Surrey Toolkit for SEND Support Arrangements and EHC Plans
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Note:

Thank you to Helen Sanderson Associates for use of their person-centred tools and materials

Introduction

This Toolkit accompanies the SEND Support Arrangements Plan: Guidance for Educational Settings and Education Health and Care Plan: Guidance for Practitioners. Sections 1-3 of this Toolkit support the completion of the sections which are common to both SEND Support Arrangements Plan and EHCP (One Page Profile and CYP/Family Story and Aspirations). Sections 4 and 5 of this Toolkit only apply to the EHCP.

Each section of the Toolkit starts with templates that can be printed out and used, or can be used as models (some practitioners may prefer to work on flipcharts etc). In many cases, these are followed by guidance on how to work with the templates, however some of them are very simple and self-explanatory.
1. One Page Profile (PP and EHCP)

1.1. One Page Profile

- PHOTO (Optional)
- What people like about me and what I like about myself
- What is important to me
- How best to support me

Date:
One-page profiles are a practical way of recording and sharing information about an individual. You can use them to help you to get to know both colleagues and people you support.

A One-page profile:
- Gives you the most important information summarised on one-page.
- Always has three headings.
- Focuses both on what matters to the person and how to support them.
- Is flexible – you can prepare several profiles for different situations e.g. work and home.

How to develop a One-page profile

A One-page profile is developed through conversations, and learning about what matters to the person by what they tell you with their behaviour as well. As you are talking, use the process ‘guess, ask, write’ to check out what you are learning about the person and what needs to go on their One-page profile.

Guess
You can get started with the information you already have, for example, what the person is passionate about? What so they do that makes them laugh and smile? What it is that makes them sad or angry? And, what do they show no interest in at all?

Here are 6 questions that you can use to start conversations to help you learn about the person. You can use these with colleagues or with people you support and adapt them to suit the person’s communication and understanding:

1. Who are the most important people to you (have a look together at their Relationship circle if they have one).
2. What would be your best and worst day? (explore both weekdays and weekends).
3. What do you usually do during the weekday evenings and at weekends?
4. What makes you feel better when you are unhappy or you have had a stressful day?
5. What would you never leave home without – for example in your bag or pockets?
6. What would your family or friends say that they like, love or admire about you?

Ask
Once you have some idea of what is important to the person you need to ask them to check whether your guess is right.

If the person does not use words to speak you can ask family and friends close to them.
Write
Once you are confident that you have understood a person’s feelings on something you can then record it in a way that is as accurate and specific as possible. Use the person’s own words where you can.

If the person does not use words or cannot tell you directly then you may be writing your best guesses in the end, but this is better than no information at all, or information based just on your own first thoughts. You can then use Learning logs and 4 plus 1 questions to test your guesses out.

To see Guess, Ask, Write in action you can have a look at the videos of Helen on the Getting to Know you section of the Social Care Institute for Excellence (SCIE) website.

Tips on each section of the One-page profile
What people appreciate about me (like and admire)
This section should be a positive introduction to someone and summarise their positive characteristics and attributes. It should tell you what others value and appreciate about them and their gifts and talents.

Do...
- Do ensure this is a proud list of a person’s positive qualities, strengths and talents.
- Do use strong, positive statements (not ‘usually’, ‘sometimes’, ‘likes’ or ‘dislikes’).
- Do ask friends, family and others what they like and admire about the person.

Don’t...
- Don’t write a list of awards or achievements.
- Don’t use any negative statements.
- Don’t use ambiguous statements that can be misinterpreted.
- Don’t attempt to be humorous as it may be misinterpreted.

Important to me
This section is a bulleted list of what really matters to someone from their perspective (even if others don’t agree). It could include who is important to them, important possessions, and any important routines.

Do...
- Do include enough detail so that someone who does not know the person could understand what matters to them and if you took the names off the profile you could still recognise the person.
- Do make sure you are covering all aspects of their life (hobbies, interests, passions etc.).
- Do add detail so it makes sense, not just standalone statements without any context at all.
Don’t...
- Don’t write a list of things someone likes or dislikes.
- Don’t use ‘service speak’ or technical jargon.
- Don’t write vague statements e.g. ‘I like to have fun.’ How do they like to have fun? What does ‘fun’ mean for this person? What do they do?
- Don’t write ‘friends’ or ‘family’, write people’s names and their relationship to the person.
- Don’t write ‘regularly’; give specific timescales e.g., daily, weekly, monthly etc.
- Don’t have one-word statements.

