

Education, Health and Care Plans

What makes a good Plan?

Over the past year, we have learned a great deal about what makes a good quality EHC Plan. This briefing describes the main components of a good Plan that is both person centred and compliant with the legislation and the requirements of the Special Educational Needs and Disability (SEND) Code of Practice (CoP) 2015.

A good EHC Plan is one that is clear about the SEN and / or disability that relate to an individual child or young person's learning and development, the outcomes they would like to achieve and the provision needed to achieve those outcomes.

A good EHC Plan should be easy to read and understand. It should not be an overly lengthy document (usually 10-15 pages) but use the information provided to succinctly and clearly reflect the unique qualities and circumstances of the child or young person it is written for. The Plan should provide the child, family, education provider and all other practitioners involved with a clear set of outcomes (typically 6-8) and provision to improve learning outcomes and opportunities for the child and young person. A good Plan should build on the activities and resources already in place for the child or young person that support their learning and opportunities.

As part of the EHC needs assessment, advice must be sought from the child's parents, the child and all partners in education, health and social care. The requirement for EHC Plans is to include advice that is directly related to the child or young person's SEN. Health and social care needs that do not relate to the child or young person's learning needs will not usually be included within the EHC Plan but set out in another plan which is linked to the EHC Plan. This plan could be an Early Help Plan such as My Plan or My Plan+ or a statutory care plan.

Aspirations

The main focus of all EHC Plans is to improve the learning outcomes and opportunities of children and young people with SEND. Raising aspirations for all children and young people with SEND is a shared goal and a major step towards improving outcomes and closing the gap that exists between these children and their peers.

Aspirations are the cornerstone of person centred planning. Once we understand the aspirations, hopes and dreams of children and young people, we can begin to understand the barriers that exist for individuals and set out the right direction of travel.

'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'
(Code of Practice, 9.64)

If a child or young person is to be at the heart of an EHC Plan, a clear principle underpinning the SEND Code of Practice 2015, every effort should be made to seek and understand a child or young person's thoughts, feelings and aspirations so that it can be truly person-centred. There are many excellent person-centred tools available to help practitioners to support children and young people make their views, wishes and feelings known.

After compulsory school age (16+), the right to make requests and decisions under the Children & Families Act 2014, applies to young people directly rather than to their parents. Good preparation for adulthood from the earliest time e.g. supporting young people to express views and aspirations, think about the future and develop skills of decision making are essential to enable young people to make best use of these rights once they reach 16 years +. The Mental Capacity Act 2005 makes clear that it should be assumed that a person has capacity to make decisions relevant to them and that those who may lack capacity are empowered to make as many decisions for themselves as possible. There is more information available on the MCA on <http://preparingforadulthood.org.uk/resources/all-resources/pfa-factsheet-the-mental-capacity-act-2005-and-supported-decision-making>

It should be clear in Section A of the EHC Plan whether the 'voice' of the child or young person is being communicated or whether the contribution is from another person in a position of 'advocate' and perhaps sharing more of his/her ideas and not really those of the child or young person.

For example: In Section A of this young person's EHC Plan, his/her aspirations and goals include:

"I want to get out and meet other young people and have some fun! I would like to work with computers and maybe something involving numbers."

This was followed by: *"The LD Assessment records that 'name of young person' would like to go to college every day as he didn't see the point of the two hours activity offered at his former college."*

How do the aspirations of a child or young person link to the rest of the EHC Plan?

Delivering Better Outcomes Together, a consortium of Mott MacDonald, Council for Disabled Children and NDTi, explain the link between aspirations and planning as the 'golden thread'. Please see diagram on page 3.

This shows that the relationship between aspirations, needs, outcomes and provision is a two-way continuum. Children and young people's aspirations set the direction of travel in terms of understand needs (barriers), setting relevant outcomes (building strengths) and agreeing appropriate provision. As outcomes are achieved, a child or young person's aspirations may become further refined or even change, which should continue to inform the correct direction of travel.



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)

Extract from, 'Developing Outcomes in Education, Health and Care Plans', Delivering Better Outcomes Together 2015

Describing needs

There should be a clear description of all of the child or young person's special educational needs specified in section B of the Plan. Where there are health or social care needs that relate to a child or young person's learning and opportunities, these must be specified in the relevant sections B and C. It should be clear from all of these descriptions how the needs relate to the child or young person's learning and development. Contributors to the EHC needs assessment have a very important role in ensuring the description and/or assessment provided makes the relationship between needs and impact on learning clear. Needs that don't relate to learning can be recorded in an Early Help plan such as My Plan.

