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Practice Guidelines

Meeting the Needs of the Child: Developing Outcome-focused Plans

**Child Protection
Children in Need
Early Help**

**January 2015
Version 4**

Introduction

This guidance has been designed to assist practitioners in all agencies to share a common understanding of the basic principles of setting outcome-focused plans for children and to improve the quality and consistency of those plans. It specifically relates to Child Protection Plans, but the principles may be equally applied to Children in Need and Early Help Plans, as this reflects their common components. This will also identify the need for greater consistency in recording any child's involvement with any aspect of any service offered by Vulnerable Children and Corporate Parenting Division teams and professionals from the wider children's service.

Included within the guidance are recommendations and suggestions regarding:

- What effective plans should include
- How to make plans more 'outcome-focused' (as recommended by Peer Review and OfSTED Inspections)
- Avoiding common pitfalls around terminology and use of language
- Maintaining a clear child-focus

General Principles of Child Protection Plans

The key purpose of any type of child's or young person's plan is to help focus and target professional involvement with them and their family, steering activity towards **agreed goals and objectives**. A good plan therefore needs a clearly defined overall aim or goal, and a brief summary of the key issues and reasons why additional support, protection or care is needed. The plan should include sufficient information to allow anyone reading it without prior background knowledge of the child or their circumstances to understand broadly why it is needed at this time. The diagram below is taken from "**H1 Child Protection Plan V1**";

What do we want to achieve for this Child and their Family?
(Text to be inserted)

For example:

"The main purpose of this Child Protection Plan is to safeguard Francis from sexual abuse by his mother's partner, Mr. Paul David Hewson, who was convicted in 2005 for sexually abusing his own children. Francis was previously the subject of a child protection plan in Staffordshire between 2010 and 2011 under the category of neglect"

"The main purpose of this Child Protection Plan is to protect unborn baby Carter from his/her mother's misuse of substances and from severe domestic abuse by her partner, Mr. David Howell Evans. Ms. Carter's two older children, Fred and Samantha Page, now live with their maternal grandmother under residence orders, due to similar concerns"

A good plan will be clear about what are **the risks** to the child, what the child's **unmet developmental needs** are and what is required for the child's improved circumstances, wellbeing or safety, based upon rigorous and up-to-date assessments. Having a clear understanding about what are the risks and what the child's or young person's unmet needs are is always the starting point for developing a good plan. *(Therefore, the 'Child and Family Assessment' and those assessments carried out by all partner agencies involved in planning, must be current and accurate).*

Plans must also be clear about the services or support that will be offered to the child/young person or their family, and/or the actions which are required, to help eliminate and/or reduce risk and to support parents/carers in meeting the child's needs. The plan should identify clearly who will be responsible for providing or doing what, and should set reasonable timescales for this – which should reflect the *child's* own needs and rate of development.

Importantly, effective plans set clear '**planned outcomes**' for each of the child's risk factors and unmet needs. Planned outcomes should describe what change will 'look like' and reiterate what is wanted to be achieved, making it easier to tell whether or not the plan (or individual aspects of it) has been successful, i.e. whether an unmet need is now sufficiently met, or a risk factor sufficiently reduced/eliminated. Planned outcomes must therefore be child-focused, achievable and easily measurable. (More details about 'planned outcomes' are provided below – see page 4). The diagram below is taken from "**H1 Child Protection Plan V1**":

Risks Plan						
Risk 1						
	Risk of significant harm	What do we want to achieve?	Specific actions to reduce risk	Person(s) responsible	Frequency	Date for completion/ review
1	(Insert text)					

The most successful plans 'take people with them'; they have been **developed with families, not for them**. Parents – and young people, when appropriate – should be integral to their development and implementation, firm partners from the outset. To assist in this process, plans should therefore be written in clear, straightforward language that can be easily understood by anyone outside of social care and in particular by the family (and child/young person when appropriate) that plan has been made. They should be explicit, **jargon-free** and avoid abbreviations. The diagram below is taken from "**H1 Child Protection Plan V1**":

