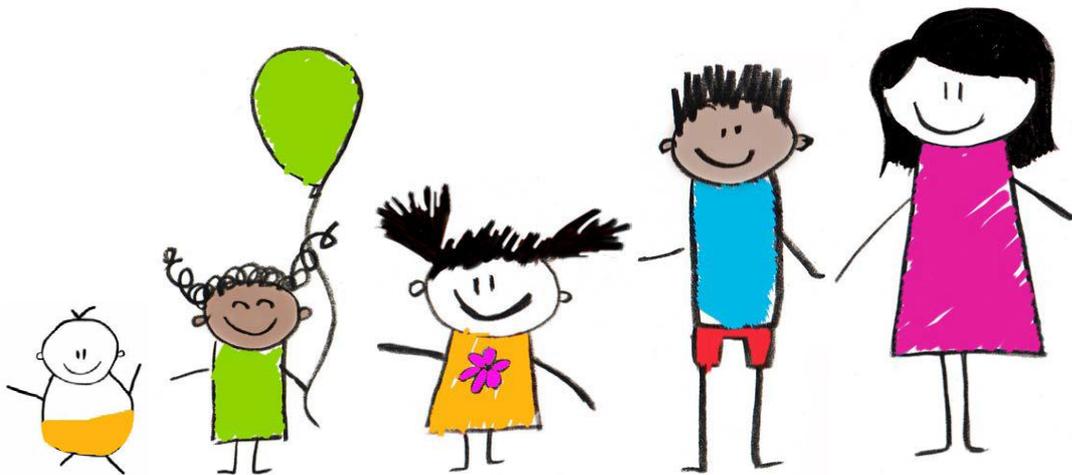


GETTING IT RIGHT FOR EVERY CHILD in AYRSHIRE

**Good Practice
Outcomes Guide**

September 2018 version 2.0



A guide to SMARTER outcomes

Outcomes refer to the impact the 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.

Long-and short term outcomes for children are set out in the Child's Plan and are linked to the Getting It Right for Every Child wellbeing indicators.

	SAFE	Protected from abuse, neglect or harm at home, at school and in the community.
	HEALTHY	Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices.
	ACHIEVING	Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.
	NURTURED	Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.
	ACTIVE	Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.
	RESPECTED	Having the opportunity, along with carers, to be heard and involved in decisions that affect them.
	RESPONSIBLE	Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.
	INCLUDED	Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

Planned outcomes must involve the child/young person and family; consider their views about what they want to achieve; and overall be specific, measurable, achievable, realistic, timely, evaluative and re-adjustable (SMARTER).

An outcome is what positive change we expect as a result of intervention and it is important to be explicit about what the outcome means to the child. Outcomes should not be too general, too vague or immeasurable. Tools such as the Wellbeing Web, Talking Mats or Mind Maps will assist workers, children and their parent/carers to work together to identify the specific outcomes they want to achieve. The wellbeing web can be accessed here - <https://www.east-ayrshire.gov.uk/Resources/PDF/G/GIRFEC-starting-a-conversation-introduction-to-wellbeing-web.pdf>

Fictional Case Studies for Training Purposes

This guide contains case studies and suggested child's wellbeing outcomes based on the wellbeing indicators that feature in a Child's Plan. The outcomes described are examples and are not meant to represent an exhaustive list. To see a comprehensive list of suggested outcomes for Angela (Case Study 1), refer to appendix 1.

Case studies have been included which illustrate how planned outcomes for children and young people are identified and agreed through assessment, planning and review processes linked to the wellbeing indicators.

The case studies are fictional.



Case study 1 – Planned Outcomes for Angela

Angela is a 15 year old girl who is looked after in one of the authorities' children's houses. She has been in the care of the authority for 6 months since her grandmother who was looking after her became ill. Her gran became the main carer for Angela when she was 2 years old. There has been no contact with her mum since she left and moved to England at that time.

Until recently Angela has been a contented young girl. She was doing well in all her subjects at school, had good attendance and was hoping to go to college to study the 'Sport in the Community' course after the summer. However, over the last few months Angela has absconded from school on a number of occasions and there has been concerns raised about Angela staying out late at night. On several occasions Angela returned to the children's house under the influence of alcohol. She has been associating with older young people and has lost touch with her regular group of school friends. Angela is due to sit her National 5 in May.

