

Getting it Right in East Renfrewshire

Multi-Agency Summary Guidance for Practitioners & Managers



East Renfrewshire
Child Protection
Committee

SMART Outcomes in Child Protection (SHANARRI*)

Working Together to Keep Our Children Safe

www.eastrenfrewshire.gov.uk/ercpc

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Acknowledgement

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Introduction

East Renfrewshire Child Protection Committee is committed to supporting practitioners across all services that make up the Committee including Police, Social Work, Education, Leisure Services, Scottish Children's Reporters Administration (SCRA), Procurator Fiscal Service, Health, Housing and Voluntary Organisations.

The following summary guidance aims to ensure partners are familiar with *Getting it Right for Every Child* (GIRFEC) in East Renfrewshire and have the information they need to carry out child protection assessments that support children and young people in improving outcomes. The focus of this guide is to encourage practitioners to work SMART and be able to evidence improved outcomes for children and young people in their SHANARRI Plan.

The GIRFEC approach helps practitioners across both children and adult services focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. *Getting it Right for Every Child* is being threaded through all existing policy, practice, strategies and guidance affecting children, young people and their families in East Renfrewshire. Many more can be viewed on the Improving Practice page of our website.

In child protection we must identify children and young people who may have been abused and / or those who are at risk of significant harm or abuse and respond immediately. Identifying *Indicators of Concern* and following your child protection procedures will keep children safe or safe at the earliest opportunity, an essential component in our work in getting it right. Further information on child protection can be sourced from the ERCPC Website. **The National Guidance for Child Protection in Scotland** and **The Framework for the Assessment of Risk in Children and Young People** can also be viewed here:

<http://www.scotland.gov.uk/Topics/People/Young-People/protecting/child-protection>

East Renfrewshire Child Protection Committee (ERCPC) expects multi-agency partners to know the importance of a child's well-being in relation to child protection, to understand the importance of self-evaluation in all our work, to ensure engagement and participation takes place with children and young people in a meaningful way to be able to evidence improving outcomes when involved in the lives of children, young people and their families.

SMART Practice – Getting it Right

Practitioners and managers must listen carefully to what partners, children, young people and their families have to say. They should regularly review and analyse their findings and ensure views are taken into account. As part of the planning process to improve outcomes, practitioners and managers should regularly record changes as they occur, hold comprehensive chronologies and always work SMART*:

- **Specific** – target a specific area for improvement
- **Measurable** – quantify or at least suggest an indicator of progress.
- **Achievable** – be able to specify who will do it.
- **Realistic** – state what results can realistically be achieved, with available resources
- **Time-limited** – specify when the result(s) can be achieved.

Being SMART in Assessment & Planning – An Example

Outcomes are set out in the Child's Plan and are linked to the overarching SHANARRI outcomes. Personal outcomes must involve the child/young person/family, reflect their wishes about what they want to achieve and overall be SMART* For example, in a Child's Plan we can expect to see evidence of working SMART:

Specific

What exactly are we going to do? With / for whom? What is the specific outcome for the child? This must be well-defined and clear. At the end of the planned activities, what will have changed for the child/family?

Measurable

How will you know when the outcome has been achieved? How will you measure progress towards the outcome? For example: through self reporting, observation of behaviour, feedback or discussion.

Achievable

Can we realistically get this done in the timeframe/within available resources? Outcomes should not be beyond the person's or the service's capabilities.

Realistic

Is the outcome relevant and proportionate? Is it within reach and possible?

Time-limited

By when do we want to achieve change? Set specific timescales for each stage and avoid the use of "ongoing". Outcomes should not be too general, too vague or immeasurable.

Tools such as the Well-being Web produced by Scottish Government will assist workers, children and their parent/carers to work together to identify the specific outcomes they want to achieve.

What is an Outcome?

Outcomes refer to the impact of support on a person's life and not the outputs of services. Outcomes are the answer to the question: ***So what difference does it make?***

Outcomes are changes or benefits for individuals who access support and those of their informal/family carers. Focusing on the outcomes important to individuals is an underpinning principle of personalised support. When we are supporting children and young people achieve outcomes we MUST always ensure desired outcomes form part of our SHANARRI care planning (*further details on page 16*).

The following are the overarching priorities for East Renfrewshire Child Protection Committee.

