

# **Converting Statements into Education, Health and Care Plans via Annual Reviews**

# Overview

- The Government has decided that all Statements of Special Educational Need must be converted to Education, Health and Care Plans (EHCPs) over the next three and a half years
- Education, Health and Care Plans must specify a child or young persons special educational needs (SEN) and any health and/or social care needs that relate to their SEN
- There are three important differences between Statements and EHCPs:
  - **What they cover**
  - **How they are produced**
  - **The specificity of target setting**

# Overview

- EHCPs are produced using Person Centred Planning (PCP) which puts the child and young person (C&YP) and their carers at the heart of the planning process - they are actively involved in producing the EHCP rather than passive recipients of a plan
- The process for converting Statements into EHCPs should also use a Person Centred Planning approach - through a new person centred Annual Review (AR) process
- This means that ARs will look different in future
- A number of pilots around the country over the past 3 years have explored how EHCPs can be produced, but there is no agreed detailed recommended process
- Similarly there is no agreed detailed recommended process for converting Statements to EHCPs
- Where children have a Care Plan (SW / IRO) there will be single joint annual reviews

# Overview and Aim of this Training

- In Bradford we have been exploring ways of using PCP in ARs in order to provide SEN Officers with the information necessary for them to write the new EHCPs
- As EHCPs need additional and different information, there is a new single PCP AR form which can be found on Bradford Schools Online
- The aim of this training is to share our insights to enable you, with some support, to run PCP Annual Reviews and complete the new form
- If you have any questions. Please write them on the post-its provided and stick them at the front
- We do not have all the answers at the moment - we are still learning and we will need to update you from time to time

# The Pilots

- We carried out 8 pilots in total:
  - 1 primary special school
  - 2 secondary special school
  - 1 mainstream DSP (secondary)
  - 4 mainstream primary
- The primary needs covered included:
  - PMLD
  - SLD
  - SEBD
  - PD
  - AS

# EHCP Conversion – The next steps

## What the Code of Practice says

- All conversions must be completed by April 2018
- Transitions to be phased:
  - Nursery to primary
  - KS1 – KS2
  - Primary transfer (KS2 – KS3)
  - KS3 – KS4
  - Secondary Transfer (KS4 – KS5)
  - KS5 - FE

# Who and when to convert

- You will be issued with a list of those children you need to convert each year
- This list will identify each child needing a conversion review and the due date for the conversion meeting. This is based on the previous annual review date
- EXCEPT: dates for children moving between phases (primary secondary etc) have been brought forward so they are completed before the February deadline
- The list will have been shared with Health colleagues and Social Care colleagues so they will be aware of the dates
- Once you have your dates you can proceed with inviting those involved in the normal way

# Support for conversion

- Your link EP will model the first conversion review for you
- The date for this will be highlighted in grey on your list
- The date is fixed and the EP will have it in their diary. Please stick to this date unless it is totally inappropriate
- If there is a problem please contact your EP

# Further support

- Weekly 'workshops' to support you with target setting or any other aspect of conversion;
- Half Termly refresher training on EHCP conversions available between September and March 2018;
- Timetable available on BSO from September.

# Tricky conversions

- A limited amount of further support is available from SEN / EPT when there is a complex case e.g:
  - Involving change of provision (mainstream to special)
  - Conflict between parents and school
  - Previous tribunal
  - Significant health and social care involvement
- Please contact Simon Ramsden / Ruth Dennis / Linda Chavasse to discuss if you feel this may be needed.

# Person Centred Planning



# What is Person Centred Planning?

Person Centred Planning (PCP):

- Puts the C&YP at the heart of the planning process
- Gives the C&YP a voice
- Helps the C&YP to think about what they want now and in the future
- Ensures that the views and aspirations of the C&YP inform decision-making about their future

# Why use Person Centred Planning?

- PCP is built upon the values of inclusion and places emphasis on the support that a C&YP needs to ensure they are included and involved in their community
- PCP is a positive approach that seeks to empower C&YP, their families, school staff and other professionals to plan for the C&YP's future and to recognise what support, resources and facilities are needed to realise this future
- This allows focus to be placed on the person's capabilities rather than their difficulties

