**OUTCOME FOCUSED PLANS GUIDANCE**

**Step-by-step Approach to Defining Measurable ‘Planned Outcomes’**

**Purpose of the Plan:** A good plan needs to have an overall aim or goal, and a brief summary of the key issues and reasons why additional support, protection or care is needed.

**Step 1: Identify the unmet needs:** Before anything else, it’s 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. (The child’s ‘Single Assessment’ or ‘Pathway needs assessment’ should already contain this information, based on recent assessments. If not, it should be completed first.)

**Step 2: Ask questions to identify the outcome:** 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?

**Step 3: Identify the activity needed:** Identify the actions /support: Once the child’s needs are clearly defined, actions (or non-actions), support, services etc. can be identified, which will help to meet each of the child’s needs or reduce risk, etc. These are usually agreed at a planning or review meeting, CP conference etc.

**Take Note:**

* In some instances, more than one ‘planned outcome’ may be required to help establish whether the child’s need has been adequately met, or a risk sufficiently reduced (although as a rule, the simpler the better).
* Defining measurable planned outcomes is not an exact science and it’s recognised that some needs are much harder to measure objectivelyin clear and quantifiable terms - particularly those relating to a child’s emotional development – for example, the quality of attachments and relationships, or the degree of self-esteem. The key question to be answered, however, is “how will we know whether things have improved?” Sometimes a child’s longer-term developmental or care needs can only be determined by other assessments being made (such as a risk assessment, psychological/cognitive assessment or a parenting assessment). In such circumstances, the initial ‘planned outcome’ might be simply that “there will be enough information about X from Y assessment to make future plans for the child”.

**EXAMPLES OF PLANNED OUTCOMES IN CHILD IN NEED PLANS**

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| **DIMENSION OF****NEED** | **CHILD’S DEVELOPMENTAL/CARE NEED** | **PLANNED OUTCOME/S****(i.e. how will change/success be measured or recognised?)** |
| **Health**  | Naima’s Type 1 diabetes is not being controlled properly and she is currently having about 1 diabetic crisis a month. She needs to stay healthy and well – so she needs her father and step-mother to learn how to manage her diabetes better. | The number of diabetic crises Naima is having will have reduced.(Just setting an outcome for Naima’s father & step mother to be given advice aboutDiabetes may not help Naima if they don’t implement it). |
| **Health** | Sharon’s teeth are very decayed. She needs good dental health.  | Sharon will have been to the dentist and had treatment for her dental decay. |
| Sharon’s dentist & health visitor will have no more concerns about Sharon’s dental care.(Fixing the problem in the short term by just going to the dentist won’t necessarily ensureSharon’s long-term dental needs are met.) |
| **Education** | Ashraf’s school attendance record is only 47%.He needs to attend school on time, every day. | Ashraf’s school attendance record will be at least 90% and he will have had no unauthorised absences. (Just setting an outcome of ‘improved attendance’ isn’t specific enough – how will anyone know when this part of Ashraf’s plan is no longer needed?) |
| **Education** | Stephen’s speech and language development is delayed. He needs more time to play and socialise with other children. He needs his mother to learn how to play with him & give him lots of stimulation. | Stephen will be attending nursery regularly (at least twice a week) |
| His speech and language will be catching up with other children of his age in nursery, asassessed by his key worker there |
| Mrs Wilson will have completed a parenting programme and re-assessment will show that she can meet Stephen’s needs for stimulation. |

