

South Lanarkshire Child Protection Committee

**Multi-Agency Summary Guidance
Practitioners & Managers**



**SMART Outcomes – Working with Children, Young
People and Families (SHANARRI*)**

Keeping Our Children Safe

www.childprotectionsouthlanarkshire.org.uk

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1. Introduction

South Lanarkshire Child Protection Committee (SLCPC) is committed to supporting practitioners and managers across all services that make up the multi-agency workforce including Police, Social Work, Education, Leisure Services, Scottish Children's Reporters Administration (SCRA), Procurator Fiscal Service, Health, Housing and Voluntary Organisations in protecting children and young people.

The following summary guidance aims to ensure partners are familiar with how to apply *Getting it Right for Every Child* (GIRFEC) in achieving [SMART](#) Outcomes in South Lanarkshire . We aim to ensure the multi-agency workforce has the information needed 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 and think SMART and be able to evidence improved outcomes for children and young people in the Child's Plan including [Wellbeing - SHANARRI](#)

The [Getting it Right for Every Child \(GIRFEC\)](#) approach helps practitioners and managers across both children's and other key services focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. It continues to be threaded through all existing policy, practice, strategies and guidance affecting children, young people and their families in South Lanarkshire.

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 SLCPC Website. **The [National Guidance for the Protection of Children in Scotland \(2014\)](#) and the [National Risk Assessment Framework \(2012\)](#)** should routinely be referred to in all our work.

The SLCPC 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. There is also an expectation that the multi-agency workforce regularly refer to their single agency child protection procedures or refer to the [West of Scotland Online Child Protection Procedures](#) for advice and guidance.

2. SMART Practice in South Lanarkshire

Practitioners and managers across the multi-agency workforce 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 - EVIDENCE

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 and reflect their wishes about what they want to achieve and overall be SMART , For example, in a Child's Plan we should expect to see evidence of this by thinking as follows:

Specific

What exactly are we going to do? With or for whom? What is the actual outcome you want to achieve for the child? This must be well defined and clear from the outset. Ask yourself: At the end of the planned activities, what will have changed for the child and their 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? Are resources achievable to do meet this goal? If not, how can I overcome this? Outcomes must be achievable and not be beyond the child / family or service capability.

Realistic

Is the outcome relevant and proportionate? Is it really 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" in all records. This can lead to drift and we can lose sight of intended goals.

Outcomes should not be too general, too vague or immeasurable.

A variety of tools assist practitioners and managers to strengthen their position ensuring children, young people and their families can work with services together to identify the specific outcomes they want to achieve.

Using tools such as the *Wellbeing Wheel* produced by Scottish Government, agreed workbooks online activities, or systems such as Viewpoint are essential in ensuring children are heard, listened to, respected and have their views taken into account. Assessment Frameworks including National tools like EcoMaps, Genograms, Generic and Specific Indicator Toolkits are all available [here](#).

3. Understanding Outcomes in Child Protection Practice

Outcomes refer to the impact support has on a person's life and **not the outputs** of services.

- a) **Outcomes** refer to the direct impact of support on a child or young person's life and not the outputs of services (e.g. providing a taxi).
- b) **Outcomes** are the answer to the question: *So what difference does it make?*
- c) **Outcomes** are changes or benefits for individuals who need support (and their families).

Focusing on the outcomes important to child or young person's needs is an underpinning principle of personalised support for anyone. When we are supporting children and young people achieve outcomes we must ALWAYS ensure desired outcomes form part of our care planning processes.

The following are the overarching priorities for SLCPC in improving outcomes for children and young people in South Lanarkshire.

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 and have views heard, recorded and understood.
- They are appropriately involved in discussions and decisions that affect them.
- They understand what is happening and why at all times.
- They can rely on appropriate help being available as soon as possible.
- They experience a co-ordinated response from multi-agency practitioners.

