



**EAST AYRSHIRE
CHIEF OFFICERS GROUP (CHILD, ADULT AND PUBLIC PROTECTION)**

OUTCOMES GUIDE FOR PRACTITIONERS

21 JUNE 2011

1. PURPOSE

- 1.1 To present the Outcomes Guide for Practitioners to the East Ayrshire Chief Officers Group.

2 BACKGROUND

- 2.1 A short life working group was established by East Ayrshire Child Protection Committee (EACPC) and the Community Health Partnership (CHP) Officer Locality Group. The guidance defines what is meant by outcomes and considers the importance of and the relationship with:

- Current approaches with regard to assessment, planning and review ;
- Local strategic outcomes which are based on local priorities agreed with partners within East Ayrshire;
- Audit and Practice Standards;
- National outcomes set by the Scottish Government;
- The 'Getting It Right for Every Child Practice Model' adapted from the Highland Pathfinder;
- Case studies illustrating how planned outcomes for children and young people are identified and agreed through assessment, planning and review processes.

3 DEVELOPING THE OUTCOME GUIDANCE

- 3.1 The guide (appendix 1) is centred around the "*Getting it Right for Every Child*" well-being indicators which assists with a common language between and across agencies of high level and individual outcomes – SHANARRI. The Highland pathfinder is used to demonstrate the key components outcomes based on the SHANARRI model.
- 3.2 Review work is ongoing with the development of high level strategic indicators including the Community Plan, Children's Service Plan and

the Child Protection Business Plan and Report. These are not yet all available, to ensure consistency, the guidance will be revised once these have been agreed through the appropriate governance and planning arrangements.

4 IMPLEMENTATION PROGRAMME/PROJECT PLAN

- 4.1 An implementation project plan has been agreed. This will involve piloting the guide through core groups, investigating the use of electronic toolkits for collecting outcome evidence, review of guidance following consultation and then roll out across all of the multiagency sectors in the East Ayrshire area.

5 RECOMMENDATION

- 5.1 It is recommended that the Chief Officers Group:
- (i) Note the development of the Outcomes Guide for Practitioners and its implementation guide;

Susan Taylor
Chair of East Ayrshire Child Protection Committee
15 June 2011

Report compiled by Diane Burns, Child Protection Co-ordinator



Appendix 1

Outcomes Guide for Practitioners

Getting it Right for Every Child

Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included



| |
|--|
| Date Completed: |
| Date of Equality Impact Assessment: |
| Date Approved by: |
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Introduction

A short life working group was set up by the East Ayrshire Child Protection Committee, in November 2010, with the remit of developing a multi agency outcomes guide for practitioners within the context of the national programme 'Getting it Right for Every Child' (GIRFEC). The programme seeks to accomplish change across professional boundaries by adopting the national practice model and wellbeing outcome indicators: **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI)**.

The purpose of this guide seeks to demystify "outcomes" by explaining to practitioners operational and strategic outcomes. All public sector and independent organisations services are expected to work collaboratively to achieve this. Outcomes remain a paradox to many practitioners even though the term is now frequently referred to on a day to day basis in the work place. Changing the way in which practitioners approach assessment and planning processes is fundamental. This requires a cultural practice shift in thinking and moving away from a *needs led service provision approach* to an *outcomes based approach*.

The guidance has been produced to help staff gain a better understanding towards improving outcomes for children, young people, their families and their carers. It defines what is meant by outcomes and considers the importance of and the relationship with:

- Current approaches with regard to assessment, planning and review practice
- Local strategic outcomes which are based on local priorities agreed with partners within East Ayrshire
- National outcomes set by the Scottish Government
- The 'Getting It Right for Every Child Practice Model' is a useful example of individual outcomes for children and young people which are based on the national wellbeing outcome indicators. These have been adapted from the Highland Pathfinder.
- Case studies have also been included which illustrates how planned outcomes for children and young people are identified and agreed through assessment, planning and review processes.

Equality and Diversity

To ensure fairness and equality the child, young person, families and carers religious persuasion, racial origin, sexual orientation, disability and cultural and linguistic background are vitally important in maintaining a sense of personal identity and worth. These are taken into account and recorded as part of the assessment, planning and review process.

