

**My Support Plan**

**Information, Guidance and Template**

**Introduction**

The My Support Plan (MSP) has been in place in Kirklees since the introduction of the SEND reforms in September 2014. A working group of SENCO champions, early years practitioners and representatives from Health and Social Care have been meeting during the autumn term (2015) to develop the My Support Plan template in order to: a) improve its ‘usability’ as an effective planning tool in response to feedback from schools and settings, and b) to reflect developing thinking, both locally and nationally, as the implementation of the SEND reforms progress.

Many schools and settings will be using the current template (Version 1) for existing My Support Plans and can continue to do so: there is no requirement to change over existing plans onto the new template.

From January 2016, schools and settings are asked to use the new template (MSP – Version 2(V2f)) when starting a My Support Plan (for a child who hasn’t previously had an MSP). The new template is attached to this guidance.

This information and guidance is primarily to support schools and settings but may also be useful to other practitioners who are involved in developing My Support Plan(s) for children and young people with special educational needs. It should **always** be read prior to starting a new My Support Plan (MSP) on the new template (MSP – Version 2(V2f)). It explains key elements of the new approach to meeting SEND as detailed in the SEND Code of Practice 2014, which needs to become fundamental to our thinking right from initial identification of special educational needs, and all of which **must** be considered within a My Support Plan. This guidance should be read in conjunction with other Kirklees guidance listed in point 9.

**What are we aiming for – a reminder**

‘Our vision for children with special educational needs and disabilities is the same as for all children and young people that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.

…….the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence’.

*Foreword to the SEND Code of Practice 2014*

**1.The Golden Thread**

There should be a golden thread directly from the aspirations to the provision and this is achieved by thinking about outcomes as steps on the journey towards the aspirations.

Aspirations

Provision

Outcomes

Needs

**2.Aspirations**

**What does the Code say?**

**1.39** ‘With high **aspirations**, and the right support, the vast majority of children and young people can go on to achieve successful long-term outcomes in adult life.’

**8.10** ‘Children and young people’s **aspirations** and needs will not only vary according to individual circumstances, but will change over time as they get older and approach adult life.’

8.11 ‘Planning must be centred 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.’

SO the system needs to support children, young people and their parents to have high aspirations for the future. We must seek to raise aspirations by not only thinking about what is possible now but thinking creatively about what could be possible in the future.

**Aspirations must be challenging**

**3.Needs**

**What does the Code say?**

Page 15 xiii. ‘A child or young person 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.’

6.27 ‘A detailed assessment of need should ensure that the full range of a child or young person’s needs is identified, not just the primary need. The support provided to an individual should always be based on a full understanding of their particular **strengths** and **needs** and seek to address them all using well-evidenced interventions targeted at their areas of difficulty.’

**6.28 ‘Special educational needs** are linked to the 4 broad areas of need as outlined in the Code of Practice. **Cognition and learning, Communication and interaction, Social, emotional and mental health and Sensory and/or physical*.’***

Sometimes a child or young person has **health** needs that relate to their SEN or **social care** needs that relate to their SEN and as such have an impact on their learning progress. This is where a collaborative approach across services is particularly important (please refer to Point 8 of this guidance – Sharing Outcomes across Education, Health and Social Care).

**4.Outcomes**



**What does the Code say?**

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 havecontrol and **influence over**, and while it does not always haveto be formal or accredited, it should be specific, measurable,achievable, realistic and time bound (**SMART)**’

9.21 ‘Planning should **start with the individual** and local authorities must have regard to the views, wishes and feelings of the child, child’s parent or young person, their aspirations, the outcomes they wish to seek and the support they need to achieve them.‘

Aspirations

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’.



9.67 ‘When agreeing outcomes, it is important to consider both what is **important to** the child or young person – what they themselves want to be able to achieve – and what is **important for** them as judged by others with the child or young person’s best interests at heart.’



9.68 ‘From year 9 onwards, the nature of the outcomes will reflect the need to ensure young people are **preparing for adulthood**.’

