Housing & Social Work Services

Review of Outcomes

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Guidance

Outcome Plans: Guidance to Staff

1. Introduction

- 1.2 The Outcomes Plan is the key working document in the Social Work Assessment and Planning process for ongoing involvement with or support to individuals.
- 1.3 The overall purpose of a plan is to improve outcomes for individuals. A plan is part of the assessment and planning framework which is fundamental to an outcome based approach. "An outcome means...the impact, effect or consequence of help received" (Social Policy Research Unit, York University 2003)
- 1.4 The Outcomes Plan should be developed and negotiated from the assessment and thereafter becomes the main focus for future review and planning.
- 1.5 The grid format of the Outcomes Plan is intended as a helpful prompt and not every person will require all areas to be addressed.
- 1.6 The Outcomes Plan must be developed with the person, their carer(s) and others as appropriate in each instance. It relates to areas of the person's life which she/he would wish to change and should be specific, focussed and meaningful to the individual and clearly identify what actions are required to achieve the differences that individuals wish to make to their lives.
- 1.7 The Outcomes Plan should be developed in the person's own words where possible. A copy of the Outcome Plan should be given to the person/family.

2. Intended Outcomes

- 2.1 Intended outcomes should be specific and understandable, with clear details in respect of responsibility and what needs to happen. They should be a **constant point of reference** during work with the person and should be the point of reference for review and measurement of progress.
- 2.2 Intended outcomes which require social work services should be realistic for the person and the organisation in terms of the social work prioritisation framework.

3. When will this Happen / Who will be responsible?

- 3.1 The timescales for all actions should be mutually agreed.
- 3.2 The Outcomes Plan should consider the roles, responsibilities and expertise of the person, their carer/family/natural supports as well as all relevant agencies. Where additional supports/resources are required they should be approved before it is presented to the person.
- 3.3 Once actions have been agreed the responsible person requires to maintain an overview of the actions agreed and make alternative arrangements if required.

4. How will we Know?

4.1 Through constant reflection and review of the plan there should be evidence of the extent to which each intended outcome is being achieved.

5. Monitoring and Review

- 5.1 Reviews of outcomes plans should take place within the stipulated guidance of expected timescales for children and families or community care. The method and format for reviews will vary depending on what level of review is appropriate.
- 5.2 While in some instances timescales are dictated by legislation, it is recognised that the review process can be flexible as required within these timeframes.
- 5.3 The purpose of the review will be to detail how well the person is doing and to measure progress against the previously agreed outcomes and update the plan as appropriate.
- 5.4 The review is a way of monitoring if everyone involved in the plan has done what they set out to do and check if the agreed actions have had the desired effect.
- 5.5 Preparation for review of the Outcomes Plan is crucial to good practice and decision-making.
- 5.6 The review will detail if there is a need for further action, identifying the current level of need and risk.

- 5.7 The person's views and those of their parent/carer or other significant persons are crucial and workers should complete the relevant consultation tool to highlight views on whether agreed outcomes have been achieved prior to any review.
- 5.8 When an outcome plan is reviewed, new and different outcomes may be agreed, setting new timescales and a date for the next review.

6. Contingency planning

- Action may be required outwith the normal review timescale if plans are not progressed, circumstances change and/or perceived risk increases.
- 6.2 In such circumstances contingency plans may specify arrangements for urgent case discussion/review and/or access to alternative support arrangements.

7. Areas of disagreement

- 7.1 Any person involved in the Outcomes Plan may wish to have specific areas of disagreement noted in the document.
- 7.2 It is a matter for balanced judgement and consideration whether any areas of disagreement so fundamentally or significantly affect the Outcomes Plan that it requires to be reviewed or completely renegotiated.

8. Additional Guidance

This guidance should be read in conjunction with:

- Assessment and planning policy, procedures and practice guidance
- Detailed swis prompts available within ConnectNL and accessible via a link within the review tool which will help to support good practice in the review of outcomes plans.
- Guidance on using the wellbeing web or 'How good are my Outcomes'
- Looked After Guidance.
- Public Protection Procedures (Child Protection and/or Adult Protection)
- GIRFEC Practice Guidance (http://www.girfecinlanarkshire.co.uk/)
- Children and Families Systems Prompts

Section 1 Intended Outcomes Prior to Review

The first part of Section 1 is completed by automatic generation by swis of all of the intended outcomes from your last completed outcomes plan. You should then complete (for each intended outcome) the section on 'Has the outcome been achieved' by selecting the relevant option and then completing 'How do we know what has been achieved'. This is an opportunity for you, after consultation with the child and their family, to reflect on progress on the changes that had been agreed.