OUTCOME 1 - For children, young people and their families:

- They will feel confident about the help they are getting and feel safe or safer.
- They have been listened to carefully and their wishes have been heard and understood.
- They are appropriately involved in discussions and decisions that affect them.
- They understand what is happening and why.
- They can rely on appropriate help being available as soon as possible.
- They experience a co-ordinated response from practitioners.

OUTCOME 2 - For practitioners:

- Putting the child or young person at the centre and continuing to develop a shared understanding about *Getting it Right* within and across agencies.
- Improving Outcomes using SHANARRI in our assessment processes.
- Using common tools, language and processes, considering the child or young person as a whole, and promoting closer working where necessary with other practitioners.

OUTCOME 3 - For managers in children's and adult services:

- Providing leadership and strategic support to the changes in culture, systems and practice required within and across agencies to implement *GIRFEC*.
- Adult services will take cognisance of the new child-centred processes and know children should be kept at the centre.
- Adult Services have the information they need about *Getting it Right* for Children's Services and in Child Protection.
- Outcomes focussed approach in all work will be standard practice.

Getting it Right - Values and Principles

Getting it Right is based on principles and values that underpin the programme. Amongst them are:

(1) Promoting the wellbeing of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time

(2) Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection

(3) Putting the child at the centre: children and young people should have their views listened to and they should be involved in decisions that affect them

(4) Taking a whole child approach: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life

(5) Working in partnership with families: supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what may not be helpful

(6) Getting it Right is a shared approach for practitioners across all services, based on common values and principles, to improve outcomes for all children and young people. The approach has three inter-related elements outlined in the National Model.

WELL - BEING INDICATORS

The well-being indicators represent eight areas where children and young people need to progress to do well now and in the future. These are: safe, healthy, active, nurtured, achieving, respected, responsible and included (remembered by the acronym SHANARRI). The indicators can be used to structure the information recorded about a child or young person and to monitor their progress across services.

MY WORLD TRIANGLE

The My World Triangle promotes a holistic perspective of influences in a child's life. It encourages practitioners to think about a child or young person's needs, risks and positive aspects of his or her life.

THE RESILIENCE MATRIX

The Resilience Matrix can help practitioners organise and analyse information and make sense of the strengths and pressures from the My World Triangle as well as to recognise the balance between vulnerability and resilience, and adversity and protective factors.

Understanding Outcomes in Child Protection Practice

Outcomes refer to the impact support has on a person's life and **not the outputs** of services. Outcomes are the answers to the questions; *'So, what difference has it made?'* and *'How do we know?'* In identifying outcomes we start with a vision of positive, long-term change for children, parents, families and communities.

The most relevant long-term outcomes for children's services are linked to the Getting It Right well-being indicators. More information is available on the Scottish Government website.



Source: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/well-being>

The Outcomes Focused Approach

The outcomes focused approach to providing support to people who use social services means thinking about the difference an intervention will make to the person's life. Outcomes are not actions, inputs or outputs but things that matter to an individual. It is important to understand what the different terms mean:

Outcomes

Outcomes are the specific changes, benefits, learning and effects, that actually happen or are expected to happen as a result of your activities. Outcomes can be wanted, unwanted, expected or unexpected (Cupitt and Ellis, 2007).

Outputs/Products

Outputs are all the detailed services and tangible products that your organisation actually delivers.

Output indicators

Output indicators are used to measure to what extent you have delivered your services and quantify the activities that you have delivered.

Outcome indicators

Outcome indicators are used to measure to what extent you have achieved change. How much difference have you made?

Inputs

Resources to make the project work

Activities

What is done to achieve the change?

Benefits of the Outcomes Focused Approach

The approach:

- Gives the child a voice in saying what is important to them in their lives
- Helps to clarify the responsibilities of those involved including parents, staff and the child/young person
- Supports practitioners to be clear about the purpose of intervention, and to specify how long intervention should take. This can help to prevent a dependency on support and has the benefit of working SMART
- Enables greater clarity about what will make a difference in the person's life
- Maximises a solution-focused approach to practice which recognises strengths and resources

- Maximises the involvement and participation of the person using support in shaping the nature of the support offered and his / her part in the plan
- Maximises the potential contribution of natural, community based supports
- Facilitates conversations about what is possible and supports creative thinking
- Creates opportunities for culture change from processes and procedures to impact and value
- Values the contribution of staff strengths in respect of the use of self in managing change, not just in the role of **Lead Professional/Named Person**
- Encourages reflection and evaluation, creating a more meaningful purpose for review activity

For more information on outcomes for children and young people you can view the following produced by IRISS:

<http://www.iriss.org.uk/sites/default/files/iriss-leading-for-outcomes-children-and-young-people.pdf>

What is SHANARRI?