**SO** outcomes describe a positive difference towards the aspirations and life outcomes, are holistic (i.e. are shared between education, health and care where appropriate), person-centred, last for a phase or stage, about things that can be influenced, based on what is important **to** and important **for** the child or young person and remain SMART for that individual. This is quite a challenge!

**5.Steps towards outcomes**

The steps towards outcomes might be shorter term outcomes which would lead towards the achievement of the longer term outcome. They should be expected to be relevant for at least a year and possibly longer.

Steps towards outcomes might be expressed separately for education, health and care. Even though they may cover a shorter time period all of the other principles for outcomes should still apply.

**6.Shorter Term Targets**

Shorter term targets are set at the level of the school or other institution where the child or young person is placed.

Professionals working with children and young people may agree shorter term targets with the parents/young person that can be reviewed and amended regularly to ensure that the individual remains on track to achieve the outcomes specified in their plan. **Regular progress** **monitoring** should always be considered **in the light of the** **longer term outcomes and aspirations** that the child or young person wants to achieve.

Shorter term targets should be SMART so that progress can be monitored.

**7.Provision**

Provision is the intervention/resource that is to be provided in order to work towards attaining the outcome.

**What does the Code say?**

Page 16 – xvi. ‘**Special educational provision** is provision that is additional to or different from that made generally for other children of the same age.’

6.50 ‘The support and intervention provided should be selected to meet the outcomes identified for the child/young person, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and expertise.’

Page 166 – ‘Provision should be specific and normally quantified, in terms of type, hours and frequency of support and level of expertise.’

Specialist services can work with schools and settings, and involving parents, to agree teaching approaches, appropriate equipment, strategies and interventions to support the child or young person’s progress. They should agree together the outcomes to be achieved through support, including a date by which progress will be reviewed.

Sometimes a child or young person requires provision to be made to meet their **health** and **social care** needs that relate to their SEN. This is where a collaborative approach across services is particularly important (please refer to Point 8 of this guidance – Sharing Outcomes across Education, Health and Social Care).

**8.Sharing outcomes across Education, Health and Social Care**

In order to make a positive difference towards aspirations and life outcomes, outcomes will need to be **holistic** i.e. where appropriate they will need to be shared between education, health and social care. Thisis why it is important to be collaborative when setting outcomes.

Points 10 and 11 of this guidance provide practical checklists to link the My Support Plan with other planning processes within Social Care and Health to enable effective collaboration across services and to support the ‘tell it once’ approach. You **must** go through each checklist at the same time as you complete Section 1:

About me with the family. You can append the completed checklist to My Support Plan.

