

Education Health and Care plans

Writing outcomes-focused advice

Advice for health professionals writing
statutory advice for Education, Health and
Care needs assessments

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1. Introduction

These guidelines have been written for health professionals who will be providing statutory advice for Education, Health and Care (EHC) needs assessments.

The guidelines have been produced to provide a common framework and to support professionals when they have been asked to provide this advice. They also reflect best practice in providing advice, which meets the needs of children and families as well as the standards required by professional regulatory bodies. This document is based on the work done by the special educational needs and disability (SEND) pathfinder areas and local policies.

Further resources about SEND for healthcare professionals can be found [here](#)

2. Key messages

2.1 Families say they want:

- Professionals who have listened to their views and included those views in their written advice
- The assessment/planning/intervention process starts with what children, 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 SEND Code of Practice

[SEND Code of Practice](#) [SEND Code of Practice for Health Professionals](#)

The SEND Code of Practice (COP) 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 Education, Health and Care (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: 9:46 COP)

‘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: 9:51 COP)

2.3 Pathfinders

Feedback from national pathfinders indicates that the drafting of a good EHC plan depends on the quality of advice received from professionals. Feedback shows that “a poor-quality plan might be written based on good professional advice, but a good plan cannot be written based on poor professional advice”

Professional advice is most helpful when it is outcomes focused. Professionals too-often base their recommendations on descriptions of provision such as “Janette needs a social skills programme,” instead of describing the outcomes that they believe the young person should achieve such as “Janette will be able to play with a group of friends of her own age”, and how those outcomes can be achieved.

Professional advice is most helpful when the professional understands the difference between submitting a report and providing advice. Professionals can become fluent in providing reports that contain lots of description but relatively few conclusions and recommendations. Families and local authorities seek out and appreciate the advice of professionals, not their reports.

3. Guiding principles

Three guiding principles for writing advice:

- Co-production
- Person-centred planning
- Outcomes-focused

3.1 Co-production

Co-production means that families and young people feel that they are partners in the drafting and writing of plans, not passive recipients of them.

It is an important general principle, especially in relation to the development of the Norfolk Local Offer and Joint Commissioning arrangements.

Please note that there is no requirement that individual professional advice has to be co-produced with young people and their families in the same way required of the EHC plan. Professional advice must show clear evidence of consultation with them and should refer to their wishes and aspirations in its recommendations. In Norfolk there is a Multi-agency person centred planning meeting to which all professionals involved in the EHC needs assessment, or identified through the assessment as having a role, should be invited.

The EHCP coordinator facilitates the meeting, which occurs after all advice has been received, to support with the co-production of the EHC plan. It is expected that parents will already know about and understand the advice that has been submitted prior to the meeting. 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 and how this will benefit the child or young person.

3.2 Person-centred planning

For professionals writing advice about an individual, 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.

However, please note that aspirations are different to outcomes: Aspirations are "ambitions or hopes" whereas Outcomes are "the benefit or difference made to an individual as a result of change".

Prior to receiving a request for statutory advice, as part of an EHC needs assessment, professionals may already have been asked for "existing advice" to help inform the decision as to whether an EHC needs assessment should be completed. This existing advice should be current or recent reports, or a brief summary of the involvement of the professional with the child, their needs and desired outcomes from professional input. If all professional reports are written using a format that includes outcomes, needs and provision then this may prevent new advice needing to be written further on in the process.

When writing new advice there should be a "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).

The advice should help with the decision making with regards to the needs identified and the provision required to meet the outcomes. It is important to remember that an EHC plan is only required if special educational needs require special educational provision that is over and above that which would normally be available in the educational setting for all children and young people. Many children will not need an EHC plan as in Norfolk the majority of special needs funding is allocated to schools or the school cluster for distribution directly.

3.3 Outcomes-focused

Professionals may feel that they already incorporate important elements of co-production and person-centred planning in their work and in their advice. 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 as part of an EHC plan is understood as the fulfilment of something that the person is going 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.

