

Outcome Focused and SMART Child Protection and Child in Need Plans:

Whilst this guidance focuses on child in need and child protection plans, it is important to acknowledge that a child's plan cannot be developed and implemented without first there being an assessment of need that is analytical and involves critical thinking. Reference to assessment is therefore, made throughout the guidance and reflects the - Analysis and Critical Thinking in Assessment toolkit available on the Research in Practice (RIP) website.

This Guidance should also be read in conjunction with Key Document 3 – Practice Standards.

Why are Plans Important:

- To highlight the desired outcomes for the child
- Help focus and target professional involvement with children and their families
- To agree a clear guideline alongside/with parents about their role in making positive changes for their child.
- To clearly define the agreed outcomes alongside the parents and child
- Provide a tool for reviewing the effectiveness of the interventions and changes – prevent drift, prevent delay in escalation
- Help professionals understand their role within the Child's plan
- Enable transparent working with families
- To highlight to the family what will happen if the plan is not successful in achieving the aim. (the Contingency)

What we need to consider when drafting plans:

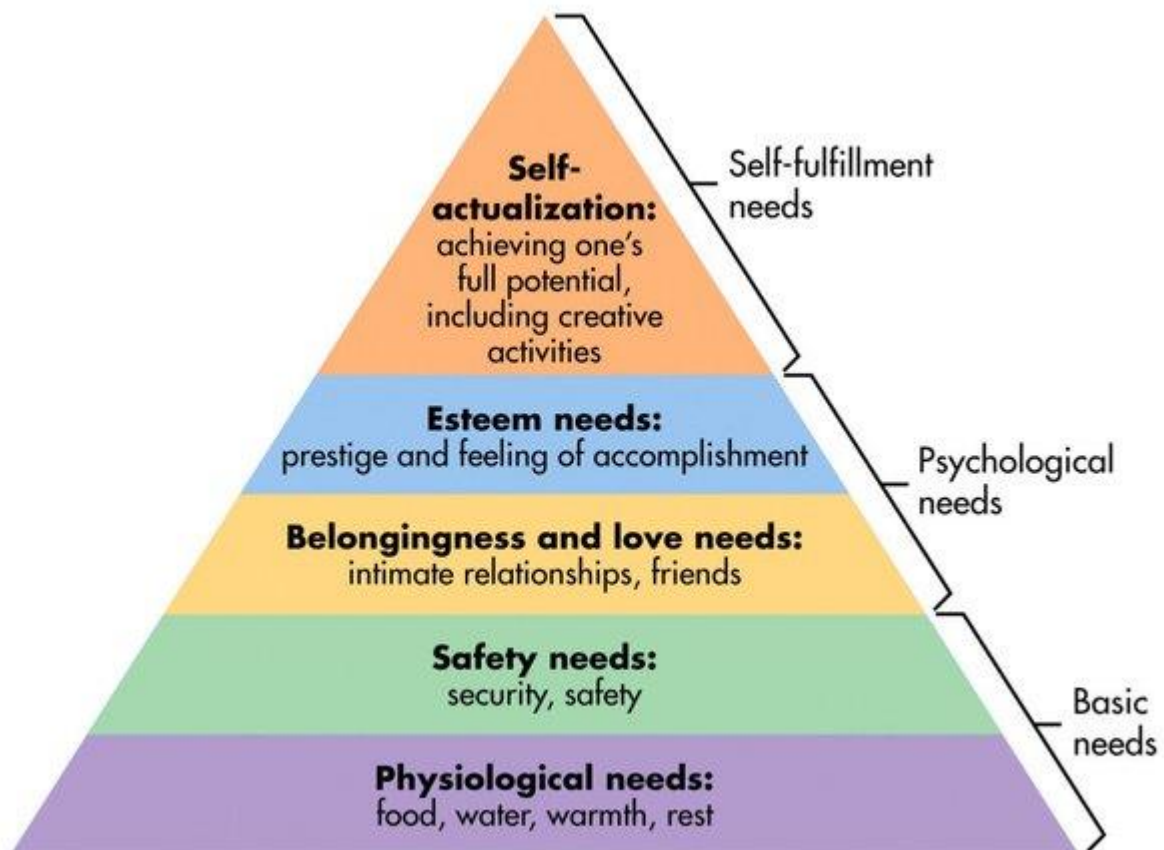
- What is the analysis of the specific circumstances of the individual child following an analytical assessment? Relevant information should be gathered, the information should be analysed and evaluated, conclusions drawn from it, a plan developed identifying what needs to happen and which is reviewed. This is often referred to as the 5 Anchor principles and reflect the characteristics of a sound analytical assessment.
- What is the aim of the overall plan/outcome? What smaller outcomes need to be achieved in order to meet the overall outcome. For example: -

“This CP plan is to help protect unborn baby Carter from his/her mother's use of crack cocaine and from severe domestic abuse by her boyfriend, Jack Price. Ms Carter's two older children, Shane and Shannon Denton, now live with their maternal grandmother under residence orders, due to similar concerns.”