Outcomes - What does the Code of Practice say?

*'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).'* (Code of Practice, 9.66)

'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.'(Code of Practice, 9.68)

Outcomes in an EHC Plan should focus on achieving improvements to a child or young person's learning and development. Outcomes should link directly to achieving a benefit or difference to the barriers or needs that have been described in Sections B, C or D.

Outcomes should also set out what is to be achieved by the end of a phase or stage of education to enable the child to progress successfully to his/her next stage of learning. This means that outcomes in an EHC Plan should:

- Link clearly to the child's aspirations and needs (see the 'golden thread' in *Developing Outcomes in EHC Plans*)
- Be Specific, Measurable, Agreed, Realistic & Timed (SMART)
- Cover a key stage or phase of education e.g.
'By the end of key stage 2, Sonny can write descriptive text in structured paragraphs' or
'By the end of key stage 3, Maia can use a communication aid to make her needs known, show her preferences and make choices in school, home and in the community'
- Specify the arrangements for setting shorter term milestones / outcomes e.g.
'Advice for monitoring progress and setting next steps to achieve this longer term outcome will be provided from the ATS during a school visit each term. These shorter term outcomes or milestones will be set within a separate and more detailed plan (My Plan) and reviewed every 6-12 weeks by the SENCO. This separate plan and reviews will inform the annual review of the EHC Plan and provide evidence to inform progress towards achieving this outcome.'

Transition between key stage or phase of education: At a phase transfer reviews, i.e., when a child or young person is nearing the end of a key stage, and where an outcome has not been fully met or new outcomes are required, consideration should be given to extending it beyond the end of the current key stage to reflect what needs to be achieved over the next key stage or in the next setting. It is important that representation from the receiving setting is invited to attend the phase transfer annual review to help develop these and support the discussion around provision required. However, the outcomes set should be those that are relevant for the child/young person and not dependent on the setting they will be moving onto.

How do we incorporate special educational provision into an EHC Plan?

Part F of an EHC Plan sets out the special educational provision required by the child or young person. It should be clear about what provision is from the education provider's delegated SEN budget (e.g. schools) and what is to be funded by the local authority top up funding.

Advice and reports provided as contributions to the EHC Plan should be clear on the provision and interventions needed to meet the outcomes of the Plan and include details of who/where/how often i.e. specific and quantifiable. The advice should indicate where provision is simply continuing for the child e.g. SALT or OT and that which is additional to the services that are available to the child or young person via commissioned services or the education provider's delegated funding for SEN.

This level of specificity allows everyone involved in the Plan to be clear about what needs to happen, who will do it and how often. It also allows for a clearer understanding of what is normally available within education provision to support a child or young person's SEN and what is additional which requires top up funding. This level of detail will also inform when an EHC Plan is no longer needed and can be ceased.

How do we incorporate social care provision into an EHC Plan?

Once outcomes within a Plan have been agreed, the provisions needed to achieve these outcomes must be clearly stated in Sections F, G & H1/H2.

Sections H1 and H2 are the areas where social care can specify the provision that either must be made for a child under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (H1) or that is reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN (H2).

Often the timescales for setting and reviewing outcomes are very different to meet both the requirements of an EHC Plan and the requirements of social care statutory processes. In these cases, it may be more appropriate to indicate within the EHC Plan, that the arrangements in place for social care provision are specified within a separate plan so that these differing timescales and requirements can be adhered to. This approach would fit within the guidance in the Code (9.69) quoted below.

How do we incorporate health provision into an EHC Plan?

Health provision that contributes towards outcomes that address a child or young person's SEN should be specified in Section G of the EHC Plan, **unless** the provision recommended (mostly related to therapeutic provision) is to directly support learning (train or educate). In these cases, the provision would be specified in Section F (special educational provision).

What does the Code of Practice say about setting shorter milestone outcomes?

