



North Ayrshire Child Protection Committee

Outcomes in Child Protection

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Outcomes for children in need of protection

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Equality and diversity

North Ayrshire Child Protection Committee promotes equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all of its forms. No one should be discriminated against on the basis of race, ethnicity, disability, sexual orientation, religion, gender or age. All partners within the Committee value diversity and actively challenge discrimination and prejudice. Service users should be listened to and respected and should have access to services which are fair, consistent and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief or sexual orientation.

Purpose

This guidance note has been produced to help practitioners in all services share a common understanding of, and language for, outcomes for children in need of protection. This guidance is also aimed at supporting the move away from a *needs led service provision approach*, towards *outcomes focused practice*. This is about changing the way practitioners approach assessment and planning processes and requires to also be supported by effective systems which measure outcomes based practice.

The guidance is aimed at the level of individual children, rather than at performance management level, which also involves measuring outcomes. However, as part of the move to demystify “outcomes”, this guidance will make reference to both outcomes at individual level and at strategic planning level.

Introduction

The term “*improving outcomes for children*” is now widely used across all agencies working with families, and amongst policy makers and scrutiny bodies. The term is not a new concept for anyone working in children’s services – it is what services have always aimed to achieve.

However, there have been ongoing challenges both in identifying outcomes and in measuring outcomes, as well as maintaining the focus on the individual child.

One difficulty is that we use the term “outcome” in different ways.

Services are planned and delivered in increasingly complex and challenging climates with a growing emphasis on evidencing performance and striving for excellence. Performance monitoring is based on measuring outcomes, many of which relate to processes which sit at a different level from that of individual service user.

Even when we move to individual service user level, in practice terms the word “outcome” is often used to seek the results of an action. For instance,

What was the outcome of that referral/investigation/assessment/meeting?

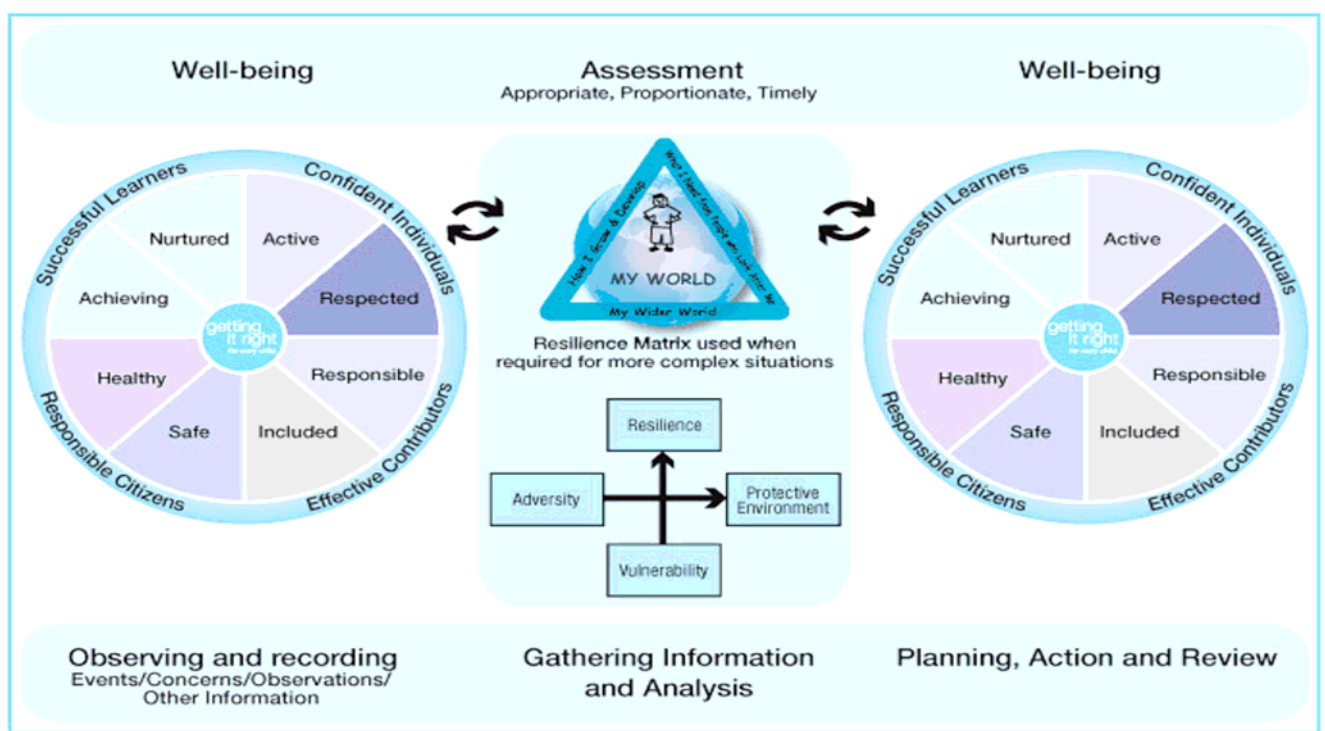
Framing the question in this way leads to a focus on the action itself rather than what impact the action had. Often this results in details of what decisions were made. Clearly this is important information but it is not necessarily information about outcomes for children. For instance, even in cases where an action has been fully implemented, this may not have resulted in any improvement for the child.