“This CiN plan is to provide support to Jazmine and to help her family meet her needs, whilst her mother addresses her drug abuse.”

- Do the parents understand the concerns? Do the parents and child (if old enough) agree with the plan? Did they play a role in drafting the plan? Does it deal with the families priorities if they want things to change? The principle of Co-production is important i.e. Involving the child and their parents in the development of their plan, and the review. It means sitting with the family following an assessment and drawing up a plan together and reviewing the plan alongside the family.
- Who will explain the plan to the child?
- What does the child want to achieve?
- Has the plan created change, what does the child say?
- Does the plan address the risks as well as identified needs?
- Who 'owns' the plan? Even in the most chaotic families there is often something that works well. It is therefore important to build on any existing strengths within the family system.
- Professionals should consider the plan from the perspective of the child, parents and wider family members. Plans are in need of constantly being updated.
- When working with multiple complex family issues, think about what the child's most pressing needs are at this time and start with them. What are our biggest concerns? But also consider Maslow's hierarchy of needs (below), in particular the smaller outcomes that may need to be achieved first in order to put in place the building blocks for further work. This will need to be considered on a case by case basis and link back to the assessment.

(Maslow's hierarchy of needs diagram)



Note - Plans may change and evolve as smaller outcomes are achieved and replaced by more complex outcomes.

The relationship between Needs, Outcomes and Plans:

Needs: – The more specific the descriptions of need, the better the chances of fully understanding the precise needs of the child. So consider the story or situation i.e. all the information gathered in the assessment and consider what it tells us about the needs.

Meeting a child's needs often requires meeting the needs of their parents. Professionals should decide with the child and family, which outcomes should be focused on first, which professionals will work with the family to achieve the outcomes, whether multiple outcomes can be delivered in parallel and when the outcomes should be reviewed.

Outcomes: - are the changes you expect from your intervention (such as changes in individuals i.e. shift in relationships, knowledge, awareness, capabilities, attitudes and/or behaviours). They should describe what success looks like and relate back to the identified needs. While there will be an overall Outcome that identifies need is addressed, there are often smaller outcomes that must be gone through to meet the overall outcome.

State the Outcomes as a positive i.e. what is wanted, rather than what is not wanted. Parents respond better if asked to achieve some future positive.

Look for quick wins, to give the family a sense that progress is being made

“stop” some past negative e.g. “managing behaviour without hitting children” is better than “stop hitting children as a punishment for bad behaviour”. When setting outcomes, picture what the better care will look like – what would you see, hear, smell etc.? If you're struggling, consider what the opposite of current poor care would be.

As an example, when working with cases of domestic abuse, you might want the perpetrator to attend eight sessions with a domestic abuse project. However, just because he/she attends, that doesn't necessarily mean anything. They could just attend the sessions to “tick the box”. If your measurable outcome is “Mr Brown will be able to explain to me the detrimental impact that domestic violence can have on his son's physical and emotional wellbeing and also the changes he has made/is making”, then there are measurable outcomes.

Similarly, with regards to the victim and an action for her to attend sessions with IDAS, then Mrs Brown will be able to identify what she will do if faced with particular situations and also the changes she has/will make in order to ensure her son does not experience any further domestic abuse”, then you have measurable outcomes that have a positive impact for the child. In other words, changes made as a result of an intervention(s).

Plans: – is concerned with deciding which interventions will achieve the outcomes specified. It includes the use of research, the knowledge, skills and experiences of the worker, the professional network around the child and family and also the views of the children and families concerned.

Consider the following when developing the plan: -

- What are the most pressing needs from those you have identified?
- Why are these needs the most pressing?
- Have SMART outcomes been specified for these needs? (see section below)

- What research (if any) have you used to establish that these outcomes are realistic?
- What work would be needed to achieve these outcomes?
- What does research and your own practice experience tell you is the most effective way of achieving the outcomes you have set?

At this stage it is important to think about the work that will be needed, rather than the agency that might be able to undertake the work.

It might be that a child needs to know when the behaviour of an alcohol-misusing parent is a problem, and when it is something to be regarded as not problematic.

The outcome might be that the child is able to explain how alcohol misuse affects adult behaviour, and how this might affect the child's wellbeing. It might also include what the child should do.

The service might be that two sessions of one-to-one work will be undertaken with the child to provide them with information about the impact of problem drinking and what to do if faced with this.

KEEP IT SIMPLE!

Always ask the child and their parents if they understand what is written down in their plan. If they can't understand what is being asked of them, how are they going to make progress? Take out anything that is not going to address any of the key risks/areas of concern. You may decide to initially include some of the basic needs in Maslow's diagram to enable other areas of concern to be addressed.

WORDS TO AVOID IN PLANS.