2.1 Please detail any significant changes for the service user since the last assessment / review.

Use this section to highlight important changes, which have impacted on achieving progress in the plan and for agreed outcomes during the review period. If changes have been triggered by specific events, provide summarised detail of the events. Take care to avoid duplicating the contacts section of the case record.

Include changes in living circumstances, schools, new incidents or concerns.

Section 2.2 Reviewing what has been achieved.

This section focuses on the review of progress measured against agreed outcomes and milestones. Within some review meetings in Children and Families a full minute of the discussion will be completed as is current practice (e.g. LAAC Review, Core Group). This new review paperwork for outcomes plans may be sufficient as a record of progress for other children and families cases.

This section requires individual consideration of each outcome from the personal outcome plan. It is essential that the child/young person and carers views are taken into account from information in the consultation tool you have used e.g.'Having My Say', 'What I think (from the girfec practice guide), Viewpoint or the 'Wellbeing Web'.

You will have agreed a set of outcomes to be achieved with the child/young person, their carers and other relevant professionals and these will be specific to the needs of the particular child/young person. Each child in a family sibling group should have their own outcome plan with a specific focus on their needs whilst understanding that some outcomes linked to parental/carer changes in behaviour will be relevant to all children in the family.

Relevant well being indicators have been provided as prompts/overarching areas of consideration in the personal outcomes plan for children/young people and below is set out as a guide only to assist you in the review of the desired outcomes that you may have been working towards. These are examples of the kind of progress you may be able to see at review stage. You should also highlight any barriers and what might be needed to make progress towards any desired outcomes that have not progressed as anticipated.

Advocacy Support

You should record if it is appropriate for the child/young person and/or main carer to have advocacy support to assist them in representing their views. All children and young people

subject to core groups and LAA Reviews should have advocacy support but if they do not wish for this support, this should be recorded with reasons.

If yes, you should record how the advocacy support will be provided e.g. Your Voice for child protection and looked after away from home, any significant worker involved who will take on this role or family member/friend.

SAFE

Are children/young people better protected by their parent/carers. Look at how far the parent/carer has developed strategies for coping and managing and how this has improved things for the safety of the child/young person. The physical environment may have improved and basic physical needs being met where there were concerns before. There may be a reduction in distress and concerning behaviour and parents/carers are more able to seek support.

Parent/Carer is managing any substance misuse/mental ill health issues.

HEALTHY

Developmental milestones are being reached. Parent/carers are responding appropriately to any symptoms of illness/sleep routines/diet/exercise. Parents responding to child/young person's emotional health needs. Child/young person has appropriate health and dental care etc.

ACTIVE

Child/young person has had increased opportunities to take part in activities such as play, recreation, sport and this has contributed to health, growth and development. A child may have been encouraged by their parent/carer to have plenty of opportunity to develop/improve motor skills. Families may be participating in activities/visits to the park together. Young person has appropriate sports clothing and takes part in school/after school activities and clubs. Children are getting enough sleep to be able to have increased physical energy.

NURTURED

Parent/carer is demonstrating warmth, interaction, joy and enjoyment of their child. The parent/carer has sufficient empathy with child/young person. There are consistent routines and boundaries and the parent/carer take an interest in the child/young person. Parent/carer picks up on child's cues and interacts appropriately. Clothing, heating, food, home environment are appropriate/improved.

ACHIEVING

Has the child/young person been supported and guided in their learning and in the development of their skills, confidence and self esteem. A child/young person's overall development may have improved and a parent/carer may feel better about themselves and their children. You may see improved attendance at school/nursery and inclusion in community/support networks. Inclusion in school and a social sense of belonging. Parents and children should be encouraged to be active participants in their care plans.

