

MULTIAGENCY OUTCOME SETTING IN AN EDUCATIONAL SETTING – CHALLENGES AND THOUGHTS!

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- ▶ DCO role and purpose
- ▶ Reality of outcome setting
- ▶ Key challenges
- ▶ Possible solutions

INTENTION; WORKSHOP

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- ▶ Ensuring an oversight of health needs and provision.
- ▶ A coordination role in terms of service providers and partner organisation
- ▶ A strategic role within joint commissioning of services and the local area participation and engagement strategy

DESIGNATED CLINICAL OFFICER FOR
SEND ;
WHAT AND HOW ?





AKA SILO PREVENTION !



▶ Activity

SHARED DEFINITION OF OUTCOME ?

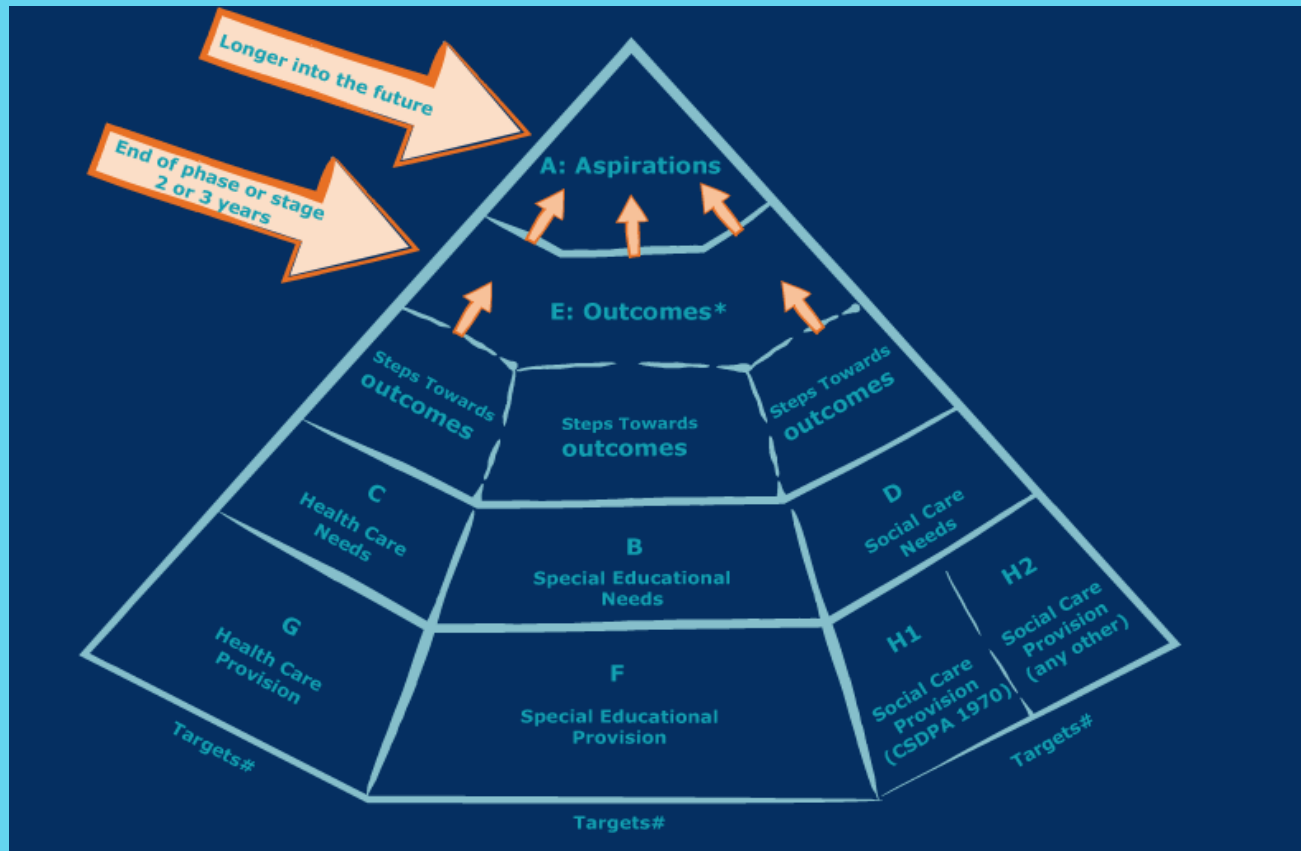
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- ▶ 9.61 *EHC plans must specify the outcomes sought for the child or young person. Outcomes in EHC plans should be SMART (specific, measurable, achievable, realistic, time-bound).*
- ▶ 9.66 *An outcome can be defined as the benefit or difference made 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 SMART*
- ▶ 9.68 *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 2014

“The need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes “

CODE OF PRACTICE 2014



CDC OUTCOMES PYRAMID

- ▶ Develops and builds on something that is working well
- ▶ Makes changes to things that are not working well which helps a child or young person to make small steps towards future aspirations
- ▶ Is ideally based on the ideas of a child / young person and articulated from their perspective
- ▶ Can be influenced or shaped by the wishes /actions of a young person
- ▶ Is SMART

WHAT MAKES A GOOD OUTCOME?
AFC GOLDEN BINDER



- ▶ What difference or benefit will be seen?
- ▶ What will be different when the outcome has been achieved?
- ▶ What will the student be able to do that they cannot do now?