**9) Other resources to use and refer to:**

|  |  |
| --- | --- |
| **Resource** | **Where to find it** |
| **Kirklees** |  |
| 1. Guidance - Coordinated planning approach & pathway - My Support Plan | [**http://intranet.kirklees.gov.uk/getattachment/a196c0df-1711-413a-8d49-0aea293d1880/3.%20Coordinated%20planning%20approach%20and%20pathway%20-%20My%20Support%20Plan.aspx**](http://intranet.kirklees.gov.uk/getattachment/a196c0df-1711-413a-8d49-0aea293d1880/3.%20Coordinated%20planning%20approach%20and%20pathway%20-%20My%20Support%20Plan.aspx) |
| 2. My Support Plan – example | [**http://intranet.kirklees.gov.uk/getattachment/ceb5b6d6-f6f0-4d7d-97ae-e36cce0008dd/5.%20My%20Support%20Plan%20-%20example.aspx**](http://intranet.kirklees.gov.uk/getattachment/ceb5b6d6-f6f0-4d7d-97ae-e36cce0008dd/5.%20My%20Support%20Plan%20-%20example.aspx) |
| 3. Person Centred Planning and Writing SMART Outcomes – training resources | [**http://intranet.kirklees.gov.uk/getattachment/9e7b5063-1175-4451-b518-5656ca8fe14c/Regional%20Outcomes%20Training%20by%20Alasdaire%20Duerden.aspx**](http://intranet.kirklees.gov.uk/getattachment/9e7b5063-1175-4451-b518-5656ca8fe14c/Regional%20Outcomes%20Training%20by%20Alasdaire%20Duerden.aspx) |
| 4. Children & Young People with SEN:Guidance –School Based Support | [**http://intranet.kirklees.gov.uk/Policies-and-procedures/Service/Schools/Special-educational-needs/Guidance-notes,-documents-and-forms/SEN-Support**](http://intranet.kirklees.gov.uk/Policies-and-procedures/Service/Schools/Special-educational-needs/Guidance-notes,-documents-and-forms/SEN-Support) |
| **National** |  |
| 5. SEND Code of Practice | [**https://www.gov.uk/government/publications/send-code-of-practice-0-to-25**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) |
| 6. EHC Outcomes Pyramid | [**http://www.councilfordisabledchildren.org.uk/media/724423/ehc-pyramid.pdf**](http://www.councilfordisabledchildren.org.uk/media/724423/ehc-pyramid.pdf) |
| 7. Developing outcomes in EHC Plans | [**http://intranet.kirklees.gov.uk/getattachment/15d1ea2d-112a-4e42-844f-b837b3a2d72b/Developing%20outcomes%20in%20Education,%20Health%20and%20Care%20Plans.aspx**](http://intranet.kirklees.gov.uk/getattachment/15d1ea2d-112a-4e42-844f-b837b3a2d72b/Developing%20outcomes%20in%20Education,%20Health%20and%20Care%20Plans.aspx) |
| 8. SE7’s ‘Thinking about writing good outcomes’ | [**http://www.sendpathfinder.co.uk/coordinated-assessment-process**](http://www.sendpathfinder.co.uk/coordinated-assessment-process) **Appendix 4 and 5** |
| 9. Portsmouth’s ‘Evidence Writers Pack’ to support the development of outcome focussed advice for EHC plans | [**http://www.sendpathfinder.co.uk/coordinated-assessment-process**](http://www.sendpathfinder.co.uk/coordinated-assessment-process) **Appendix 1** |
| 10. Online training, Council for Disabled Children | [**http://training.councilfordisabledchildren.org.uk/course/view.php?id=7**](http://training.councilfordisabledchildren.org.uk/course/view.php?id=7) |

**10) Social Care/Early Support – checklist for schools and settings**

*Please consult with the Designated Safeguarding Lead Professional (DSL) in your school/setting for further support with completing this checklist.*

1. **When completing Section 1: About me of the My Support Plan with the family determine if there is already an Early Support Assessment being undertaken or if there is a Team Around the Family plan (TAF) already in place?**

Yes ☐ No ☐ If no, please go to question 2.

**If yes:-**

Consider using the information from the Early Support Assessment and/or TAF to help populate the child/young person’s My Support Plan.

*Please consult with the Parents/Child/Young person and Lead professional to ensure they are happy for this to happen and to agree what information should be included in the My Support Plan.*

The My Support Plan and TAF should be jointly reviewed when appropriate (ie. the TAF **must** be reviewed every six weeks so when the MSP is due to be reviewed the two reviews can be brought together). This will ensure that the outcomes, steps, targets and provision in the MSP are jointly reviewed, updated and aligned with the TAF and agreed with the family and all professionals involved with the child. Remember the ‘tell it once approach’.

2. **When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you that the child/young person and their family might benefit from some early support?**

Yes ☐ No ☐ If no, no further action is necessary

**If yes:-**

1. If you identify additional unmet needs for a child that do not require intervention by social workers completing an Early Support Assessment (ESA) will help your understanding of what support will help the child and their family.
2. Having completed the ESA, in conjunction with your DSL if you decide that a Team Around the Family (TAF) is needed follow the guidance on the Early Support pages on KSCP website. The child/young person’s My Support Plan **must** also be considered at the TAF meeting where it should be agreed how the **relevant** (ie. relating to the child/young person’s SEN) social care needs, outcomes and provision for the child/young person are detailed in their My Support Plan.

The Early Support Consultants can support you when completing the ESA or if you need support with the TAF plan. Call Early Support on 01484 456823 to speak to your local consultant.