How best to support me
This section is a bulleted list describing the support a person might need from others to stay healthy and safe, and reflects the balance of what is important to and for the person.

Do...
- Do think about the specific information that would be useful to someone else.
- Do give details of what is helpful, as well as what is not helpful.
- Do list the things that make a real difference to people, and help them to live the life they choose.
- Do consider what is ‘important for’ someone to be healthy, safe and well.

Don’t....
- Don’t write a list of general hints.
- Don’t write vague statements e.g. don’t write ‘Be honest’, instead write ‘Be straight with me. Don’t try to disguise bad news, I’d rather be told directly rather than having to second guess.’
- Don’t include information about what a person can do for themselves.

Top Tips
- Listen to what someone is saying AND the way that they are saying it (body language and tone of voice can say a lot).
- Use other person-centred tools to generate conversations, e.g. talking through a person’s Relationship circle or what is working and not working.
- Think about the things the person is NOT saying.
- Look out for repeating themes.
- Gently challenge what you are hearing from others e.g. ask “how are you sure that’s important to …”
1.2. Important to/Important for

What is important to me and for me?

To Me

For Me
2. CYP Story/Family story (PP and EHCP Section A)

2.1. Good day/bad day

Good day/ Bad day

Good day

Bad day
This person-centred thinking tool is a way of exploring in detail what makes a good day for a person (i.e. what needs to be present in their daily life) and what makes a bad day (i.e. what needs to be absent).

- Once you know this, you can agree actions to help the person have more good days and less bad days.
- Learning about good days and bad days tells us what is important to someone and how they want to be supported, and this information is recorded in a One-page profile.
- Discussing good days and bad days is also a great way for gathering information for a person’s Communication chart, Relationship circle, and Matching support as well.
- You can use the good days and bad days tool with an individual you support or within a team, to help you to learn and understand more about how best to support people.

How to use Good day/bad day

Ask the person to think about their very best day, and then a bad day. Break the days up into chunks – from when they wake up in the morning to when they go to sleep at night – and go through each chunk one at a time.

For some people, talking about a bad day can feel like they are reliving it, so it may work better to do a good morning then a bad morning, a good lunchtime and then a bad lunchtime and progress through the rest of day similarly.

Ask questions and tease out information. Be prepared for the conversation to meander. Questions you could ask include:

- What do you do on your favourite day of the week?
- Can you tell me about the times you have most fun?
- What are the things that make you feel really good?
- Ask the person who they are with for each part of the day or for a particular activity – a good or bad day might depend on the people that are around. This information can help to inform the Matching support tool.
- Ask the person who they are with, where they are and what they are doing – where something happens can be as important as what happens.
- Ask the person about food and drinks – do they need their morning cup of tea in their favourite mug? Do they like to eat their meals on their like to know what they will be eating each day, or do they prefer surprises?
- Is a good or bad day about someone’s routine, rhythm or pace of life – do they like to be busy, or prefer a slower pace?
Top Tips

• If someone is finding it hard to think about what makes a good or bad day, ask them to describe a day last week that was really good or really bad and then find out why. If the person has not had good days for some time then ask them about a day from their past.

• If the person can’t tell you themselves then use their Relationship circle to identify family, friends and support staff whose opinion you can ask about the sort of things that they think help the person to have good days and contribute to bad days.

• Make sure that the focus is on the person being supported. What makes a good day or bad day for them, not for the staff supporting them?

• Write detailed and specific statements and avoid generalisations such as ‘receiving the support I need’. What does this support look like and who is involved?

• Don’t see bad days as something that can’t be fixed. What can you do to make sure that the person has more good days and less bad days? Make sure we agree SMART actions.

• Keep in mind where else you can use and record this information. For example are you learning from good days and bad days about the person’s communication, who they get on with best (for Matching support) or about gifts (for appreciation section of a One-page profile).
2.2 Relationship circle
In our lives – our family and friends – are the single most important factor. Sometimes people need support to make, develop and maintain relationships. There are different styles of Relationship circles and maps, but they all represent the people in the person’s life and indicate how close they are.