Needs Plan						
Need 1						
	Needs	What do we want to achieve?	Specific actions to meet needs	Person(s) responsible	Frequency	Date for completion/ review
1	(Insert text)					

Planned Outcomes

In accordance with the principles of evidence-based practice, all plans for children should include clear, built-in mechanisms to help measure their progress and success. Traditionally, as professionals, success has often been evaluated in terms of *processes/outputs* – e.g. “have we done what we said we’d do?” We are familiar with reporting requirements, number of appointments kept, service-users and agency involvement, how many meetings etc. etc. These refer to *outputs* and are the *measurement of services or activities*. They don’t however actually tell us *how effective* the service has been in meeting the child’s needs. **What has been the impact?** However, this often tells us little about the consequences for the child. To know about these, we need to measure outcomes – by asking “what *difference* has this plan made for the child - and how do we know?”

An outcome is a goal or a result. In terms of child development, it involves making a difference between what is currently happening for a child and his or her future. An outcome refers to the **impact of activities** (service) on a child's development (Parker 1991). An outcome is a particular change in behaviour, knowledge skill or level of functioning. (Ref: Barnardo’s *ChildLinks* 17)

Therefore, unless the child’s plan includes clear ‘intended’ or ‘planned’ outcomes which relate to each aspect of risk or unmet need, it is virtually impossible to know whether (and when) the plan has achieved what it was designed to do. When planned outcomes are clearly defined, measurable and explicitly child-focused, it becomes much easier to evaluate a plan’s real success *for the child*, in a more reliable and objective way.

Planned outcomes also help parents/carers and involved professionals know where the goalposts are – i.e. what ‘success’ will look like and what the expected changes/requirements are. This in turn makes it much easier to focus in upon what changes have been achieved *for the child* at core groups/CiN/review meetings, or before decisions are made about their cases.

Like the entire plan itself, planned outcomes need to be **SMART** (i.e. specific, measurable, achievable, realistic and timely).

They should **relate Specifically to the child and their identified unmet needs** (and to any risk factors, if these have been identified). Planned outcomes should *not* relate to ‘Interventions’ – i.e. to the services offered, actions or tasks agreed, etc. (This is a crucial concept. Planned outcomes which relate to ‘Interventions’ won’t usually help to measure success *for the child*, only success of providing a service or achieving a tasks, etc. So, a parent may receive support to attend a ‘positive parenting’ group and may complete it, but what matters in terms of outcomes for the child is whether this results in improved quality of care and/or developmental progress.)

Planned outcomes need to be **Measurable** and so should incorporate a clear and objective **measurement of success**, preferably something which can be independently observed, recorded, counted, weighed or otherwise evaluated without requiring personal judgements or values. However, this is not an exact science, and can be especially difficult when the child’s needs relate to their emotional development or to the quality of their attachments or family relationships. In such cases, changes in the child’s observed behaviour or their own views may be the only means of independent evaluation.

Planned outcomes also need to be ***Achievable and Realistic***. For example, in the case of CiN plans they should help demonstrate whether the child's needs have been *sufficiently* met so that they are no longer "a vulnerable child with complex and multiple needs". In the case of child protection plans, they should help demonstrate whether the likelihood of significant harm has *sufficiently* reduced to a point where the plan can be replaced with a CiN plan. (Setting idealised or unrealistic goals – e.g. for 'perfect' parenting, or the eradication of all difficulties/risk – can result in never-ending plans or an escalation of concerns because targets aren't being met. Therefore planned outcomes should clarify the *minimum* required levels of change or action, etc. wherever possible.)

Planned outcomes should also be ***achievable within reasonable Timescales*** – which themselves should be determined by the child's own needs & developmental timescales, or the anticipated/likely timeframe of the plan or review period (whichever is less).