RESPECTED

Children/young people and parents/carers have had the opportunity to be heard and involved in the decisions which affect them. They are participating and showing increased confidence. Relationships allow opinions to be expressed. Less evidence of anti social behaviour. Child/young person has a peer group. Child/young person may be less challenging to parents.

RESPONSIBLE

Having opportunities and encouragement to play active and responsible roles in their schools and communities. Sense of identity developing/developed. Appropriate modelling of behaviour. Allowing child/young person to make choices where appropriate. Level of resilience apparent. Demonstrated having taken responsibility for harmful behaviours.

INCLUDED

Parent/carers and child/young person have increased involvement in family and community life. Support from family/friends. Access to family support. Access to community support. Having overcome social, educational, physical and economic inequalities and being accepted as part of the community- family accepted in the area. Peer friendships. Reduction in challenging behaviours. Benefits maximised-is poverty a barrier to inclusion?

2.3 Risk Assessment / Risk Management.

This section is structured so as to allow the review to give separate consideration to assessment of risk and management of risk.

2.3 [i] Do any changes since the last review/assessment suggest that the assessment and / or management of risk should be re-evaluated? YES / NO

If Yes, proceed to 2.4[ii]. If No, please detail comment here on how we have responded effectively to risk during the review period,

then proceed to Section 2.4.

In outcomes focused practice it is necessary to think about the prevention of possible future harm in a context of promoting wellbeing, seeking to support the person to achieve the outcomes which are important to them. Have previously assessed risks been removed? Have significant unanticipated risk/s materialised, necessitating planning for managing this risk/s? Are current risk management interventions unnecessarily restrictive, limiting reasonable risk taking behaviours which may be

necessary to wellbeing? If your answer to any of the above questions is yes, it is necessary to consider these matters in 2.4[ii], [iii] and [iv]. If your answer to the above questions is no, it will be helpful to summarise the ways in which risk management interventions have been effective. You then can leave 2.4[ii], n[iii] and n[iv] blank.

2.3[ii] Summarise changes which suggest the assessment and / or management of risk should be re-evaluated.

The narrative here can refer to and does not need to duplicate the case recording – a brief summary of the changes perhaps copied from the Chronology is sufficient.

2.3[iii] If the current review evidences that the assessment of risk requires to change, record these changes here.

The review process seeks to achieve agreement of participants, including service user / carer/s around the assessment of risk.

- If a risk which was not considered, or was assessed as very low did materialise, the review focus will be to re-evaluate the level of that risk.
- If a risk which was previously assessed as high has materialised in the review period, children and families staff should follow the normal child protection procedures and bring children/young people in to the child protection framework where there is significant risk of harm. The review focus will be, how effective were the risk management interventions and contingency plans?
- If a risk which was assessed as high has been removed or reduced, the assessment requires to change and the need for restrictive interventions to be reconsidered.

If there are significant differences of opinion among participants, minority views should be noted here.

2.3[iv] If the current review evidences that planning for management of risk requires to change, please record these changes here and summarise any relevant updated actions for inclusion in the outcomes plan.

The focus of review here is to identify interventions which help to manage risk. Interventions may be preventive and anticipatory, aimed at stopping a harm materialising. Or the intervention may be a contingency plan – minimising harm when an anticipated event occurs. Considerations will include:

- will the intervention help to generate the outcome of the child/young person feeling safe and empowered?
- more restrictive interventions should only be considered after a wider view has been taken of who / what can help in this situation.

The change in assessment of risk may be of a nature as to warrant the use of a specialist risk assessment tool, or to mean immediate implementation of child protection procedures within the child protection procedural framework. Decision making on these matters should be recorded here.

Community Care System Prompts

Section 1 Intended Outcomes Prior to Review

The first part of Section 1 is completed by automatic generation by swis of all of the intended outcomes from your last completed outcomes plan. You should then complete (for each intended outcome) the section on 'Has the outcome been achieved' by selecting the relevant option and then completing 'How do we know what has been achieved'. This is an opportunity for you, after consultation with the service user and significant persons, to reflect on progress on the changes that had been agreed.