SHANARRI* is an acronym developed by the Scottish Government to describe well-being indicators to not only assist practitioners understand the child in the context of their *wider world* but to assist children and young people understand how and why they will get the help they need when they need it. It is described for them in this way.

SAFE

This means that you have the right to be protected from abuse, neglect and harm at home, at school and in your community.

HEALTHY

This means you get the help to keep healthy and to make choices which will give you the best possible physical and mental health.

ACHIEVING

This means you will get the support and guidance to learn, develop skills, and build confidence and self esteem.

NURTURED

This means that whenever possible you should live and grow up in a caring family setting even if not with your own family.

ACTIVE

This means that you will have real opportunities for leisure activities, play activities and sport.

RESPECTED & RESPONSIBLE

This means you will be listened to, involved in decisions that affect you, supported and advised regarding your rights and able to play an active and responsible part in your school and community.

INCLUDED

This means overcoming those things which make it difficult for you to get involved and helping you to enjoy the same opportunities as others.

More information is available here:

<http://www.scotland.gov.uk/Topics/People/YoungPeople/gettingitright/background/wellbeing>

SHANARRI Outcomes – Using the Eight Well-Being Indicators

Professionals and practitioners can use the eight indicators to assess a child or young person's overall wellbeing and identify any concerns. The indicators offer a consistent approach and language that can be used across organisational and geographical boundaries.

Most practitioners and professionals say that when they are actually using the indicators, they tend to break them down into much more specific needs and concerns.

For example, **'healthy'** covers both physical and mental well-being. It might be about getting the right treatment for a child who is physically ill or injured, or about making sure they have access to medical screenings, immunisations and dental care.

But equally, **'healthy'** covers behavioural problems, depression, stress, anxiety, separation and bereavement as well as difficulties children can have as a result of poor parental attachment. And it is about support and care for children with disabilities, disorders, life-long conditions and terminal illnesses. It also relates to nutrition, diet, exercise, sexual health and the choices young people make about drugs, alcohol, tobacco, solvents and other harmful substances.

As another example, a **'responsible'** child, ready to start primary school, would be able to follow simple rules and instructions, and to play and work co-operatively with other children.

An older child would attend school regularly, show concern and compassion for others, and show respect for others' possessions.



Setting Outcomes - Working with Families

Identifying the outcomes important to children and young people is an important first step. However, part of this involves negotiating and agreeing the outcomes with parents or carers. Family relationships can be complex and difficulties can be inter-related making it a challenge to separate the needs and outcomes of the child from those of the parent(s) and wider family.

Although the focus of intervention **must be child-centred** it is important to have good relationships with parents and other significant adults in the child's life that may also provide care (e.g. grandparents, aunts, uncles). When parents have chaotic lives and are dealing with complex issues, it can be a challenge to remain focused on the child. Significant Case Reviews frequently reinforce the dangers of being drawn too much into parents' agendas when children are at risk. Working in partnership with parents can be particularly challenging when there is compulsory intervention or when decisions and actions are taken that the parents do not agree with. This can lead to problems in the relationship between staff and parents. Resistance is a significant barrier to working in an outcomes-focused way with children and young people. Uncooperative or challenging behaviour should always be recorded.

Building good relationships with parents and families as well as the professionals who support them can help address resistance, distrust of services and promote understanding of how parents' behaviour impacts on the child. Being clear about the role of the staff involved, being honest, open, consistent and reliable can help build trust and break down barriers parents may put up. It is important to build not only on the strengths and capacities of the individual child but also on those of the parent(s).

Using SHANARRI in Child Protection Practice

The following examples of SHANARRI outcomes are offered to assist you consider what may feature in a Child's Plan. It has been created by East Renfrewshire Child Protection Committee in relation to keeping children safe or safer from harm or abuse. It can however be used to support practitioners across children's services. It is essential you refer to East Renfrewshire Integrated Children's Services Plan (2013 – 2016) for broader outcomes.