When such focus is placed on whether actions have taken place and what is the result of these actions, it is not surprising therefore that practitioners can experience difficulty in identifying, articulating and measuring outcomes for individual children.

In 2004 the Scottish Government set out its vision for children – that all children should be Safe, Healthy, Active, Nurtured, Achieving, Respected & Responsible and Included (SHANARRI). This is set within the national change programme *Getting It Right For Every Child* and SHANARRI represents high level outcomes we want all children to achieve.

We recognise the importance of SHANARRI indicators, the role of Lead Professional, and the primary importance of “building the team/s around the child” to meet their needs.

The integration of SHANARRI into assessment, care planning and review is essential in ensuring the continuing focus on outcomes for individual children throughout these processes, but there has been a lack of useful detailed guidance for practitioners in translating SHANARRI further into more specific outcomes for children.



Defining Outcomes

For the purposes of work with children in need of protection, an outcome can be defined as:

“a positive change, involving an improvement in the child’s well-being, as a result of planned partnership intervention.”

“Well-being” is viewed as the SHANARRI well being indicators illustrated above and outcomes can be both short and long term. When we intervene to help support a child in need of protection, we aim for positive change and improvement

Outcomes should be written in such a way as to state the **result** for the child. Ie Sarah is...

Outcomes for children in need of protection must be specific to the individual child and clearly based on the assessment. SHANARRI is too broad and high level to use in these circumstances but the specific outcomes will sit underneath SHANARRI.

In summary, outcomes must be:

1. Related to the SHANARRI well being indicators
2. Informed by assessment
3. Specific to the child
4. Framed in such a way as to state the intended or actual result for the child
5. Monitored and measured through implementation and review of the child's plan

These are some examples of specific outcomes for children in need of protection using 2 year old Sarah and 14 year old Max:

(Please note these are examples only. There is no expectation that staff must identify outcomes for every child under every well-being indicator. However, there is an expectation that every well-being indicator will be considered in the assessment of risk/need.)

Safe	
1	Sarah is supervised at all times
2	Max is protected from contact with A

Healthy	
1	Max is aware of sexual health information
2	Sarah's injury has fully healed

Active	
1	Max is physically fitter through increased involvement in sport activities
2	Sarah plays outside when weather permits

Nurtured	
1	Sarah enjoys contact with her father
2	Max feels settled in his placement

