outcome has been met? Is it clear what 'success' looks like? How do we see the 'difference or benefit' made? In addition to the usual assessment regime, NASEN (Wilcox, 2015) suggests a range of creative options: interviews; self-completion tools – surveys, diaries, tests; group discussion; observation; photographs, drawings, videos; social media including blogs, podcasts and video storytelling, and social network sites
- ✓ **Achievable and Realistic** – is provision in place to support the development of the CYP towards their aspiration by achieving the outcome? Is it something that those involved have appropriate influence and control over?
- ✓ **Time bound** – have you identified an appropriate time scale (see earlier question)

How long a time period should an 'Outcome' be written for?

Outcomes written for an EHCP will usually set out what needs to be achieved by the end of a phase or stage of education eg 'By the end of Key stage 1' or 'by the time he is 16'.

The Department for Education advises that 'long term' is best understood as a period of a few years, perhaps the end of the current Key Stage in a child's education or a transition point between the current school and the next phase of education. At the same time professionals must not lose sight of children's and families' realistic aspirations that go beyond this time frame. Even for very young children, parents often express their ambitions in terms of adult living and choices and they want education, health and care support to be informed by this, and professional advice to have a view on it.

4.13 How to test your Outcome

The 'so that' test can help determine if you have a good outcome. When writing your outcome, the benefit or difference that it will make to the CYP (the 'so that') should be explicit. If this is not the case, then ask yourself whether this is an outcome.' If you have 'so that' written in your outcome, it is what comes after that that is the 'benefit or difference' i.e. the outcome. If you do not use the words 'so that', ensure that the 'benefit or difference' is explicit.'

Steps to outcomes:

- will describe what can realistically be achieved towards the Outcome with the correct provision and support in a shorter timescale, usually one year;
- will allow the impact of the EHC plan to be gauged during review meetings;
- will offer an opportunity for the quality of provision to be held to account.

Provision

- will typically describe the type of support a child/young person needs, including the frequency, duration, the methods and the professionals who need to be involved in delivering it;
- should be specific about all of the above without naming a particular school, nursery or other setting.

4.2 Separating Outcomes and Steps to Outcomes

The following are examples of possible outcome and steps to Outcomes

Outcomes	Steps to outcomes
Simon will be a fluent reader so that he can access the curriculum independently by the end of Key Stage 3.	Simon will be able to correctly read all phonically regular words using synthetic phonics knowledge.
Simon will be able to socialise safely in the community without adult supervision by the time he is 19 years old (for example attend his local health facility and visit the gym on his own).	Simon will be able to play in an age appropriate way with at least one child of his own age for the majority of break times at school.
By the end of Key Stage 1 Simon will be able to reliably communicate the majority of his wishes and preferences to others in his life using his communication aids.	Simon will be able to indicate a preference, either through gesture or vocalising, from a choice of two options presented as visual prompts.
By the end of Key Stage 2 Simon will be able to walk independently so that he can do the things he enjoys and have fun with his family and friends (such as go to the park and walk around town).	By the end of the year Simon will be able to walk the 10 steps from the classroom door to the playground without falling over.
By the time Simon is at the end of year 6 he will be able to follow instructions containing 4 key words in a small group situation.	Simon will be able to constantly follow instructions at a 2 word level by the end of term.

4.3 Separating Outcomes from Provision

These are all statements of provision, NOT outcomes

- Simon will receive 15 minutes of targeted individual word-level literacy support each day.
- Simon will require a daily speech and language programme focussing on comprehension of instructions containing three key items of information.
- Simon needs an individual daily visual timetable that is discussed with him at the start of each day by a member of staff.
- Simon will remain under review by the community paediatrician
- Simon should be assessed by the occupational therapist.
- Simon should have a Circle of Friends intervention set up and run by a teaching assistant.