SHANARRI outcomes described in this ERCPC summary guidance are long-term outcomes and are the responsibility of multiple agencies and set the context for the work we do with children and their families. However, whilst the work we undertake with children and their families should contribute to achieving one or more of these overall outcomes, personal outcomes are individualised to reflect the needs, priorities and aspirations of individuals.

Outcomes must be set out in the Child's Plan and linked to the overarching **SHANARRI** outcomes. Personal outcomes should involve the child/young person/family, reflect their wishes about what they want to achieve (desired outcomes) and overall be **SMART** as described in this guidance.

The following SHANARRI example describes for practitioners what we would want to see as **Improved Outcomes** for children who have demonstrated *Indicators of Concern* and where care and / or protection needs are evident.

Getting it Right - Outcomes for Children (SHANARRI*) means every child is:

- SAFE
- HEALTHY
- ACHIEVING
- NURTURED
- ACTIVE
- RESPECTED
- RESPONSIBLE
- INCLUDED

GOOD PRACTICE NOTE: *The outcomes set in a child's plan must always be linked to SHANARRI and should reflect the child's wishes about what they want to achieve (desired outcomes).*

Source: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

S

SAFE

- Safe from immediate harm or abuse
- Protected and guided by parents/carers
- Living in a safe and secure home environment
- Improved hygiene in the home
- Safe from bullying in the home/school/community
- Reduced risk of bullying/violence/drug or alcohol use/sexual exploitation
- Protected from risk of exploitation by others (i.e. Internet / CSE)
- Consistent and positive contact with parents/siblings/carers
- Reduced/safer parental consumption of controlled substances
- Protected from domestic abuse
- Reduction in/cessation of anti-social/ offending behaviour
- Protected from anti-social/ criminal activity within the community

Examples for Practitioners based on work of Angus Council / Barnardo's

H

HEALTHY

- Receives a nutritious/improved diet
- Weight is within appropriate limits
- Parents/carers take responsibility for meeting child's health needs
- Age appropriate physical development in fine and gross motor skills
- Age appropriate language and communication skills
- Emotional and developmental needs met
- Independent hygiene habits established
- Cessation of smoking/drinking/eating to excess
- Reduced parental stress
- Improved mental health and well-being
- Improved family relationships
- Ability to express feelings appropriately
- Improved management/cessation of self harm
- Reduction in impact of trauma/bereavement/loss

Examples for Practitioners based on work of Angus Council / Barnardo's

A

ACHIEVING

- Targets met in school
- School attended regularly
- Positively engaged in learning
- Positively responds to additional support
- Improved confidence as a learner
- Plays and works co-operatively with peers
- Follows class routines and instructions
- Works well independently
- Confident when faced with new challenges
- Copes well with change (planned and unplanned)
- Manages changes to routine and/or transitions
- Age appropriate self care skills/independence established
- Practical life skills developed
- Successful transition to nursery/ primary/ secondary/ post school provision
- Enters and sustains employment/ education/ training
- Vocational skills acquired

Examples for Practitioners based on work of Angus Council / Barnardo's

N

NURTURED

- Basic needs met (food, accommodation, clothing)
- Appropriate care and guidance from parents/carers
- Experiences appropriate boundaries and supervision at home
- Experiences love, emotional warmth and attachment
- Loved and cared for by a trusted adult
- Well developed sense of self-esteem and self-respect
- Well developed sense of identity and belonging
- Developmental needs understood and met by parents/carers
- Receives additional support and care when required
- Remains with birth family
- Improved family routines
- Positive contact with birth family
- Improved knowledge of parenting/caring role
- Improved attachment to carer
- Improved capacity to prevent abusive/harmful behaviours

Examples for Practitioners based on work of Angus Council / Barnardo's

A

ACTIVE

- Explores his/her environment safely
- Physically fit and active
- Interests and talents developed through opportunities and encouragement
- Positively engaged in play
- Positively engaged in recreation/sport/activities
- Appropriately engaged in social activities
- Sense of achievement obtained from engagement in activities
- Actively and appropriately involved within the family/ social network
- Actively and appropriately involved within the school/community
- Risks assessed and managed well

Examples for Practitioners based on work of Angus Council / Barnardo's

R

RESPECTED

- Parent/carer/child involved in the planning/decision making process
- Listened to and views taken seriously
- Works with others to resolve problems/conflict
- Understands and accepts the consequences of his/her choices and actions
- Trusted by/trusting of significant adults and friends
- Does not express/experience discrimination
- Improved family relationships and communication
- Respects other cultures and faiths
- Cares about and respects others
- Regular praise and encouragement received
- Other children's possessions respected
- School materials and equipment respected
- Privacy and personal space respected
- Consistent level of intimate/personal care provided
- Treated with dignity and respect