**11) Health – checklist for schools and settings**

**When completing Section 1: About me of the My Support Plan with the family, confirm with them all of the Health professionals who are involved in their child’s care.**

Please tick all the Health professionals involved.

School Nurse

Nurse Specialist

Speech and Language Therapist

Physiotherapist

Occupational Therapist

Health visitor/CDC

Paediatrician

CAMHS/CHEWs worker

GP

Other

If other please specify……………………………………………………………………..

*If there is any lack of clarity or missing information, with parental consent please contact Locala – Single Point of Contact Centre on* ***0300 304 5555*** *to find out who is involved from health and request further information on behalf of the family.*

1. **Health Care Plans**

**General information**

A Health Care Plan should be put in place where:

* There is a health need supported by medical evidence;
* The child/young person’s health need is impacting on their education and requires management in their setting;

For example, a Health Care plan is necessary when a child has a condition such as asthma (an asthma plan should be in place and parents will have been given doctor’s advice re ongoing management).

A Health Care Plan can be developed with school and parents, and where necessary and on the judgement of the parents and school, with the support of a Health Professional i.e: School Nurse or Nurse Specialist.

A Health Professional **must** be involved in the development of a Health Care Plan when health needs are more complex i.e epilepsy; pain; asthma or is on medication or has a gastrostomy; tracheostomy etc.

*If you require further support from a Health Professional and you are not sure who to contact, with parental consent please contact Locala – Single Point of Contact Centre on* ***0300 304 5555*** *to find out who is involved from health and request further information on behalf of the family.*

**1a. Does the child/young person have a Health Care Plan?**

Yes  No  If no, please go to question 1b.

**If yes:-**

**Relevant** information relating to the Section 1: ‘About me’ or relating to the child/young person’s SEN/ health needs; outcomes and provision from the Health Care Plan may be transferred into the child/young person’s My Support Plan.

*Please consult with the Parents/Child/Young person and where appropriate the nurse or most appropriate professional to ensure they are happy for this to happen and to agree what specific information should be included in the My Support Plan.*

The Health Care Plan and My Support Plan should be jointly reviewed when appropriate (e.g: the Health Care Plan **must** be reviewed when there is any change in the child’s health/medical needs so if the MSP is due to be reviewed then the two reviews can be carried out together). This will ensure that the outcomes, steps, targets and provision in the MSP are jointly reviewed, updated and aligned with the Health Care Plan and agreed with the family and all professionals involved with the child or young person.

**1b.** **When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you that the child/young person has medical needs that may require a Health Care Plan to be put in place?**

Yes  If yes, please follow guidance above *‘Health Care Plans’*

No

1. **Therapies**

**2a. Is a Speech and Language Therapist (SALT), Occupational Therapist (OT) and/or Physiotherapist (PT) involved?**

Yes  If yes, please follow guidance below.

No  If no, please go to question 2b.

Where advice is already being provided by therapists:-

* Speech and Language Therapists (SALT) will be helping schools and settings to build on their own assessments of the child/young person’s speech, language and communication needs, which can be reflected in Section 2 of My Support Plan.
* Physiotherapists and Occupational Therapists (PT/OT) will be involved in determining the nature and extent of the child/young person’s physical needs which can be reflected in Section 2 (where there is a direct impact on education or training) and/or Section 3 of My Support Plan.

Therapists will work with the family; the school/setting and other professionals where appropriate in order to develop SMART outcomes and steps within My Support Plan. They will agree arrangements for delivery of provision to enable the child/young person to make progress towards achievement of their outcomes and make appropriate arrangements for reviewing progress, which will be need to be reflected in the relevant sections of My Support Plan.

Any written reports/advice produced by the therapists will reflect the above.

**2b. When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you to the possibility that the child/young person and their family might benefit from a SALT/PT/OT referral?**

Yes  If yes, please follow guidance below.

