

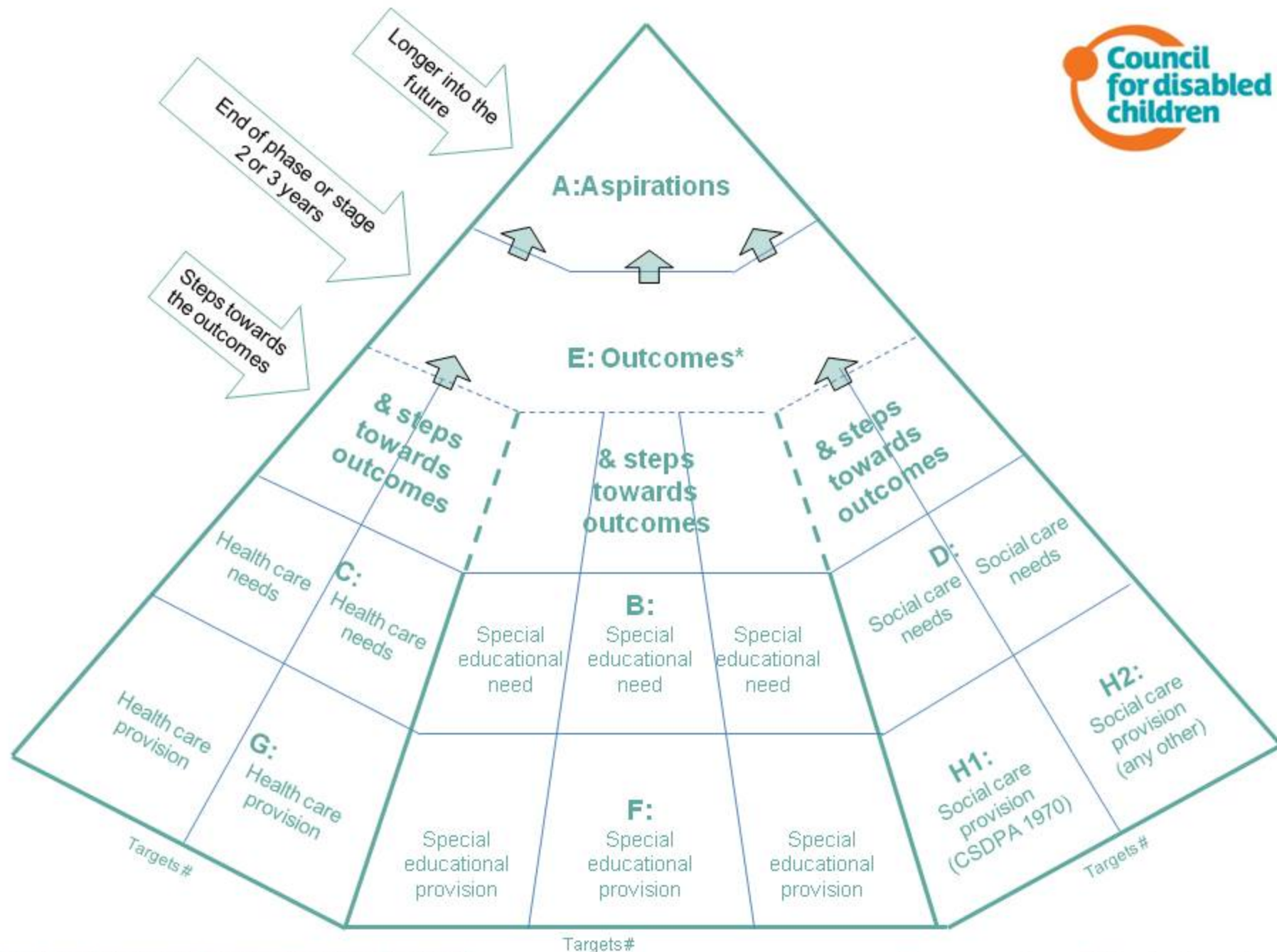
## Introduction to the outcomes pyramid

The pyramid has been developed by the Council for Disabled Children as a tool to help professionals and parents identify outcomes for children and young people with special educational needs.