Examples for Practitioners based on work of Angus Council / Barnardo's

R

RESPONSIBLE

- Caring and considerate towards others
- Behaves responsibly at home/school/community
- Works co-operatively with other children/adults
- Understands right and wrong (appropriate to age and stage of development)
- Accepts responsibility for his/her actions/behaviour
- Understands and accepts the consequences of his/her actions
- Parental responsibility taken for child's wellbeing
- Copes with challenges/difficulties
- Assesses and manages risks appropriately
- Makes positive choices
- Improved behaviour
- Improved communication skills
- Improved social skills
- Understands plans for his/her future (appropriate to age and stage of development)
- Takes pride in his/her personal hygiene and appearance
- Travels independently to and from school/college/other

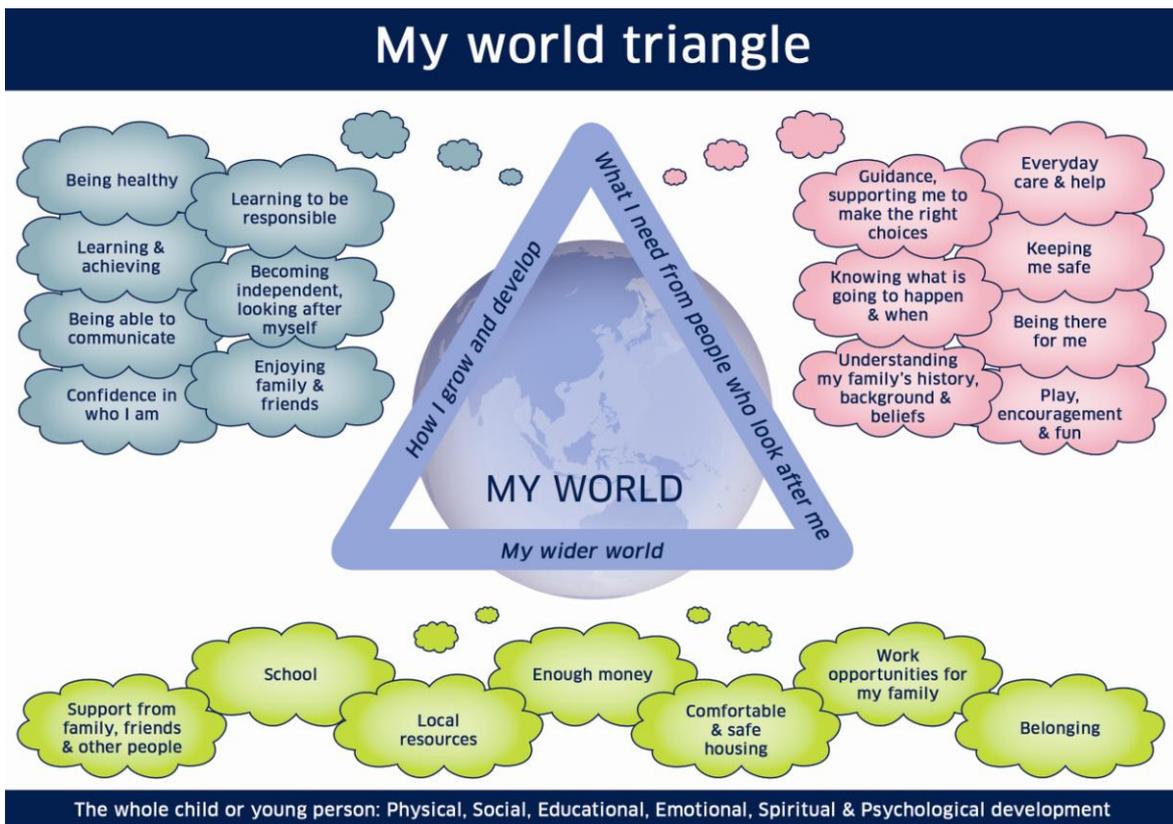
Examples for Practitioners based on work of Angus Council / Barnardo's