‘EHC plans must specify the outcomes sought for the child or young person. EHC plans should 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: 9:64 COP)

‘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: 9:66 COP)

‘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: 9:67 COP)

‘Outcomes underpin and inform the detail of EHC plan. 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 specify the special educational provision required to meet each of the child or young person’s special educational needs. The provision should enable the outcomes to be achieved.’ (Paragraph: 9:68 COP)

4. Outcomes

4.1 Defining outcomes, steps to outcomes and 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.

Outcomes:

- will be broad and ambitious
- will relate to where the young person is currently up to and be realistic and achievable
- will in most cases be things that the young person wants for themselves;
- are an opportunity for professional advice to indicate a young person's potential
- give a sense of direction and purpose to the rest of the planning process
- should be worded in the future tense for Norfolk EHC plans to avoid confusion
- should be long term, and will usually span the next stage or phase of education

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 but could be less
- will allow the impact of the EHC plan to be gauged during the Annual Review meeting
- will offer an opportunity for the quality of provision to be held to account

Provision

- will typically describe the type of support a 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 the above without naming a particular school, nursery or other setting

4.2 Examples of aspirations, needs outcomes and provision

Example 1: Amil

Aspirations (EHCP: Section A)	Needs (EHCP: Sections B, C & D)	Outcomes (EHCP: Section E)	Provision (EHCP: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> Amil (aged 11) 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>SEN Provision</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 teach 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

Example 2: Bob

Aspirations (EHCP: Section A)	Needs (EHCP: Sections B, C & D)	Outcomes (EHCP: Section E)	Provision (EHCP: 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:</p> <ul style="list-style-type: none"> Be able to read a story he has written to a friend or to the class fluently This story will include thirty 3-5 letter words with 2 and 3 consonant combinations 	<p>SEN Provision</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 coordinate individual support from a teacher assistance to monitor progress at least every 5 minutes and provide prompts as needed Teach 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

Example 3: Rebekah

Aspirations (EHCP: Section A)	Needs (EHCP: Sections B, C & D)	Outcomes (EHCP: Section E)	Provision (EHCP: Sections F, G, H1 & H2)
<ul style="list-style-type: none"> • Rebekah (aged 17) wants to get a paid job in a hairdresser 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 age of 18, Rebekah will:</p> <ul style="list-style-type: none"> • Have had experience of work, including at a local hairdresser • Be able to read everyday signs in the community and key words in the workplace 	<p>SEN Provision</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 hairdresser • 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>Health Provision</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 (EHCP: Section A)	Needs (EHCP: Sections B, C & D)	Outcomes (EHCP: Section E)	Provision (EHCP: 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>SEN Provision</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>Healthy Provision</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

5. Appendices

5.1 Appendix 1 – EHC plan process flow chart

Norfolk's EHC plan process 'at a glance'

Week 0-6 (maximum)

1. **Referral stage** – Referral processed by SEN Centre of Excellence. Existing information, reports, assessments requested from agencies/professionals in consultation with parent/carer/young person (including from health professionals)
2. **Evidence gathering phase** – consultation and information gathering with family. Local authority undertakes initial information gathering meeting/consultation with parent/carer and young person. Their views, hopes and aspirations are gathered.
3. **Decision making phase** – analysis of evidence and decision for EHC needs assessment. Local authority considers and moderates evidence base for an EHC needs assessment based on Norfolk criteria and SEN Code of Practice.

Exit point: Feedback provided.

Week 7-16 (maximum)

4. **EHC needs assessment phase** – new professional advice requested. Local authority requests advice from professionals in full collaboration with parent/carer and young person (professionals must respond within 6 weeks). Health advice gives proformas on Local Offer.
5. **Decision making phase** – analysis of evidence and decision for issue of an EHC plan. Local authority considers and moderates evidence base for an EHC needs assessment based on professional advice, person-centred planning meeting (where undertaken) compared to Norfolk criteria and SEN Code of Practice. (Multi-agency person-centred planning meeting with parents/carers/young person/all professionals is chaired by EHCP coordinator to consider needs, outcomes and provision across education, health and social care).

Exit point: feedback provided

Week 17-20 (maximum)

6. **Draft EHCP phase** – draft EHC plan produced. Local authority drafts the EHC plan based on/as part of person-centred planning meeting, incorporating outcomes, needs and provision. Personal Budgets prepared. Health provide outcomes, needs and provision for Section C and G as part of their advice giving. Provision above core and personal budgets agreed with CCG.
7. **Consultation on draft EHCP phase** – draft EHC plan sent to parents/carers/young person. Local authority produces draft EHC plan and send to parent/carer/young person for 15-day consultation. Parent/carer/young person has opportunity to request a specific educational establishment to be named in the final plan. Local authority meets with parents/carers/young person where needed and consults with education providers over placement where needed.
8. **Final Plan issued** – final EHC plan produced. Local authority finalised EHC plan and issues to the parent/carer/young person, CCG, principal/headteacher of educational establishment. Parent issued with right of appeal to SENDIST or dispute/complaint to health services. EHC plan must be reviewed within 12 months.