1.0 What is an outcome?

- 1.1 An outcome is what positive change we expect as a result of the interventions (actions/inputs/outputs) we plan for children young people, their families and their carers.
- 1.2 At an individual level, it is important to be explicit about what an outcome means for a child or young person. We describe this as....**the impact or end result of support and/or services in a child's life.**
- 1.3 When we individually or collectively identify that there is a need to support a child or young person we will intervene and do something so that there will be a positive change for the child or young person. This positive change is the outcome we hope for as a result of our actions.
- 1.4 It is also reflected within individual agencies professional standards the requirements for planning effective outcomes for children and young people. A number of these apply across all of the multiagency organisations for example:
- Show in day-to-day practice a commitment to social justice, inclusion and caring for and protecting children.
 - Value, respect and are active partners in the communities in which professionals work.
 - Have sufficient knowledge and understanding to fulfil their responsibilities for cross cutting areas of work.
 - Work co-operatively with other professionals, staff and parents to identify solutions to problems.
- 1.5 Any successful outcomes approach also requires systems to measure “*outcomes based practice*”. A regular cycle of file audits is undertaken to track assessment, planning and review processes utilising nationally endorsed inspection bodies audit tools for example; SWIA and HMle. These are analysed to monitor the effectiveness (impact) of outcomes for the service user(s) and to build upon good practice. All of the practice work we do through these audits are interlinked with partnership planning and helps provide a measure of operational performance. Section 3 describes these processes in more detail.
- 1.6 In addition, there are self evaluation audit and inspection arrangements regulated by external agencies which examine the care and protection of children, young people, their families and carers. These agencies report how well services are meeting their legislative and regulation standards responsibilities by measuring these outcomes on levels of “excellence”.

2.0 Why are outcomes important to practitioners and managers?

2.1 We recognise the importance of the SHANARRI indicators, the role of the Lead Professional and our primary importance of “**building the team/s around the child**” to meet their needs. It is also important that practitioners must be supported and enabled to make the cultural shift from a *needs led service provision approach* towards *outcome focused practice* and is underpinned by effective and good quality supervision and reflective practice principles/guidance. This guidance does not seek to redress these areas but “practice and reflection” is firmly connected with outcome philosophy as summarised below.

- **Needs led service provision approach** – Needs led action-tendencies often arise through habitual or cultural ways of working that just come out of us for example “*This is the way practice always been done...assess the service user....end point service delivery*”.
- **Outcomes focused practice** – turns the needs led approach on its head by practitioner’s firstly reflecting *what is the likely personal impact (outcome) for an individual that will enable them to meet their full potential*. Developing solutions with and around children, young people and families is an important part of the process by actively listening and hearing what the service user is communicating. In this way both the professional and the service user(s) are directly involved in setting their own personal outcomes.

2.2 This is referred to as the *Exchange Model*¹ – including others in our reflection - **where everyone is empowered in assessment, planning and review**. By making good use of reflection it also means that individual practitioner’s becoming more aware of their own personal “*arcs of attention*”². Adopting an outcomes perspective requires professionals being mindful of how we relate to other individuals not just service users but how other professionals communicate and behave with one another as illustrated in the example below:

Inner arcs of attention - our inner arcs of attention focus on:

- our assumptions
- our response to others
- the language we use
- the way we make sense of what’s going on

Outer arcs of attention - in attending to outer arcs we will be noticing:

- how we can test our assumptions
- what is going on around us
- how other people (service users/other professionals) are making sense of the same events or situation
- how we are affecting that
- how we are maintaining or changing a situation