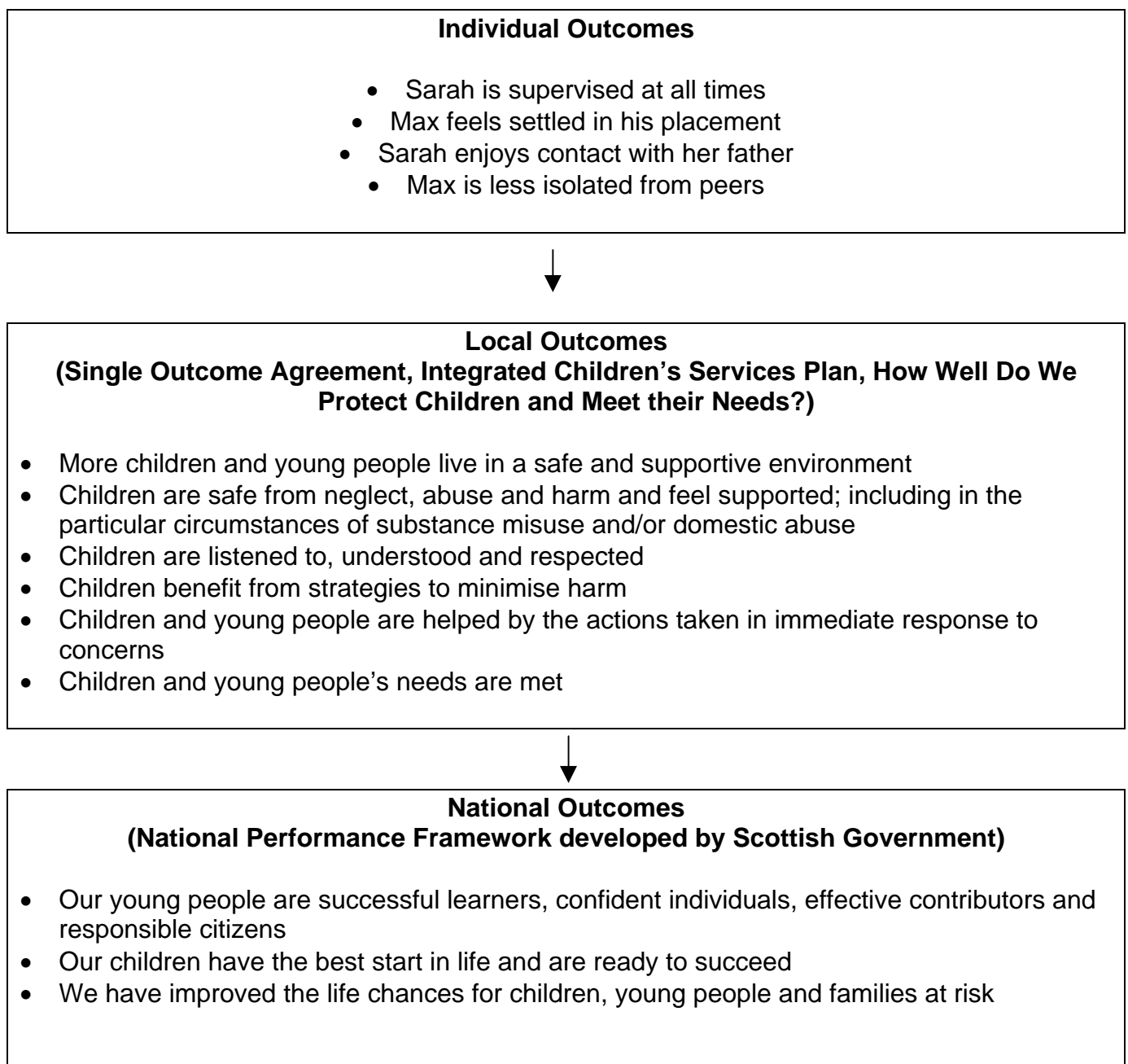
Achieving	
1	Sarah can use her cutlery
2	Max participates well in full time education

Respected	
1	Max helped to decide contact arrangements
2	Sarah is listened to by her mother

Responsible	
1	Max is provided with guidance from his mother
2	Sarah chooses her drink at mealtimes

Included	
1	Sarah spends time with other young children
2	Max is less isolated from peers

The relationship between national, local and individual outcomes



The diagram above illustrates that meeting individual outcomes for children in need of protection supports meeting local outcomes as set out in documents such as the North Ayrshire Single Outcome Agreement and the Integrated Children's Services Plan. The HMIE Quality Improvement Framework, *How Well Do We Protect Children and Meet Their Needs?* guides our self evaluation activity, ensuring we continue to improve child protection processes to support improved outcomes in children and young people. Our local outcomes link directly to the National Performance Framework, primarily through our Single Outcome Agreement, ensuring we meet national targets for improvement.

Linking Assessment to Planning to Review

The individual child must remain at the centre of assessment, care planning and review and the common thread throughout must be a focus on outcomes for the child.

The diagram below illustrates the stages of assessment, planning and review and the narrative underneath the diagram explains these more fully.

Stage 1 - Risks and Needs
Gather and share information, then assess the child's well-being, and in doing so, identify risks and needs in relation to the well being indicators through professional analysis.
Stage 2 – Planned Outcomes
Based on the assessment and analysis, identify how the child's well-being needs to improve and what such improvement will look like for the child. Bear in mind the "must's" of outcomes set out above.
Stage 3 – Planning
All children in need of protection should have a child protection plan. Within this, actions to support the planned outcomes should be clearly laid out with details of timescales and the person responsible. Expectations for parents should always be explicit.
Stage 4 - Review
The purpose of the review is to consider whether the planned outcomes for the child or young person have been met in full or part, and to agree any further outcomes.

It is widely recognised that interventions with families where children are in need of protection must be based on an assessment of risk and need for that child and the intervention must be aimed at improving outcomes for the child.

Assessment of risk/need is undertaken using the GIRFEC Practice Model as a framework within which professional analysis is utilised. This will highlight risk and needs in respect of each of the well being indicators, where relevant, and planned outcomes for the child will be identified from this.

It is critical that information about parent's lifestyle and behaviour is analysed in order to assess the impact this has on the child. It is not sufficient merely to state that parents misuse alcohol, for instance, or to solely describe their pattern of alcohol misuse. This does not tell us what effect this has on the individual child and therefore what the risks/needs are for that child. The same pattern of alcohol misuse will have different implications for different children depending on a variety of factors, particularly protective factors.