'The EHC plan should also specify the arrangements for setting shorter term targets at the level of the school or other institution where the child or young person is placed. Professionals working with children and young people during the EHC needs assessment and EHC plan development process may agree shorter term targets that are not part of the EHC plan. These can be reviewed and, if necessary, amended regularly to ensure that the individual remains on track to achieve the outcomes specified in their EHC plan. Professionals should, wherever possible, append these shorter term plans and targets to the EHC plan so that regular progress monitoring is always considered in the light of the longer term outcomes and aspirations that the child or young person wants to achieve.' (Code of Practice, 9.69)

The CoP is clear that shorter term milestones / outcomes towards achieving the outcomes which have been set over a key stage or phase of education should be set out in an accompanying plan that can be attached to the EHC Plan but reviewed and amended as needed to ensure everyone is on track to achieve the outcomes in the EHC Plan. In Gloucestershire, we have My Plan and My Plan+, our Early Help Plan formats which are perfect for setting out and reviewing shorter term milestones towards longer term outcomes. The CoP is also clear that these shorter term milestones are set and reviewed at least three times each year.

'Where a pupil is receiving SEN support, schools should talk to parents regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the parent, the pupil and the school. Schools should meet parents at least three times each year.' (Code of Practice, 6.65)

Linking other plans to EHC Plans

There is a section within the front of an EHC Plan to show if there are other plans in place for a child or young person. This will inform practitioners and help them to link up as appropriate.

An Early Help Plan format such as My Plan or My Plan+ can be used by education providers to set out the shorter term targets towards achieving the longer term outcomes within an EHC Plan, (as described above). If a child or young person has health or social care needs that don't relate to their learning needs, the same Early Help Plan can be used to set these out so that shorter term milestones across learning, health and care are planned for and worked towards concurrently. Early Help Plans have more frequent reviews (6 weekly or 3 monthly as agreed by the Team Around the Child TAC) which allow progress to be monitored and any necessary adjustments to be made to ensure all is on track to help the child or young person make good progress. This information can be used to inform the EHC Plan annual review.

Summary

In summary, the main focus and aim of an EHC Plan is to set out clearly the needs, outcomes and provision agreed that is required to help a child with SEND to achieve their learning and development potential. Underpinning this should be a good understanding of the child and his/her aspirations and views.

Advice and contributions to the EHC Plan should focus on providing a clear description of needs and how they impact on the child or young person's learning and opportunities. The proposed outcomes should span a stage or phase of education and specify the arrangements that will be in place to set shorter term milestones / outcomes.

Advice and contributions to the EHC Plan should also specify and quantify the provision needed in order to achieve the outcomes set out. If this hasn't been included, then it should be clarified during the TAC meeting and Plan drafting stage, otherwise the contribution is incomplete and difficult to include within the legal requirements of the Plan.

An EHC Plan should not be a lengthy document but one that provides a clear road map for the direction of travel over the coming phase of education or training. Details that cover the delivery of shorter term milestones / outcomes and day to day support and provision should be kept within separate plans, such as My Plan, which can be reviewed and updated as needed and then used to inform the annual review of the EHC Plan. This process will help to ensure everyone is on track and heading in the right direction.

Examples of aspirations, needs, outcomes and provision

We have compiled 8 examples below to illustrate the 'golden thread' between a child or young person's aspirations, his/her needs or barriers, outcomes to achieve to bring him/her closer to the aspiration and the specific and quantifiable provision to achieve them. In practice, these sections would be brought together from the advice and contributions from the child, young person and family as well as the professionals who have contributed to the EHC needs assessment and plan. The quality of the final EHC Plan is very dependent on the clarity of this advice, the contributions made and the effort to ensure everyone understands the aspirations and views of the child or young person.

The outcomes provided in each example cover a key stage or phase of education with additional shorter term milestones provided (*in brackets*) that could be included within an Early Help plan such as My Plan or My Plan+.

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
<p>Example 1</p> <p>Cian (age 4) likes to play with other children and wants to join in with activities with other children</p>	<p>Cian has severely delayed verbal communication skills which means he is unable to understand others, follow instructions and join in with all activities with other children</p>	<p>By the end of Reception, Cian will be able to follow a routine two-step instruction (person and action) and will be able to demonstrate understanding of this on 3 out of 4 occasions</p>	<p>To ensure that Cian’s attention is gained before instructions are delivered to him and break instructions down into small chunks of language that are supported as needed.</p> <ul style="list-style-type: none"> • Use ‘Communication in Print’ or equivalent (to be decided by the school) to support the curriculum and classroom routines. <p>Build upon current vocabulary and extend repertoire of known signs to enable Cian to communicate effectively with his peers.</p> <ul style="list-style-type: none"> • Pre-teaching - 5 x 10 minutes daily with teaching staff, 1:1. • 5 x 15 minutes a week, 2 of which are ‘snack and chat’ • Structured language activity with one or two peers three times a week. <p>(strategies to be used) Adults to relate new work with things that he already has some understanding of. Adults to reduce the amount of ‘redundant language’ in their</p>