You can use the Relationship circles tool to:

- Identify all the important people in a person’s life and how close each relationship is.
- Show the balance between family, friends and paid workers in someone’s life.
- Actively seek to increase the number and depth of relationships that a person has, if that’s what they want.
- Identify who could contribute in supporting a person to achieve their goals and aspirations.
- Look for themes. Are there any common characteristics amongst those a person gets on with that could inform a good support match?

**How to develop a Relationship circle**

To develop a Relationship circle, start by writing the name of the person in the centre of diagram. Then write the names of the people that they know around them, placing the most important people closest to the centre. You can place people in one of four categories:

- Family.
- School or work.
- Friends.
- Paid supporters.

When you are supporting someone to complete their Relationship circle, you may find it useful to use prompts to help them to explore their relationships, such as:

- Photo albums.
- Social networking sites e.g. Facebook, Bebo, Instagram.
- School yearbooks.
- Address books.
- Phone speed dial lists.

If you are supporting someone who does not use words to speak, use the most appropriate communication methods for them e.g. pictures, objects, words etc.

**Family**

Family can include any relatives who are a part of someone’s life. For example, this could range from Mum who they see most days to Uncle Joe who they only see once or twice a year. We must also recognise the fact that - although most are - not all families are close. Each person’s perspective and situation is unique.
School, work or daytime
Many of us get to know people through our place of education or work. Think about where the person spends their day. Who are these people and how well does someone know them? Are there any people that the person would like to get to know better?

Friends and unpaid support
This category covers anyone that the person knows and has a relationship with. This could include people that they don’t know well but who they see or chat with regularly, like the woman who works at the Post Office or the man who serves behind the bar. It might include people that they knew in the past, but with whom they have lost contact.

Paid supporters
Paid supporters include anyone who is paid to be in someone’s life such as a support worker, GP or hairdresser. For some of the people we support, these paid supporters make up the majority of the people that they know.

On the Thinkandplan.com website there is another graphic to map relationships, but in columns instead of circles.

Top tips
• Include the date of when the Relationship circle was created.
• Be clear about who each person is, give their name and state the relationship to the person.
• If you include people who have not been in someone’s life for a while then note how long they have not been around.
• Think about the role each person on the Relationship circle could have in supporting the person to achieve the lifestyle they want to lead.
• If the person has very few people in their life, think together about what it would take to make connections and friendships, or deepen existing relationships. Set specific goals to move towards this if this is what the person wants.
2.3. Community Map

- shops
- community centre
- clubs
- entertainment
- gatherings
- people
3. Aspirations (PP and EHCP Section A)

3.1. Perfect week

Questions to ask

What are the major streets for shopping, services, entertainment?

What are the public places (library, community centre) where people go?

Where is the centre of the community? What’s there?

What are favourite places to shop?

What is unique to your community?

Where are the informal places that people hang out?

Who are helpful people and where can they be found?
We often think of a community as a group of people living in the same neighbourhood. But communities can consist of any group of people brought together by a common purpose – either in the real world or in a virtual world – online.

You can use the Community mapping to see where the person spends their time (outside of their home). This can help you to think about:

- What would it take to extend the places where the person goes?
- What roles the person has in each place.
- What is working and not working about where they go?
- Where they can contribute to and be fully part of community life.
- What opportunities could be created to increase connections and develop relationships

**How to develop a Community map**

When you are using this tool, start by working with the person that you support to write down the places that they already go to. Next, think together about how you can increase the number places they go and maximise opportunities for relationships. Here are some areas to think about:

**Places where I am a customer**
This might include places like a shop, the hairdresser or local leisure centre that the person visits regularly.

**Places where I feel good**
Most of us have special places that just make us feel good inside. Perhaps this is a place in the countryside or local area.

**Places where I am a member**
Many people are members of religious groups, and social or sports clubs. This can be a great way of meeting new people.

**Places where connections can be strengthened**
Can you identify ways to strengthen any of the existing connections? This might be through encouraging a friendship or additional involvement to give the person more of a chance to connect and bond.

**Places where new connections can be made**
This is where you can work with the person you support to identify places where new connections could be made. Use the information from their One-page profile and Perfect week to identify what’s important to them and then use your imagination and creativity to make things happen.