Thus assessment must keep children at the centre by asking the "So what?" question to drill down past descriptive narrative to professional analysis.

Where children are identified as in need of protection, intervention is targeted towards the parents/carers in order to reduce harm to the child. While the intervention may very well be

entirely appropriate, there has been a tendency for plans and reviews to focus more on the parents/carers actions rather than how these have effected the child.

All children's plans must contain specific outcomes for that child. For children in need of protection, most of the actions within the plan will be directed towards parents/carers but the planned result of these actions must relate to an improvement in the child's well-being.

It therefore follows that reviewing the plan consists of reviewing the actions therein, *but also reviewing the outcome for the child*. Has the action resulted in an improvement in the child's well-being? This is the measure of a successful child protection plan.

The template used by Social Services when analysing the effectiveness of a child protection plan prior to a review child protection conference is attached.

Proportionality

When children are subject to child protection procedures, an initial assessment of risk/need is undertaken within very short timescales. The SHANARRI well-being indicators are included within this initial assessment but often full information is not available within those timescales.

Clearly the primary focus is on SAFE. At times some of the other well-being indicators will be particularly relevant at this initial stage – especially HEALTHY and NURTURED – but others may be less prominent. Again, every case is different and it may well be that child protection concerns in a particular case lead to needs for that child under RESPECTED or ACHIEVING.

In child protection cases the aim is to secure the immediate safety and well-being of the child and the assessment and plan should reflect this.

As work progresses, immediate outcomes are achieved and growing information is available, the assessment of the child's risks/needs will be ongoing with revised actions and outcomes to reflect the revised assessment. Through this process, increased attention will be made to all well-being indicators to ensure plans are put in place in order that all a child's needs are met.

Other terms

There are a number of terms frequently utilised in performance monitoring and evaluation. In order to prevent misunderstanding or confusion, it is useful to briefly consider these within the context of working with children:

Input – this is the intervention by staff and services (**EG parenting programme**)

Output – this is what is generated as a result of the input, usually something tangible (**EG parenting classes**)

Outcome – this is the achieved result and is specifically defined (**EG improved parenting**)

Impact – this is the change effected, it is influenced by many variables and can be ongoing (**EG more confident parent**)

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APPENDIX ONE

Template for Analysing Child Protection Plan Effectiveness

Name of child:..... Date of birth:..... Date child protection plan implemented from:

Date of most recent review conference (if applicable): Date of this analysis:

Risk Factor See below for definitions	Present in Case? (Yes or No)	Recorded in Assessment?	Describe any identified intervention strategy (or protective factor) which addresses risk factor.	Impact/outcome for parent/carer	Impact/outcome for child	Contingency measures if intervention unsuccessful
Mental Health						
Domestic Abuse						
Substance Misuse						
Parenting						
Offending						
Lack of cooperation						
Housing						
Age of mother (<23yrs)						
New baby						
New partner						

Definitions:

Mental Health	- Parent/carer has attended GP or other medical personnel due to mental ill health symptoms within past 6 months; and/or - Parent is in receipt of medication or undergoing intervention (eg CPN) due to mental ill health
Domestic Abuse	- Police have attended domestic incident within past 12 months: and/or

	- Parent/child has disclosed domestic abuse to agencies
Substance Misuse	- Parent/carer uses illegal substances: and/or - Parent/carer misuses alcohol: and/or - Parent/carer expresses concern about their own or partners substance misuse: and/or - Agencies are concerned about parent/carer's misuse of substances
Parenting	- Parent/carer has unrealistic expectations of child with regard to their age and stage of development: and/or - Parent/carer has been unable to establish adequate routines (eating, sleeping etc) for child - Parent/carer has expressed they are struggling to cope with parenting: and/or - Agencies are concerned about parenting
Offending	- Parent/carer has been involved in offending behaviour within past 6 months: and/or - Parent/carer is in custody and expected to rejoin family on release: and/or - Parent/carer is currently subject to community disposal such as probation order
Lack of cooperation	- Parent/carer does not accept the child protection concerns: and/or - Parent/carer's adherence to child protection plan is erratic or poor: and/or - Parent/carer is hostile and/or threatening towards staff: and/or - Parent/carer appears compliant but there is no evidence they are effecting change
Housing/Environment	- Family have moved house: and/or - Agencies are concerned about poor condition or hygiene of house: and/or - There have been complaints to housing department or antisocial behaviour team
Mother under 23yrs	- Mother was under 23 years old at time of birth of her first child
New baby	- A baby has been born into the family since the child protection referral which led to current period of registration
New partner/change in relationship	- There has been a change of partner, including separation of parents/carer's, during the length of current child protection registration