2.1 Please detail any significant changes for the service user since the last assessment / review.

Use this section to highlight important changes, which have impacted on achieving progress in the plan and for agreed outcomes during the review period. If changes have been triggered by specific events, provide summarised detail of the events. Take care to avoid duplicating the contacts section of the case record. Include changes in living circumstances, or concerns or positive opportunities. A balanced view is called for here.

Section 2.2 Reviewing what has been achieved.

This section focuses on the review of progress measured against agreed outcomes. There may be minutes of other meetings that could be included in this section. This section requires individual consideration of each outcome from the personal outcome plan. It is essential that the service user and any applicable carers views are taken into account from information in the consultation tool(s) you have used e.g. 'Having My Say', 'How good are my outcomes' or 'The Carers Journey'

You will have agreed a set of outcomes to be achieved with the service user, their carers and other relevant professionals and these will be specific to the needs of the particular person. Support may be offered to more than one person in the same household, but each person should have their own outcome plan with a specific focus on their needs whilst understanding that some outcomes linked to other individuals being supported and any changes may impact on these other people.

The headings from the community care assessment generate the headings for the reviews. They have been provided as prompts/overarching areas of consideration in the personal outcomes plan for service users and below is set out as a guide only to assist you in the review of the desired outcomes that you may have been working towards.

Identify the intended outcomes to be achieved for the individuals for this section. Please remember that the outcomes to be achieved should not be a list of service outputs. The outcomes should clearly state what the intended impact or effect will be on the person's life - some of these might be about making a change in the person's life; some outcomes may be about maintaining his/her current abilities. This may involve services but more importantly people's own networks should be considered.

These are examples of the kind of progress you may be able to see at review stage. You should also highlight any barriers and what might be needed to make progress towards any desired outcomes that have not progressed as anticipated. **COMMUNICATION:**

Improved Communication/Sustaining social contact and company/Valued and Included

Factors to consider may include: the individual's needs, preferences, beliefs, values and culture how to involve the individual whether they use communication aids approach i.e. tone of voice, body language the environment

FINANCE:

Factors to consider may include: economic wellbeing, having control over finance and resource decisions, a contributing citizen,

PERSONAL CARE:

Factors to consider may include: keeping clean and comfortable

COMMUNITY LIVING:

Factors to consider may include: enjoying and achieving; making a positive

contribution; respected and responsible

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HOME & DOMESTIC ENVIRONMENT:

Factors to consider may include: enjoying a clean and orderly environment

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PHYSICAL HEALTH & MOBILITY:

Factors to consider may include: being healthy/keeping active and alert

MENTAL HEALTH:

Factors to consider may include: improving wellbeing; confidence and / or morale: regaining skills level capacity

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DRUG AND ALCOHOL DEPENDENCY:

Factors to consider may include: maintaining health and wellbeing; reducing risk of harm

CARER NEEDS/RESOURCE PLAN:

Factors to consider may include: improvement of quality of life for the carer, better able to manage the caring role, better health and wellbeing outcomes

2.3 Risk Assessment / Risk Management.

This section is structured so as to allow the review to give separate consideration to assessment of risk and management of risk.

2.3 [i] Do any changes since the last review/assessment suggest that the assessment and / or management of risk should be re-evaluated? YES / NO If Yes, proceed to 2.4[ii]. If No, please detail comment here on how we have responded effectively to risk during the review period, then proceed to Section 2.4.

In outcomes focused practice it is necessary to think about the prevention of possible future harm in a context of promoting wellbeing, seeking to support the person to achieve the outcomes which are important to them. Have previously assessed risks been removed? Have significant unanticipated risk/s materialised, necessitating planning for managing this risk/s? Are current risk management interventions unnecessarily restrictive, limiting reasonable risk taking behaviours which may be necessary to wellbeing? If your answer to any of the above questions is yes, it is necessary to consider these matters in 2.4[ii], [iii] and [iv]. If your answer to the above questions is no, it will be helpful to summarise the ways in which risk management interventions have been effective. You then can leave 2.4[ii], n[iii] and n[iv] blank.