Specific Actions to Reduce Risk (Objectives/Interventions)

These should be more 'specific'. They may describe what someone is to do, the content to be covered, or a generalised intention. As such, they are predominantly "content" related (actions). They should be measurable – you should be able to test these.

Principles of Objective-setting – SMART

- S- specific
- M- measurable
- A- achievable
- R- realistic
- T- time bound

Specific

- Is the objective precise and well defined?
- Is it clear? Can everyone understand it?

Measurable

- How will you know when the task has been completed?
- What evidence is needed to confirm the completion?
- Have you stated how you will judge whether it has been completed or not?

Achievable

- Is it within your capabilities to complete?
- Have you relied on someone else or some other thing to occur before you can complete the objective?

Realistic

- Is it possible for you to perform the objective?
- How sensible is the objective in the current context?

Timely

- Is there a deadline?
- Is it feasible to meet this deadline?
- Is it appropriate to do this work now?
- Are there review dates?

- Parents to lock away all drugs and needles and to keep out of child's reach at all times
- Parents to comply and actively engage with NSPCC and family support worker around behaviour management to reduce incidents – to be reviewed at next core group
- Mr Green to attend, participate and actively engage in an alcohol reduction programme every week for twelve weeks
- Mr Smith to take Jack to Children's Centre stay-and-play session once a week.
- Mrs. Jones to continue to actively engage with CRI, provide fortnightly mouth swab samples and engage with support offered by CRI
- Mrs. Brown to actively engage with her GP in relation to her mental health issues and take her medication in the prescribed manner – to be reviewed on a monthly basis
- Mrs. White to take Luke to outstanding health appointments, including, physiotherapy, optician, when allocated

Why Guidelines are required - Historical Problems with Child Protection and Child in Need Plans

- The intended outcome reads like a specific action / objective (It details what someone is going to do rather than what impact it will have on the child) e.g. Max to attend appointments with a counselling service – WHY?!
- Objectives are broad and intangible rather than specific and measurable e.g. Health services to monitor health
- Plans are concerned with the worker not the parent/child (the focus is on staff interventions and not parent/child outcome) e.g. Social Worker to.....
- Language used within them is not easily understood or measurable
- They are difficult to evidence when completed – How can we tell when they are achieved? e.g. Mrs Mitchell to address her drinking.
- They remain static – lack of review process.

In order to write a good quality child protection plan it is essential that we:

- Prioritise risk of harm
- Include intended outcomes for the child – **What will the impact be?**

- Include specific objectives (actions)
- Know what measures we are looking for
- Use understandable simple language
- Include a time frame for review.

Historically there has been much confusion over the terminology used so it is helpful to begin by defining key terms in turn.

Terminology: The Importance of Language

Case Audits and Serious Case Reviews have taught us important lessons about ensuring that parents/carers / children and young People actually understand plans that they are being asked to contribute to / meet. Feedback given indicates that parents/carers children and young people are often asked to sign plans when they haven't been explained fully to them. Another problem is that we know that parents sign plans but admit to not understanding the language contained within them. Let us consider the problems with some of the language we regularly use (see below page 8):

Try to refrain from using the following words in plans:

Issue	Eg: Mrs Smith to address her issues with alcohol use - What do we mean by the word issue? What is the issue specifically?
Ongoing	Time scale- ongoing – Ongoing until when? It may be that your objective and outcome is likely to be a long term outcome, however it is helpful to have a frequency or time frame set for the outcome or objective. All Outcomes or objectives should be reviewed on a regular basis therefore it is acceptable to write – to be reviewed at the next meeting and state the date.
Address	Eg Mrs Smith to address her – What do you mean by address? Will parents understand what you mean by address? How will you know when the objective has been achieved? What exactly do you want Mrs Smith to address?
Consider	Eg Mrs Smith to consider the impact of her behaviour..... - Consider is a difficult word to measure – How will you know that Mrs Smith has considered her behaviour? What evidence are you looking for to know that this objective is complete?
Immediately or ASAP	Immediately can mean different things to different people. It is always better to be specific with dates i.e. today tomorrow, next week daily etc.
Monitor	Eg Health to monitor health.... – What do you mean by monitor? What specifically is it that you want to be achieved here? Need to be specific so that you are able to measure when the objective has been achieved. What evidence will you look for?
Manage	Eg Mr Jones to manage his drug use – What do you mean by manage? How will you know when the objective has been achieved?
As appropriate	Whose definition of as appropriate are you referring to and what does this mean to parents? Be specific with your expectations so that parents are also clear about what you are expecting to happen.
Understand	What evidence will you look for to know that something has been understood? If you can cite exactly what you are expecting to see then this is ok to use. However evidencing understanding can be problematic without some sort of test or measure.
Appreciate	Eg Mrs Jones to appreciate the impact of her behaviour on..... – What does appreciate mean? What change are you expecting to see?
Ensure	Mrs Jones to ensure James attends school – How will Mrs Jones ensure this? What do you mean by ensure? Use a measurable word like Mrs Jones to take James to school.

Quick checklist for effective child protection /child in need /early help plans

	Check List	Yes /No
1	Does the plan use clear, jargon-free language?	
2	Have you ensured that the plan does not contain the words: issues, ongoing, as soon as possible, address, monitor, ensure (see also previous page)	
3	Is the plan child/ parent/carer rather than worker-focused?	
4	When the plan asks a parent to complete a task is it clear what the <u>expected outcomes</u> should be for the child as a result?	
5	Does the plan enable you to <u>measure and evidence</u> parental engagement and the child's progress?	
6	Are you masking parental engagement by doing things for parents, which they should be doing as part of the plan?	
7	Can you easily measure progress against the plan? If not give the plan a SMART health-check. Specific? Measurable? Achievable? Realistic? Time-bound?	
8	Have you identified what evidence you will look for to prove that the objective has/has not been achieved?	
9	Have you developed the plan in partnership with parents and carers?	
10	Have you developed the plan in partnership with children/young people?	
11	Have you included the child/young person's views about why services are needed and/or about the plan to provide them?	
12	Have you included the parents' views about why services are needed and/or about the plan to provide them?	

Example Child Protection Template

Identified Risk of Significant Harm/ Unmet Need	Intended/Planned Outcome/ Impact – What do you want to achieve?	Specific actions to reduce risk	Person Responsible	Frequency	Date for Completion/ Review	Evidence of completion / measurement
<p>Risk of significant harm or a welfare Need?</p> <p>Is the identified factor related to risk of significant harm and safety? Or is it related to the child's basic needs and welfare?</p> <p>We should always prioritise risk on Child Protection Plans.</p>	<p>What is the impact for the child? The so what factor.</p> <p>What difference is it going to make to the child's life?</p> <p>What do you want to achieve in the long term?</p> <p><u>This should not read like an action.</u></p>	<p>The specific actions need to be child or parent carer/ led as much as possible i.e.</p> <p>Mrs Smith to</p> <p>Sarah to.....</p> <p>These should not be tasks for the professionals to meet</p> <p>What steps need to be achieved so that you can achieve the outcome?</p> <p>What needs to happen?</p>	<p>Who is responsible for the specific action? As per the action column these need to be parent/carer and child focused.</p>	<p>How often do you want the action to occur?</p> <p>Daily? Weekly Monthly? Hourly?</p>	<p><u>NB: Please do not use the term 'ongoing'</u></p> <p>You need to set a firm date for completion. You might not know in the early stages what is a realistic date for completion, if not you need to write "to be reviewed at the next core group meeting and state the date of that meeting."</p>	<p>How will you know that the identified risk or need has been met?</p> <p>What kind of evidence can you look for?</p> <p>How will you measure the actions?</p>