The outcomes pyramid is based on CDC work as part of the 3 year 'CHUMS' research study into health outcomes, led by researchers from the Peninsula Cerebra Research Unit. CDC spoke to over 100 children, young people and parents about the outcomes that mattered to them and found that they could be visualised as a hierarchy, with aspirations at the top of the pyramid.

The pyramid can help to achieve a high level, meaningful and coherent approach to assessment and planning. In particular it can help to link together aspirations, outcomes, steps towards those outcomes, needs and provision. These linkages are sometimes difficult to achieve, particularly if parents are focused on the longer term picture and professionals on shorter term targets and more immediate next steps.

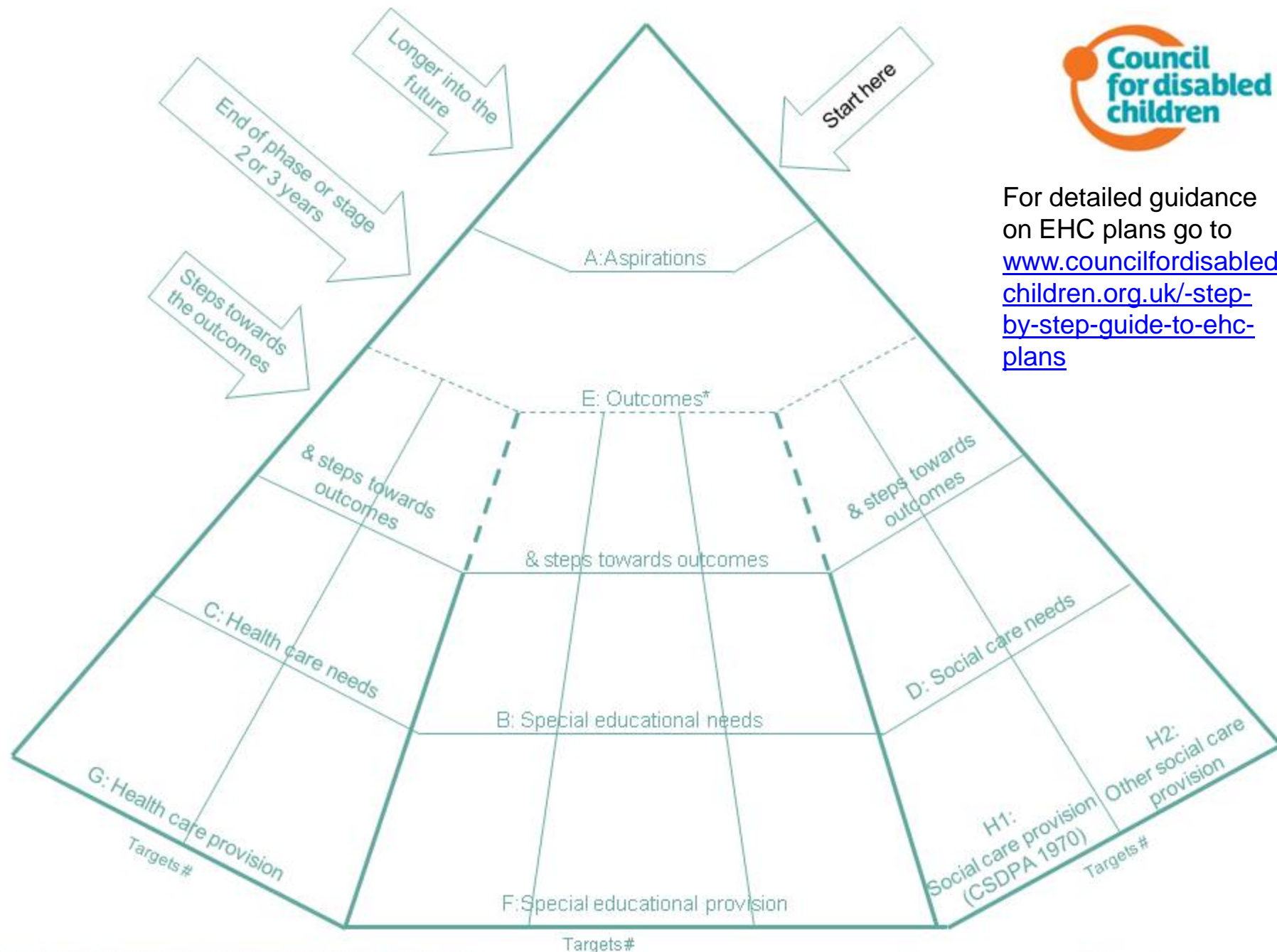
The pyramid can be a starting point for commissioning assessments and for developing an EHC plan. In moving information from the pyramid into an EHC assessment and plan, it will be necessary to develop much more detail and to become much more specific, see notes on slide 4. CDC provides a section by section guide to EHC plans. This guide includes comprehensive advice on the completion of each section.