			<p>speech. Instructions to be delivered in the same order that the action is required. To have new vocabulary reinforced in multi-sensory ways. To be pre-taught new vocabulary. To be taught the routines in a day, which is not only increases predictability but also reduce the demands on comprehension. Avoid asking questions which have no context. Adults avoiding making non-committal noises if they have not understood.</p> <p>School to maintain on-going use of evidence sheets to record Cian's use of language.</p> <p>Support to include the use of visuals/signing as needed.</p> <p>School staff to liaise with pre-school staff and develop a bank of 'known signs' which Cian is familiar with.</p> <p>Teaching staff to explore ways of extending this via a 'communication friendly' approach for all children in the class. Communicating with Cian face to face since facial expressions</p>
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			<p>or gestures may help cue the adult in.</p> <p>The Speech and Language Therapist will demonstrate resources and provide guidance to the supporting adult and Teaching staff</p> <ul style="list-style-type: none"> • (6 times a year). <p>Key training advice will be sought from the Advisory Teaching Service, Cognition and Learning Team. A My Plan will set out the key milestones to be achieved and reviewed at least once every term.</p>
<p>Example 2</p> <p>Thomas (year 3) wants people to understand him</p>	<p>Thomas has severely delayed expressive and receptive language skills language skills.</p> <p>Thomas has severe learning difficulties which mean that he finds it hard to retain concepts previously learnt and teachers use a lot of repetition and reinforcement.</p>	<p>By the end of Key Stage 2, Thomas can make functional requests for food, for items out of sight and for preferred activities to people who do not know him well.</p> <p>Thomas will be able to do this with success 80% of the time.</p> <p><i>(In 12 months time: Thomas can make choices for food and preferred activities from two or three options at a time using PECS.</i></p> <p><i>Thomas' family can say that he is using PECS to choose his preferred food and drink choices at home.)</i></p>	<p>In order to achieve this outcome:</p> <ul style="list-style-type: none"> • The Teaching Assistant will work with Thomas in a dedicated 1:1 'PECS' session each day. • These sessions will last twenty minutes in duration and be lead by a Teaching Assistant with at least a level 1 qualification in PECS. • The Speech & Language Therapist will work alongside the Teaching Assistant during one of these sessions at least once every six weeks in order to monitor the progress Thomas is

			<p>making and to update his PECS phase training programme.</p> <ul style="list-style-type: none"> • The Class Teacher will plan for opportunities for Thomas to use these skills in a functional way in everyday learning situations. • The Class Teacher and / or Teaching Assistant will share the PECS approach with Thomas' family so they can continue the communication approach at home and in the community. • Thomas' parents will use the same approach at home to that which is used in school. The speech and language therapist will visit the family at home at least three times per year to support the family with their use of PECS at home and in the community. The family will also join the teacher and Speech and Language Therapist for the school based review meetings. • A My Plan will set out the milestones towards achieving Thomas' outcomes and be reviewed every term.
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<p>Example 3</p> <p>Sian (year 4) wants to like school and feel that she is a good learner</p>	<p>Sian finds classwork difficult and often gets distressed when she cannot do her work</p>	<p>By the time I reach the end of primary school I can identify two things that I have been successful with in terms of learning and can manage to complete this task with confidence, independence and accuracy each day for a whole week.</p>	<p>Pastoral support and opportunities to take part in weekly nurture group type activities.</p> <p>Sian will meet with a learning mentor for 30 minutes each week during term time who will support the development of learning and self-esteem alongside classroom teacher and TA.</p> <p>A My Plan will set out the shorter term milestones towards achieving Sian's longer term outcomes.</p> <p>Regular praise and having her successes as a learner pointed out to her especially in areas like maths where she is less confident. Encourage her to regularly reflect on her achievements and successes in school. An achievement or success book dedicated to her which she can date and record successes in, may be helpful for her to use and review. This strategy should further boost confidence as a learner and her general self-esteem.</p> <p>A highly structured learning environment with predictable routines and warning in advance of changes in routine where possible as this helps her feel secure in school.</p>
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			She can respond well to firm boundaries and clear expectations.
<p>Example 4</p> <p>Richard (age 10) wants to feel happier and join in more.</p>	<p>Richard has social communication difficulties, which can lead to him having high levels of anxiety. Richard needs to be taught strategies to manage his anxieties and reduce them to the point where they do not impact on his learning.</p>	<p>By the end of Key Stage 2, Richard will be able to tell someone if he is feeling anxious and will be able to identify and follow at least one strategy to reduce his anxieties.</p>	<p>Access to a one hour weekly therapeutic session based on the principles of CBT, delivered by an appropriately trained professional.</p> <p>Access to visual aids to support Richard to communicate discreetly with an adult that he is feeling anxious.</p> <p>Access to a safe space within his learning environment where Richard can go if he is feeling highly anxious.</p> <p>A 20 minute weekly session with a teaching assistant to take place at the end of the week, to identify things that have caused Richard anxiety and to follow the principle of 'binning' these anxieties so they no longer need to be thought about. Richard should be helped to use recording book to describe the situation which made him anxious and grade it on a scale from 1-10. He should then be asked what he might do to reduce it by one point.</p> <p>The use of social stories, throughout the week, to support Richard to understand how to respond in a</p>