# Principles of Person Centred Planning

- The C&YP is at the centre of the process. Their views are listened to and taken into account
- Parent/carers are enabled to be active partners in the planning process. This process involves thinking about the C&YP within the contexts of home, school and community. The contributions of parents/carers are recognised and valued, providing a forum for negotiating any conflicts about what is safe, possible or desirable to improve the C&YP's life
- Planning should build upon the C&YP's circle of support and involve all the people who are important in that C&YP's life. It should build a shared commitment to a clear plan of action reflecting what is important to the C&YP

# Why is Person Centred Planning important?

PCP:

- Helps C&YP to work out what they want in their lives to increase confidence and give them more control
- Creates an arena in which people with different expertise can work together in equal partnership to plan how to best support the C&YP
- Helps to direct and shape the contributions made from different agencies/services to ensure they are based upon what is important to the C&YP from their perspective

# Person Centred Planning

## Step 1 - This is Me

- A continual process of listening and learning about what is important to and for the person, now and in the future with family, friends and professionals working together to make this happen

# Step 1 - This is Me

- The purpose of this section is to write a pen portrait of the C&YP. This will allow readers to get an overview of the person's:
  - Home and family
  - Important people
  - Likes and hobbies
  - History and health needs
  - How to communicate with the C&YP and engage them in decision making
  - What's important for and to them
  - What is working well
  - What could be better

# Step 1 - This is Me

## Collecting the information

- This should involve the C&YP, parents/carers and school
- This should be completed before the meeting and then presented at the beginning of the AN with the C&YP present – the C&YP can present it to you themselves if appropriate
- Any additional information given from other professionals present can also be added at this point

# Step 1 - This is Me

## Collecting the information

- A variety of methods can be used to collect the information from the C&YP and parents/carers. This will depend on the individual, their age and their level of need. This can involve:
  - Using the pack
  - Using 'My Plan' on BSO
  - PowerPoint
  - Photos
  - Videos
  - Anything that works for that individual and their family

# Step 1 - This is Me

## The process

- Home & family
  - Who does the C&YP live with?
- Important people in my life
  - Which people are important to the C&YP (home/school/community)?
- Likes & hobbies
  - What do they enjoy doing at home, in school and in the community? Do they go to any clubs, e.g. Brownies, Sea Cadets etc?

# Keira's EHCP



## Home

- Mummy, sister (age 11 Holly) + daddy
- 1 dog (Lexi) - chocolate lab
- 2 cats (Pippi + Ebony)
- 2 rabbits (Fluff + Bubble)

## Likes & Hobbies



- Art (drawing + making stuff)
- Minecraft (build stuff / different world on X Box, iPad, You Tube)
- Lego (horse caravan)
- Being with my friends!

# Step 1 - This is Me

## The process

- History & health needs
  - What are the key events that have happened in their life (from birth to the present time), e.g. being given a diagnosis, moving house, changing school etc? Do they have any health needs? If so, give a brief outline of these
- How to communicate with me and engage me in decision-making
  - How can we ensure that the C&YP is enabled to express their views and wishes so they can be as actively involved as possible?

# History



- Born full-time
- Thought she had myopathy (muscle weakness) - doing blood tests
- Born with a heart murmur - now ok
- Contractures of fingers
- Born with feet turned in
- Netherlands Are Nursery
- Low Moor - Reception

# Step 1 - This is Me

## The process

- What's important for me?
  - What needs to be in place to make sure that the C&YP is able to achieve, succeed and be happy at home, in school and in the community?
- What people do for me
  - What do other people do for the C&YP to meet their needs and enable them to cope with any difficulties they have at home, in school and in the community?



## What's important for me?

- Beanie Boos (kaddy bears with glittery eyes) - collect them
- Sleep so Keira doesn't get tired
- TV
- Going outside with dog
- Equipment to get about/around

## What people do for me

- Sister; gets me out of bed, gets me food/drinks
- puts TV on, gets tissues, picks up things I've dropped, plays with me, turns me over in bed
- Mum; takes me to the toilet
- Dad; same as Mum
- Miss Longstaff + Miss Barker; take care of me
- Friends; puts my lunchbag and bookbag away, get things for me



# Step 1 - This is Me

## The process

- Working well
  - What strategies/support are/is working well for the C&YP at home, in school and in the community?
- Could be better
  - Is there anything that could be changed or needs to be changed to ensure that the C&YP's needs are met?



# Working well

- Skairlyfe at home
- Chair in school
- Skairclimber in school
- Opportunities to walk around in school (so she doesn't skiffen up)
- Would it help for Keira to stand up more in school?