# EHC plan should specify the arrangements for setting shorter term targets at school, service or institutional level.

\* For young people over 17, the education and training outcomes need to be separately identified.

For detailed guidance on EHC plans go to [www.councilfordisabledchildren.org.uk/-step-by-step-guide-to-ehc-plans](http://www.councilfordisabledchildren.org.uk/-step-by-step-guide-to-ehc-plans)



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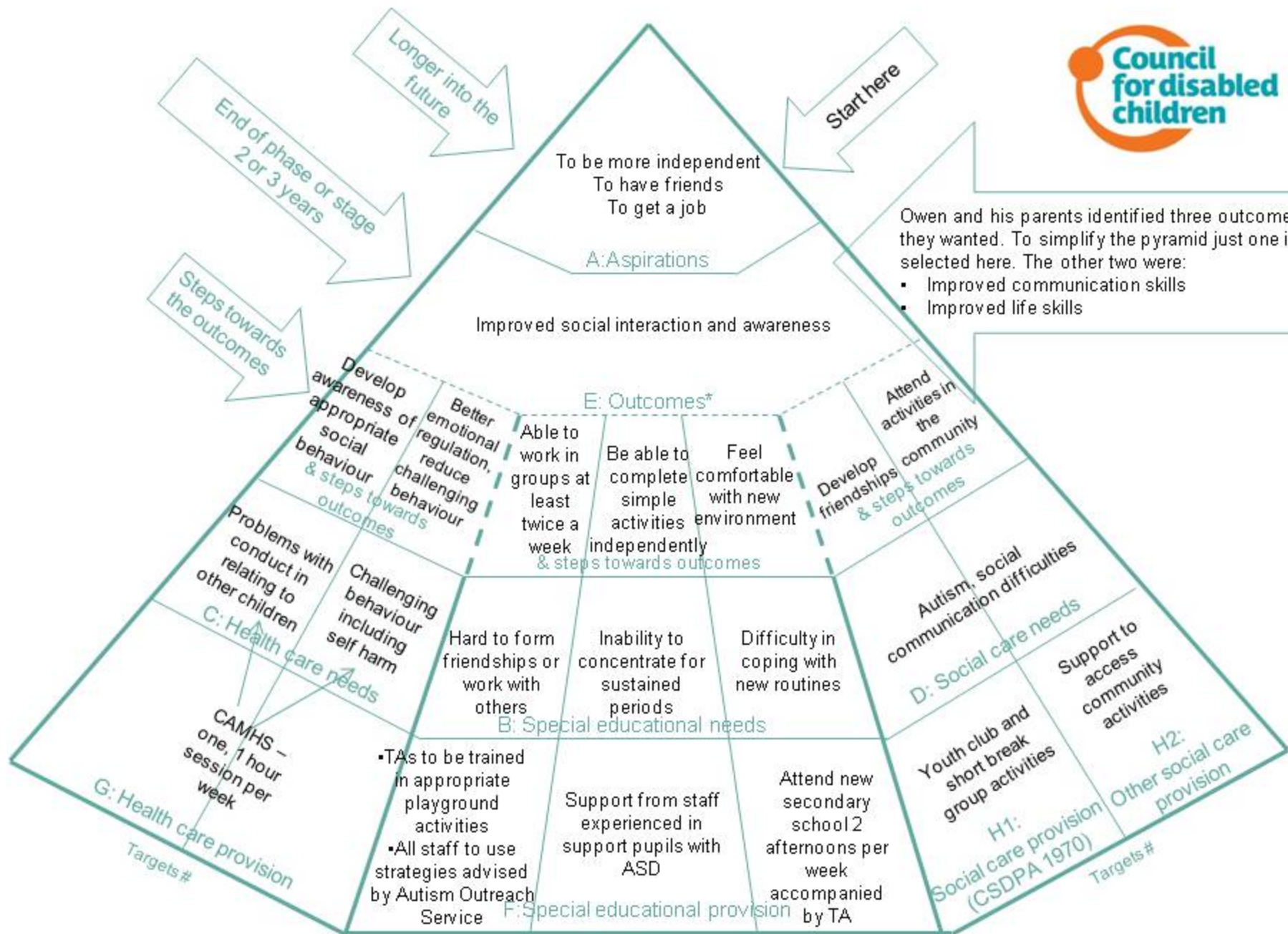
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## Notes on using the outcomes pyramid\*