5.0 MOVING FROM OUTCOMES TO PROVISION

5.1 Examples of the progression from outcomes to steps to outcomes and their link with specific Provision

Outcome	Steps to outcome	Provision
By the end of Key stage 2 Simon will be able to describe, explain and control his own behaviour at age appropriate levels so that he can be educated alongside his peers and achieve age appropriate learning achievements.	Simon will be able to confidently identify and label his feelings and emotions from a specified range	Simon should receive weekly small group support led by a suitably experienced TA focussed on understanding thoughts, feelings and behaviour. This work should be supervised by a qualified teacher and be linked to objectives seeking to develop Simon's social interaction skills in the classroom and during unstructured times at school. The impact of this work will need to be monitored on a daily basis

Outcome	Steps to outcome	Provision
		by key staff working with him.
By the end of Key Stage 2 Simon will have developed age appropriate spoken and social interaction skills, enabling him to join in play and work cooperatively with others.	Simon will show the ability to turn-take in structured small group discussions with peers, with minimal or no interruptions of others and no purely self-directed changes of topic.	School to explain and discuss this target with Simon and then monitor his progress in small group activities that occur as part of the differentiated class curriculum across the year. Parents to be aware of this target and supported by school in drawing Simon's attention to it as appropriate at home. All staff working with Simon should be aware of this target and should take all available opportunities to raise Simon's awareness of his skills in this area and provide him with specific praise for his efforts to improve.
By the end of Key Stage 2 Simon will be able to walk independently so that he can do the things he enjoys and have fun with his family and friends.	By the end of the year Simon will be able to walk the 10 steps from the classroom door to the playground without falling over.	A programme aimed at developing mobility as recommended by the physiotherapist and delivered by the teacher and support staff for 30 minutes per day monitored by the physiotherapist termly.
By the time Simon is at the end of year 6 he will be able to follow instructions containing 4 key words in a small group situation to enable him to become independent in his	Simon will be able to constantly follow instructions at a 2 word level by the end of term.	Programme developed and monitored by the speech and language therapist termly. Delivered by teaching staff 3 times per week for 20 minutes. Breaking down instructions into small parts, asking them to

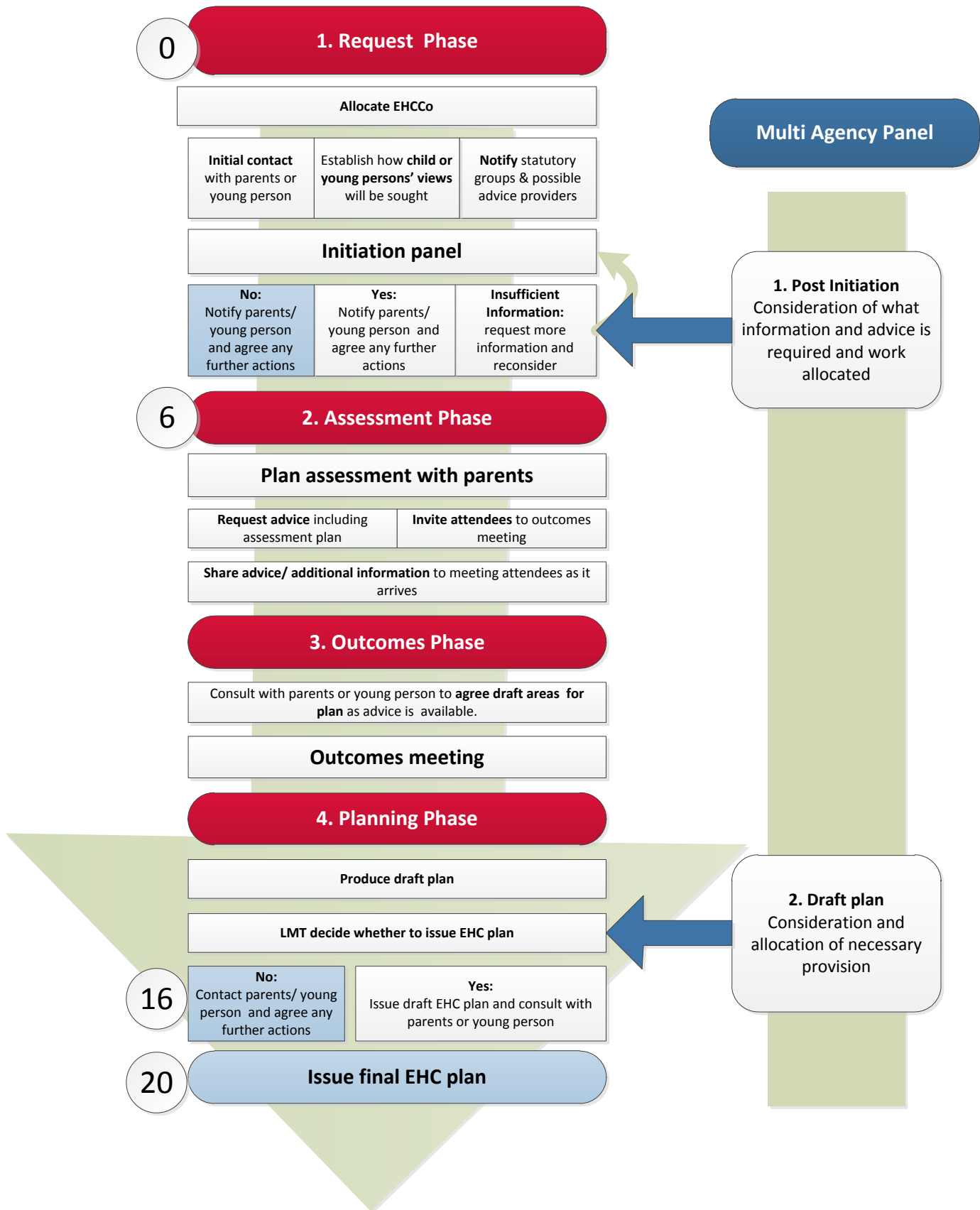
Outcome	Steps to outcome	Provision
learning.		repeat the instruction, use of visual aids e.g. objects, symbols and photos.