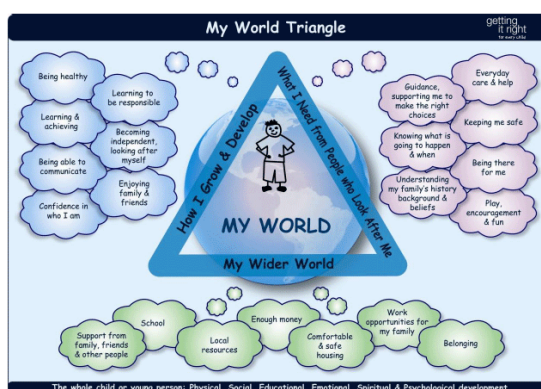
OUTCOME 2 - For practitioners:

- 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 other) services:

- Providing leadership and strategic support to ensure any changes in culture, systems and practice required within and across agencies take place and we can evidence improved outcomes for children and young people.
- Other services will know the importance of keeping children the centre.
- Outcomes focussed approach in all work will be standard practice.



Source: [My World Triangle](#)

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 [IRISS - Lead for Outcomes: A Guide](#) report published in 2010 and full of helpful examples suitable for individual and teams.

4. 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.

NOTE: Please refer to page 16 for practice example of a Child's Plan

Using the Eight Wellbeing Indicators

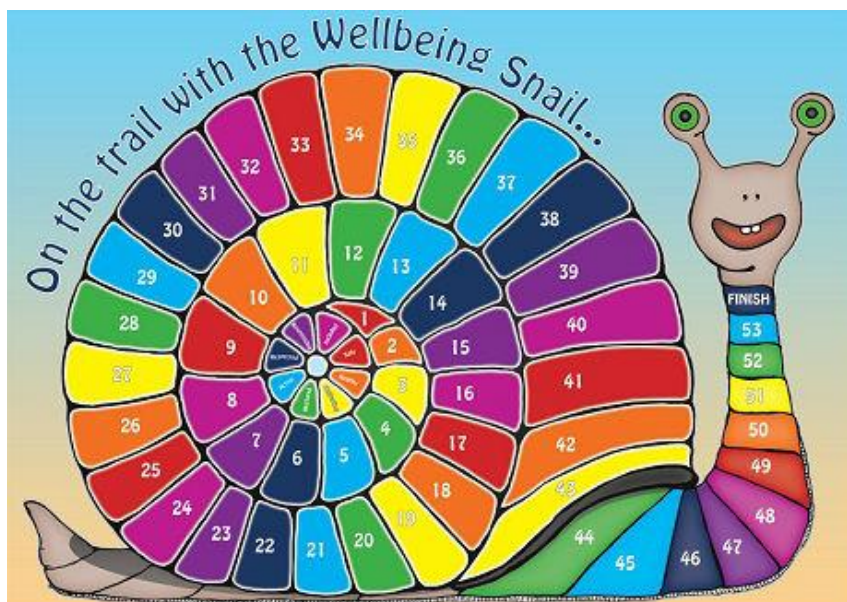
Professionals and practitioners can use the eight indicators to assess a child or young person's overall wellbeing and identify any concerns. The indicators offer a consistent approach and language that can be used across organisational and geographical boundaries.

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.



Source: [Wellbeing Snail Game](#)

Setting Outcomes - Working with Families

Identifying the outcomes important to children and young people is a crucial first step. Part of this involves negotiating and agreeing the outcomes with parents or carers. Family relationships can be complex and difficulties can be interrelated 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.

This is also significant in Pre-birth cases where there will be a focus of intervention on the mother of the unborn baby; however intervention must also be child centred in respect of the unborn baby (see page 10).

Significant Case Reviews frequently reinforce the dangers of being drawn too much into parent / carer 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). A good outcomes plan can encourage strengthened engagement in our work.

Pre – Birth Assessment

A pre-birth assessment is essentially an assessment of the risk / potential risk to the future safety of the unborn child with a view to making informed decisions about the child and family's future.

Vulnerability in pregnancy does not always imply a child requires child protection intervention prior to and after their birth. If there are any concerns an assessment may be required to consider the child in the context of SHANARRI. The main purpose of a pre-birth risk assessment is to identify what the risks to the new born child may be, whether the parent(s) have the capacity to change so that the risk can be reduced and, if so, what supports will be required.