No

To make a referral in **North Kirklees** go to:-

[www.locala.org.uk/ereferrals](http://www.locala.org.uk/ereferrals)

To make a referral in **Greater Huddersfield** go to:-

Children’s Therapy Website for Calderdale & Huddersfield NHS Foundation Trust [www.cht.nhs.uk/childrens-therapy-services](http://www.cht.nhs.uk/childrens-therapy-services) (referral form can be found under ‘Making a Referral’).

5. Please summarise any actions you have taken to link the MSP with health involvement (as described above) and to collaboratively set outcomes

Date……………………………….. Signed……………………………………………………

*This checklist is being further developed to include CAMHS/CDC/Health Visitor etc. and will be updated accordingly.*

**My Support Plan**

|  |
| --- |
| My name is…………………………….  I am known as………………………….    My date of birth is……………………..  My school/setting is……………………………………    Current photo of me    C:\Users\ClaireMFisher\Desktop\frame.png |
| My Support Plan: Number …….. Date…………………..     |  |  | | --- | --- | | Date of 1st review (R1): |  | | Date of 2nd review (R2): |  | | Date of 3rd review: |  |   **School logo** |
| |  | | --- | | **Introduction to My Support Plan**  This is My Support Plan. Included in my plan is information on;   * what is important to me and to my parents, including our goals and aspirations for the future; * my strengths, my special educational needs (SEN) and my health and social care needs which relate to my SEN; * the outcomes which will help me to move towards my goals and aspirations; * the support given to me to help me to make progress towards my outcomes.   My plan should be a useful working plan for those involved in supporting me, and should actively promote co-ordinated support for me and my family so that I can make progress.  I might already have other plans in place such as (please tick as appropriate):-  Team around the Family (TAF) Plan  Child in Need Plan  Child Protection Plan  Personal Education Plan (PEP)  Looked After Child Care Plan    Health Care Plan  Please gain consent of Parent/Carer when using information from plans listed above.  Signed by parent/carer……………………………………………………………….  Please see attached ‘My Support Plan - Information & Guidance’ for further information on aligning My Support Plan with existing plans, and how to act on information which indicates that a child/young person and their family may benefit from further support. | |  | |

**Contents**

**Section 1: About me**

* **my profile, my story, my family and my parents/carers views**

**Section 2: My special educational needs**

**Section 3: My health needs which relate to my special educational needs**

**Section 4: My social care needs which relate to my special educational needs**

**Section 5: Outcomes and provision**

**Section 6: Reviewing My Support Plan**

**Section 7: Appendices**

|  |
| --- |
| **Section 1: About me**   1. **my profile**   **My profile has been written by:**    **Me  Me with help from………………………….** |
| **When and how I communicate best, and what help I need**  **How information and choice need to be presented to me to help me make decisions** |
| **What people like and admire about me** |
| **What I enjoy doing and what I do well**  **In school/setting:**  **Out of school/setting:** |
| **What is important to me now** |
| **What are the things that aren’t working so well for me at the moment** |
| **What would make things better for me** |
| **What are my goals and aspirations for the future –**  **Short term - the next 6-12 months**  **Long term - what I want for my future beyond next year and ‘when I am an adult’** |

|  |
| --- |
| **Section 1: About me**  **b) my story (background information)**  **My story has been written by:  My parent  My carer  Me**    **with help from………………………..** |
| **Growing up** |
| **People involved in helping and supporting me** |
| **How do I feel when I am at school/setting and how do I feel and behave when I come home from school/setting** |
| **Any other things which are important for you to know about me** |

|  |
| --- |
| **Section 1: About me**  **c) my family**  **My family has been written by: My parent  My carer  Me**    **with help from…………………………….** |
| **My family at home / extended family** |
| **Wider community connections** |
| **Times or days or barriers that make it difficult for me or my family to attend appointments or to meet professionals** |
| **Any other things which are important for you to know about my family** |

|  |
| --- |
| **Section 1: About me**  **d) my parents/carers views**  **Written by:  My parent  My carer**  **with help from…………………..** |
| **What is important for my child now** |
| **What is not working so well for my child at the moment** |
| **What would make things better for my child** |
| **What are my goals and aspirations for my child**  **Short term - the next 6-12 months**  **Long term - what I want for my child’s future beyond next year and ‘when they are an adult’** |