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- If a risk which was not considered, or was assessed as very low did materialise, the review focus will be to re-evaluate the level of that risk.
- If a risk which was previously assessed as high has materialised in the review period, children and families staff should follow the normal child protection procedures and bring children/young people in to the child protection framework where there is significant risk of harm. The review focus will be, how effective were the risk management interventions and contingency plans?
- If a risk which was assessed as high has been removed or reduced, the assessment requires to change and the need for restrictive interventions to be reconsidered.

If there are significant differences of opinion among participants, minority views should be noted here.

2.3[iv] If the current review evidences that planning for management of risk requires to change, please record these changes here and summarise any relevant updated actions for inclusion in the outcomes plan.

The focus of review here is to identify interventions which help to manage risk. Interventions may be preventive and anticipatory, aimed at stopping a harm materialising. Or the intervention may be a contingency plan – minimising harm when an anticipated event occurs. Considerations will include:

- will the intervention help to generate the outcome of the child/young person feeling safe and empowered?
- more restrictive interventions should only be considered after a wider view has been taken of who / what can help in this situation.

The change in assessment of risk may be of a nature as to warrant the use of a specialist risk assessment tool, or to mean immediate implementation of child protection procedures within the child protection procedural framework. Decision making on these matters should be recorded here.

Children & Families Outcome Plan

North Lanarkshire Personal Outcome Plan



SWIS Reference: Date Produced:

Details		
Forename:		
Surname:		
Also Known As:		
Gender:		
Date of Birth:		
Current Address:		
Telephone No:		
Address Type:		
Home Address:		
Tel No:		
Mobile No:		
e-Mail:		

Outcomes	Intended Outcomes	What Needs to Happen?	Who will be responsible?	How will we know?	When will it happen?
Safe					

How will the Plan be resourced?	
Contingency Plan	
• • • • • • • • • • • • • • • • • • •	

Areas of Disagreement

Disagreement by (Name & Relationship to Individual receiving Support)	Reason for Disagreen	nent Action Taken to Resolve Disagreement and Outcome	
Monitoring and Review Arrange	ments		
If anyone thinks that things are	not working, the persor	າ who should be contacted is:	
If anyone thinks that things are	not working, the persor	າ who should be contacted is:	
(Worker with care managemer care co-ordintation role)	nt role OR	(Designation)	
OR			
(Manager)		(Designation)	

Community Care Outcome Plan

North Lanarkshire Personal Outcome Plan



SWIS Reference: Date Produced:

Details		
Forename:		
Surname:		
Also Known As:		
Gender:		
Date of Birth:		
Current Address:		
Telephone No:		
Address Type:		
Home		
Address:		
Tel No:		
Mobile No:		
e-Mail:		

Outcomes	Intended Outcomes	What Needs to Happen?	Who will be responsible?	How will we know? When will it happen?
PERSONAL CARE				
FINANCE				
HOME AND DOMESTIC ENVIRONMENT				
MENTAL HEALTH				
PHYSICAL HEALTH AND MOBILITY				
DRUG AND ALCOHOL DEPENDENCY				
COMMUNICATION				
COMMUNITY LIVING				

How will the Plan be resourced?	
Contingency Plan	

Areas of Disagreement

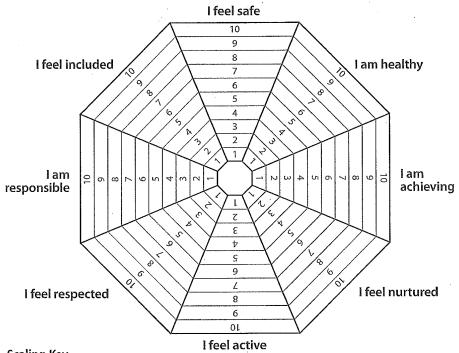
Disagreement by (Name & Relationship to Individual receiving Support)	Reason for Disagreement	Action Taken to Resolve Disagreement and Outcome	
Monitoring and Review Arrangen	nents		
If anyone thinks that things are r	not working, the person who	should be contacted is:	
,	3,		
(Worker with care management care co-ordintation role)	t role OR (Desig	nation)	
OR			

Wellbeing Web

Wellbeing Web

Marino	- Indiana in the second	
Name		

	Date of completion	Name of worker
1		
2		
3		



Scaling Key

1 = Not at all true of me

10 = Very true of me

How good is my outcomes plan?