A multi-agency assessment will identify those services that are necessary to ensure a child's needs and desired outcomes are adequately met. In a pre-birth assessment of a mother's capacity to provide appropriate care for the expected baby, this means the vulnerability of the baby needs to take priority. In the context of well being please refer to *Using SHANARRI in Child Protection* examples here:

Using SHANARRI in Child Protection / Child's Plan (Examples)

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 SLCPC to support processes already in place as part of our work with Children's Services to reach our common goal in keeping children safe and improving outcomes. Reference should be made to the [South Lanarkshire Children's Services Plan \(2017 - 2020\)](#)

The aim is to describe 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. Cognisance should always be given to pre-birth concerns and joint planning around improving outcomes for that child and their family.

Getting it Right - Outcomes for Children (SHANARRI)

- 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: [Getting it Right](#)

SAFE Examples

- 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 and;
- Mother / Parents engage in sufficient time pre-birth, to make adequate plans for a baby's protection as required.

HEALTHY Examples:

- 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 and;
- Mother / parents routinely attends pre-birth appointments
- Mother / parents demonstrate appropriate or improved self care in pregnancy.

ACHIEVING Examples:

- 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
- Demonstrable evidence of making positive plans for birth of child
- Successful transition to nursery/ primary/ secondary/ post school provision
- Enters and sustains employment/ education/ training
- Vocational skills acquired and;

- Mother / Parent(s) contribute their own ideas and solutions in a child's plan, including in pre-birth situations.

NURTURED Examples:

- 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 attachment to carer
 - Improved capacity to prevent abusive/harmful behaviours and;
- Improved knowledge of parenting / caring role in improving outcomes
 - Mother / parents(s) enable the provision of services pre-birth to maximise nurture opportunities for the unborn child.

ACTIVE Examples:

- 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 and;
- Mother / parent(s) acknowledge and act upon advice to improve physical wellbeing in pregnancy

RESPECTED Examples:

- Children, young people and families involved in decision making
- 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 and;
- Mother / parent(s) work together with agencies pre-birth, feel listened to and respected in planning and protective processes.

RESPONSIBLE Examples:

- 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
- 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)
 - Travels independently to and from school/college/other
 - Takes pride in his/her personal hygiene and appearance and;
- Parental responsibility is taken for child's wellbeing
 - Mother / parent(s) can demonstrate pre-birth, their responsibilities in improving outcomes with support as required.

INCLUDED Examples:

- 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 and;
- Mother / parents(s) have a strengthened approach to getting it right for their child / unborn child and can act independently in doing so.

CHILD'S PLAN – EXAMPLE* (SHANARRI)

Please note the work plan / outcomes column may be separate in some agencies. Below is provided as an exemplar only.