¹ Smale et al (1993) – describing models of assessment

² Open University – Leadership and Management Influencing Change

3.0 Why are national, local and individual outcomes important?

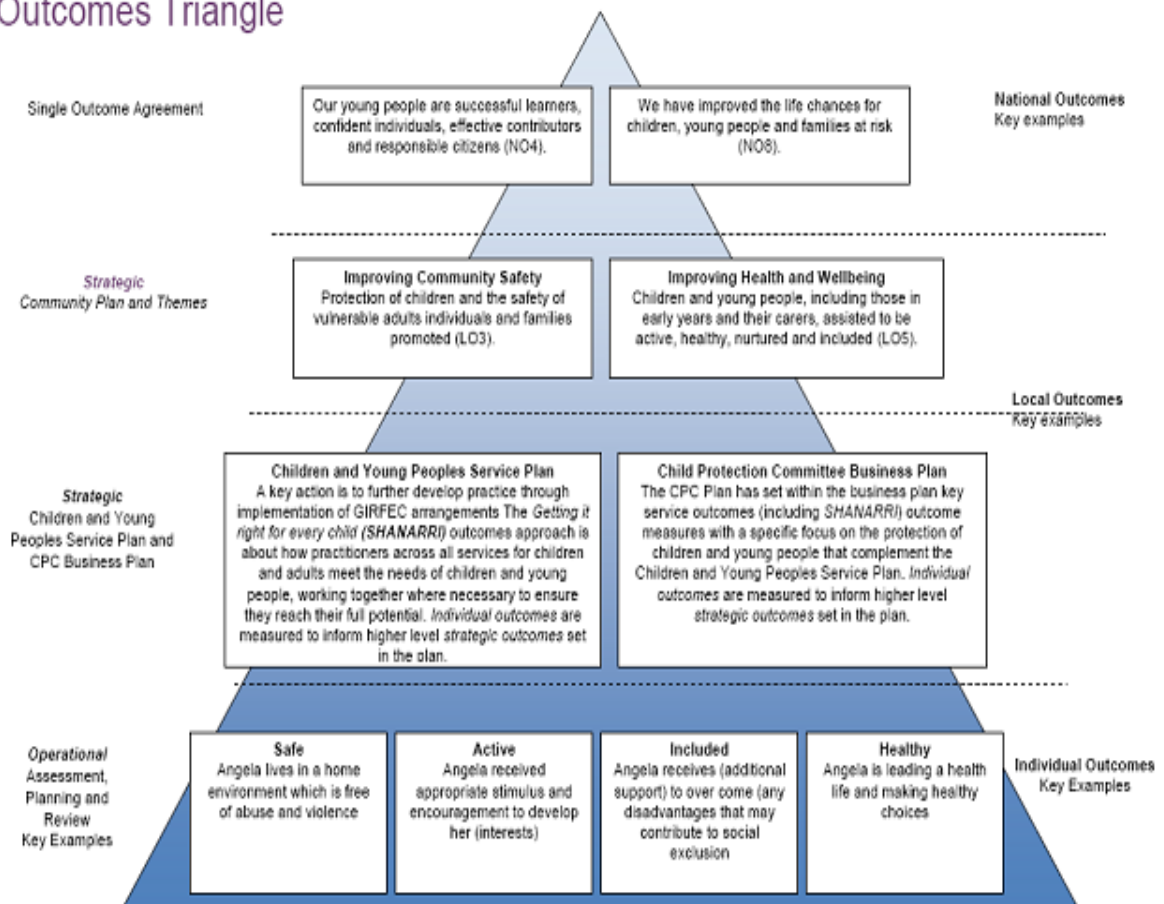
3.1 In East Ayrshire there are strategic outcomes to monitor and demonstrate the achievement of the SHANARRI outcomes and these are reported through the local governance and partnership planning arrangements such as:

Single Outcome Agreement, Community Plan, Child Protection Annual Report and Business Plan, Children’s Service Plan and the South West of Scotland Community Justice Authority Action Plan.

3.2 In 2007 the Scottish Government introduced the Concordat and each local authority negotiates a Single Outcome Agreement with the government based on the National Outcome Framework set out in the Concordat, but also taking into account their own local priorities.³ There are 15 National Outcomes and 45 National Indicators and Targets. Four of these National Outcomes (NOs) have particular relevance for children’s services. The following illustration provides key examples and how they inextricably link to individual, local and national outcomes.

Outcomes Guide for Practitioners Framework (Key examples)

