

Questions for us as a provider linked to the Preparation for Adulthood Action Plan

<p>-- How would we use EHC plans?</p>	<ul style="list-style-type: none"> • If we had access to EHC plans, we could gain personal client information from them. By reviewing information off them, we would only need to supplement this minimally with contemporary, relevant and extra detail, allowing time to be utilised more effectively. • We could gather an insight into their views, aspirations and goals, as well as their parents'/carers' hopes and views. • By using the information on how to communicate best with the client, we could plan this accordingly. • Details of their strengths and needs in given areas will make pitching activities more accurate. • We could link our session aims to outcomes that have been set, possibly being listed in the support areas or taking strategies from there to be. • We would regard timescales so initiatives were useful. • Health and social care needs could be considered from points listed. • We could use individual action plans or formulate our own for clients, matching to given outcomes, and reviewing these regularly. • We would hope to become a provider of choice that could be identified in budgeting sections. • When we have a good knowledge of clients, we would like to contribute our ideas to their plans, similar to as we have done in the past in school. • Reviewing a range of outcomes would identify general needs and patterns in need.
<p>-- How would we meet outcomes?</p>	<ul style="list-style-type: none"> • Using the EHC and extra information gained relating to clients' needs and aspirations, we would create objectives that needed to be met and match them to focus units, then break these down into sessions and steps. • Units would have a variety of foci but encompass a range of skills and knowledge that would lead to progression towards outcomes. • Sessions and activities would be delivered allowing clients to learn, develop and practise skills, which we would support. • We would constantly review progress and adjust as needed, constantly listening to clients. • At the end of a unit, we would assess and feedback on progress made, taking contributions from clients and those close to them, as well as from our assessments.
<p>-- How we would listen to clients and get feedback from them and their families?</p>	<ul style="list-style-type: none"> • To begin, we would have an initial discussion with clients, gaining extra information to add to the EHC to plan sessions to meet their outcomes. • When we had outlined the main structure, we would show a range of linked activities, skills and knowledge to clients to prompt further discussion on what they would like to achieve. • Whilst working with clients, they would have regular opportunities to give their views, comments, etc, on a session to session basis, whilst completing tasks. • Plenaries in sessions would be used to reflect and clients could contribute here. • Part-way reviews would help to check clients were happy. • Final discussions and feedback from clients and those around them would also be included.

	<ul style="list-style-type: none"> • Throughout, we would take feedback from families and those working with clients, either through discussions or feedback forms. We would ensure contact was made to check up on this. • We would look at different ways to communicate, based on clients' needs and match these personally. • Information gained would be acted upon and feedback to relevant agencies as needed.
-- How would we feedback on outcome progression and meeting?	<ul style="list-style-type: none"> • We would keep formative notes on how clients were progressing through a course of sessions, based on observation, self-feedback, assessment and shared information. • Use of ICT to record a diary style commentary could provide beneficial information and clearly show progression. • We could use entry and exit profiles to highlight progress made and the impact of our work. • All of this could be shared with other professional, agencies and families. • We would incorporate celebrations to share what has been achieved.
-- How would we work with other services and use their information?	<ul style="list-style-type: none"> • We would attend any training other services provided or any meetings that were deemed relevant to us, in order to get the best idea of what was required. • We would create links with services' named professional responsible for plans, in case of contact needs. • We would use EHC plans and take into consideration the views of other providers, engaging in dialogue with them as necessary. • We would hope to develop good relationships and links with other agencies, working in mutually beneficial partnerships, using each other's strengths. • Any information provided would be used to aid planning and client knowledge, in order for greater personalisation. • Working with other services would support our commitment to a shared vision.
-- How would we be person centred?	<ul style="list-style-type: none"> • The client would always be at the heart of what we do. • Initial planning for sessions would look at clients' needs and aspirations based on their EHC plan and supplemented with further information from themselves and their families, carers, etc. • We would continually check clients' views and satisfaction throughout, acting on feedback from a number of sources. • We want to provide the best experience we can so would ensure we work hard and really make a difference to our clients. • We would make sure clients had an active and meaningful role and were given useful and appropriate tasks to enable them to progress. • Using our teaching experience, we would differentiate and cater for a variety of learners. • We would research how other groups ensure they are person-centred and learn from good practice, taking on board advice given to us.
--How could we contribute to focus cohort links or work with services?	<ul style="list-style-type: none"> • If we worked with clients from chosen cohorts, we would make available information we had on provision and progression along pathways and towards outcomes. • We could provide feedback on the impact of what we had done and how outcomes were achieved/moved closer to.

	<ul style="list-style-type: none"> • By getting to know staff in other agencies and providers, we would develop relationships to have a professional rapport that we would both benefit from. • As mentioned earlier, we would attend meetings and training to ensure we have the necessary knowledge base and connections. • We would show we valued other professionals by using information they gave us. • We could also provide services to other agencies, completing projects with clients for them. • We would be happy to share any of our expertise with others – no silo mindset!
<p>-- How could we demonstrate our impact short term / long term and report back on this?</p>	<ul style="list-style-type: none"> • Impact on outcomes from what we have done will need demonstrating and could be done in a number of ways. • We would use formative notes on progress in sessions. • Examples of work done. • Demonstrations of clients' skills and knowledge through photo/video. • Anecdotal evidence from clients. • Feedback from families, carers, other professionals, etc. • Sharing sessions and drop-ins for those close to clients. • Use of ICT to record the 'journeys' clients have made. • Comparison on an entry and exit profile. • Mid-term reviews to show how clients are getting on. • Summative assessments to show what clients have gained. • Reports to other agencies and the council leads on progression and impact. • Setting next steps that show development.
<p>-- How could we ensure we focus on pathways?</p>	<ul style="list-style-type: none"> • Our planning proformas include sections to consider linking to the pathways of employment, independent living, social inclusion and health. We would be conscious of these when planning outcome linked projects. • The key messages are also very clear to us and would form the base of what we provide: <ul style="list-style-type: none"> - We are joining the shared vision of Halton and hope to contribute to it effectively. - By delivering our service, we will provide better options post 16. - Our activities will be aspirational – we want clients to meet their potential and challenge themselves further. - Skills and knowledge development will have a general focus but will feature personalisation to clients so it is suitable for their needs. - We will plan together – taking information from clients, those close to them and our developmental knowledge. • Through frequent reviews we can accountably check that we are meeting outcomes by progressing along pathways and ensuring the key messages are included. • We are a team of two so have someone to bounce ideas off and develop things further. We can both check our coverage and would take advice from others too, in order to be as effective as possible.
<p>-- How would we keep up to date with</p>	<ul style="list-style-type: none"> • Like we have said before, we would attend any meetings or sessions we could to keep up to date with developments. • We would regularly use local offer pages and other resources to keep abreast of developments.

<p>progress on the action plan?</p>	<ul style="list-style-type: none"> • By developing relationships with staff within other teams, we would be able to share information and act accordingly. • We would feedback any relevant information we had.
<p>-- How would we maintain a shared vision and share the impact of preparation for adulthood?</p>	<ul style="list-style-type: none"> • All of the previous points feed into this question. By ensuring we are acting with consideration of the key messages, including a focus on the pathways in our activities and providing effective sessions to enable progression, which are monitored and reviewed, then feeding back on all this as relevant, we will be able to maintain a shared vision and contribute to the Preparation for Adulthood initiative, discussing the impact.