|  |
| --- |
| **Section 2: My special educational needs**  **My strengths and my special educational needs are described by my family, education, health and care services. Their assessments are listed at the end of My Support Plan.** |
| **A summary of my needs** |
| **Cognition and Learning** |
| **Communication and Interaction** |
| **Social and Emotional** |
| **Sensory and/or Physical** |
| **Preparing for key transitions and/or preparing for adulthood** |

|  |
| --- |
| **Section 3: My health needs which relate to my special educational needs** |
|  |

|  |
| --- |
| **Section 4: My social care needs which relate to my special educational needs** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 5: Outcomes** **and provision** | | **Supported**  **by** | | |
| **My Outcomes:-**   * are what I will be able to do by the end of a phase or stage of education * should take into account what is important **to** me and help me move towards my goals and aspirations * should take into account what it important **for** me and address the area of my needs (barriers) set out in Section 2, 3 and 4 of my plan so that I can make progress. Sometimes an outcome will address more than one area of my needs and may be shared across education, health and social care | | **Education** | **Health** | **Social Care** |
| **Explanatory note**  (*Add or delete outcome boxes as appropriate)* | *The area(s) of my needs this outcome will address: ……………………………..*  *(eg. Cognition & Learning, Communication & interaction, Social and Emotional, Sensory and Physical, Preparing for key transitions/preparing for adulthood, Health needs, Social Care needs or more than one area of need – Cognition and Learning/Communication and Interaction, Sensory and/or Physical/Health needs)*  *Use wording which allows the outcomes to be measurable (SMART):-*  *Ie. By the end of key stage (Early Years Foundation Stage (EYFS)/ KS1/KS2/ KS3/KS4) &&& will be able to…………………………* |  |  |  |
| **Outcome**  **1** | *The area(s) of my needs this outcome will address………………………………………………*  By the end of key stage……………….. will be able to…………………………….. |  |  |  |
| **Outcome**  **2** |  |  |  |  |
| **Outcome**  **3** |  |  |  |  |
| **Outcome**  **4** |  |  |  |  |
| **Outcome**  **5** |  |  |  |  |
| **Outcome**  **6** |  |  |  |  |
| **Outcome**  **7** |  |  |  |  |