Outcomes Triangle

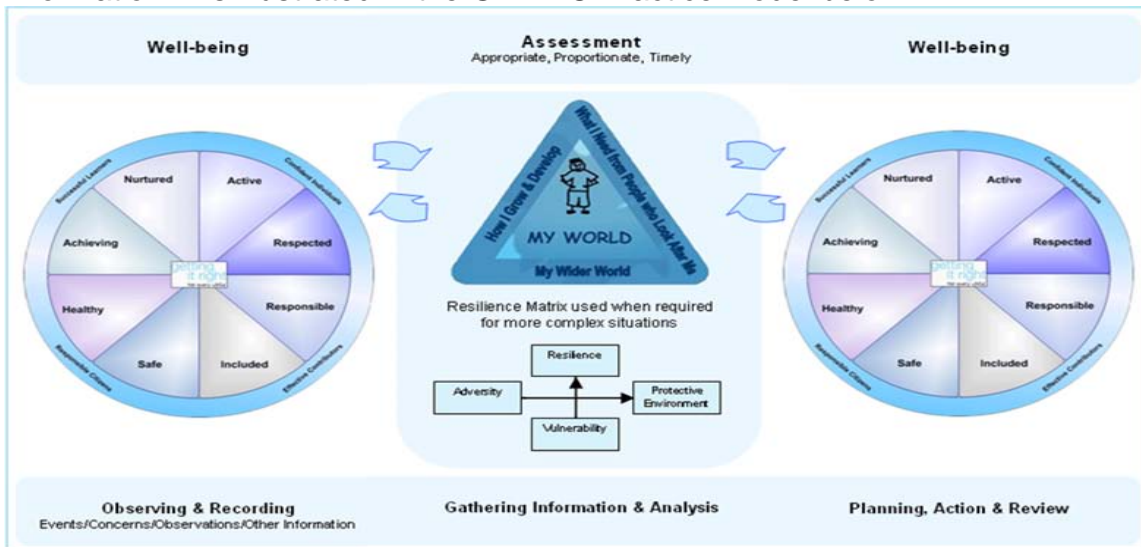


The **Individual Outcomes** (key examples) as illustrated above are further explained in sections 5.

³ The Scottish Government and COSLA (November 2007), Concordat between the Scottish Government and local government, Edinburgh, Scottish Government.

4.0 How planned outcomes for children and young people are identified and agreed in assessment and practice

4.1 The overarching SHANARRI wellbeing indicators are used to record observations, events and concerns and as an aide in putting together a child’s plan. The My World Triangle, the Resilience Matrix and other specialist assessment tools are used to gather, structure and assist in the analysis of information. As illustrated in the GIRFEC Practice Model below:



4.2 Feedback from practitioners suggests that the SHANARRI wellbeing indicators outcomes assist with common language between and across agencies but they are very broad for practitioners to interpret. **Positive outcomes are what we strive to achieve; therefore outcomes need to be clearly written, achievable, shared and easily understood by all of the team involved in the child’s care both across and within our agencies.** The example below sets out the key process stages relating to SHANARRI indicator outcomes:

| Stage 1 – Risks and Needs |
|---|
| Identify risk and needs in relation to the wellbeing indicators. |
| Stage 2 – Planned Outcomes |
| Planned Outcomes are agreed. Refer to the Highland Pathfinder model as guide in Section 5. |
| Stage 3 – Action Planning |
| All assessment, planning and review work should be SMART i.e. Specific, Measurable, Achievable, Realistic, and Timed. Examples are provided in Section 6. Refer to glossary of terms in Section 7 for further explanation. |
| Stage 4 – Review |
| A review of the integrated assessment will be agreed. The main purpose of having a review is to consider whether the planned outcomes for the child or young person have been met or not met. |

The following sections include:

Section 5 - 'Getting It Right for Every Child Practice Model' there are useful examples of individual outcomes for children and young people which are based on the national wellbeing outcome indicators. These have been adapted from the Highland Pathfinder to assist Professionals to work towards a consistent approach in the assessment, planning and review of care for children and young people, their families and carers.

Individual Outcomes: key examples as illustrated in page 6 should result in:

| Quality of Life | Process | Change |
|--|----------------------|---------------------------|
| Safe - Angela lives in a home environment which is free of abuse and violence | Listened to | Improved confidence/moral |
| Active - Angela receives appropriate stimulus and encouragement to develop her (interests) | Having a say | Improved Skills |
| Included - Angela receives (additional support) to overcome (any disadvantages that may contribute to social exclusion) | Treated with respect | Improved mobility |
| Healthy - Angela is leading a healthy life and making healthy choices | Responded to | Reduced Symptoms |

Section 6 - Case studies have also been included which illustrates how planned outcomes for children and young people are identified and agreed through assessment, planning and review processes. Also how they link to the SHANARRI outcomes. **The case studies are fictional and are not based on any particular assessment which has been undertaken.**