Angela feels very unsettled at present and wants to sit her exams so that she can go to college after the summer. She hopes that she will be able to move back in with her gran when she gets out of hospital.

Angela's social worker, her lead professional, speaks to Angela about a Team Around the Child meeting to support her. She finds out how Angela is feeling, and gets her views through completing a wellbeing web over several weeks. These are recorded in her Child's Plan. Consent for sharing information has been sought, gained and recorded in the appropriate systems. The Team Around the Child members are identified which include Angela's named person (guidance teacher), lead professional (social worker), school nurse and her key worker from the children's house. The wellbeing assessment is started. At the meeting to discuss the assessment there are a number of wellbeing risks and needs that are identified by the Team Around the Child and Angela which are recorded in the table below against the wellbeing indicators.

Stage 1

After clearly identifying the risk, needs and protective factors, Angela and the members of the Team Around the Child agree on the positive changes that they would like to see.

Identified Risks and Needs	
Safe	Concerns regarding the safety of Angela when she absconds from school; stays out later at night; associates with a group of older young people and consumes alcohol.

Healthy	The main concern is the amount of alcohol Angela is consuming and the risk this is putting her in.
Active	
Nurtured	Currently Angela is not coping well with her placement in the Children's House.
Achieving	Angela is not attending school on a regular basis and there are concerns that she may not achieve her full potential in her exams and gain a college place after the summer.
Respected	
Responsible	Angela feels that she is not coping with her Gran being in hospital. She finds it difficult staying in the Children's House. .
Included	Angela does not feel fully included in school life and has lost touch with her school friends.

Stage 2

Planned outcomes should be agreed after the risks, needs and protective factors have been identified. Identifying the appropriate supports and actions should be the next step and not the other way about.

Once the planned outcomes have been agreed, supports and actions are proposed and agreed. Appropriate timescales are also included. Within the plan it is also recorded who is responsible for actions and supports. There will also be some specific actions that Angela will have responsibility for. These informed the Planned Outcomes for her Action Plan. An example of the Proposed Action Plan is provided on page 7.

Planned Outcomes	
Safe	Angela to be aware of harmful risk-taking behaviour (including alcohol, drugs, absconding from school and inappropriate friendships).
	Angela is able to assess and manage situations where there are potential risks for herself and others.
Healthy	
Active	
Nurtured	Angela to feel accepted, valued and supported within the Children's House while her gran is unable to look after her.
Achieving	Angela to attend school full time and study for her exams and pass them.
	Angela to apply for and attend the Sports in the Community college course.
Respected	

Responsible	
Included	Angela to have a good sense of self-esteem and feel accepted by her friends and peers.

One year on

Angela is back staying with her gran who got out of hospital in June that same year. Following on from the meeting in February, Angela returned to school. She went on to do well in her exams and is currently in the first year of her college placement. She occasionally goes back to visit the children’s house to speak with the key worker who became a great support during the time she spent there. She continues to maintain good friendships with two of her closest friends at school and has made a number of new friends at college. Currently she has a part time job and hopes to move into a flat with her friends sometime in the future.

She managed to make the positive changes that improved her situation. She was able to progress onto a positive post school destination.

This is a Generic Example: Organisations use different terminology. Please refer to your local guidance in relation to the Child's Plan.

	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Safe	Angela to be aware of harmful risk-taking behaviour (including drugs, alcohol and inappropriate friendships).	6 one hour weekly meetings to be arranged for Wednesday after school.	One to one support meeting with school nurse for Angela in relation to drugs, alcohol and risk taking behaviour	Angela Michelle Fox - School Nurse	25 February 2020 (for 6 weeks)	Angela will understand the impacts of her risk-taking behaviour and will feel enabled to make different choices.
	Reduce absconding from school.	Transport to be organised from school to Children's House.	Transport arrangements will be in place for timescale start date.	Angela Shauna Hose, Key Worker Children's House	25 February 2020	Angela will attend full days in school without absconding.
	Alternative accommodation options for Angela to be considered if gran is unlikely to return home in the near future.	Source alternative accommodation to meet Angela's needs.	Consider with Angela what care setting would be her preference. Options may be kinship care, foster placement or	Angela Beth Jones, Social Worker	July 2020	Angela will reside with other family members or in foster / supported accommodation.