This is your opportunity to contribute to the review of your Outcomes Plan.

Have the outcomes on your Outcomes Plan been achieved? Can you say for each outcome whether you think it has been achieved; partly achieved; not achieved; or things have got worse? Please add any comments you want to explain your answer.

Remember that you can:

- · Read the questionnaire and answer the questions yourself or
- Answer the questions with help from someone you know and trust.

This will help us to consider any changes to your outcomes plan at the review.

Please tick the appropriate boxes and add comments, if you wish, in **all** the sections listed below.

Your agreed outcomes

Agreed outcomes	Have these been achieved?	Your comments	
1.	Achieved		
	Partly achieved		
	Not achieved		
	Things have got worse		
		·	
2.	Achieved		
	Partly achieved		
	Not achieved		
	Things have got worse		
	·	·	
3.	Achieved		
	Partly achieved		

	Not achieved	
	Things have got worse	
	Tillings have got worse	
4.	Achieved	
	Partly achieved	
	Not achieved	
	Things have got worse	
	Timige nave get words	
5.	Achieved	
-	Partly achieved	
	Not achieved	
	Things have got worse	
6.	Achieved	
	Partly achieved	
	Not achieved	
	Things have got worse	
	J 1 1 3 1 1 1 1 1 1 1 1 1 1	
7.	Achieved	
	Partly achieved	
	Not achieved	
	Things have got worse	
3.	Achieved	
	Partly achieved	
	Not achieved	
	Things have got worse	
9.	Achieved	
-	Partly achieved	
	Not achieved	
	Things have got worse	
10.	Achieved	
	Partly achieved	

Not achieved	
Things have got worse	

What you think about the supports and services provided to you?

Do you:		Your comments, Including anything you would like to see changed
Feel listened to	Always	
	Often	
	Sometimes	
	Never	
Feel valued and respected	Always	
respected	Often	
	Sometimes	
	Never	
	1	
Have support that is flexible	Always	
and gives you	Often	
choice	Sometimes	

	Never
Have support	
that is able to change to your changing needs/ circumstances	Always
	Often
	Sometimes
	Never

What you think about your wellbeing and quality of life? Please tell us any changes you want to make next year.

Your outcomes		Your comments	Is there anything you want to change
1. Feeling safe	A lot better		
	A bit better		
	No real difference		
	Things have got worse		
2. Living life	A lot better		
where I want to			
	A bit better		

_			
		No real difference	
		Things have got worse	
3.	Have satisfying things to do	A lot better	
	J	A bit better	
		No real difference	
		Things have got worse	
4.	Have satisfying contact with	A lot better	
	other people	A bit better	
		No real difference	
		Things have got worse	
5.	Staying as well as I can be	A lot better	
		A bit better	
		No real difference	

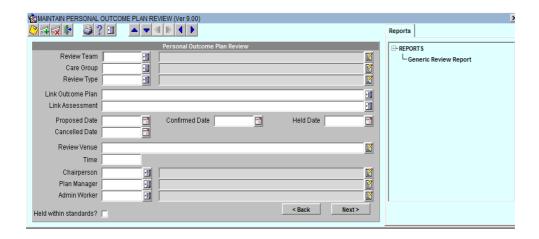
	Things have got worse	
6. Have improved skills and	A lot better	
confidence	A bit better	
	No real difference	
	Things have got worse	
7. Have improved wellbeing	A lot better	
wendenig	A bit better	
	No real difference	

s there anything else that you would like to change to make a difference in your life?						
Please let us know how did you complete this form? Please	e tick th	e box w	hich describ	es you.		
→ I completed the form myself						
→ I completed the form with help from someone else						
→ Someone else mainly completed the form						
,	YES					
	NO					
I confirm that the answers to these questions give a true record of my views						
Name						
Address						

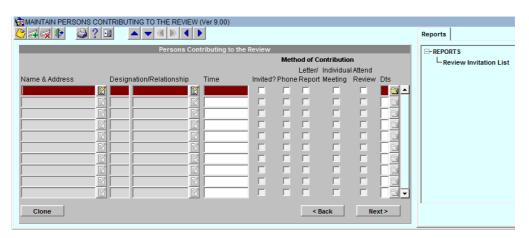
	 	 •	
Signed	 	 	
Date	 	 	

Please return this form in the stamped addressed envelope provided.