- With the focus on one particular child or young person, start to gather high level information to complete the pyramid. The information should come out of conversations with the child or young person and their parents and may emerge from the process of developing a one-page profile.
- The process can be started early in the assessment and planning process. If it is completed during the period when the local authority is deciding whether or not to assess, it may be helpful to commission advice from professionals on the basis of the information gathered up to that point.
- Start at the top of the pyramid with aspirations. Then work down the pyramid taking each level in turn, completing the section on provision last.
- In general, outcomes can be articulated jointly across education, health and social care. For young people over 17, the education and training outcomes need to be separately identified.
- Over time something that is an aspiration now might become an outcome. For example, for a child aged 9, an aspiration might be 'to go to college'. At 14 this might be an achievable outcome for a young person.
- Be clear about who the aspirations and outcomes have come from. If the outcomes have been articulated by the child or young person's parents, reflect this in how the information is written up. Be mindful of using the first person if this is not really what the child or young person has said. Use direct quotations from the child or young person alongside other information if necessary. For a child or young person with non-verbal communication, indicate how the child or young person has communicated their views.
- The timescale for the achievement of outcomes may be 2 or 3 years, or the end of a phase or key stage.
- As they emerge from the conversation, outcomes may not be SMART. This is a high level planning process and the outcomes can be specified more precisely and 'SMARTened up' subsequently.
- The needs level of the pyramid may be outline information initially and may need re-shaping when advice and information is received from professionals.
- The final level on provision should be completed last. This should specify the provision to meet the needs in the level above that will support the attainment of the outcomes and the steps towards the outcomes. There must be provision for each and every need identified. Provision specified in an EHC plan must be specific, detailed and normally quantified.
- The arrangements for setting shorter term targets should be included in an EHC plan.
- During the assessment and planning process, shorter term targets may themselves emerge. These might be achieved in a few weeks, a half term or a term. These can be added in an appendix to the plan and can be used by the setting (school, college, or early years setting) to track progress in the shorter term. They should not form part of the plan itself.

\* **CDC provides a section by section guide to EHC plans. This guide includes comprehensive advice on the completion of each section.**



Owen and his parents identified three outcomes they wanted. To simplify the pyramid just one is selected here. The other two were:

- Improved communication skills
- Improved life skills

Targets#  
At school level, develop a timetable with Owen, by December