			supported accommodation.			
	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Achieving	Angela to pass her exams.	Angela to attend supported study and accept additional tuition.	Angela will attend check in sessions with subject teachers supported by her Guidance Teacher.	Angela Don Wilson, Guidance Teacher.	May 2020	Angela will pass her exams.
	Obtain a place on the Sport & Communities, college course.	Angela to visit college with her Guidance Teacher and meet with the course co-ordinator. Application to be completed.	Guidance Teacher to arrange visit. Guidance Teacher to support Angela with her college application.	Pam Cox - College Co-ordinator Angela Don Wilson - Guidance Teacher	10 February 2020 19 March 2020	Angela will have a successful college placement.
Nurtured	Angela to feel accepted, valued and supported within the Children's House while her gran is unable to look after her.	Angela to undertake group work programme with Angela's Key Worker and co-worker for 2 hours each Wednesday.	Peer support girls group work programme for female residents of the Children's House.	Angela Shauna Hose- Key Worker David Yeo (Children's House staff)	27 March 2020 (for 6 weeks)	Angela will have improved self-esteem, be more confident and feel less isolated.

	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Included	Angela to feel accepted and valued at school.	Angela to have a peer mentor.	Angela and her peer mentor to meet daily at break times and consider attending lunchtime clubs/after school activities.	Angela Susie Green, peer mentor	January 2020	Angela will re-engage with her peer group and be happier in her relationships with friends and staff.

Case study 2 – Planned Outcomes for Ollie

Ollie is 30 months old and lives with Mum, Dad and new baby sister. Ollie's parents both work in professional roles and live in a comfortable home. At a recent 27-30 month review the Health Visitor identified some concerns around Ollie's social and emotional development. His assessment identified that although he had many words he spoke with an American accent which his parents found amusing. His social and emotional questionnaire (SE) score was 99 which was well above normal scoring parameters. His Ages and Stages Questionnaire (ASQ) score was low for both Communication and Personal –Social areas of development. During the assessment Ollie displayed very little eye contact with the Health Visitor and appeared oblivious to her presence. His Mum reported that he had no understanding of danger and disliked loud noises such as the Hoover.

The Health Visitor gathered additional information from Ollie's parents particularly around his play, routines and behaviour in social situations. Having made an initial assessment the Health Visitor suggested to Ollie's parents that more specialist assessment of Ollie's development and communication would be appropriate. After some discussion Ollie's parents provided consent to "Request Assistance" from Community Paediatric services and Speech and Language services for a specialist review of language and wider communication skills.

Following further assessment by the Paediatrician it was confirmed that there were concerns around Ollie's social, emotional and communication development and would require further assessment at the Neuro-Developmental Clinic within Paediatric services. The Health Visitor acting as Named Person arranged a "Team Around the child" meeting to ensure Ollie's family would be supported and that Ollie's needs are met.

Identified Risks and Needs	
Safe	Ollie has limited awareness of dangerous situations
Healthy	Ollie is a physically healthy boy but requires those around him to be patient and understanding in dealing with his emotions.
Active	Ollie loves to run but has no awareness of danger.
Nurtured	While Ollie can appear distant it is essential that those around him are consistent in approaching him in a caring and compassionate manner.
Achieving	It is evident that Ollie has a flair for numbers and demonstrates advanced numerical skills. However his communication skills are immature and can't articulate his needs.
Respected	Ollie requires those around him to respect the challenges that he faces daily but also celebrate when those challenges are overcome.
Responsible	Ollie is unable to take any responsibility for challenging aspects of his behaviour or lack of emotional intelligence.
Included	Ollie does not appear to be aware of any inclusion issues. However there is a good likelihood that he will experience this in the future.

