**Do’s, Don’ts, Hints and Tips**

**OUTCOME FOCUSED PLANS GUIDANCE**

* **Do:** Outcome Focused Planning is a craft, the more you do it, the better they will become.
* **Tip:** SMART planning and Outcome Focused Planning are inextricably linked. Outcome Focused Plans should be Specific, Measurable, Achievable, Realistic and Timely.
* **Hint:** Outcomes need to be clear – an outcome is the good thing we want a particular child to have or experience as opposed to the bad thing that is happening now. The outcome should describe what the good thing will be.
* **Tip:** Parents respond better if asked to achieve future positives rather than ‘stop’ some past negative e.g. ‘managing behaviour without hitting children’ would be more effective than ‘stop hitting child as punishment for bad behaviour’.
* **Hint:** When setting outcomes picture what the better care would look like, what would you hear or see? If you are struggling, write down the opposite of current poor care and turn these into outcomes.
* **Tip:** 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).
* **Do:** Use plain language and not jargon.
* **Tip:** When describing needs, do not describe them in service terms e.g. Daniella to be referred to CAMHs, that is an action not a need.
* **Tip:** When measures aren’t obvious e.g. school attendance will be at 100%, then utilise examples that can be observed or counted in the child. E.g. Child will say that she has not heard Dad hitting Mum.
* **Don’t:** No part of the plan should have information copied and pasted from another document.
* **Do:** Always ask parents and children, if appropriate if they understand what is written in the plan.
* **Do:** Take out any need or action that will not address the key risk or need.
* **Tip:** 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.

**EXAMPLES OF PLANNED OUTCOMES IN PLANS**

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| **DIMENSION OF NEED** | **Individual Risks & Needs** | **Actions** | **Person/Agency Responsible** | **Timescale** | **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, on average, 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. | Father and step-mother to speak to Diabetes nurse regarding management to reduce crisis.Father and step mother to follow advice between now and next CIN reviewNurse to follow up at appointments regards implementationNaima to be consulted as to how things are progressing with regards Diabetes management | Father and step mumFather and step mumDiabetes nurseNaima and nurse | 3rd Apr 2018 | 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 about Diabetes may not help Naima if they don’t implement it).* |
| **Health** | Sharon’s teeth are very decayed. She needs good dental health.  | Dental appointment to be arranged by mum and Sharon to be taken to this appointment | Mum | 12th Mar 2018 | Sharon will have been to the dentist and had treatment for her dental decay. |
| Dentist and health visitor to update CIN meeting as to progress made | Health visitor | 1st Jan 2019 | 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 ensure**Sharon’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. | **Parents to transport Ashraf to school every day for the next 6 weeks** | Mr and Mrs Patel | 29th Mar 2018 | 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. | Parents to contact nursery to book sessionsParents to take Stephen to nursery on agreed days | Mr & Mrs Evans | 21st Mar 2018 | Stephen will be attending nursery regularly (at least twice a week) |
| Letters and sounds work to be undertaken by Anna (key worker) for at least 15 minutes during every session Stephen attends | Key worker Anna Jones | 5th May 2018 | His speech and language will be catching up with other children of his age in nursery, as assessed by his key worker there |
| Worker to advice Mrs Wilson of next parenting datesMrs Wilson to confirm she can attend and worker to book placeMrs Wilson to attend all necessary sessions on weekly basis for the duration of the courseSocial work assessment to be completed | Dot Evans (worker)Mrs WilsonMrs WilsonDot Evans | 25th Apr 20181st May 201830th June 201814th July 2018 | Mrs Wilson will have completed a parenting programme and re-assessment will show that she can meet Stephen’s needs for stimulation. |
| **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. | Social worker to liaise closely with aunt to agree care plans | Social worker  | 1st march 2018 | Once born, Baby Stevens will have been cared for safely by Ms Steven’s aunt whilst assessments of Ms Stevens are completed |
| Mrs Stevens to engage with Shropshire Recovery.  | Mrs Stevens  | 26th February 2018  | 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 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. | Mrs Wilson to ensure that Paul attends nursery.  | Mrs Wilson | 26th February 2018 | Paul will be attending nursery regularly (at least 4 times a week) |
| Mrs Wilson to attend Solihull Parenting Programme.  | Mrs Wilson  | 3rd March 2018 | Mrs Wilson will have completed a parenting programme and re-assessment will show If she is able to meet Paul’s needs for stimulation, routines and supervision. |
| Mrs Wilson to engage in the ‘Understanding my Child’ course and provide age appropriate stimulation.  | Mrs Wilson  | 1st July 2018 | 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).  |

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| **Physical abuse** | Sophie’s arm has been broken by her father. Sophie needs protection from further physical abuse. | Sophie to reside with her maternal grandmother until assessments have been carried out on parents.  | Mrs Peacock | 24th April 2018  | Sophie will have had no further non-accidental injuries. |
| Referral to be made to the contact service.  | Contact Worker | 26th February 2018 | All Sophie’s contact with her parents will have been fully supervised. |
| Parenting assessments to be completed.  | Social Worker  | 30th March 2018 | 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 | Mother will utilise new behaviour strategies for managing Patrick’s behaviour.  | Mrs Chukwu | 30th March 2018 | Patrick will not have been physically injured or hurt again by his mother |
| Patrick and his mother to attend family therapy sessions.  | Jean Butler | 30th March 2018 | Patrick will not have voiced any more worries about being hit by his mother, and show no signs of anxiety around her |
| Parenting assessment to be carried out.  | Social Worker  | 9th March 2018 | Mrs Chukwu will have completed a parenting programme about safe discipline: Assessment will show if she can discipline Patrick and set boundaries for him without using physical abuse. |

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| **Stability** | Georgie needs a permanent, stable home, preferably within his wider family. | Referral for family group conference to be made.  | Social Worker  | 27th February 2018 | A family group conference will have been held and explored what support the family are able to provide Georgie.  |
|  |  | Family group conference to provide a plan for permanency. | Social Worker  | 30th March 2018 | 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. | Referral to be made to the permanency forum.  | Social Worker  | 30th March 2018.  | 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. | Mrs Windsor to ensure that Justin’s hospital appointments are prioritised.  | Mrs Windsor | 30th March 2018 | 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 to start at new school and attend every day.  | Sue Rogers  | 22nd April 2018 | Stephanie will have settled into her new class and will be able to talk about who her new friends are there. |
| Stephanie to attend action plus group.  | Simon Holland  | 15th May 2018 | By her next review meeting, Stephanie will have started make progress in Maths and Literacy. |