mySWIS Screens



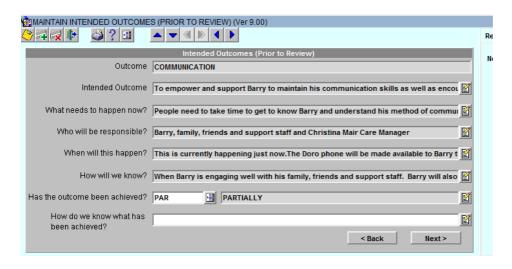
People Contributing to Review



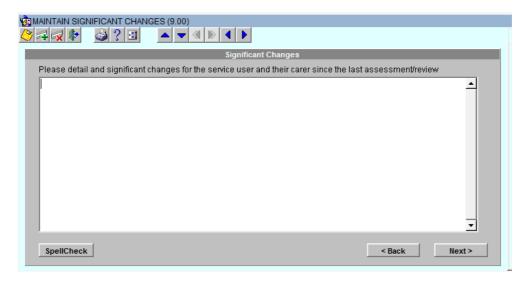
Outcomes from the Outcome Plan

There is one of these screens for each of the outcomes that had been completed in the Outcome Plan, the user has to answer if the outcome has been achieved. They have three options Yes, No or Partially.

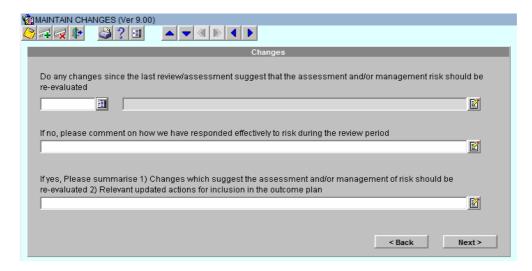
They also require to enter a narrative at "How do we know what has been achieved".



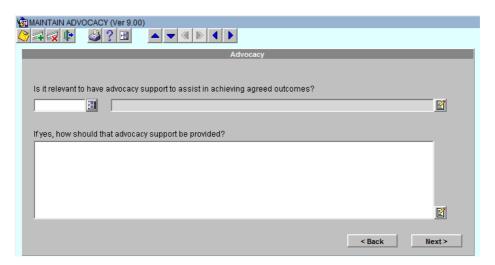
Significant Changes



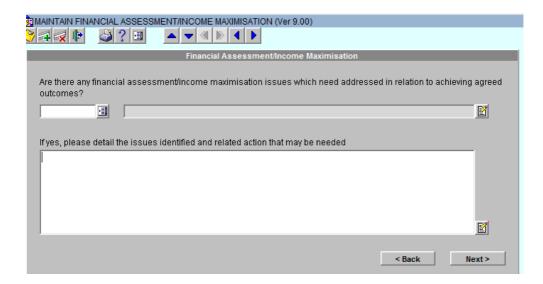
Assessment and/or management of risk.