Planned Outcomes	
Safe	Ollie will continue to live in a safe, supportive and loving home environment and protected from harm.
Healthy	That Ollie is surrounded by individuals who can make health enhancing choices for him and demonstrate patience, understanding and compassion when dealing with his communication, behaviour and emotional issues.
Active	Ollie will have opportunities for play, recreation and sport and can remain active in a safe environment.
Nurtured	That Ollie always feels cared for by those around him.
Achieving	Ollie is continually supported in his learning to achieve his full potential in all aspects of his life.
Respected	That Ollie feels understood and respected by those individuals in his life.
Responsible	That Ollie is given the opportunities to develop his understanding of his responsibilities in terms of his actions and behaviour.
Included	That Ollie is given support to overcome any adversity and has the same opportunities and experiences as his peers and feels included at all times.

This is a Generic Example from Health: Organisations use different terminology. Please refer to your local guidance in relation to the Child's Plan.

Ollie's Plan	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Safe	Ollie will continue to live in a safe, supportive and loving home environment and protected from harm.	Ensure that Ollie's parents know where they can access support if required.	Ollie's parents will be given relevant contact names and telephone numbers.	Named Person/Health Visitor	1 Year September 2019	That Ollie remains at home in the safe and loving environment that his parents provide and parents access appropriate support if required.

Ollie's Plan	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Healthy	That Ollie is surrounded by individuals who can make health enhancing choices for him and demonstrate patience, understanding and compassion when dealing with his communication, behaviour and emotional issues.	"Request Assistance" from Community Paediatric services and Speech and Language services for a specialist review of language and wider communication skills.	Following parental consent; The Named Person/Health Visitor will complete the "Request for Assistance" paperwork for each of the services required.	Named Person/Health Visitor	Now August 2018	That the Request for Assistance paperwork is received by appropriate service and appointments provided to the family.
Active	Ollie will have opportunities for play, recreation and sport and can remain active in a safe environment.	Ollie will continue to experience a variety of opportunities for play recreation and sport.	Opportunities will be provided at home and at nursery.	Ollie's parents and Early Years staff	Now August 2018	That Ollie continues to remain active and participates with all play, sport and recreation activities available to him.

Ollie's Plan	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Nurtured	That Ollie always feels cared for by those around him.	Observe Ollie's behaviour, actions and reactions	Ongoing observation	Parents, Named Person and Early Years staff	Now August 2018	Ollie's behaviour, actions and reactions will reveal his feelings and in time will have the language to express his feelings.
Achieving	Ollie is continually supported in his learning to achieve his full potential in all aspects of his life.	Ollie to access an Early Learning place at nursery to enhance early transition and help him to improve his communication and social development skills.	Following parental consent; The Named Person/Health Visitor will complete the "Request for Assistance" paperwork for an Early Years Placement.	Named Person/ Health Visitor	Now August 2018	That the Request for Assistance paperwork is received by appropriate service and an appropriate place provided.

Ollie's Plan	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Respected	That Ollie feels understood and respected by those individuals in his life	Ensure Ollie's views are respected	Observe Ollie's behaviour, actions and reactions and respond timeously and appropriately.	All who are in contact with Ollie	Now August 2018	Ollie feels understood and respected by those individual in his life.
Responsible	That Ollie is given the opportunities to develop his understanding of his responsibilities in terms of his actions and behaviour.	Ensure that Ollie's parents and all involved services help to support Ollie in his understanding of his actions and behaviour.	Regular "Team Around the child "meetings will help to support Ollie's learning and development.	Named Person/Lead Professional	Now August 2018	That Ollie develops greater awareness of his actions and behaviour.
Included	That Ollie is given support to overcome any adversity and has the same opportunities and experiences as his peers and feels included at all times.	Ensure that Ollie has access to all the appropriate support that he needs and is included in all peer activities.	Allocation of an Early Years place. Assessment of ongoing development by Paediatric services and Speech and language services.	All who are in contact with Ollie	Now August 2018	Ollie feels included and respected by those individuals in his life.