Look at the person’s gifts, skills and interests. What would they like to do or do more of? Where in the community might these gifts be welcome?
Look about in your local area and find out what groups and clubs exist.

Look for associations that are working to improve the local community. What contributions could the people you support make? Would they like to join any of these groups, or find another way to contribute?

Reflect on your own relationships and connections and think about how far you are prepared to share these with the people you support, it may help to connect someone and widen their contribution.

**Top Tips**

- Start with the person’s One-page profile to make sure the Community map reflects what matters to the person – relationships, places and interests.
- The Relationship circle is an important person-centred thinking tool to inform the Community map.
- When you have completed the Community map go back to the One-page profile and see if there is any information that you now have that can be added to the One-page profile.
- If you have found places or clubs that the person wants to get more involved in, the person-centred thinking tool ‘Presence to contribution’ is useful.
- There are different ways to record Community maps – see which one would work best for the person – graphics, photos, adding to an actual map.
- The purpose of doing a Community map is to learn and reflect together and then move to action, so make sure that your action plan is SMA
3. Aspirations (PP and EHCP Section A)

3.1. Perfect week
3. Aspirations (PP and EHCP Section A)

3.1. Perfect week

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A ‘Perfect week’ is one that is an ideal week for the person, which is both practical and possible within resources (e.g. Individual Service Fund or budget).

- It is a detailed description of how a person wants to live, not an unrealistic dream.
- It includes the important places, interests and people that matter to a person.
- Once you have a Perfect week you then use Matching support to work out the best people to support the person to deliver the perfect week.
- It is a basis for looking at ‘just enough support’ (thinking about family, friends, community initiatives, assistive technology and paid support).
- It is a good evaluation tool for teams to see they are delivering personalised support and achieving the right outcomes for the person.

How to develop a Perfect week

Before you start
You can use information from the other person-centred thinking tools to help you to plan a person’s Perfect week. Use the tools to find out:

- Who the important people are in their lives from their Relationship circle.
- What is important to the person from their One-page profile.
- Where the person spends their time, when and with whom from their Community map.
- Where the person wants to be in one year’s time from the outcomes from what is working/not working and good day and bad day, as well as what people’s dreams are for the future.
- You also need to know if the person has an individual money or time allocation.

You can work this out directly with the individual or make best guesses and then check and amend with the person.

Start with relationships
Start with relationships by looking at the relationship map. On the Perfect week show when and how the person wants to keep in touch with the important people in their life.

Add the what and where
Now think about what the person wants to do and the places that are important (from the One-page profile and Community map). Put these on the appropriate day if there is a set day (for example going to the Synagogue on Saturday) or create a list to happen during the week but not on a set day.

Add outcomes
As well as the day-to-day information, look at where the person wants to be in a year’s time (their outcomes). What needs to take place each week to move towards these?
Check with the person
Once you’ve completed the Perfect week you need to check back your understanding with the individual and make sure that it works for them.

To make sure that the Perfect week actually happens, you will need to create a more detailed Action plan that is linked to the person’s support requirements. The Perfect week can now become the basis of a personalised rota, and you can use the Matching support to think with the person about who they want to support them for each element of their Perfect week.

Top Tips

- Don’t just document the current situation. Don’t just describe what the person is doing now – think about what they want to be doing in the near future.
- It is not a strict timetable. Remember, the Perfect week is a guide to what a person wants to do – it’s not a rigid timetable or activity plan.
- Be clear about what’s fixed and what’s flexible. There are some things in a person’s life that they will consider as fixed, such as visits from relatives or social events, and other things that are flexible. Make sure that you are clear about what’s fixed and what’s flexible from the person’s perspective. It’s important to get the balance right between having enough structure so that the right people are available to provide support and being flexible so that plans can adapt.
- Make sure it is detailed and specific. The Perfect week should include clear, day-by-day information (am/pm/eve) about exactly what the person wants to do and who they want to support them. Don’t use generic statements such as ‘morning routine’ – what does this mean, what and who are involved?
- Check it is realistic. Make sure that the activities that you record on the Perfect week are realistic and within the budget and resources available. Describe things that could really happen, not just what would be ‘wonderful if only it were possible’.
- Keep it up to date. Make sure that you review and update the Perfect week on a regular basis as a person’s interests develop or the opportunities available to them change. You may find that the Perfect week might actually end up as the perfect month. It may also change between seasons.
- Check that it reflects the person’s One-page profile. A person’s up-to-date One-page profile should reflect their Perfect week. Compare these person-centred thinking tools and check that this is the case.
3.2. Hopes and Dreams

DREAMS

WHERE DO THEY MAKE SENSE?