| 1 | SAFE |
|----------|---|
| 1.1 | Angela lives in a home environment which is free of abuse and violence |
| 1.2 | Angela is cared for by (parents or carers) and has (at least one adult) she can always turn to for love and support |
| 1.3 | Angela lives in a family or extended social network which is free of sexual exploitation |
| 1.4 | Angela is protected from avoidable physical dangers and health hazards outside the home |
| 1.5 | Angela is protected from the risk of exploitation by others (e.g. through Internet) |
| 1.6 | Angela is aware of harmful risk-taking behaviour outside the home (e.g. drugs, alcohol, inappropriate friendships, etc) |
| 1.7 | Angela receives appropriate guidance/support from (parent/carer/support worker) about harmful risk-taking behaviour |
| 1.8 | Angela is safe from bullying at school or in the community |
| 1.9 | Angela is protective towards others and not involved in bullying |
| 1.10 | Angela is protected from anti-social and criminal activity within the community |
| 2 | HEALTHY |
| 2.1 | Angela has good physical health |
| 2.2 | Angela is self confident and competent when faced by problems and adverse circumstances |
| 2.3 | Angela is respectful of herself and others |
| 2.4 | Angela is able to make choices that are safe and appropriate for her age |
| 2.5 | Angela is able to talk about her feelings in age-appropriate ways |
| 2.6 | Angela is leading a healthy life and making healthy choices |
| 2.7 | Angela receives appropriate health care and guidance from services |
| 2.8 | Angela receives appropriate health care and guidance from (main carer) |
| 2.9 | Angela attends health services and medical screenings and takes prescribed medication when necessary |
| 2.10 | Angela is being helped to effectively manage any long-term illness, condition or impairment |
| 2.11 | Angela can apply strategies for assessing and managing avoidable risks to her health |
| 3 | ACHIEVING |
| 3.1 | Angela shows self care and life skills appropriate to her age |
| 3.2 | Angela displays a level of independence or autonomy appropriate to age |
| 3.3 | Angela has communication skills appropriate to age |
| 3.4 | Angela has social skills appropriate to age |
| 3.5 | Angela responds positively to challenges in an educational setting |
| 3.6 | Angela feels motivated to attend and participate in her education |
| 3.7 | Angela (meets or exceeds) appropriate levels of educational attainment (Specific targets can be provided) |
| 3.8 | Angela can demonstrate achievement across a range of non-academic activities |
| 3.9 | Angela can develop skills for coping with and managing (disabilities and long-term conditions) |
| 3.10 | Angela is responsive to (any additional support provided) |
| 3.11 | Angela develops skills in assessing and managing risk within (social settings) |

| 4 | NURTURED |
|-----|--|
| 4.1 | Angela experiences love, emotional warmth and attachment |
| 4.2 | Angela has someone she can turn to, trust and rely on when (anxious or disturbed) |
| 4.3 | Angela receives praise, encouragement, attentiveness and cognitive stimulus |
| 4.4 | Angela receives a level of physical care that ensures she is clean, adequately and appropriately clothed and kept warm |
| 4.5 | Angela receives sufficient and suitable nutrition |
| 4.6 | Angela lives in an environment which promotes her intellectual and emotional development |
| 4.7 | Angela receives additional support and care when she needs it |
| 5 | ACTIVE |
| 5.1 | Angela is encouraged to be as physically active as she is able to be |
| 5.2 | Angela is encouraged to take up opportunities for play, recreation and sport |
| 5.3 | Angela receives appropriate stimulus and encouragement to develop her (interests) |
| 5.4 | Angela is provided with opportunities to actively participate in stimulating activities (where there may be disabilities or disadvantages) |
| 5.5 | Angela is provided with (additional support) when needed |
| 5.6 | Angela is able to access and manage risks in recreational and play-related settings |
| 5.7 | Angela responds positively to physical challenges in recreational and play-related settings |
| 6 | RESPECTED |
| 6.1 | Angela feels listened to and taken seriously |
| 6.2 | Angela has developed a positive sense of identity and feels comfortable with it |
| 6.3 | Angela has a well-rooted sense of self-esteem or self-worth |
| 6.4 | Angela feels that significant adults and friends want her to fulfil her potential |
| 6.5 | Angela feels that (significant adults and friends) will support them through challenges and difficulties |
| 6.6 | Angela feels trusted by (significant adults and friends) |
| 6.7 | Angela feels involved in the important day-to-day decisions that affect her |
| 6.8 | Angela does not feel discriminated against or demeaned by others |
| 7 | RESPONSIBLE |
| 7.1 | Angela attends school regularly |
| 7.2 | Angela has developed a clear understanding of right and wrong appropriate to age and stage |
| 7.3 | Angela accepts responsibility for her own actions |
| 7.4 | Angela understands what is expected of her at home, in school or in the community |
| 7.5 | Angela can behave responsibly at home, school and in the community |
| 7.6 | Angela can behave towards others in a caring and considerate way |
| 7.7 | Angela can show that she is able to help and support others (gets involved in voluntary activities) |
| 7.8 | Angela can show that she is able to assess and manage situations where there are potential risks for herself/others |