Case study 3 – Planned Outcomes for William

William is a 7 year old pupil who attends a specialist provision for children with additional support needs. He lives with mum, Jane and his 2 siblings, one older and a new baby. His attendance at school can be erratic at times. His mum has mental health problems related to previous drug use. When she is well she is very supportive of school, attends meetings, engages in school events and has a good relationship with staff.

William has a learning difficulty, cerebral palsy and severe communication difficulties which rely on him having access to his communication aid. He is showing distressed behaviour more frequently in school and can be quite aggressive towards staff, but not towards other children. He has expressed a desire to access more activities out with school at the weekend and in the evenings. Mum has not been able to facilitate this.

The staff' feel that William has lost some of his spark. He is definitely not the happy go lucky boy of last term. He has become disengaged within class and his behaviour can disrupt others. He is not able to successfully communicate his desires and wishes. His device does not let him access or contribute fully with all aspects of the curriculum. His Augmentative Alternative Communication (AAC) device is now 3 years old and the battery life is short.

At the recent Team Around the Child meeting a number of risks and needs were identified. William, his mum and the team agree on a number of positive changes they would like to see.

Identified Risks and Needs	
Safe	William is a potential risk to himself and others when he displays distressed behaviour.
Healthy	William requires to express himself fully and appropriately.
Active	William is not accessing extra-curricular activities which in the longer term will impact on his mental health.
Nurtured	
Achieving	William is not achieving his full potential because he cannot always communicate the full extent of his thoughts.
Respected	William feels his wishes are not respected.

Responsible	William is not taking responsibility for his behaviour within school.
Included	William feels excluded from his community because he is not able to access the activities at the weekend and in the evenings.

Planned Outcomes	
Safe	William will live in a safe and supported home environment.
	William will make choices to keep himself and members of staff safe.
Healthy	William will be able to communicate his thoughts and feelings
Active	William to be supported to be more active and therefore improve his physical and mental health.
Nurtured	
Achieving	William will be able to engage fully in the curriculum.
Respected	William views are listened to and taken into account when decisions are being made.
Responsible	William to build a mutually respectful relationship with staff.
Included	William to feel included within his community and with his peers.

This is a Generic Example: Organisations use different terminology. Please refer to your local guidance in relation to the Child's Plan.

	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Safe	William will live in a safe and supportive home environment.	Mum, Jane, will continue to access support.	Meet with their Family Support officer as required. Access Cafe Hope weekly.	William Jane Wilson John Brown, Family Support Officer Beth Ogden Social Worker	April 2020	William will be settled and happy at home.
Healthy	William is able to express his feelings appropriately.	Ensure that he has access to the appropriate vocabulary within his AAC device.	Speech and language therapy assistant to review with William and Jane emotions vocabulary on his device.	Alison Bold, Speech and Language Therapy Assistant Jane Wilson William	April 2020	William is less frustrated as he can express his emotions.

	What do we want to achieve	What are we going to do?	How will we do it?	Who will do it?	By when?	How will we know we have done it?
Achieving	<p>William can communicate effectively.</p> <p>William can access all aspects of the curriculum.</p>	<p>William will be involved in review of his Alternative and Augmentative Communication Needs</p> <p>William will assist in developing and have access to low tech (Communication Book) as well as High tech AAC Support</p>	<p>Training to be arranged with Staff support team in school.</p> <p>Review the vocabulary on AAC device and ensure appropriate for the needs of the curriculum.</p>	<p>William Pam Sage Specialist Speech and Language Therapist Alison Bold, Speech and language Therapy Assistant. Gregor Tram, Additional Support Needs teacher</p>	May 2020	William is confident communicating in class activities using his communication aid.
	William's physical and mental health to be improved through attending appropriate activities.	<p>William to access Caris to identify opportunities he wishes to engage in within the community.</p> <p>Identify after school clubs.</p>	<p>William will access activities provided by KA Leisure</p> <p>Request to be made to Physiotherapy</p>	<p>William Mary Craig, Occupational therapist. William Sue Smith, Physiotherapist, Manual handling as appropriate.</p>	May 2020	William is more outgoing and is motivated to attend activities and looks forward to engaging with his peers.

			and Occupational Therapy to maximise his access to local clubs Training to be provided to staff to maximise his opportunities.	Craig Adams, Class Teacher		
Respected	William's views are listened to and recorded within his plan.	Record William's views using the wellbeing web.	Services ensure staff are Wellbeing Web and Talking Mats trained.	William Gregor Tram, Additional support needs teacher. Craig Adams, Class teacher. Speech and language therapy personnel. Service Managers	May 2020	William will be able to confidently express his views and will feel satisfied that they are included in his Child's Plan and that his plan is meeting his needs.