WHAT HAVE I LEARNED?

WHO DO I NEED TO INVOLVE?

WHAT ARE MY HOPES AND DREAMS?

WHAT ARE MY NEXT STEPS?

WHAT ARE MY RESOURCES?
3.3. Thinking about what’s important around work

This is useful for when young people are beginning to think about future education/training/employment.
4. Outcomes (EHCP Section E)

Developing Person Centred Outcomes

What is an outcome?

There is much debate and sometimes confusion about what we mean by an outcome. Here are some dictionary definitions of the word outcome;

- A final product or end result, a consequence
- A conclusion reached through a process of logical thinking
- Something that results from an action

Sometimes there is confusion between aspirations and outcomes. Aspirations describe where a child or young person wants their life to be in the long term, like living in their own flat, having a job and going out with friends. Outcomes describe the specific things that the child or young person will do over a 2-3 year period to help them achieve their long term aspirations. For example, trying out different types of job to help them decide what work they would like in the future.

The new SEND Code of Practice describes outcomes in the following way:

At outcome can be defined as the benefit or difference made to an individual as a result of an intervention (Section 9.66)

A good outcome can be described as:

- Building on something that is working well
- Changing something that doesn’t work well
- Moving the child/young person towards their future aspirations
If the outcome being considered doesn’t address any of these issues, then it probably isn’t a good one.

A person centred outcome can be described as:

- Being expressed from a personal perspective, not a service perspective
- Within the control and influence of the child/young person and/or those involved
- Specific to the child/young person and measurable

**What mistakes do we make with developing outcomes?**

Apart from confusing outcomes with aspirations, there are two further common mistakes often made when developing outcomes. They are:

- Embedding the solution or provision into the outcome
- Not being specific enough to be able to measure whether it has been successfully achieved

**Embedding the solution** – often you will see outcomes that describe the solution for achieving the outcome as part of the outcome or they are describing the provision that will help the outcome be achieved. For example, *To have 3 hours of speech and language therapy every week.*

A solution is the resource (provision) that you need to achieve the outcome. It can be an item or an activity and it may have a cost attached to it or may be free.

In the process below you can see some tools to help you explore whether the outcomes you are developing have the solution embedded in them.

**Not being specific enough** – if an outcome is not specific enough it becomes really hard to measure whether it has been achieved and has made a difference in the child or young person’s life. For example, *To improve my fitness and stamina.* This outcome statement is not specific to the individual and we have no way of measuring if it has been achieved. We don’t know what to be fit looks or feels like to this person or what is important to them about improving their fitness and stamina.

In the process below you can see some tools to help you explore how to make outcomes more specific and measureable.
How can we ensure that we develop person-centred outcomes?

The 8-step process described in detail below can help you develop outcomes that are person centred.

The following pages will help guide you through the process step – by – step
Step 1: Check

Do we know what matters? 
Do we know about their future aspirations?

Developing outcomes has to start with the child/young person themselves. This should always be our very first port of call. We cannot support people to develop person-centred outcomes if we don’t first understand two key things at least. We must know what matters to them and what their future aspirations might be. This ensures our starting point is rooted in the things that are important to them, not to others and sets the direction of travel.

Not having this understanding puts us in danger of imposing our own ideas and often developing service driven outcomes.

To gain this understanding you need to have a person centred conversation. The outcome of this conversation can be recorded in lots of different ways; it is the quality of the conversation that matters.

You can use person centred thinking and approaches as a framework for the conversations and record the information in a one-page profile.
Once we have checked that we have a good understanding of what matters to the child/young person, we need to establish a clear idea of current reality. This helps to establish the issues that are the priority for them and those that know them, to focus on.

If we use the working/not working tool to identify these issues, the outcomes that are ultimately developed will be relevant to the child/young person and gives others that know and care about them, the opportunity to create a clearer picture of current reality and priorities.