| 8 | INCLUDED |
|----------|--|
| 8.1 | Angela feels accepted and valued at school |
| 8.2 | Angela feels accepted and valued within the family setting |
| 8.3 | Angela feels accepted and valued by friends and peers |
| 8.4 | Angela feels accepted and valued within the care setting |
| 8.5 | Angela feels accepted and valued within the local community |
| 8.6 | Angela feels that her family is accepted and valued within the local community |
| 8.7 | Angela has access opportunities for making friends |
| 8.8 | Angela has access to (a range of opportunities) for social and recreational activities |
| 8.9 | Angela receives (additional support) to overcome (any disadvantages that may contribute to social exclusion) |

Case study 1 – February 2010 – Planned Outcomes for Angela

Angela is a 15 year old girl who is looked after and accommodated in one of the authorities children’s houses. She has been in the care of the authority for 6 months since her grandmother who was looking after her became ill. Her gran became the main carer for Angela when she was 2 years old. There has been no contact with her mum since she left and moved to England at that time.

Until recently Angela has been a contented young girl. She was doing well in all her subjects at school, had good attendance and was hoping to go to college to do ‘Sport in the Community’ after the summer. However, over the last few months Angela has absconded from school on a number of occasions and there also has been concerns raised about Angela staying out late at night. On two occasions Angel returned to the children’s house under the influence of alcohol. She has been associating with older young people and has lost touch with her regular group of school friends. Angela is due to sit her 4th year exams in April and May 2010.

Angela feels very unsettled at present and wants to sit her exams so that she can go to college after the summer. She hopes that she will be able to move back in with her gran when she gets out of hospital.

Angela’s social worker who is also her lead professional speaks to Angela about a review meeting to help identify further supports. She finds out how Angela is feeling and gets her views. Consent for sharing information is sought, the assessment team members are identified (which include the school nurse, her guidance teacher and her key worker from the children’s house) and the assessment is started. At the meeting to discuss the assessment there are a number of risks and needs that are identified by the assessment team and by Angela which are recorded in the table below under the SHANARRI wellbeing indicators.

Stage 1

After clearly identifying the risk and needs Angela and the members of the Assessment Team agree on the positive changes that they would like to see.

| Identified Risks and Needs | |
|-----------------------------------|---|
| Safe | Concerns regarding the safety of Angela when she absconds for school, stays out later at night, is associating with a group of older young people and is consuming alcohol |
| Healthy | In relation to her health the main concern would be around the consumption of and affects of alcohol |
| Nurtured | Currently Angela is not coping well with her placement within the Children’s House |
| Achieving | Currently Angela is not attending school on a regular basis and there are concerns that she may not achieve her full potential in her exams and gain a college place after the summer |
| Responsible | Angela feels that she is not coping with her Gran being in hospital. She finds it difficult staying in the Children’s House. |
| Included | Angela does not feel fully included in school life and has lost touch with her school friends |

Stage 2

Planned outcomes should be agreed after the risks and needs have been identified. Identifying the appropriate supports and actions should be the next step and not the other way about.

Once the planned SHANARRI outcomes have been agreed, supports and actions are proposed and agreed. Appropriate timescales are also included. Within the plan it is also recorded who is responsible for actions and supports. There will also be some specific actions that Angela will have responsibility for. These informed the (Anticipated) Planned Outcomes for her Action Plan. An example of the Action Plan is provided in page 14.

| Planned Outcomes |
|---|
| ▪ Safe - Angela to be aware of harmful risk-taking behaviour (including drugs, alcohol and inappropriate friendships) |
| ▪ Safe - Angela is able to assess and manage situations where there are potential risks for herself and others |
| ▪ Achieving - Angela to feel accepted and valued at school, achieve her potential in her exams and obtain a place on the Sport and Communities course at college |
| ▪ Included - Angela to feel accepted, valued and supported within the Children's House while her gran is unable to look after her |
| ▪ Included - Angela to have a good sense of self esteem and feel accepted by her friends and peers |

February 2011

One year on and Angela is back staying with her gran who got out of hospital in June 2010. Following on from the meeting in February 2010 Angela returned to school. She went on to do well in her exams and is currently in the first year of her college placement. She occasionally goes back to visit the children house to speak with the key worker who became a great support during the time she spent there. She continues to maintain good friendship with two of her closest friends at school and has made a number of new friends at college. Currently she has a part time job and hopes to move into a flat with her friends (not at this moment in time) but some time in the future.