**EXAMPLES OF PLANNED OUTCOMES IN CHILD PROTECTION PLANS**

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| **DIMENSION OF****NEED** | **RISK FACTOR****AND / OR****CHILD’S DEVELOPMENTAL NEED** | **PLANNED OUTCOME/S****(I.e. how will change/success be measured or recognised?)** |
| **Neglect** | Unborn Baby Stevens needs protection from his mother’s heroin use, both before and after birth. S/he needs safe and responsive care once he is born. | Once born, Baby Stevens will have been cared for safely by Ms Steven’s aunt whilst assessments of Ms Stevens are completed. |
| Ms Stevens will have attended all Drug Assessment Team appointments; all random drug testing will have been negative for non-prescribed drugs. |
| **Neglect** | Paul’s speech and language development is very delayed, he is still not walking and he has very few routines.Paul’s mother needs to improve her parenting skills so that Paul receives the care he needs. | Paul will be attending nursery regularly (at least 4 times a week) |
| Mrs Wilson will have completed a parenting programme and re-assessment will showIf she is able to meet Paul’s needs for stimulation, routines and supervision. |
| By his next developmental review in July, Paul will be meeting his developmental milestones. (Paul has had a CIN plan for some time, though little progress was made towards the planned outcomes. Paul’s timescales for development are tight, so the planned outcomes in his CP plan need to reflect this).  |
| **Physical****abuse** | Sophie’s arm has been broken by one of her parents.Sophie needs protection from further physical abuse. | Sophie will have had no further non-accidental injuries. |
| All Sophie’s contact with her parents will have been fully supervised. |
| Assessments will have been completed, to show whether Sophie’s parents are able to care for her safely in the future. |
| **Physical****abuse** | Patrick’s back has been bruised by his mother when she uses a wooden spoon or hairbrush to smack him.Patrick needs boundaries and discipline which do not harm or hurt him | Patrick will not have been physically injured or hurt again by his mother |
| Patrick will not have voiced any more worries about being hit by his mother, and show no signs of anxiety around her. |
| Mrs Chukwu will have completed a parenting programme about safe discipline: Assessments will show if can discipline Patrick and set boundaries for him without using physical abuse. |

**EXAMPLES OF PLANNED OUTCOMES IN LOOKED AFTER CHILDREN’S PLANS**

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| **DIMENSION OF****NEED** | **CHILD’S DEVELOPMENTAL & CARE NEEDS** | **PLANNED OUTCOME/S****(I.e. how will change/success be measured or recognised?)** |
| **Stability** | Georgie needs a permanent, stable home, preferably within his wider family. | A family group conference will have been held and explored what support the family are able to provide Georgie.  |
| A clear plan will have been made about who Georgie’s permanent carers will be and what the timescales are for this. |
| **Stability** | Rachel needs a permanent, stable home. | The local authority will have developed a clear plan for permanence for Rachel by the next review meeting. |
| **Health** | Justin has spina bifida; he needs to attend all his hospital and physiotherapy appointments for this. | Justin will have attended all his hospital appointments and all his health needs relating to his spina bifida will have continued to be met. |
| **Education** | Stephanie has missed a lot of school; she needs help to settle into her new school and to attend every day. | Stephanie will have settled into her new class and will be able to talk about who her new friends are there. |
| By her next review meeting, Stephanie will have started make progress in Maths andLiteracy. |
| **Family &****social****relationships** | Saffron needs to see her sister over the Christmas holidays | A Christmas contact plan for Saffron and Valerie will have been made by the end ofOctober. |
| Saffron and Valerie will have had contact over Christmas. |
| Saffron will have been able to talk to her foster carer about what she liked best about this. |
| **Self Care****skills** | Anthony has never learned how to feed himself and he now needs help to start doing this. | Anthony will be able to hold a spoon himself and will have started to hold and drink from a beaker. |

**EXAMPLES OF PLANNED OUTCOMES IN LOOKED AFTER CHILDREN’S PLANS**

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| **DIMENSION OF****NEED** | **YOUNG PERSON’S DEVELOPMENTAL, CARE OR SUPPORT NEEDS** | **PLANNED OUTCOME/S****(I.e. how will change/success be measured or recognised?)** |
| **Education /****training /****employment** | Sally is attending college 3 days a week, but would like some part time work. She wants advice and support about completing application forms and attending interviews. | Sally will have been able to complete application forms and felt prepared forany interviews she is offered. |
| **Education /****training /****employment** | Kyle wants to work in the building trade but can’t decide if it would be best to try to find a job as an apprentice or to do a bricklaying course at college first. | Kyle will have made some decisions about further education or training before June.If he decides to go to college, he will have completed the application form. |
| **Emotional****and****Behavioural****Development** | Dewa suffers from OCD and wants help to make this more manageable, so his compulsive behaviours (like hand washing) and obsessive thoughts (to hurt himself) don’t govern his life so much. | Dewa will feel that his OCD is starting to become more manageable. He will have attended his appointments with the psychologist at CAMHS and will have completed his CBT homework every night (with reminders from his foster carer). |
| **Finance** | Franco wants help to budget his money better, so he doesn’t have to keep borrowing from his friends every month. | After getting some help from his youth worker, Franco will feel better able to budget and manage his own money. |
| **Health** | Alison is currently smoking up to 10 cigarettes a day. She wants help to stop smoking. | Alison will no longer be smoking cigarettes |
| She will be getting help to stop altogether from her foster carer and from the ‘Quit It ‘clinic nurse at the health centre. |
| **Self Care****Skills** | Tabo needs to learn how to shop and cook for himself. | Tabo will be able to buy the ingredients for and cook four different evening meals. |