			variety of social situations. These social stories should be based on observations by staff supporting Richard where they noted an increase in his anxiety levels. Staff supporting Richard to reinforce a particular social story appropriate to any given situation.
<p>Example 5</p> <p>Michael (Yr 9) would like to catch the bus to college every day, buy his own bus ticket and know what to do if the bus does not come or he misses his stop.</p>	<p>Michael gets very worried about speaking to people he doesn't know and misinterprets social cues.</p> <p>Michael gets anxious if something changes unexpectedly and he finds it hard to know how to respond.</p>	<p>By the end of Key Stage 4, (Year 11) Michael will be able to independently and safely make the bus journey from home to college, and back, each day</p> <p><i>(By the end of Year 10, Michael will be able to plan a journey and purchase a ticket and complete a specified journey with support.)</i></p> <p><i>(By the end of Year 9, Michael will be able to list to an adult some of the things that he could do if a bus he is waiting for does not show up and if one day he found he had lost his bus pass.)</i></p>	<ul style="list-style-type: none"> • School, College and family will work with Michael to improve his independent travel skills in order to achieve this: • The Class teacher and College staff will plan for travel opportunities for Michael to practice getting the bus to and from college safely at least once a week. • Parents will provide opportunities to assist Michael with purchasing and catching the bus at weekends in his local community. • Michael will download the bus timetable app on to his phone and learn how to use, showing his younger brother how to plan a journey into town on a

			<p>Saturday.</p> <ul style="list-style-type: none"> • Michael’s weekly life skills sessions should also include travel training. Resources such as the use of books, you-tube clips and other media to help prepare Michael to catch the bus. These weekly life skills session sessions will last 30 minutes in duration and are delivered by a suitably experienced Teaching Assistant. • The class teacher/or TA to continue to engage Michael in the programmes run at school to teach life skills that utilise numeracy skills such as using money and reading bus time tables. This should be incorporated daily/weekly within school literacy, numeracy and PHSE lesson/interventions. • The class teacher/or TA will teach Michael through appropriate social stories how to evaluate staying safe when he is travelling to and from college, such as by asking himself, what to do if the bus does not turn up on time, how to identify where
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			<p>to get off the bus or when the bus is full and there are no seats available. These weekly sessions should last at least 30 minutes in duration and delivered at least twice a week, working individually and in a small group of 3 to 4 students.</p> <ul style="list-style-type: none"> • The Class Teacher and / or Teaching Assistant will share the social stories approach and resources with Michael's family so they can continue the communication approach at home and in the community. • Link days and taster sessions will be organised by School, which should start in Year 10. Michael will be require at least three visits during Year 11 and would be accompanied by a Teaching Assistant from his school if needed. Michael would also have had the opportunity to visit colleges at open evenings with parents. • A My Plan will be maintained to set out the milestones Michael is working towards to achieve his outcomes. This plan will be
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			reviewed every term.
<p>Example 6</p> <p>Jamie (year 10) would like to do more for himself at home.</p>	<p>Jamie needs to increase his functional numeracy skills.</p>	<p>By end of Key Stage 4, (July 2017) Jamie will be able to use basic number skills to ensure he has sufficient money for shopping trips up to the value of £10.</p>	<ul style="list-style-type: none"> • Jamie should have access to structured numeracy programme with activities that focus on functional skills. This should be led by a qualified teacher within a small group on a daily basis. • Jamie should have access to Direct Instruction of basic number bonds to 10 with a Precision Teaching approach delivered on at least a daily basis by a Teaching Assistant under the guidance of a qualified teacher. These sessions will need to be delivered on an individual basis for no more than 15 minutes each day. Specific guidance on how to implement this approach can be sought from the Advisory Teaching Service or Educational Psychology Service. • Jamie should be taught how to use a calculator with regular (i.e. at least weekly) opportunities to practise this skill using real life examples and activities.