6.0 APPENDICES

6.1 Contributors to these guidelines

The Portsmouth Guidance for Evidence Writers was used as the basis for this document. Colleagues from health and social care have had input to this document and helped to coproduce and reviewed this Essex document. Consultation, collaboration and feedback collection will be ongoing ready for the next review point (see footer for date of next review). The aim is to add additional examples and guidance for each of the templates for each role within services.

6.2 THE ESSEX EHC NEEDS ASSESSMENT PROCESS



6.3 Developing Outcomes in Education, Health and Care Plans

Developing Outcomes in Education, Health and Care Plans

This document has been developed by the Delivering Better Outcomes Together consortiumⁱ, as a resource to support the development of outcomes in Education Health and Care Plans (EHC plans).

It includes the following sections:

1. [Key things to consider when developing outcomes](#)
2. [What are aspirations, needs, outcomes and provision in relation to an EHC plan](#)
3. [Illustrative examples of aspirations, needs, outcomes and provision for two children and two young people](#)
4. [Other resources to use and refer to](#)

Delivering Better Outcomes Together



3. Illustrative examples of aspirations, needs, outcomes and provision for two children and two young people

Example 1: Amil

Aspirations (EHC Plan: Section A)	Needs (EHC Plan: Sections B, C & D)	Outcomes (EHC plan: Section E)	Provision (EHC Plan: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> At age 11, Amil says that he wants to have more friends. 	<ul style="list-style-type: none"> Amil needs to develop his interpersonal skills. Amil has difficulty communicating his feelings and can be verbally abusive when frustrated. 	<p>By the age of 14, Amil will:</p> <ul style="list-style-type: none"> Be able to work constructively on shared activities with two other students for 30 minutes without adult support. Have a small group of friends who he plays with at break times and take part in school and after-school activities at least once a week. Be able to choose a friend to attend his annual review and who will help him prepare for it. 	<p><u>SEN Provision</u></p> <ul style="list-style-type: none"> A daily, 15 minute, small group (up to three students) session focussing on turn taking games led by a teaching assistant. The teacher will establish a circle of friends who have similar interests; they will play at break times and help him prepare for his annual reviews. At the start of each half-term, Amil's form teacher will discuss with him the range of extra-curricular activities available and encourage him to participate. A dedicated session once a week, for 15 minutes, with a trusted adult as part of his anger management programme.