It will be helpful for the child/young person to identify what is working/not working across 4 areas: learning and employment, home and independence, friends, relationships and community, health and wellbeing.
Step 3: Prioritise

You know what matters to the child/young person, you have a clear idea of what is currently working and not working, it is now important make sure that the outcomes that are developed are important to the child and their family.

Again, taking the person centred approach; priorities should be agreed in partnership with the child/young person and their family. An agenda created collaboratively is far more likely to lead to outcomes successfully achieved and often people who are supporting the child/young person to develop the information are the same people who will be involved in making sure actions are achieved.

If you are working with a group of people to develop outcomes, using the multi-dot voting technique is very useful to make sure you get shared agreement. It can also be useful to check how important the issue is to the child/young person and how confident they feel to address it.
Step 4: Success

It is important to reach agreement on what success looks like if the thing that is not working is resolved. This step is about being clear of your broad long-term aim for each priority area that has been identified.

By asking the child/young person what success looks like for them then we are likely to make sure the outcome is specific to them and not assuming that a previous well trodden path for others in a similar situation, would automatically apply here.

It doesn’t have to be detailed or specific at this point.
Step 5: Test it

We now need to get clear and specific by asking some questions. There are two main things to check are if your ideas to so far are actually outcomes or actually solutions disguised as outcomes and also that we haven’t drifted off the initial starting point too far and we are keeping close to what is important to the child/young person.

The problem with confusing solutions with outcomes is that it shuts out alternative possibilities and other solutions too early. For example,

To have 3 hours of speech and language therapy every week, may be a solution but we don’t really know what the child/young person wants to achieve or whether the speech and language therapy is the best way or only way to help them achieve that.

To test if you really have articulated an outcome, the questions on the following page can be asked in no particular order or number of times.

- Is it an outcome? (Not an embedded solution)
- Does it change what is not working or build on what is working?
- Does it take the young person closer to their aspirations?
- Do we know what is important to the person about this issue?
When you get to the point where you lose clarity and start talking about overarching aspirations, you need to focus back down to the last clear point you reached. So exploring the example of the speech and language therapy:

**What would it give you?** Time with a speech therapist

**What would it do for you?** Help me be more easily understood by my friends when we are playing?

**What would it make possible for you?** Friendships, taking part in things, feeling more confident with other children.

You can then take this information and develop a more detailed and specific outcome. For example:

I am understood by my friends and I can play with them in the playground and at the after school club every day.

Second thing to test the outcome for is to check that we have really understood what is important to the child/young person about this specific issue. We can do this by using the important to/important for tool. So exploring the fitness and stamina outcome on the following page:
### Priority issue
Improving my fitness and stamina

<table>
<thead>
<tr>
<th>Important to me about this issue</th>
<th>Important to me about this issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be strong enough to use a manual wheel chair all the time.</td>
<td>To improve my general health through exercise</td>
</tr>
<tr>
<td>To be able to do more than one thing per day without getting too tired</td>
<td>Not to get socially isolated because I am too tired to see family and friends</td>
</tr>
<tr>
<td>Not being too tired to go out in the evenings with my friends.</td>
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</tbody>
</table>

### My Outcome
I am using my manual wheelchair 12-14hrs per day and I am not too tired and having to go to bed in the afternoon. I am going out 2-3 evenings each week with my friends.

Congratulations! - You now have a robust, clear and truly person centred outcome. So, what’s next?
Step 6: What’s stopping you?

You have your outcome but at this point it is useful to ask what some of the barriers might be and the obstacles to achieving this outcome, so that we can take this into account when we identify our next steps.

Step 7: Action

Having identified the overall outcome and what’s getting in the way, the next step is to identify the steps that you need to take to achieve the outcome and overcome those obstacles. Try to think creatively, and not to jump to the obvious service options.

This is where you can identify small targets or goals to help achieve the broader outcome. Different places will do this in different ways and have different language to describe this and that is fine as long as there is clarity about what the outcome is.

Having identified the goals/targets then you can identify the first step actions to get started, SMART of course with timescales, people responsible and resources required.
Step 8: Record

Strangely the first starting point for organisations when thinking about outcomes, is sometimes to initially focus on what recording methods are being used at the time and equipping employees to be able to fill this in appropriately. The energy and focus can be on whether the paper is capturing the right information and we become absorbed in data collection rather than knowing what we do is making a real difference to people’s lives. If we always take our starting point as the child/young person themselves, the recording that we do, should and could be led from that. The information that you have collected needs to be recorded in the Education Health and Care Plan and the Action Plan in the appropriate section.