- Physio exercises
- Splinks at home



## Example - This is me

My name is S, I am 7 years old and live at home with my mum, dad, younger brother and extended family. At home we speak Urdu but we also speak English and use English the most.

In August 2011, I saw a speech and language therapist who said that my speech and language was in line with my learning. In October 2012, my school were worried about my learning, speech and language, and my social skills. I went to see Dr X (Paediatrician) who told me I had a developmental delay, but I didn't need to see her again as the only other thing she wanted to be checked was my hearing. I had grommets fitted in May 2013 and I need to go to the hospital to have my hearing checked. My teachers and educational psychologist say that I have a severe learning difficulty.

I really enjoy going shopping with my mum, reading books and baking at home and in school. I also like to watch cartoons and my favourites are Scooby Doo and Tom and Jerry.

In school, my teachers feels that it is important for me to have a visual timetable and different areas in the classroom with work that I can understand. You can communicate with me by talking, it also helps if you show me lots of pictures and use simple words that I understand. It is also important for me and school to have help from a speech and language therapist. At home, it's important for me to have my favourite bunny toy with me, and I like to take this to Asda. My mum feels that It's also important for me to have help baking cakes.

At home, my mum and dad and all my family help me with things like brushing my teeth and helping me to get dressed. In school, Miss M helps me every day and Miss C helps me with my reading and writing.

Everybody says that my language is becoming clearer and they understand me more. I am also better at understanding what people say to me. I also understand numbers better, for example, when I am given sweets, I like to count them out. My writing is getting better and I can nearly write my name and my mum says that I listen to her more.

- (This account was written by an Educational Psychologist, using information collected from S, her mother, and school SENCo.)

# Step 1 - This is Me

## What happens next?

- After the meeting the SENCo's are expected to write up the "This is Me" summary
- This should be added/attached to 'Section A' of the AR conversion paperwork
- This should consist of 6/7 brief paragraphs summarising the information collected
- During the pilot it took around 20-40 minutes to write

# Step 1 - This is Me Activity

- Please look at the example “This is Me” summary in the handouts
- In pairs or small groups write a “This is Me” summary for the C&YP we have been discussing. Use the script notes provided to guide you

## 'This is me'

My name is K, I am 9 years old and live at home with my mum, dad and my older sister H. I have lots of pets that I like to play with. I have 1 dog, 2 cats and 2 rabbits. I used to go to xxx Nursery and then I went to xxx Primary School.

The doctors at the hospital said that I was born with a heart murmur but I am OK now. I also have muscle weakness and usually use a wheelchair to get around but sometimes I can use a walking frame. The doctors thought this was myopathy but I am now having extra tests to find out exactly what it is. I have also had operations on my hands and feet as my doctors said I was born with my feet turned in and with contractures of my fingers.

I really like art, I enjoy drawing and making stuff. I like playing on the computer. I really like Minecraft where you get to build stuff in a different world on the Xbox. I also like to use the iPad and look at You Tube. Another thing I like to do is make things from Lego. I like watching TV and going outside with the dog. I also like being with my friends.

At home it is important for me to have my collection of 'Beanie Boos' which are teddy bears with glittery eyes. I like to collect them and I have loads at home. My mum feels it is also important for me to get lots of sleep. At home, in school and when I am out and about it is important that I have all of the equipment I need to help me with this.

Lots of people help me. My sister will get me out of bed and get me food and drinks. She will also put on the TV, get me tissues and pick up things I have dropped. She will play with me too and turn me over in bed when I am asleep. My mum and dad help me with all of these things too, and they also help me go to the toilet.

In school Miss L and Miss B take care of me and help me get the things I need. My friends help me too by picking up my lunch bag and putting my book bag away. They will get things for me when I ask them. You can communicate with me by talking. I love to talk to everyone.

(This account for was written by an Educational Psychologist, using information collected from K, her mum and the school staff who work with her.)

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# Step 2 – Aspirations Hopes for the future

- Aspirations of child - Hopes for the future
  - What are your hopes for the future, e.g. in terms of education, play, health, schooling, friendships, further education, employment (where applicable)?
- Aspirations of parent - Hopes for the future
  - What are your hopes for your child's future, e.g. in terms of education, play, health, schooling, friendships, further education, independent living, university, employment (where applicable)?