|  |
| --- |
| **Provision**  The provision (support) to meet my special educational needs (Section 2) and needs which relate to my special educational needs (Sections 3 & 4). This provision should help me to make progress towards achieving my outcomes.  Steps I will make towards achieving my outcomes  Steps towards outcomes will also be set out in this section, leading towards the achievement of the outcomes. They should normally be relevant for at least a year and sometimes longer. Where appropriate, they can be expressed separately for education, health and social care.  Short term targets  These can be reviewed and amended regularly to ensure that the child/young person remains on track to achieve the outcomes. Regular progress monitoring should always be considered in the light of the steps, outcomes and aspirations.  *Key*  *At each review, update My Support Plan to set new targets, make adjustments to provision etc.*   * *at the 1st review - add to these columns and indicate additions with an R1 and the date of the review;* * *at the 2nd review – add to these columns and indicate additions with an R2 and the date of the review;*   *If a provision is no longer in place then ~~strikethrough.~~ If no strikethrough then this will indicate that provision is still in place and potentially being added to at the review.*   * *at the 3rd review ensure all sections of My Support Plan are fully reviewed and updated to produce a ‘new’ My Support Plan. No history of amendments need to be shown on the ‘new’ My Support Plan as the history will be recorded on the previous plan. The number ‘My Support Plan’ should be recorded on page 1. The beginning of this key then applies again.* |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No. of outcome** | **Steps I will make towards achieving this outcome**  *(each outcome may need more*  *than one step)* | **Short term targets**  *(each step may need more than*  *one target)* | **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?**  **(frequency and duration)** | **Resources required (including weekly costs)** |
| **Notes** | *Use wording which allows steps to be measurable (SMART):-*  *ie. By the end of year %%%, &&& will be able to………..*  *Outcomes may be supported by education and/or health and/or social care. Steps towards outcomes might be expressed separately for education, health and social care and should* ***all*** *be brought together within this plan. Information to support this is provided in the My Support Plan Information and Guidance.* | *Use targets to ensure child/young person remains on track to achieve steps/outcomes and enable regular progress monitoring. Use wording which allows targets to be measurable (SMART):-*  *ie.By the end for the autumn term/within the next 6 weeks, %%% will be able to…..*  *If adjustments need to be made to targets between reviews these should be added and dated in the appropriate section.* | *Describe provision and delivery - ie. approaches, programmes, training, resources, materials and how they are delivered eg. in the classroom, in a small group, 1-1*    *Descriptions of provision must be clear and understandable to those involved ie. parents and practitioners across services.*  *Please be clear about the purpose of the provision and avoid jargon, abbreviations etc.* | *ie. Teacher, SENCO, Teaching Assistant, Teaching Assistant with specific training or skills or health or social care professional as determined by health and social care assessments* | *Ie. 3xper week, 20 minutes per session* | *Identify where the resources come from ie Education, Health or Social Care. Where funding comes from a school’s delegated funding (Elements 1&2) provide weekly costs* |
| **No. of outcome** | **Steps I will make towards achieving this outcome**  *(each outcome may need more*  *than one step)* | **Short term targets**  *(each step may need more than*  *one target)* | **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?**  **(frequency and duration)** | **Resources required (including weekly costs)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Section 6: Reviewing My Support Plan Date of review: 1st review (R1)** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **What is working well with provision and support and needs to continue?** | |
| **What isn’t working well with provision and support and needs to finish or change?** | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?** | |
| At this review, update My Support Plan to set new targets, make adjustments to provision etc. Please reference these updates with an R1 and the date of the review in **Section 5**.  If any provision is not continuing then ~~strikethrough~~ in **Section 5**. If no strikethrough then this will indicate that provision is continuing and if it is being added to following this review please reference these additions with an R1 and the date of the review. | |
| **Section 6: Reviewing My Support Plan Date of review: 2nd review (R2)** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **What is working well with provision and support and needs to continue?** | |
| **What isn’t working well with provision and support and needs to finish or change?** | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?** | |
| At this review, update My Support Plan to set new targets, make adjustments to provision etc. Please reference these updates with an R2 and the date of the review in **Section 5**.  If any provision is not continuing then ~~strikethrough~~ in **Section 5**. If no strikethrough then this will indicate that provision is continuing and if it is being added to following this review please reference these additions with an R2 and the date of the review. | |
| **Section 6: Reviewing My Support Plan Date of review: 3rd review** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **What is working well with provision and support and needs to continue?** | |
| **What isn’t working with provision and support and needs to finish or change?** | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?** | |
| At this review ensure all sections of My Support Plan are fully reviewed and updated to produce a ‘new’ My Support Plan. No history of amendments need to be shown on the ‘new’ My Support Plan as the history will be recorded on the previous plan. The number ‘My Support Plan’ should be recorded on page 1. | |

|  |
| --- |
| **Section 7: Appendices**  **Documents that inform My Support Plan** |
| **Family/Young person**  **(Reference (and date) below)** |
|  |
|  |
|  |
| **Education**  **(Reference (and date) eg. previous My Support Plan(s), risk assessments/positive handling assessments, behaviour log/diary)** |
|  |
|  |
|  |
| **Health**  **(Reference (and date) eg. Health Care Plan, Therapy advice, Paediatricians report)** |
|  |
|  |
|  |
| **Social Care**  **(Reference (and date) eg. TAF Plan, Child in Need Plan, Child Protection Plan, PEP, Care Plan)** |
|  |
|  |
|  |
| **Careers** |
|  |
|  |
| **Other evidence from other people or agencies** |
|  |
|  |
| *It is good practice to make sure that the young person/parents understand what information is being used to inform the My Support Plan and that some of this information may need to be shared more widely with the professionals involved in order to work effectively together to support the child/young person.* |
|  |