She managed to make the positive changes that improved her situation. She was able to achieve her potential.

Stage 3 - Our young people are properly prepared to enter the world of work – Local Outcome **ACTION PLAN – Fictional Case for Training Purposes**

VISION: The Young Person should be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included
The overall long-term aim/purpose of the multi-agency plan for Angela is to have a safe and content place to live, to gain her qualifications and suitable employment

| Named Person | Agency | Address | Tel No & E-mail | Date |
|---|---|--|--|--|
| Miss Y | Social Work | Social Work Offices | 01563 000000 | February 2010 |
| Planned Outcomes | Action required | Supports proposed | Timescale | Person / Agency Responsible |
| Safe - Angela to be aware of harmful risk-taking behaviour (including drugs, alcohol and inappropriate friendships) | •6 one hour weekly meetings to be arranged for Wednesday after school | •One to one support meeting with school nurse for Angela in relation to drugs, alcohol and risk taking behaviour | Feb. 25 th 2010 for 6 Weeks | •Angela •Michelle Fox - School Nurse |
| Safe - Angela is able to assess and manage situations where there are potential risks for herself and others | ▪ Transport to be organised from school to Children's House | ▪ Transport arrangements will be in place for timescale start date | Feb. 25 th 2010 for 6 Weeks | •Shauna - Key Worker Children's House |
| Achieving - Angela to feel accepted and valued at school, achieve her potential in her exams and obtain a place on the Sport and Communities course at college | •Angela to report to guidance base 5 minutes prior to start of registration •Angela to visit college with guidance teacher and meet with course co-ordinator •Application to be completed | •Daily target setting through meetings with guidance teacher •Guidance teacher to support Angela with her college application | Feb - April 25 th 2010 prior to exams March 2010 March 2010 | •Angela •Don Wilson - Guidance Teacher •Pam College Co-ordinator •Angela •Don Wilson - Guidance Teacher |
| Included - Angela to feel accepted, valued and supported within the Children's House while her gran is unable to look after her | •Undertake groupwork programme with Angela's Key Worker and co-worker for 2 hours each Wednesday | •Peer support girls groupwork programme for female residents of the Children's House | 27 th March for 6 weeks | •Angela •Shauna - Key Worker and David (Children's House staff) •Anne, Margaret and Amy Young People at Children's House |

Contingency Plan

Alternative accommodation options for Angela to be considered if gran is unlikely to return home before July 2010.

Case Study 2

John is a thirteen year old pupil in S2 who has been excluded several times from school this year for aggressive behaviour and verbal abuse towards some members of staff. There has already been discussion around considering alternative education for John due to the level of outbursts and violence leading to his exclusions.

John has Attention Deficit Hyperactive Disorder (ADHD). His medication is well managed by mum and he has previously engaged with the Child and Adolescent Mental Health Service (CAMHS) for anger management. Mum is highly supportive of the school and of her son’s education as a whole. He has been the subject of several Community Assessment Team (CAT) meetings and he has an Individual Education Plan (IEP) to support his classroom behaviours/needs. He had East Ayrshire Support Team Strategy outreach support in S1 but this was withdrawn as it was felt that his behaviour had stabilised.

At the Community Assessment Team meeting there was discussion around his health needs and about his behavioural issues within school. John himself wishes to stay in mainstream schooling and would very much like to study Motor Mechanics at college during his S3/4 years on a part time basis.

At the meeting there were a number of risks and needs identified by the assessment team and by John which are recorded in the table below under the SHANARRI wellbeing indicators.

Stage 1

After clearly identifying the risk and needs John and the members of the Assessment Team agree on the positive changes that they would like to see.