Responsible	William builds a mutually respectful relationship with staff.	William is able to de-escalate his behaviour and show consideration and empathy towards staff.	William to link with staff within school identifying supportive strategies he can utilise when he feels he is becoming distressed.	William Gregor Tram, Additional Support Needs teacher. Craig Adams, Class teacher.	May 2020	William will be happy and settled within school and have a good relationship with staff.
Included	William to feel included within his community and with his peers.	William has access to a range of activities at the weekend	Request to money matters to ensure family are claiming appropriate benefits. Review of SDS, maximising options.	Beth Ogden Social Worker	June 2020	William will feel less isolated and enjoy activities on a regular basis.

Case study 4 – Planned Outcomes for John

John is an 11 year old pupil in P7 who has been displaying aggressive and distressed behaviours within school over a number of months. A variety of internal supports have been tried, including the Home / School Inclusion worker, a Pupil Support assistant and he has spent time within the school Nurture room. Following a marked improvement in his presenting behaviours, these supports were gradually withdrawn. However, due to recent outbursts where John has shown increased levels of verbal and physical aggression and threatened to physically harm his peers and staff, there has been discussion around considering an alternative internal provision within the authority to support John to help him remain within mainstream education.

John has a diagnosis of Attention Deficit Hyperactive Disorder (ADHD). His medication is well managed by mum and the family engage with the Child and Adolescent Mental Health Service (CAMHS).

Mum, Carol, is highly supportive of the school, of her son's education as a whole and multiagency involvement, however, she agrees that over the past two years John has fallen behind in class and is now requires additional support to catch up with his peers. John has been the subject of several Team Around the Child (TAC) meetings and following a multiagency assessment and analysis of his needs, his Named Person had created a Child's Wellbeing/ Action Plan in consultation with John, his family and partners (TAC) to support his identified wellbeing needs.

At the last TAC meeting there was discussion around his health needs and about his presenting behaviours within the school setting. John is looking forward to transitioning to his local secondary school where a group of his friends already attend and is part of the enhanced transition programme. Although some time off, John has advised he would very much like to study Motor Mechanics at college during his S3/4 years on a part time basis as some of his friends currently attend this course.

At the TAC meeting there were a number of risks, needs and protective factors identified by the Team Around the Child and by John and Carol, which assisted in the identification of Planned Outcomes.

Identified Risks and Needs	
Safe	John is at risk to himself, his peers and staff due to his anxieties and presenting behaviours.
Healthy	John has been diagnosed with ADHD and accesses CAMHS for management of his medication and self-regulation strategies. .
Active	
Nurtured	Due to his presenting behaviours John is isolating himself, particularly from his peer group. John is isolating himself due to his behaviour.
Achieving	Currently John is not meeting his academic or personal goals within his Wellbeing /Action plan.
Respected	
Responsible	John is not currently taking responsibility for his behaviour and actions.
Included	John requires to be more included and involved as he transitions to secondary school.

Planned Outcomes	
Safe	John will share his thoughts and feelings and be able to identify what is making him feel anxious most of the time.
Healthy	John will be able to demonstrate that he is feeling less anxious, less impulsive and more in control of his own behaviours.
Active	
Nurtured	John will improve relationships by developing more appropriate communication and social interaction skills with peers, staff and family members.
Achieving	John will be able to complete his daily individualised education programme with minimal support most of the time, therefore improving his confidence and learning.
Respected	
Responsible	John will demonstrate he understands the impact his presenting behaviours have on his peers, family, staff in school and self and demonstrate alternative, appropriate behaviours.