CATCOTE ACADEMY GUIDANCE FOR WRITING OUTCOMES

- ▶ Xx will develop his/her ability to participate in a conversation so that they can maintain a conversation with a peer for 1 minute by the end of Year 9. (long term)
- ▶ Short term targets which sit underneath this might be
- ▶
 1. To respond appropriately when asked a question by an adult
 2. To take part in a conversation with an adult on a topic of their choice
 3. To take part in a conversation with an adult on a topic not of their choosing
 4. To initiate a conversation with an adult
 5. To take part in a conversation with a peer on a topic of their choice
 6. To take part in a conversation with a peer on a topic not of their choosing
 7. To maintain a conversation with an adult for 30 seconds
 8. To maintain a conversation with a peer for 30 seconds

CATCOTE ACADEMY

- ▶ Voice of whom? Parent +/- Young Person
- ▶ Short term targets vs Phase/ key stage outcomes
- ▶ Health outcomes “PROMS” vs person centred life outcomes
- ▶ Evidence based intervention vs person centred outcomes
- ▶ SMART outcomes
- ▶ Different professionals offering differing advice with similar outcomes
- ▶ Relationship between outcomes and provision
- ▶ Reality of the setting
- ▶ Ownership / duty of care for delivering outcomes

CHALLENGES OF ARRIVING AT MULTIAGENCY OUTCOMES

- ▶ Aspiration + need = Outcomes
- ▶ Target x + target y + target p = Outcome
- ▶ Extrinsic vs intrinsic

OUTCOMES: DRIVERS?



- ▶ Communication, mobility, pain, self-care, temperament (mood and anxiety), relationships, community and social life, emotional wellbeing, self-care, independence and future aspirations.
- ▶ Parents also felt their child's sleep, behaviour, and safety were important
- ▶ Parental outcomes are not always those of the young person.

OUTCOMES FROM THE CHUMS PROJECT;
HEALTH VALUED “OUTCOMES”.

So, an outcome that we are looking for from a parent perspective is that **services work together**. What we really need is when [our child is] having a wheelchair assessment, we need to have the wheelchair service, the physio and the OT all in the room together with us, so that we are all on the same page as to what changes are being made to the wheelchair, rather than wheelchair service is going to change the wheelchair, the physio then sees the wheelchair a week later." Area C

- ▶ I don't need an OT to suggest I use a wobble cushion
- ▶ SENDCo

FEEDBACK

Better decisions are made when children and young people are involved

Taking the pictures down on the timetable after we've done it (would help) otherwise if it's the afternoon I think it's the morning. They normally stay up there all day"

"I didn't really feel like I could say anything"

When we become adults, we have to make choices and decisions, so it is really important you help us to learn the skills and confidence y to do this as children"

"There is stuff we still need support with, but the person we're assigned to doesn't really contact us"

"need to be more linked to life" and "explained as purpose"

FEEDBACK FROM YOUNG PEOPLE

- ▶ Shared vision
- ▶ Coproduction
- ▶ Multiagency training
- ▶ Time
- ▶ Prioritisation of views of individual / family
- ▶ Reality of the offering of the setting
- ▶ Review of effectiveness

HOW DO WE ACHIEVE “SHARED”
OUTCOMES?

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- ▶ The goal for the SEND system must be to enable children and young people to move towards happy and fulfilling adult lives.
- ▶ Working with families – not just children and young people in isolation – is the route to making sustainable impact in the long term.
- ▶ Training and development
- ▶ Language is powerful – outcomes and ambitions
- ▶ Influence and collaboration rather than command and control

IMPOWER

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HERTFORDSHIRE OUTCOME BEES

- ▶ Outcomes focus special education provision on things that are important to the child or young person, and things that help them to make real, recognisable progress.
- ▶ Outcomes look forward, build on what the child or young person can already do and on their potential; this helps parents to have positive conversations with professionals.
- ▶ Outcomes are a good way to involve families in the production of their child's EHCP and they help to focus young people on what they really want to achieve.
- ▶ Outcomes are **challenging** and should drive a **culture of high expectations** for children with special educational needs or disabilities.

HOUNSLOW LOCAL OFFER

- ▶ CHUMS project
- ▶ CDC It takes leaders to break down silos
- ▶ CDC
- ▶ Delivering Better Outcomes Together ; Mott MacDonald

REFERENCES