



Outcomes in Education, Health and Care Plans

Section E of an Education, Health and Care (EHC) plan focuses on outcomes. This guide will help you understand what is meant by the term outcomes and give some examples of what good outcomes might look like. In this guide we discuss “children” but we are referring to any child or young person with special educational needs and disabilities up to the age of 25.

What is an outcome?

The SEND code of practice section 9.66 says:

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).

When an outcome is focused on education or training, it will describe what the expected benefit will be to the individual as a result of the educational or training intervention provided. 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.

Some dictionary definitions of an outcome describe it as follows:-

- Something that results from an action
- A final product or end result, a consequence

Based on this definition the outcome section in your child’s education, health and care plan should focus on the things that your child will be able to do *as a result of* the support and interventions they receive over the course of their education. They are based on your child’s aspirations and what they want to do in the future e.g. becoming a police officer or living in their own flat.

The annual review of the EHC plan should focus on the outcomes. This is the way to identify the impact of the provision your child is currently getting on their progress. The outcomes should change throughout the time your child has an EHC plan, to reflect their changing needs and the progress they make in different areas.

Identifying outcomes

Outcomes can be negotiated during the assessment process or at a subsequent annual review. It is not the responsibility of one person to decide the outcomes for your child. They should be devised through discussion and everyone who is working with your child, including you, should be able to have their say in the final agreed outcomes. Young people should also be involved in setting their own outcomes and from Year 9, there is an emphasis on them having more of a say in their future and preparing them for the transition to adulthood.

Any professional conducting an assessment and writing a report for your child should identify outcomes that could be used in an EHC plan. If the report does not contain SMART targets, ask the professional to amend the report so that there are some suggested outcomes.

TIP

It is not your responsibility to devise the outcomes that will go in your child's plan but it is helpful to begin to think about what these might look like, based on your child's aspirations for the future.

Thinking short and long term

Outcomes can be divided into two main categories in your child's plan.

- **Short-term outcomes** are targets to be achieved less than twelve months ahead.
- **Long-term outcomes** focus on targets to be achieved by the end of the academic year, key stage or next stage of education so may last for up to two or three years ahead.

TIP

In both these categories, it might be helpful to identify steps towards these overarching outcomes that can be measured more easily. It helps to break down larger goals into manageable chunks.

Linking the outcomes to the plan

There should be a thread running through your child's education, health and care plan so that all the sections connect to each other. A child's aspirations (Section A) should relate to their needs (section B C and D), outcomes (section E) and the provision (section F,G and H) they require. For example:

- **Aspiration:** Clare wants to live in her own flat when she leaves college and to entertain friends.
- **Need:** She has difficulty following a recipe and preparing a meal.
- **Outcome:** By the end of college, Clare will be able to prepare a simple meal for two.
- **Provision:** Clare will receive a one-hour cooking lesson twice a week where she will prepare a simple meal with support from a teaching assistant who has received training to support young people with moderate learning difficulties and ASC. This support will reduce gradually until the end of college as she develops the skills to independently prepare a simple meal.

Follow key principles

It is helpful to bear in mind some key principles outlined in the law.

- **Outcomes should not be set from the service perspective.** In other words, they should **not** be defined by what the school or college decides, but rather by what the child or young person wants and needs to do. They should be person-centred and specific to the child or young person.
- **Outcomes should not include the solution in their content.** For instance, an outcome stating that a child "will receive two hours of speech therapy a week" is just referring to the provision they will get rather than what they will be able to do *as a result of* the support provided. In this case, an outcome could be 'By the end of the academic year Sonny will be able to order his lunch independently in the canteen'.

- **Outcomes should reflect the current needs of the child** and help them make progress towards something they are not yet able to do. When thinking about developing an outcome, it is important to think about what they can already do and use this as a starting point. An outcome should not be based on something they can already do or one that is impossible for them to achieve. If a child requires provision to support them to maintain skills, this should be clearly identified in the outcome.
- **Be mindful of the number of outcomes in the plan.** Two or three outcomes in each section are reasonable to expect but some children may need to achieve more than this. The number of outcomes should be based on the child's needs and what is reasonable for them.
- **Outcomes should be SMART:** Specific, Measurable, Achievable, Realistic and Time-bound.

What makes an outcome SMART?

As we said above, good outcomes are **Specific, Measureable, Achievable, Realistic** and **Timebound**. When trying to understand SMART outcomes, it can be helpful to compare them with outcomes that aren't. Consider the following outcome:

“Louise will learn to read”

- **Is it specific?** It states that Louise will learn to read but it does not say what she will be able to read – her address, a GCSE text book?
- **Is it measurable?** What can she read at the moment and what is she aiming to read?
- **Is it achievable?** What is the progress that a child with her needs would usually be expected to make with appropriate support by the end of the outcome period?
- **Is it realistic?** Does the outcome align with Louise's long-term goals?
- **Is there an end date?** A deadline is needed so that provision can be planned and monitored.

In order to improve the outcome, we will need to be able to answer these questions. Therefore, a SMARTer outcome for Louise might be

“By the end of Year 3, Louise will be able to read an age-appropriate short story and demonstrate her understanding by answering some simple questions about the text.”

Other examples of good outcomes



“By the end of Year 7 Kevin will be able catch the bus to school on his own every day so that he arrives on time and ready for lessons.”

“By the end of Reception, Daniel will be able to take turns when playing a game of football during playtime.”

When can I ask for outcomes to be changed?

When you receive the draft EHC plan following an EHC needs assessment you can comment on any part of the plan. You may wish to request that outcomes from your child’s reports are added or discuss making the outcomes SMART.

As part of the annual review of the EHC plan you will be discussing the outcomes. You may wish to:

- Remove outcomes that have been achieved
- Investigate and amend outcomes that have not been achieved
- Add new outcomes to reflect your child’s changing needs
- Change an outcome if it is not SMART

For more information on outcomes see:

- The Council for Disabled Children’s Guide to EHCPs <https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/education-health-and-care-plans-examples-good-0>
- Special Needs Jungle <https://www.specialneedsjungle.com/what-makes-good-outcome-education-health-care-plan/>

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