Poor Example

Identified Risk of Significant Harm/ Unmet Need	Intended/Planned Outcome/ Impact – What do you want to achieve?	Specific actions to reduce risk	Person Responsible	Frequency	Date for Completion/ Review	Evidence of completion / measurement
<p>Education</p> <p>What specifically is the concern?</p> <p>Should relate to concerns for the child</p>	<p>Mrs Smith addresses the issues with Joey's school attendance</p> <p>What is the impact for the child?</p>	<p>Mrs Smith addresses the non -attendance and ensures Joey attends school.</p>	<p>Ms Smith</p>	<p>Every week Core Group Meetings</p> <p>This implies that the parents only have to meet this objective / outcome at Core group Meetings</p>	<p>Ongoing</p> <p>This allows drift – Use a specific deadline</p>	<p>Joey's attendance improves</p> <p>What are you expecting Joey's attendance to improve from? What is acceptable?</p> <p>How will you know the outcome / action is met?</p> <p>How will Mrs Smith ensure Joey goes to school – what are we asking her to do?</p> <p>How will she address the non-attendance?</p>

Completed Example

Identified Risk of Significant Harm/ Unmet Need	Intended/Planned Outcome/ Impact – What do you want to achieve?	Specific actions to reduce risk	Person Responsible	Frequency	Date for Completion/ Review	Evidence of completion / measurement
<p>There is a risk that Joey’s educational progress may be impaired by his reduced school attendance</p>	<p>Joey is attending school and meeting or exceeding appropriate levels of educational attainment.</p> <p>Parents are not fined for non-attendance.</p>	<p>(a) Mrs Smith to take Joey to school on a daily basis, to arrive before 9am.</p> <p>(b) Joey to attend school on a daily basis 9am – 3.30pm for the full school term</p> <p>(c) If Joey is not able to attend school Mrs Smith to telephone school before 9am to provide an explanation.</p>	<p>Mrs Smith, Joey</p>	<p>Daily basis for term-time</p>	<p>Progress to be reviewed at next core group on 28 / 05/ 2014</p>	<p>Class registers complete.</p> <p>Joey is attending school on a daily basis during term time.</p> <p>Reports from class teacher.</p> <p>Joey is on target in terms of educational attainment.</p> <p>Joey's attendance has increased by X %</p>

Summary: “Must Haves”

- Plans need to be child-centred – even when the adult is being asked to do something the plan should measure the intended outcome for the child.
- Plans need to be specific with parents about what is expected of them in order to demonstrate improving outcomes for the children – what do we want parents to do differently and how will this improve outcomes for the young person?
- Practitioners need to be mindful of disguising parental progress against the plan by “propping up” the plan and “doing it” for parents.
- Parental engagement in the plan needs to be evidenced.

Summary: Step by Step Guide to Defining Measureable/Planned Outcomes

Step 1: Identify the unmet needs:

Before anything else, it is necessary to be clear about the child’s *unmet* developmental and care needs *and* any difficulties their parents/carers have in meeting these needs *and* (in the case of CP plans) any risk factors that must be reduced and/or eliminated.

Step 2: Identify the services/support:

Once the child’s needs/risk factors are clearly defined, the services, support, actions (or non-actions) etc. can be identified, which will help to meet each of the child’s needs and/or reduce risks, etc. These are usually agreed at a planning or review meeting, Child Protection Conference etc.

Step 3: Ask a few questions about *each* identified need/risk factor:

- If this need was being met sufficiently (or if this risk was sufficiently reduced), how would I *know*?
- What would I see/measure/count etc. that would tell me?
- What would be tangibly different about or for **the child**?
- In other words, ***how would I determine that the child’s development / wellbeing / care / safety has really improved*** and that the services provided or the actions taken have really made any difference?

Summary: Example Component Outcomes

BE HEALTHY

- Children are receiving a nutritious diet
- The children's anxiety and or depression is reduced
- Parents have improved understanding of the child's emotional wellbeing / mental health needs and are engaging with appropriate services
- Parent takes responsibility for child's developmental needs e.g. keeping appointments with health visitor clinic etc.
- Parent/ carer will have an increased awareness of their child's development and have increased skills in promoting their child's development.
- Child or young person understands the physical and emotional developmental changes of childhood and adolescence.
- Child or young person has access to sex education and improved sexual relational knowledge
- Children are safe from accidental contact with dangerous drugs and drug equipment.