EXAMPLE – Child's 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 (child) lives in a safe home environment.</i></p>	<p><i>J. James (Social Worker)</i></p>	<p><i>Immediate from 10 April</i></p>
		<p><i>Dan (child) will report he feels less frightened at home. He can demonstrate his views are listened to and taken into account.</i></p>	<p><i>Young Person's Domestic Abuse Project (A. Graham, Manager)</i></p>	<p><i>Fortnightly group activity</i></p>
		<p><i>Mr W (father) will not see Dan in the home environment.</i></p>	<p><i>Derek Wilson (Father)</i></p>	
		<p><i>Mr W (father) can demonstrate an understanding of the impact his behaviour on Dan (child) and demonstrate how he can achieve effective change.</i></p>	<p><i>Derek Wilson (Father)</i></p>	<p><i>To commence with immediate effect. Reviewed monthly</i></p>
		<p><i>Contact with Mr W (father) will be in the Child and Family Centre every Tuesday after school.</i></p>	<p><i>Family Centre</i></p>	<p><i>With immediate effect. To be reviewed weekly by centre.</i></p>
		<p><i>Ms A (mother) to continue with her alcohol support programme and demonstrate an understanding of the impact on Dan. Ms A (mother) will see how a change in her behaviours at home and in the community can improve outcomes.</i></p>	<p><i>Ms Anderson (Mother)</i></p> <p><i>A. Shafik (Subs Misuse Team)</i></p> <p><i>All partners</i></p>	<p><i>With immediate effect. To be reviewed at core group.</i></p>
	<p><i>Multi-agency partners will routinely submit chronological information to ensure all changes / patterns of concern / improvements are highlighted immediately to reduce risk.</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 (child) is able to express his feelings appropriately in individual sessions, in class room settings and other environments as a result of supported activity.</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>J. James (SW) and Mr Sandhu (Guidance Teacher) as required</i></p> <p><i>Worker to be allocated for Young Persons' team with Domestic Abuse Project (A. Graham, Manager)</i></p>	<p><i>Weekly sessions from 23rd April</i></p> <p><i>Date to be confirmed by 11th April</i></p>
ACHEIVING	<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 can demonstrate the benefits of receiving additional support with his reading. His confidence is seen to increase.</i></p> <p><i>Dan receives parental support with his homework and takes pride in submitting his work to his teacher.</i></p> <p><i>Dan passes his cycling proficiency test at school and can enjoy / share his achievement with his family.</i></p>	<p><i>F. Magnuson (ASN Teacher)</i></p> <p><i>Ms Anderson (Mother)</i></p> <p><i>Child</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. Both parents can demonstrate how changed was achieved and can be maintained.</i></p> <p><i>Ms Anderson 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 meetings to be undertaken with Dan (child) and his mother to discuss identified areas where help is required. Dan benefits from the change in his parent's behaviour, as improved confidence and can demonstrate strengthened relationships. He feels listened to and respected by his family. He makes choices and suggestions that are valued and acted upon.</i></p>	<p><i>Ms Anderson (Mother)</i></p> <p><i>F. Davies (Family Centre)</i></p> <p><i>J. James (SW)</i></p>	<p><i>Monitored weekly by SW</i></p> <p><i>Programme commences on 5 May</i></p> <p><i>Fortnightly</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 outside of school. He feels confident his parent(s) will ensure his needs are met and that he attends routinely with his peers.</i></p> <p><i>Dan (child) attends football coaching and build confidence in peer relationships. Positive reinforcement at home is understood and applied.</i></p>	<p><i>School Sports Coach</i></p> <p><i>Ms 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 his family are listened to and have their views taken into account in all decisions that affect them.</i></p> <p><i>Work on wellbeing in respect of the child's wider world to be completed. Adults known to the child within his family will know the importance of improved wellbeing and the positive interaction that is required.</i></p> <p><i>With the support of his family and school, Dan (child) demonstrates that he can be caring and considerate towards others. He sees his parent(s) demonstrate consistently positive behaviours.</i></p> <p><i>Dan to participate in the nurture program in school.</i></p>	<p><i>J. James (SW)</i></p> <p><i>All partners</i></p> <p><i>Family</i></p> <p><i>Mr Wilson (Father)</i> <i>Ms Anderson (Mother)</i></p> <p><i>Mrs McDougal (classroom asst.)</i></p>	<p><i>By next core group review: 19 May</i></p> <p><i>As above</i></p>
INCLUDED	<p>This means overcoming those things which make it difficult for you to get involved and helping you to enjoy the same opportunities as others.</p> <p>Needs Identified:</p>	<p><i>Dan and his family have enough money to live on. He learns from his parent / family behaviour how to manage money effectively.</i></p> <p><i>Referral to be made to Welfare Rights to support Susan to make relevant benefit claims.</i></p> <p><i>Contact to be made with Housing regarding housing benefit overpayment.</i></p>	<p><i>J. James (SW)</i> <i>Ms Anderson (Mother)</i></p> <p><i>Welfare Rights</i></p>	<p><i>Within one week of meeting</i></p> <p><i>Within one week of meeting</i></p>

Avoiding Common Errors in SMART Practice

Many common errors are made by those describing an outcome, the most common being describing an **OUTPUT** instead of an **OUTCOME**. The following are not SMART outcomes;

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

5. BEST PRACTICE: ERROR EXAMPLES & OUTCOME SOLUTIONS

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: Output - 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.

Practice Example 6

Annemarie is 26 weeks pregnant with her first child and has substance misuse issues in respect of Heroin misuse. She is currently on a Methadone programme and is supported by LADS and Specialist Midwife. A Pre-birth assessment has been undertaken and a pre-birth case conference is scheduled to take place.

Common Error: Annemarie's engagement with LADS service is ongoing.

Example outcome: Annemarie is able to manage (or reduce) her substance misuse more effectively through her engagement with LADS.

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. Email: PublicProtectionOffice@southlanarkshire.gcsx.gov.uk

South Lanarkshire Child Protection Committee
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