Included

John will actively engage in an enhanced transition programme to help him feel more confident and happier about his move to secondary school.

This is a Generic Example: Organisations use different terminology. Please refer to your local guidance in relation to the Child's Plan.

Please tick		Planned Outcomes	Priority Actions	By Whom	By When	Achieved	
		What	How			Yes	No
	Safe	John will share his thoughts and feelings and be able to identify what is making him feel anxious most of the time.	<p>John will engage weekly with the school counsellor to share his thoughts and concerns.</p> <p>John and Mum, Carol, will meet twice a month with the Home Inclusion worker to complete a planned and focused programme of work.</p>	John Carol David Scott, School Counsellor Mark Roberts, Home Inclusion worker	June 2020		
	Healthy	John will be able to demonstrate that he is feeling less anxious, less impulsive and more in control of his own behaviours.	<p>With the support of his mum John will attend CAMHS to check his medication is still appropriate and meeting his needs.</p> <p>John will keep a diary of behaviours, focusing on positives and documenting how he felt when things went well. He will be able to de-escalate by utilising agreed self-regulating strategies.</p>	John Carol Ian Fergusson, CAMHS	May 2020		

Please tick		Planned Outcomes	Priority Actions	By Whom	By When	Achieved	
		What	How			Yes	No
	Achieving	John will be able to complete his daily individualised education programme with minimal support most of the time, therefore improving his confidence and learning.	<p>John will follow established class routines and seek support, appropriately as required.</p> <p>Classroom assistant support during priority subjects.</p> <p>Completion of daily / weekly target booklet / Home link diary.</p> <p>Daily check- Ins with class teacher/support assistant.</p>	<p>John Carol Ian Watson, Class Teacher George Wilson, Classroom Assistant Mark Roberts, Home / School Link worker Adam Brown, Guidance teacher</p>	June 2020		
	Nurtured	John will improve relationships by more appropriate communication and social interaction skills with peers, staff and family members.	John will attend the authority Enhanced Nurture provision 2 mornings per week and the school nurture provision on 1 afternoon per week.	<p>John Carol Ian Wilson, Class Teacher George Wilson, Classroom Assistant Doris May, Enhanced Nurture Teacher</p>	June 2020		

Please tick		Planned Outcomes	Priority Actions	By Whom	By When	Achieved	
		What	How			Yes	No
	Responsible	John will demonstrate he understands the impact his behaviour has on his peers, family and staff in school and show alternative, appropriate behaviours.	John will meet with support staff to explore the reason for his behaviours and the possible consequences of his actions.	John Mark Roberts, Home / School Link worker Adam Brown, Guidance teacher.	April 2020		
	Included	John will feel more confident and happier about his move to secondary school	John will actively engage in an enhanced school transition programme e.g. -Additional Secondary school/class visits -Meeting with PT pupil support and staff within support base -Mum to visit the Secondary school with John - Meeting with Pastoral Support/Guidance teacher - School familiarisation and navigation opportunities - Meeting with other pupils receiving enhanced transition - Participation in team building exercises.	John Paula Mitchell, ASN Co-ordinator Mark Roberts, Home / School Link worker. Adam Brown, Guidance Teacher.	May 2020		

Planned Outcomes based on the Wellbeing Indicators

There are useful examples of individual outcomes for children and young people which are based on the national wellbeing indicators. These are to assist Professionals to work towards a consistent approach in the assessment, planning and review of care for children and young people, their families and carers. The following is not an exhaustive list but based on Angela's Case Study.

1 SAFE	
1.1	Angela lives in a home environment which is free of abuse and violence
1.2	Angela is cared for by (parents or carers) and has (at least one adult) she can always turn to for love and support
1.3	Angela lives in a family or extended social network which is free of sexual exploitation
1.4	Angela is protected from avoidable physical dangers and health hazards outside the home
1.5	Angela is protected from the risk of exploitation by others (e.g. through Internet)
1.6	Angela is aware of harmful risk-taking behaviour outside the home (e.g. drugs, alcohol, inappropriate friendships, etc)
1.7	Angela receives appropriate guidance/support from (parent/carer/support worker) about harmful risk-taking behaviour
1.8	Angela is safe from bullying at school or in the community
1.9	Angela is protective towards others and not involved in bullying
1.10	Angela is protected from anti-social and criminal activity within the community