# Aspirations



- A diagnosis → independence?
- A singer (when older)
- Want her to go to a decent school - want secondary school to be easy

# What we learnt from the pilot so far...

- Ideally this should be completed by the C&YP, parents and school staff before the AR meeting
- For hard to reach parents school may need to involve a Parental Involvement Worker who can visit the parent at home
- Aspirations don't have to be realistic – they give a sense of direction to enable outcomes and targets to be set
- Aspirations – Hopes for the future section can be emotive for everyone involved. During the pilots we did have some tears!

# What we learnt from the pilot so far...

- Feedback:
  - “I learnt a lot more about C, how he is getting on at school and what I can do at home to help him”
  - “Nice to hear other peoples views”
  - “A nice conversation”

# Step 3 - Progress

- Information should be collected before the review as in previous ARs with additional health and social care information relating to SEN (we are developing a proforma to send to Health and Social Care to contribute to this)
- This should be pre-populated onto the template to facilitate the co-production process. This can be discussed and added to at the meeting

# Progress



Writing my name and last name				C
Tidying up				C
Reading	P4 → P7	Reads CVC words with help to blend / Knows most Phase 2 sounds	Recognises words when linked to pictures / Tries hand	S
Writing	P6 → P6	Writes first name + surname independently + family names	Copies + traces letters	S
Maths	P7 → P7	Can count by rote to 20 / 14?	Recognises numbers 1-10 / Add + subtract up to 5 with apparatus	S
Settled in to Bradford Academy				S
Made some new friends				S
Finding it easier to leave mum in the mornings + does it most days without upset				S
Confident answering questions and sharing news in front of friends in class				S
Classroom routines. - follows instructions.				
Growing understanding of diabetic needs.				
More confident in not usual places				
Letting use of other sites for injection.				

# Progress



- Connor is making better than expected progress; he is starting to vocalise more
- Connor will now reach out and touch other children (as opposed to grabbing them)
- Connor's walking has improved and he can walk to the hall from class
- Connor will use the potty

# Step 4 – Current Needs

- This information should be pre-populated before the meeting and discussed during the meeting to see if they are still relevant and appropriate.
- This information can be gathered from the current statement; previous AR paperwork; teacher and professional reports etc.



# Current needs

Support to:

- ①  Develop literacy skills
- ②  $2+4=$   Develop numeracy skills
- ③  Develop listening + attention skills
- ④  Develop spoken language skills
- ⑤  Develop confidence + social skills
- ⑥  Keep blood sugar levels stable
- ⑦  To attend school regularly.



# Current needs

## • Learning and cognition

- To be able to explore objects in more complex ways
- To promote cognitive skills and develop his understanding around cause and effect relationships

## • Communication and interaction

- To develop listening and attention skills
- To develop understanding and use of language
- To communicate with peers and in group settings

## • (Personal) Social, emotional and mental health difficulties

- To develop his social interaction skills
- To develop self-care/self-help skills eg toileting, dressing, feeding

## • Physical and/or sensory needs

- To develop gross motor skills and fine motor skills
- To develop use of residual vision X (needs input from health professionals)

# Step 5 - Long-Term Outcomes

- Long-Term Outcomes should identify what the C&YP will achieve over a period of time that runs to a significant change point in their lives - this will usually be an educational change of stage or phase
- Long-Term Outcomes would normally cover a period of longer than a year - this time frame will be covered in the next section
- Long-Term Outcomes should be SMART
- The Long-Term Outcomes should be guided by the C&YP's and their parent/carer's aspirations. Long-Term Outcomes can be derived from the current statement (if relevant), AR paperwork, professional reports etc.



# Long-term outcomes

- ① To develop literacy skills to  $\geq 4$ .
- ② To develop maths skills to  $\geq 4$
- ③ To develop age appropriate listening + attention skills
- ④ To develop age appropriate spoken language.
- ⑤ To confidently use age appropriate social skills
- ⑥ To develop diabetes self management skills
  - testing own blood sugar levels
  - undertake supervised injections
  - use a basic knowledge of how exercise affects blood sugar levels
  - to identify + use knowledge of which foods have carbohydrates + what type.
- ⑦ To attain 95% attendance. (Y6)



# Long-term outcomes

## • Learning and cognition

- ① - Connor will play with toys/objects in a more purposeful way
- ② - Connor will demonstrate a more complex awareness of cause and effect relationships