I

INCLUDED

- Listened to and views taken seriously
- Lives in stable accommodation suited to family size and needs
- Lives in a well-maintained, safe and secure home environment
- Family have enough money to live on
- Lives safely within his/her own community
- Accepted and valued by parents/friends and peers/ school/ community
- Included in a positive peer group
- Meaningful and supportive friendships established
- Included meaningfully in class/year group
- Improved social networks
- Improved behaviour/ reduced exclusions

Examples for Practitioners based on work of Angus Council / Barnardo's



Source:

www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle

SHANARRI CARE PLAN – EXAMPLE

EXAMPLE – SHANARRI Care Plan				
VISION: The child should be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. Consider risks to the each child and their identified needs. Always work SMART.				
	Area of Need	Work Plan / Outcome	Responsible	Timescale
Safe	<p>This means that you have the right to be protected from abuse, neglect and harm at home, at school and in your community.</p> <p>Needs Identified:</p>	<p><i>Dan lives in a safe home environment.</i></p> <p><i>Dan wants to feel less frightened at home.</i></p> <p><i>Derek will not see Dan in the home environment.</i></p> <p><i>Contact with Derek will be in the Child and Family Centre every Tuesday after school.</i></p> <p><i>Susan to continue with her alcohol support programme.</i></p>	<p><i>Jodi James (SW)</i></p> <p><i>Worker to be allocated for Young persons' team with Domestic Abuse Project (Alison Graham, Manager)</i></p> <p><i>Derek Wilson (father)</i></p> <p><i>Derek Wilson (Father)</i></p> <p><i>Susan Anderson (Mother)</i></p> <p><i>Ahmed Shafik (ADP)</i></p>	<p><i>Immediate from today: 10 April 2013</i></p> <p><i>Fortnightly group activity</i></p>
Healthy	<p>This means you get the help to keep healthy and to make choices which will give you the best possible physical and mental health.</p> <p>Needs Identified:</p>	<p><i>Dan is able to express his feelings appropriately.</i></p> <p><i>One to one support for Dan in looking at past issues including domestic violence and how this has impacted on him.</i></p> <p><i>Supporting Dan to develop coping strategies.</i></p>	<p><i>Jodi James (SW)</i></p> <p><i>Worker to be allocated for Young persons' team with Domestic Abuse Project (Alison Graham, Manager)</i></p>	<p><i>Weekly sessions from w/b - 23rd May 2013</i></p>

Achieving	<p>This means you will get the support and guidance to learn, develop skills, and build confidence and self esteem.</p> <p>Needs Identified:</p>	<p><i>Dan has improved confidence as a learner, specifically in reading.</i></p> <p><i>Dan will receive additional support with his reading.</i></p> <p><i>Dan will receive parental support with his homework.</i></p>	<p><i>Fran Magnuson (ASN Teacher)</i></p> <p><i>Susan Anderson (Mother)</i></p>	<p><i>Twice weekly until end of term.</i></p> <p><i>Weekly.</i></p>
Nurtured	<p>This means that whenever possible you should live and grow up in a caring family setting even if not with your own family.</p> <p>Needs Identified:</p>	<p><i>Dan experiences appropriate boundaries and supervision at home.</i></p> <p><i>Sandra to undertake a 6 week programme of work on safe parenting with Family Support Worker and keep a reflective log of parenting issues.</i></p> <p><i>Regular home visits to be undertaken to Dan and Susan at home to address identified issues.</i></p>	<p><i>Susan Anderson (Mother)</i></p> <p><i>Fiona Davies (FSW)</i></p> <p><i>Jodi James (SW)</i></p>	<p><i>Weekly Work to commence on 5 May.</i></p> <p><i>Weekly</i></p>
Active	<p>This means that you will have real opportunities for leisure activities, play activities and sport.</p> <p>Needs Identified:</p>	<p><i>Dan is positively engaged in a sporting activity both in and out side of school.</i></p> <p><i>Dan attends football coaching.</i></p>	<p><i>School Sports Coach</i></p> <p><i>Susan Anderson (Mother)</i></p>	<p><i>Weekly football term-time.</i></p>
Respected Responsible	<p>This means you will be listened to, involved in decisions that affect you, supported and advised regarding your rights and able to play an active and responsible part in your school and community.</p> <p>Needs Identified:</p>	<p><i>Dan and Susan are listened to and have their views taken seriously and in a meaning full way.</i></p> <p><i>Work on Wellbeing in respect of the child's wider world to be completed.</i></p> <p><i>Dan is caring and considerate towards others.</i></p> <p><i>Dan to participate in the nurture program in school.</i></p>	<p><i>Jodi James (SW)</i></p> <p><i>Derek Wilson (Father) and Susan Anderson (Mother)</i></p> <p><i>Mrs Patel (class teacher)</i></p>	<p><i>By next review: 29 May 2013.</i></p> <p><i>Weekly from 23 April 2013</i></p>