2. What are aspirations, needs, outcomes and provision in relation to an EHC planⁱⁱⁱ

Aspirations (EHC Plan: Section A)	Needs (EHC Plan: Sections B, C & D)	Outcomes (EHC plan: Section E)	Provision (EHC Plan: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> Concerning hoped-for positive outcomes in life. (Wikipedia) Aspirations for: paid employment; independent living; community participation (CoP page 164) Long term aspirations are not outcomes in themselves... a local authority cannot be held accountable for the aspirations of a child or young person (CoP page 163) Local Authorities must ensure that the EHC plan review at Year 9... includes a focus on preparing for adulthood... Planning must centre around the individual and explore the child or young person's aspirations and abilities, what they want to be able to do when they leave post-16 education or training, and the support they need to achieve their ambition (CoP page 125) 	<ul style="list-style-type: none"> A difference or gap - gives purpose and direction to behaviour (Maslow) "A gap that matters" A child has special educational needs if they have a learning difficulty or disability, which calls for special educational provision to be made for him or her (CoP page 15) EHC plans must specify the special educational provision to meet each of the child's special educational needs (CoP page 164) EHC plans must also specify any health or social care needs a child has 	<ul style="list-style-type: none"> The benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective (CoP page 163) What is important to them, and for them (CoP page 163) SMART: Specific, Measurable, Achievable, Realistic and Time Bound (CoP page 163) Set out what needs to be achieved by the end of a phase or stage of education. Short term targets set outside the EHC plan (CoP page 164) An outcome for a child of secondary age might be, for example, to make sufficient progress or achieve a qualification to enable him or her to attend a specific course at college (CoP page 163) From Year 9 onwards, the nature of outcomes will reflect the need to ensure young people are focused on preparing for adulthood (employment, independent living, community participation and health and wellbeing (CoP page 163) 	<ul style="list-style-type: none"> Provision that is additional to or different from that made generally for other children of the same age (CoP page 16) Detailed, specific and normally quantified, in terms of type, hours and frequency of support and level of expertise, including where this support is secured through a personal budget (CoP page 166) The LA must set out in its Local Offer an authority wide description of the special educational, training, health and social care provision it expects to be available in its area (CoP page 68) Schools must inform parents when they are making special educational provision for a child (CoP page 92)

Example 2: Bob

Aspirations (EHC Plan: Section A)	Needs (EHC Plan: Sections B, C & D)	Outcomes (EHC plan: Section E)	Provision (EHC Plan: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> Bob (aged 8) wants to be better at reading and be able to "read stuff". 	<ul style="list-style-type: none"> Bob has significant literacy difficulties; in particular, a significant weakness of his phonic skills. 	<p>By the age of 11, Bob will be able to read a story he has written to a friend or to the class fluently.</p> <ul style="list-style-type: none"> This story will include thirty 3-5 letter words with 2 and 3 consonant combinations. 	<p><u>SEN Provision</u></p> <ul style="list-style-type: none"> A phonics programme, delivered in a small group, 4 times a week, for 30 minutes each time. Teacher to co-ordinate individual support from a teacher assistant to monitor progress at least every 5 minutes and provide prompts as needed. Teacher will identify what Bob is interested in and use this information to help him learn to read, such as reading materials based on his interests. Teacher to work with Bob's family to develop a home reading programme.

Think about the 'Golden thread' throughout



Example 3: Rebekah

Aspirations (EHC Plan: Section A)	Needs (EHC Plan: Sections B, C & D)	Outcomes (EHC plan: Section E)	Provision (EHC Plan: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> • Rebekah (aged 17) wants to get a paid job in a hairdressers when she leaves education. 	<ul style="list-style-type: none"> • Rebekah has severe learning disabilities, which affect all areas of her learning, including literacy and numeracy. • She has receptive and expressive communication difficulties and struggles to understand two sentence instructions. Strangers also find it difficult to understand what she is saying. • Rebekah has a left hemiplegia and has difficulty with fine motor skills. 	<p>By the time she is 18, Rebekah will:</p> <ul style="list-style-type: none"> • Have had experience of work, including at a local hairdressers. • Be able to read everyday signs in the community and key words in the workplace. 	<p><u>SEN Provision</u></p> <ul style="list-style-type: none"> • Supported internship programme which includes: independent travel training, functional literacy and numeracy and work experience at a local hairdressers. • An allocated job coach providing Rebekah with support and advice for a vocation profile, on the job training, and Access to Work. • Twice termly, a SALT will advise staff on a communication passport for Rebekah that will transfer with her to college. <p><u>Health Provision</u></p> <ul style="list-style-type: none"> • Once a term, the Occupational Therapist will advise the college, Rebekah and her family about how to manage her hemiplegia and increase her function.