The child or young person is:

- Healthy at birth, sustains good physical health and, where relevant, manages chronic conditions/disabilities
- Positive about self and confident and competent when faced by problems and adverse circumstances
- Respectful of self and others
- Able to make choices that are safe and appropriate
- Able to talk about one's feelings (inc. sexuality) in age-appropriate ways
- Leading a healthy lifestyle and making healthy choices
- Receiving appropriate health care and guidance from services
- Receiving appropriate health care and guidance from carer
- Attending health services and medical screenings and taking prescribed medication when necessary
- Being helped to effectively manage any long-term illness, condition or impairment
- Able to apply strategies for assessing and managing avoidable risks to health

ARE SAFE FROM HARM

- The home is a safe place for the child and their carer
- Child is safe from accidental contact with dangerous drugs and drug equipment
- Children are safe from seeing or receiving violence in the home
- Family/carer members to identify ways of keeping children and young people safe.
- Children are not being bullied
- Children are experiencing fewer accidents in the home
- Young people are at reduced risk of abuse through child sexual exploitation.
- Sexually exploited or at risk young people have safe accommodation / reduced drug use / re engagement with education.
- Neighbourhoods are kept safe for children and young people.

- Children are not involved in behaviour that puts them at risk of victimisation or of offending.

The child or young person is:

- Living in a home environment which is free of abuse and violence
- Cared for by parents or carers and has at least one adult they can always turn to for love and support
- Living in a family or extended social network which is free of sexual exploitation
- Protected from avoidable physical dangers and health hazards within the home
- Protected from avoidable physical dangers and health hazards outside the home
- Protected from the risk of exploitation by others (eg through internet)
- Aware of harmful risk-taking behaviours outside the home (eg drugs, alcohol, inappropriate friendships, etc)
- Receiving appropriate guidance from parent/carer about harmful risk-taking behaviours
- Safe from bullying at school or in the community
- Protective towards others and not involved in bullying
- Protected from anti-social and criminal activity within the community

HAVE OPPORTUNITIES TO LEARN, ENJOY AND ACHIEVE

- Children are able to develop and sustain friendships
- Children's self-esteem is increased
- Children understand how their appearance / behaviour are perceived by others
- Children engage in accessible and appropriate play and social activities they enjoy.
- Children and young people in need have positive and supportive Social networks.
- Children recognise and develop their skills and talents
- Children demonstrate more coping strategies
- Children will be active learners according to their age and stage of development
- Children will be able to use the learning environment, daily routine, range of equipment and strategies to plan carry out their plans and recall what they have done.
- Disabled children will enjoy new experiences and to develop wider social networks.

The child or young person is:

- Developing self-care and life skills appropriate to age and stage
- Developing a level of independence or autonomy appropriate to age and stage
- Developing communication skills appropriate to age or stage
- Developing social skills appropriate to age or stage
- Responding positively to cognitive challenges in an educational setting
- Motivated to attend and participate in their education
- Meeting or exceeding appropriate levels of educational attainment
- Demonstrating achievement across a range of non-academic activities
- Developing skills for coping with and managing disabilities and long-term conditions
- Responsiveness to any additional support provided
- Developing skills in assessing and managing risk within social settings

BELONG AND CONTRIBUTE TO THEIR COMMUNITIES

- Children and young people in care or in need have the opportunity to influence decisions which affect them.
- Children are listened to and have opportunities to actively participate in service planning and delivery
- Children and young people participate in relevant influencing and lobbying activities.
- Children are able to interact appropriately with peers and others.
- The neighbourhood is a lively child friendly supportive place to live.
- Children will be able to work with others to resolve problems or conflict constructively.
- Children will show an awareness of the rights of others and their responsibility to uphold those rights.
- Children will make informed choices in relation to specific areas.
- Children are not involved in behaviour that puts themselves at risk of victimisation or of offending.
- Young people are involved in and made welcome at community events.
- The community expresses pride in its young people.