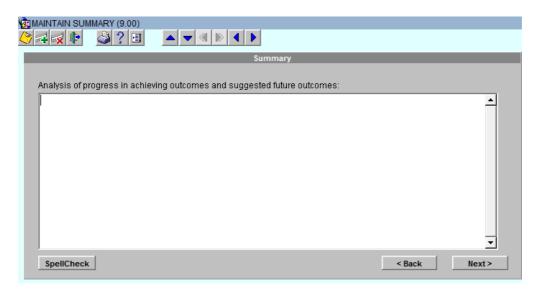
Advocacy Support



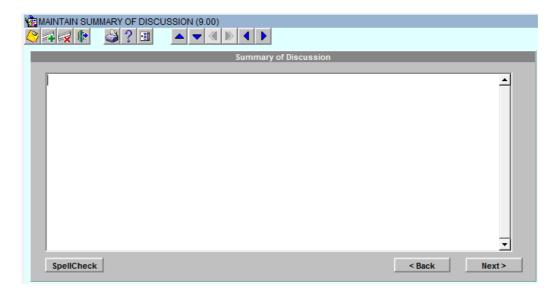
Financial Assessments Maximisation



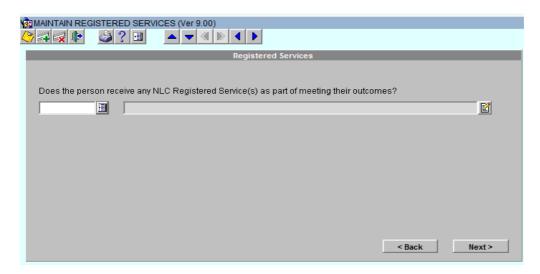
Summary

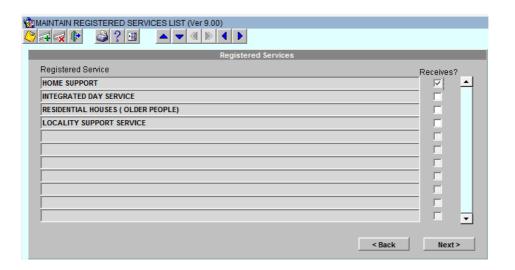


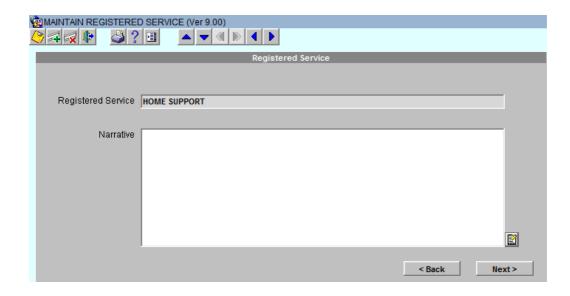
Summary of Discussion



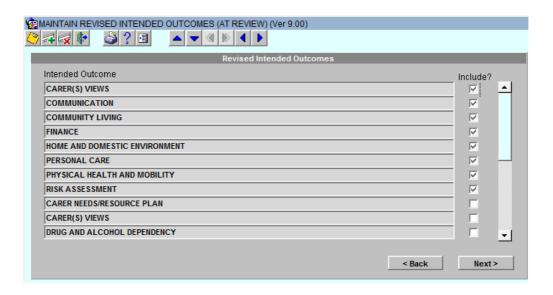
Registered Services (This is only for Community Care)



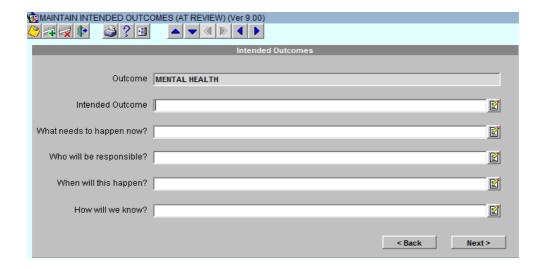




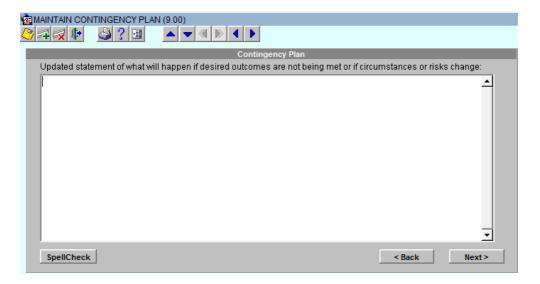
Revised Intended Outcomes (At Review)



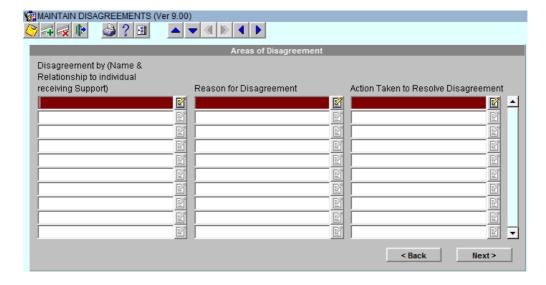
If the user selects a new Outcome then they will have to complete a new section. It will also let the user update previous intended outcomes.



Contingency Plan



Areas of Disagreements



Monitoring and review arrangements



Key Decisions