So in summary…

Start with the child/young person; know what matters to them, what is working and not working and their aspirations for the future. Make sure you find out what the priorities are and what it looks like when they are achieved. Check you have robust and clear outcomes from this, know what barriers you need to overcome and set clear actions from this, which you record in a transparent and clear and sensible way.
### Some examples outcomes

<table>
<thead>
<tr>
<th>Overarching Theme</th>
<th>Good person centred outcome</th>
<th>A not so good outcome</th>
<th>Why this wouldn’t be a good outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and development/ learning skills and moving towards employment</td>
<td>To go to the Saturday morning drama class, without my parents. To have somebody who helps me join in the class.</td>
<td>To have a personal assistant to take me to drama club</td>
<td>A personal assistant is the solution to getting the right support so this child can go to the drama class that’s really important to him. What he wants to achieve is going to the drama class without his parents. The personal assistant is one of the options to make this happen</td>
</tr>
<tr>
<td>Home and Independence</td>
<td>Have a paid job working with cars, working at least 16hrs per week.</td>
<td>Go to college to do a car mechanics course</td>
<td>This is an example of provision, not an outcome. The purpose of going to college is to get paid work, it is not an end in itself.</td>
</tr>
<tr>
<td></td>
<td>To feel confident to catch the bus to college with my friend Jon, and know how to get support if I need to.</td>
<td>To develop independent Living skills</td>
<td>This is too broad, making it hard to measure. It doesn’t reflect the kind of person he is or wants to be, ie confident. It also doesn’t set the context of the goal, ie getting to college with Jon. Confidence can be hard to measure but you can use a scale of 0-10 to check how confident somebody feels to address this issue and to check later on if they a more confident.</td>
</tr>
<tr>
<td>Health and Wellbeing</td>
<td>Friends, relationships and community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To live with my friends Hannah and Paula in a flat in town, and to have the support we need to feel happy and safe.</td>
<td>I want to be able to play/go out with my friends at least one or two evenings a week and at the weekends and be understood by them so I can join in the fun.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To move into supported accommodation.</td>
<td>3 hours of speech and language therapy each week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This is a limiting statement and not positive, and has looked at risk and support, without considering the context of how and with who the person wants to live. It is a service response to an accommodation issue.</td>
<td>You can complete a 6-week course of speech and language therapy and may not be able to communicate with your friends. Speech and language therapy may be part of the provision to achieve the outcome, but it is a ‘how’ not a ‘what’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am using my manual wheelchair 12-14 hrs a day without being too tired and having to go to bed in the afternoon. I am going out with my friends one evening a week.</td>
<td>Referral to the dietician to loose weight.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To improve my fitness and stamina</td>
<td>This is an action that someone else needs to do, is negative and doesn’t set the goal in context to the person. It doesn’t reflect what is important to the person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Just saying improving fitness and stamina is not specific enough, we don’t know what is important to the person about it nor can we measure if it is being achieved.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To eat 3 healthy meals a day and exercise 3 times a week, so that I can fit into my prom dress by May.</td>
<td></td>
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<td>Referral to the dietician to loose weight.</td>
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Over the following pages you will find a set of helpful tools to support the work on forming person-centred outcomes.
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<th>About</th>
<th>What is working well that we want to build on?</th>
<th>What is not working well that we want to change?</th>
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Gather information from different perspectives
• Child/young person  • Family  • School  • Others involved
5. Person-centred Reviews (also use for TAF meetings)

Person-centred Reviews Process

PREPARATION
- who to involve
  - who the person wants who
  - needs to be there
  - who is important
    - in the person's life

how to involve the person
- invitations
  - communication
  - charts
  - decision making
  - agreement

THE MEETING
- create a relaxed atmosphere
- welcome, introductions, ground rules

- who's here?
- what we appreciate about
- progress on actions

- invite people to start working on the chart
- ensure the person is supported
- ensure the family is supported

- how can we keep what's working
- change what's not working
- move towards what's important in the future

- important to now
- important in the future
- how best to support

- working
- net working
- personal perspective
- family
- other

- notes
- distribution
- updates

- by when?
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