## • Communication and interaction

- ③ - Connor will develop his listening and attention skills
- ④ - Connor will develop his understanding and use of language
- ⑤ - Connor will communicate with peers and in group settings

## • Social, emotional and mental health difficulties

- ⑥ - To develop his social interaction skills
- ⑦ - Connor will develop his self-care/self-help skills eg toileting, dressing, feeding

## • Physical and/or sensory needs

- ⑧ - Connor will develop gross motor skills and fine motor skills

# Step 6 - One year from now

## Annual Targets

- This step involves devising Annual Targets linked to each of the Long-Term Outcomes
- There may be more than one Annual Targets for each Long-Term Outcome
  - For example, if the Long-Term Outcome is around the C&YP improving their speech, language and communication skills, one Annual Target may be about an improvement in the C&YP's expressive language (e.g. clarity of speech) and a second Annual Target may be about an improvement in the C&YP's receptive language (e.g. ability to understand and follow instructions)

# Step 6 - Writing Annual Targets

Each Annual Target must be **SMART**:

- **Specific:** Who, what, where, when, which, why?
- **Measurable:** How will you know that the target has been accomplished? What will the CYP be doing/saying to show you that they have achieved the target? Avoid using 'hazy' language, e.g. 'develop', 'improve'
- **Achievable:** Does the C&YP have the capacity to achieve the target?
- **Realistic/relevant:** Is the target linked to a clear need/Long-Term Outcome?
- **Time limited:** Is there a clear time frame within which the target should be met?

# Step 6 - Writing Annual Targets

## Think about...

- What specifically do we want the C&YP to be able to do in 12 months time to show us that they are working towards achieving the Long-Term Outcome?
- What will they be doing? What will we be seeing? What will we be hearing? When? Under what conditions?
- What success criteria will you use to determine whether the objective has been successfully met?

# Step 6 - Writing Annual Targets

## Examples of SMART Annual Targets...

- David will face the front, sit still, remain quiet and listen to whole-class input from the teacher for 10 minutes
- Salma will understand and follow simple 3-part instructions
- Lily will start to say “no” when children ask her to do inappropriate things (75% of the time)
- Zain will hold a pen/pencil using a tripod grip for all writing tasks

# Step 6 - Writing Annual Targets Activity

- In pairs, read each of the Annual Targets on the handout *Writing SMART Annual Targets* and decide whether it is SMART.
- If the Annual Target is not SMART, write a new Annual Target that is!

# Step 7- Meeting Annual Targets

## (Provision, Delivered by, When, Resources/Facilities)

- After writing each SMART Annual Target (at the side of the relevant Long-Term Outcome no.) the group (which can include the C&YP if deemed appropriate) discuss and record:
  - Provision: What specific support and/or intervention will be put in place to enable the C&YP to meet the Annual Target?
  - Delivered by...: Who will take responsibility for making sure the necessary provision is put in place and sustained over the agreed time scale?
  - When: Note down start date, duration and frequency.
  - Resources/Facilities: What resources, e.g. intervention packages, and/or facilities, e.g. a sensory room, will be needed to ensure that the intervention/support can be delivered/provided?

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# Step 8 – Completing the Annual Review paperwork

- Use the information collected in Steps 1–7 to populate the AR paperwork which will be available on BSO
- The SEN Officers will then produce an EHCP to be shared with parents/carers and amended as needed

# What we learnt from the pilot so far...

- Make it bright and colourful, use pictures, drawings....whatever works for you and the family
- Use different coloured pens for each area of need
- Most effective and time efficient order is to work across...One need, its Long-Term Outcome, Annual Target and Provision in one step and in one colour
- The 'This Is Me' meeting takes around 30-60 minutes
- The AR meeting takes around 1½ - 2 hours

# Feedback from pilot...

- “I like the planning about my child’s areas of learning, which will help my child to improve”
- “The process was really good. It was better than my expectation”
- “Parents coming in twice may be a big ask”
- “Enjoyable – nice to hear about home”
- “Could be unrealistic for special schools within 3 years”
- “Useful to have long-term outcomes broken down into annual targets”

# Future Developments

- Future training sessions will be available for SENCOs, please see BSO for further details
- Ongoing work with Health and Social Care colleagues regarding the transitional process
- Influence of Personal Budgets
- How provision will be incorporated into the Range Model
- New statutory assessment request paperwork will be available on BSO