Example 4: Laura

Aspirations (EHC Plan: Section A)	Needs (EHC Plan: Sections B, C & D)	Outcomes (EHC plan: Section E)	Provision (EHC Plan: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> • Laura (aged 16) wants to be as fit and healthy as she can be. 	<ul style="list-style-type: none"> • Laura has a metabolic disorder which leads to weight gain. • She has a severe learning disability, which affects her ability to learn new tasks, including independent living skills. 	<p>By the end of year 13, Laura will be:</p> <ul style="list-style-type: none"> • Eating three balanced meals a day. • Able to write a shopping list and go shopping, with support, to buy healthy options. • Taking exercise at least three times a week (walking, swimming and going to the gym). • Able to use her health plan to remind her about her medicines, her diet and exercise. • Attending regular health checks on her own, with her GP or nurse, to review her health plan. Laura will attend these appointments without her mum. 	<p><u>SEN Provision</u></p> <ul style="list-style-type: none"> • Two year personalised study programme which includes opportunities to learn about healthy eating, the importance of exercise and being aware of health needs. <p><u>Health Provision</u></p> <ul style="list-style-type: none"> • Physiotherapist and Speech and Language Therapist to provide termly advice on Laura's study programme, which includes the dietary and exercise advice that is safe and appropriate for Laura. • Community nurse to liaise with GP to arrange annual health check and develop a health action plan. This includes how Laura communicates and how health professionals need to communicate with her.

4.Resources to use and refer to:

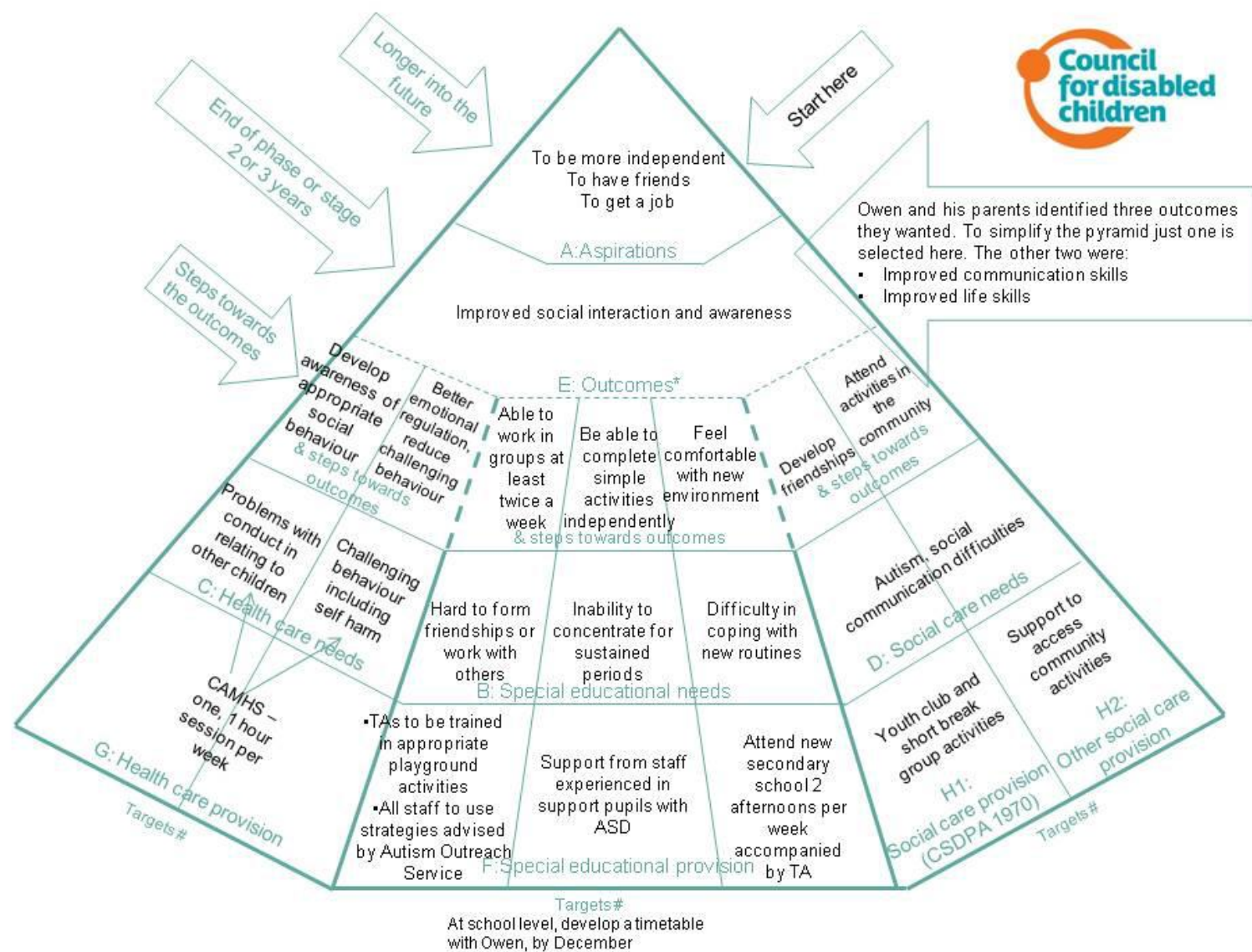
Resource	Where to find it
SEND Code of Practice (in particular chapter 9)	https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
SEND Pathfinder Information Pack , 0 – 25 Coordinated Assessment Process and EHC Plan Pack (section 3)	http://www.sendpathfinder.co.uk/coordinated-assessment-process
EHC Outcomes Pyramid, Council for Disabled Children	http://www.councilfordisabledchildren.org.uk/media/724423/ehc-pyramid.pdf
Online training, Council for Disabled Children	http://training.councilfordisabledchildren.org.uk/course/view.php?id=7
Portsmouth's 'Evidence Writers Pack' to support the development of outcome focused advice for EHC plans	http://www.sendpathfinder.co.uk/coordinated-assessment-process Appendix 1
SE7's 'Thinking about writing good outcomes' to support the development of outcome focused EHC plans	http://www.sendpathfinder.co.uk/coordinated-assessment-process Appendix 4 and 5
Portsmouth Person Centred Annual Review forms and guide	http://www.sendpathfinder.co.uk/coordinated-assessment-process Appendix 3
A Step by Step Guide to EHC Plans, Council for Disabled Children	http://www.councilfordisabledchildren.org.uk/resources/a-step-by-step-guide-to-ehc-plans


ⁱ The Delivering Better Outcomes Together consortium includes [Mott MacDonald](#), the [Council for Disabled Children](#) and the [National Development Team for Inclusion](#).

ⁱⁱ 'Outcomes in EHC plans should be SMART (specific, measurable, achievable, realistic, time-bound). See the section on 'Outcomes' (paragraph 9.64 onwards) for detailed guidance on outcomes'. [SEND code of practice: 0 to 25 years](#), 9.61

ⁱⁱⁱ Descriptions paraphrase the SEND code of practice rather than being direct quotes. [SEND code of practice: 0 to 25 years](#)

6.4 COUNCIL FOR DISABLED CHILDREN OUTCOMES PYRAMID



	Templates
6.51 Suggested Occupational Therapists EHCP Advice Template	 6.51 Suggested OT and PT EHCP Advice T
6.52 Suggested Speech and Language Therapist EHCP Advice Template	 6.52 Suggested SALT EHCP Advice Template
6.53 Suggested Paediatrician EHCP Advice template	 6.53 Suggested Paediatricians EHCP Ai
6.6 Suggested Social Care EHCP Advice Template	 6.6 Suggested Social Care EHCP Advice Ten
6.7 Suggested Educational Psychologist EHCP Advice Template	 6.7 Suggested Educational Psychologi