			<ul style="list-style-type: none"> • A My Plan will set out the milestones Jamie is working on each term to achieve his outcomes.
<p>Example 7</p> <p>Kirsty (year 10) would like to go to college to get a job as a CCTV camera operator</p>	<p>Kirsty needs to be able to identify when she is stuck and how to get help.</p> <p>Kirsty needs to gain an understanding of the possible routes for her employment/training choices.</p>	<p>By the end of Key Stage 4, Kirsty will know the route she is going to take to get the training she needs for the job/career she wants.</p> <p><i>(In 12 months time, Kirsty will be able to ask a range of different adults for help when she is stuck in class.)</i></p>	<ul style="list-style-type: none"> • Kirsty should have a social skills programme that is implemented on a weekly basis. This will include modelling and role play of social situations that she may encounter at work. Initially this should be on an individual basis but over time may be carried out in a group of three or four students. • Staff will support Kirsty to self-monitor her performance using strategies to indicate to supporting adults when she is stuck. Staff should model this behaviour themselves (e.g. verbalising aloud when they need to use strategies to help them) • Teaching Kirsty a range of approaches to use when she is stuck. This will include developing scripts to use and opportunities to practice these with familiar staff/peers. • Individual support to write a CV which is added to over time. • Kirsty should be provided with

			<p>careers advice which sets out the different training and employment options available to her.</p> <ul style="list-style-type: none"> • Kirsty will agree targets she is working towards achieving her outcomes in a My Plan which will be reviewed every term.
<p>Example 8</p> <p>Serena wants to be less anxious and be able to do 'normal' things like everyone else</p>	<p>Serena is a post-16 learner with ASD and associated mental health difficulties. She presents with significant anxiety disorder which over time has developed into depressive illness. Serena finds everyday tasks difficult and her anxiety increases when she has to talk to people she doesn't know.</p>	<p>By the end of my course:</p> <p>I can indicate that I have arrived for an appointment;</p> <p>I can show that I have understood the information I have been told or given;</p> <p>I can write two factual sentences about what I have done in the day without support;</p> <p>I can meet with someone I don't know very well and communicate with them for a short time (1-3 minutes);</p> <p>I can give at least two examples of things I am doing now that I couldn't do before.</p>	<ul style="list-style-type: none"> • No expectations or pressure for Serena to speak to anyone if she does not want to. • A minimum of 30 minutes per week additional social communication and language work to be delivered by the Advisory Teacher or learning mentor. • Additional time to process and respond to verbal instructions. • Visual support materials as appropriate if Serena would prefer to communicate in this way. • Language to be used that Serena is able to understand. • Those supporting Serena to be aware of her difficulties and to support and encourage her to use the help available. • When Serena attends an appointment, adults to check with Serena that she has

			<p>understood what is being asked of her.</p> <ul style="list-style-type: none"> • Tutor to provide a script for Serena to send as an e mail; gradually extend the activity so that Serena is writing a factual sentence of her own e.g. I went to the bookshop today, starting with 15 minutes per week. • College to work with Serena to identify a key worker. Serena will need time to build her confidence, first practising with known and trusted adults such as the Advisory Teacher/mentor or family members for 30 minutes each week; • Serena will need time to build confidence with written and spoken communication. Serena will have a set time each week (a minimum of 20 minutes). <p>College to work with Advisory Teacher to develop a programme focussed on the development of interaction skills. Milestones will be agreed and reviewed every 6 weeks using a My Plan.</p>
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