Identified Risks and Needs

| | |
|--------------------|--|
| Safe | There is a potential risk to himself and others due to aggressive outbursts |
| Healthy | A review of John’ medication for ADHD is required |
| Active | |
| Nurtured | |
| Achieving | John is not achieving his full potential as he is often excluded or has to spend time in the pupil support base. |
| Respected | John does not always feel respected by his peers |
| Responsible | John needs to take on more responsibility particularly in relation to taking up a college part time placement |
| Included | Due to the number of exclusions and time spent in the pupil support base John is not fully included in school life |

Stage 2

The anticipated outcomes in forming the action plan, an example of the Plan is provided in page 17, the outcomes were as follows:-

| Planned Outcomes | |
|-------------------------|--|
| ▪ | Responsible - John to behave responsibly at school and to understand what is expected of him. |
| ▪ | Responsible - John is able to accept responsibility for own actions |
| ▪ | Achieving - John can demonstrate achievement across a range of academic and vocational activities |
| ▪ | Achieving - John is being helped to effectively manage his ADHD condition |

Stage 3 - Our young people are properly prepared to enter the world of work – Local Outcome **ACTION PLAN – Fictional Case for Training Purposes**

VISION: The Young Person should be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included
The overall long-term aim/purpose of the multi-agency plan for Angela is to have a safe and content place to live, to gain her qualifications and suitable employment

| Named Person | Agency | Address | Tel No & E-mail | Date |
|--|--|--|---|---|
| Mrs X | Education | East Ayrshire Academy | 012920 123456 | February 2010 |
| Planned Outcomes | Action required | Supports proposed | Timescale | Person / Agency Responsible |
| Responsible - John to behave responsibly at school and to understand what is expected of him. | •Meeting to review progress of John's Individual Education Plan (IEP) for John and staff | <ul style="list-style-type: none"> • Individual Education Plan (IEP) for behaviour to continue and be reviewed regularly. •Continue with Monitoring Timetable to allow daily check on progress | Feb. 15 th 2010. Individual Education Plan to take place after meeting with mum and John Feb15 th – June 28 th 2010 | <ul style="list-style-type: none"> •Education •John •Mum |
| Responsible - John able to accept responsibility for own actions | •School to refer John to Burns Youth Project for work on anger management strategies | •Youth worker to engage weekly with John to help him cope with situations in and out of the classroom setting. | Immediate referral for work to begin in March 2010 to the end of June. | <ul style="list-style-type: none"> •Education •Burns Youth Project |
| Achieving - John can demonstrate achievement across a range of academic and vocational activities | •John to participate in S2 Personal Development Programme at Kilmarnock College | • One week Personal Development Programme at Kilmarnock College has been identified for S2 students | March 7 th -11 th 2010 | <ul style="list-style-type: none"> •Education •John •College |
| Healthy - John is being helped to effectively manage his ADHD condition | •Mum to take John back to CAMHS for a review of his medication | •CAMHS and medical support to ensure John's dosage is correct due to recent growth. | CAHMS to be contacted after meeting to seek an appointment date. | <ul style="list-style-type: none"> •Mother •John •CAMHS |
| Contingency Plan | | | | |
| Early Review to be called if supports are not working | | | | |

GLOSSARY OF TERMS/DEFINITIONS

| | |
|--|--|
| Impact | The effect of the assessment, planning and review work. The end result of support and/or services in a child's life. |
| Outcome (SHANARRI) Indicators Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included | The difference that your work will make; what will happen as a result of your planned work. |
| Planned Action required (inputs) <i>Specific</i> | The anticipated/planned actions that you do to achieve the SHANARRI outcomes. Specific things that will be achieved by support/services provided. |
| Supports Proposed (outputs) <i>Measurable, Achievable, Realistic</i> | The resource/supports that you put into your plan. A qualitative/quantitative measure of the agreed project outputs, and a sign that the plan is on the way to achieving the agreed the SHANARRI outcomes. |
| Timescale/Target <i>Timed</i> | From the start of your plan (or from the anniversary of that date). Ongoing is not a timescale it has to be specific for example start date and end/review date. A specific and measurable goal that you plan to achieve. |
| Monitoring/Review | Tracking and recording the achievements of the SHANARRI planned outcomes over time. |
| Quantitative Monitoring Information | Information about the plan or service performance that can be counted – e.g. number of service users. |
| Qualitative Monitoring Information | Information about the quality of your of plans or service e.g. feedback from service users. |

How do you make outcomes SMART?

All assessment, planning and review work should be **SMART** i.e. Specific, Measurable, Achievable, Realistic, and Timed.

- *Specific* - Be precise about what you are going to achieve – SHANARRI outcomes
- *Measurable* - Quantify your plan.
- *Achievable* - Are you attempting too much?
- *Realistic* - Do you have the resources place to make the outcome happen (people, money, services)?
- *Timed* - State clearly when you will achieve the planned objectives (for example a defined timeline within a month? By August 2011?)