Included	This means overcoming those things which make it difficult for you to get involved and helping you to enjoy the same opportunities as others.	<i>Dan and his family have enough money to live on.</i>	<i>Jodi James (SW) Susan Anderson (Mother)</i>	<i>Within one week – By 15 April 2013</i>
	Needs Identified:	<i>Referral to be made to Welfare Rights to support Susan to make relevant benefit claims.</i> <i>Contact to be made with Housing regarding housing benefit overpayment.</i>		<i>Within one week – By 15 April 2013</i>

Example adapted from the following source: www.angus.gov.uk/girfec

Avoiding Common Errors in SMART Practice

Many common errors are made by those describing an outcome, the most common being describing an **Output** not an **Outcome**. This guide is designed to assist you ensure your work is outcomes focussed and that there clear evidence of that in the assessments you make and the records you keep when describing SMART outcomes

The following are **not** SMART outcomes;

- **‘Achieve full potential’** – How will you know? How will you measure this?
- **‘Complete well-being web’** - This is an action not an outcome.
- **‘Is healthy’, ‘Is safe’** – Too broad, too vague, not SMART.

The following are common error examples and include an example of a best practice outcome:

Practice Example 1

Sarah (6) and Sam (4) have been on the child protection register for five months as a consequence of their parents’ alcohol misuse. The parents’ relationship is volatile with weeks of calm and then serious incidents of domestic abuse.

Common Error: Outcome too high-level/general for example: Sarah and Sam want to feel safe

Example Outcome: Sarah is regularly attending school. Sam’s communication has improved and is more settled at nursery. Sarah and Sam’s parents are actively working on improving their relationship and have evidenced they are tackling alcohol issues appropriately.

Practice Example 2

Ahmed is 15 and has been suffering from anxiety attacks over the past few months. He has recently returned home from foster care to live with his father. By talking to Ahmed, the practitioner has a good understanding of how he feels and the stress he is experiencing readjusting to home life.

Common Error: Outputs not outcomes for example: Ahmed is being referred to Child and Adolescent Mental Health Services

Example Outcome: Ahmed is managing his anxiety more appropriately, he has demonstrated he is able to explore and express his feelings with his father.

Practice Example 3

Mia is 14, a young carer for her mother Janine. Mia has recently been feeling depressed and has begun truanting from school.

Common Error: Lack of specificity for example: contact with Mia will be ongoing

Example Outcome: Mia's mental health and self-esteem have improved. Mia is being supported by peers and workers within a young carer's group and feels her desired outcome of having less responsibility for her mother's care has been met.

Practice Example 4

David is 16 and is under a compulsory supervision order after getting into trouble with the police for his behaviour in the community. His mother has limited parenting capacity and doesn't take any responsibility for David's behaviour. David and his mother have been advised that if his behaviour does not improve he will be taken into residential care.

Common Error: Identifying agency rather than individual priorities for example: David must comply with the conditions of his supervision order

Example Outcomes: David is able to manage his behaviour more effectively and has addressed his issue with alcohol. David's behaviour in the community has improved as a consequence of improved boundaries.

Practice Example 5

Chelsea is 8 and has been placed in residential care after her mother Ann's substance misuse escalated. Recently, there has been some reduction in Ann's substance misuse.

Common Error: Unachievable outcomes for example: Chelsea urgently wants to be returned home to live with Ann

Example Outcome: Chelsea is less anxious and more secure in the relationship with her mother and understands that her desired outcome is being managed in a way that keeps her safe.

Example Source: www.iriss.org.uk/sites/default/files/iriss-leading-for-outcomes-children-and-young-people.pdf and further developed by East Renfrewshire CPC.

For further information, support and access to Local and National Guidance about Child Protection please visit our website. Any specific queries can be made directly to the Lead Officer Child Protection.

Equality and Diversity Statement

East Renfrewshire 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. This is also subject to continuous improvement.

East Renfrewshire Child Protection Committee
March 2014