There are some words that are best avoided in plans, because they don't actually mean anything! Examples of this are "appropriate" (in who's view?), "ongoing"!

"monitor" (we need to be purposeful and monitoring is not a purposeful activity) and "support" (It is a superficial word and we need to dig deeper). Try and avoid subjective terms like "clean and tidy".

SMART planning principles within plans:

What is SMART planning and why is it important for children?

As discussed above, when developing a plan to meet the needs of a child, young person or their family, it is important that actions follow the SMART planning principles.

SMART planning principles means actions are - 'specific', 'measurable', 'agreed', 'realistic' and 'timely'.

The City of York forms within Mosaic relating to the assessment, the child in need meeting, the outline child protection plan, the child protection plan and record of core group meeting, now have headings in the plan sections that support SMART planning.

What do we mean by 'specific'?

For example, if a service is identified to meet a need, the plan should state: when the service will be provided, how frequently, what exactly will be provided, along with the goal to be achieved and at points if review, what was actually achieved.

Being specific enables families and practitioners to clearly understand what the concerns are and what is expected of them. The plan should also be specific about who is responsible for what aspects of the plan (a named practitioner or family member); how often they should meet including frequency and date of next review); and the date when they would be expected to have the work completed.

What do we mean by ‘measurable’?

Actions within a plan should be measurable – this enables both families and practitioners to be clear about progress made and quickly identify when a plan is not working. Some aspects of the plan will be more easily measured than others – for example, attendance at sessions can be numerically recorded. However, concerns about a child’s emotional well-being are not as easy to measure but there are many creative ways of measuring progress for these concerns. The views of the child and young person about progress should be obtained in addition to parents and other workers.

What do we mean by ‘agreed’?

Plans are most likely to succeed and actions achieved when agreed by children, parent / carers and practitioners; making people feel that they are part of, and take ownership for the plan. We should take into account the child or young person’s wishes and feelings and try to ensure their inclusion and agreement throughout the planning process. This aspect of SMART planning enables people to find creative solutions to issues that are affecting them that avoid blame, retribution and punishment. This relates to the principle of co-production discussed earlier.

Practitioner agreement, commitment and ownership to the plan are essential to achieving successful outcomes for children. Agreement should not, however, be seen as a passive process and it is important for all practitioners to offer constructive challenge when planning for children. If any aspects of a plan are not agreed then this should also be recorded and the implications for this non-agreement would need to be considered in the overall assessment of risk and likelihood of achieving change.

What do we mean by ‘realistic’?

Plans should be realistic and based upon our knowledge and understanding of the family and the specific developmental needs of the child or young person. For example, it would not be realistic (or indeed safe) to expect a parent with long term alcohol misuse issues to suddenly stop drinking. This aspect of the plan would need to be carefully developed with the input of a specialist practitioner who could best inform what would be realistic. Plans which are realistic are more likely to succeed in meeting the identified outcomes.

What do we mean by ‘timely’?

All aspects of plans should contain realistic timescales with some being broken down into stages to make them more achievable. This will enable everyone to be clear what is expected of them and by when.

When creating a plan, ask yourself the following questions:

1. Is the plan in as much detail as possible including details on who, why, where, which, what?
2. Is the plan clear in what we are trying to achieve?

3. Does the plan say how we will measure each part?
4. Does the plan clearly show who is responsible for each part?
5. Are the expectations in the plan appropriate and realistic with regards to the needs of the family?
6. Does the plan take into consideration the specific risks identified and needs of the child, young person and family?
7. Does the plan clearly show when each stage is to be completed?
8. Have the parents and the child or young person contributed to the plan?
9. Is the plan signed by myself, the parents and the child or young person involved?

Reviewing Progress:

Progress in achieving the actions set out in a child in need/child protection plan should be reviewed frequently. A child in need plan should be reviewed in child in need meetings, involving the family and relevant partner agencies. Supervision will also play a role in reviewing plans. Progress against the plan should be at the heart of the review and captured in the meeting document.

Progress against a child protection plan should be the focal point of core group meetings and reviewed by the social worker, partner agencies and the family. This means developing the outline plan agreed at the conference and reviewing and revising it within core group meetings and providing updates to the child protection review conferences.

The activity within core group meetings must be fully captured within the record of core group meetings form on Mosaic and which includes updating the plan within the form.

NOTE - Audit has identified that too often, records of core group meetings are not sufficiently focused on the Plan and considering progress against it. Instead, they capture a general discussion but without the focal point being on the actions. After all, the Plan should reflect the needs and risks captured within the assessment and so must be the focal point of activity and discussion within Core Group meetings and reviewed regularly.

Core group meetings must not recommend that a child no longer needs to remain on a child protection plan, when actions within the original plan are outstanding. All core group members must play an active role in reviewing the plan and also provide challenge to one another, particularly if there is drift or delay or a lack of participation/contribution.