ECONOMIC WELLBEING

- Children will have continuity / stability in their education arrangements.
- Children are accessing the National Curriculum and achieving their educational potential
- Children are in school regularly
- Children are happy in school and making progress
- Children and young people in care or in need have the confidence and skills necessary to engage with decision makers.
- Children have improved skills in literacy / numeracy / IT skills.
- Young people / parents/ families are in receipt of all the welfare benefits they are entitled to.
- Young people are encouraged and supported to remain in education or training after 16.
- Young people have improved job searching skills
- Young people have access to safe, affordable independent accommodation
- Parents resume education / training
- Families have the necessary resources to support children.

NURTURED

The child or young person:

- Experiences love, emotional warmth and attachment
- Has someone they can turn to, trust and rely on when anxious or disturbed
- Receives praise, encouragement, attentiveness and cognitive stimulus
- Receives a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm
- Receives sufficient and suitable nutrition
- Lives in an environment which promotes their cognitive and emotional development
- Receives additional support and care when they need it

ACTIVE

The child or young person is:

- Encouraged to be as physically active as their capacities permit
- Encouraged to take up opportunities for play, recreation and sport
- Receiving appropriate stimulus and encouragement to develop their interests
- Provided with opportunities to actively participate in stimulating activities where there may be disabilities or disadvantages
- Provided with additional support when needed
- Assessing and managing risks in recreational and play-related settings
- Responding positively to physical challenges in recreational and play related settings

RESPECTED

The child or young person:

- Feels listened to and taken seriously
- Has developed a positive sense of identity and feels comfortable with it
- Has a well-rooted sense of self-esteem or self-worth
- Feels that significant adults and friends want them to fulfil their potential
- Feels that significant adults and friends will support them through challenges and difficulties
- Feels trusted by these significant adults and friends
- Feels involved in the important day-to-day decisions that affect them
- Does not feel discriminated against or demeaned by others

RESPONSIBLE

The child or young person:

- Attends school regularly (if appropriate)
- Has developed a clear understanding of right and wrong appropriate to age and stage
- Accepts responsibility for their own actions
- Understands what is expected of them at home, in school or in the community
- Generally behaves responsibly at home, school and in the community
- Generally behaves towards others in a caring and considerate way
- Demonstrates capacity to act altruistically on behalf of others (eg gets involved in voluntary activities)
- Demonstrates capacity to assess and manage situations where there are potential risks for self and others

INCLUDED

The child or young person:

- Feels accepted and valued within the family or caring setting
- Feels accepted and valued by friends and peers
- Feels accepted and valued by the school

- Feels accepted and valued within the local community
- Feels that their family is accepted and valued within the local community
- Has access to a range of opportunities for making friends
- Has access to a range of opportunities for social and recreational activities
- Receives additional support to overcome any disadvantages that may contribute to social exclusion

Taken from:

Wellbeing indicators: the component outcomes (Scottish Government, 2009a)
 Leading for outcomes children and young people (2012) IRISS (Institute for Research and Innovation in Social Services)
 Glasgow

“A Guide to Outcomes” Barbados Policy and Research Unit June 2006

References

Barbados Policy and Research Unit (June 2006) *A Guide to Outcomes*.

Barnados *Needs-led & Outcomes-focused approach* in Childlinks 17

IRISS (Institute for Research and Innovation in Social Services) (2012) *Leading for outcomes children and young people*
 Glasgow

North Ayrshire Child Protection Committee (June 2011) *Outcomes in Child Protection*.

Parker, R et al (1991) *Looking after children: assessing outcomes in childcare*. London HMSO

Suffolk County Council: *Developing and Recording Outcome-focused Plans for Children (2012)*