5.2 Appendix 2 – What are aspirations, needs, outcomes and provision in relation to an EHC plan?

Aspirations (EHCP: Section A)	Needs (EHCP: Sections B, C & D)	Outcomes (EHCP: Section E)	Provision (EHCP: 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 EHCP 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 disability, which calls for special educational provision to be made for him or her (COP page 15) EHCPs must specify the special educational provision to meet each of the child’s special educational needs (COP page 164) EHCPs 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 EHCP (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 (COPE 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)

5.3 Appendix 3 – Resources

- [SEND Code of Practice \(in particular chapter 9\)](#)
- [0 to 25 SEND code of practice: a guide for health professionals](#)
- [Norfolk Local Offer](#)
- [Council for Disabled Children SEND Resources](#)
- [Supporting Pupils at School with medical conditions – Statutory Guidance](#)
- [NHS Core Provision for Schools](#)
- [Suffolk SEND Local Offer](#)

Education Health and Care (EHC) Needs Assessment Health Advice Form

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care needs assessment.

Type of advice required (please tick):

Education Health Care (EHC) Information and Advice

Education Health Care (EHC) plan Review

Child/young person's details

Name		Gender	
Date of birth		Age	
NHS number		Ethnicity	
Home address		Contact details	
School/education placement		GP name/practice	
Looked After/In Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to child protection plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Continuing Care/ Continuing Healthcare	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent/carer details

	Parent/carer 1	Parent/carer 2
Name		
Relationship to child/young person		
Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional advice giver's details

Clinician's name	
Clinician's title/designation	
Service contact address	
Telephone number/email address	

Views of the child/young person and their parents/carers

I have had access to copies of the family advice form and/or young person advice form	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please document the views, interests and aspirations of the child/young person and their parents/carers

Has this advice been completed with the child/young person and their parents/carers?
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please give reasons why this has not been possible</i>

Has a copy of this advice been shared with the child/young person and their parents/carers?
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please give reasons why this has not been possible</i>

Medical history

Please list any medical diagnoses, medical conditions or working diagnoses For any diagnoses include details of who made the diagnoses, where it was made and the date it was made.	Date

Background information Please include a brief summary of the Clinician's involvement to date and relevant medication/treatment

Medical professionals involved (please add further boxes if needed)

Professional 1:

Name:		Role/Service:	
Dates of involvement:		Contact details:	

Professional 2:

Name:		Role/Service:	
Dates of involvement:		Contact details:	

Professional 3:

Name:		Role/Service:	
Dates of involvement:		Contact details:	

Referrals to other services

(Please identify any referrals that have been made to other health/therapy services for this child/young person)

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Health strengths and needs, recommended provision and desired health outcomes

Summary of presenting needs, if there is a diagnosis what does this mean and what impact/difficulties would the child/young person have as a result

Please bullet point and use accessible language

Consider the areas below for your advice and your clinical area of knowledge: Identified Communication and Interaction Needs, Cognition and Learning, Social Emotional and Mental Health, Sensory, Physical, medical difficulties

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1a. What health provision and intervention is required to meet the above identified difficulties?	How often and how long is the provision for?	Who will deliver the provision?
1b. Please clearly outline any health provision identified to meet the need/s that are not currently commissioned.	How often and for how long is the provision needed?	Who can deliver the provision?

1c. Has a referral been made to the children and young people's service (nwccq.send@nhs.net) to progress with the responsible NHS CCG?	If yes, please state the date it was made	Are any further actions required?
Yes <input type="checkbox"/> No <input type="checkbox"/>		
1d. Has the children and young people's service been contacted to consider individual funding?	If yes, please state the date contact was made	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

From the provision you are providing what are the short term expected outcomes for the child/young person
From the provision you are providing what are the long term expected outcomes for the child/young person
Provide details of any additional funding/resources that may be required to deliver the provision

Name of practitioner	
Job title/designation	
Organisation	
Signature of practitioner	
Date	