2 HEALTHY	
2.1	Angela has good physical health
2.2	Angela is self-confident and competent when faced by problems and adverse circumstances
2.3	Angela is respectful of herself and others
2.4	Angela is able to make choices that are safe and appropriate for her age
2.5	Angela is able to talk about her feelings in age-appropriate ways
2.6	Angela is leading a healthy life and making healthy choices
2.7	Angela receives appropriate health care and guidance from services
2.8	Angela receives appropriate health care and guidance from (main carer)
2.9	Angela attends health services and medical screenings and takes prescribed medication when necessary
2.10	Angela is being helped to effectively manage any long-term illness, condition or impairment
2.11	Angela can apply strategies for assessing and managing avoidable risks to her health

3 ACHIEVING	
3.1	Angela shows self-care and life skills appropriate to her age
3.2	Angela displays a level of independence or autonomy appropriate to age
3.3	Angela has communication skills appropriate to age
3.4	Angela has social skills appropriate to age
3.5	Angela responds positively to challenges in an educational setting
3.6	Angela feels motivated to attend and participate in her education
3.7	Angela (meets or exceeds) appropriate levels of educational attainment (Specific targets can be provided)
3.8	Angela can demonstrate achievement across a range of non-academic activities
3.9	Angela can develop skills for coping with and managing (disabilities and long-term conditions)
3.10	Angela is responsive to (any additional support provided)
3.11	Angela develops skills in assessing and managing risk within (social settings)

4 NURTURED	
4.1	Angela experiences love, emotional warmth and attachment
4.2	Angela has someone she can turn to, trust and rely on when (anxious or disturbed)
4.3	Angela receives praise, encouragement, attentiveness and cognitive stimulus
4.4	Angela receives a level of physical care that ensures she is clean, adequately and appropriately clothed and kept warm
4.5	Angela receives sufficient and suitable nutrition
4.6	Angela lives in an environment which promotes her intellectual and emotional development
4.7	Angela receives additional support and care when she needs it

5 ACTIVE	
5.1	Angela is encouraged to be as physically active as she is able to be
5.2	Angela is encouraged to take up opportunities for play, recreation and sport
5.3	Angela receives appropriate stimulus and encouragement to develop her (interests)
5.4	Angela is provided with opportunities to actively participate in stimulating activities (where there may be disabilities or disadvantages)
5.5	Angela is provided with (additional support) when needed
5.6	Angela is able to access and manage risks in recreational and play-related settings
5.7	Angela responds positively to physical challenges in recreational and play-related settings

6 RESPECTED	
6.1	Angela feels listened to and taken seriously
6.2	Angela has developed a positive sense of identity and feels comfortable with it
6.3	Angela has a well-rooted sense of self-esteem or self-worth
6.4	Angela feels that significant adults and friends want her to fulfil her potential
6.5	Angela feels that (significant adults and friends) will support them through challenges and difficulties
6.6	Angela feels trusted by (significant adults and friends)
6.7	Angela feels involved in the important day-to-day decisions that affect her
6.8	Angela does not feel discriminated against or demeaned by others

7 RESPONSIBLE	
7.1	Angela attends school regularly
7.2	Angela has developed a clear understanding of right and wrong appropriate to age and stage
7.3	Angela accepts responsibility for her own actions
7.4	Angela understands what is expected of her at home, in school or in the community
7.5	Angela can behave responsibly at home, school and in the community
7.6	Angela can behave towards others in a caring and considerate way
7.7	Angela can show that she is able to help and support others (gets involved in voluntary activities)
7.8	Angela can show that she is able to assess and manage situations where there are potential risks for herself/others

8 INCLUDED	
8.1	Angela feels accepted and valued at school
8.2	Angela feels accepted and valued within the family setting
8.3	Angela feels accepted and valued by friends and peers
8.4	Angela feels accepted and valued within the care setting
8.5	Angela feels accepted and valued within the local community
8.6	Angela feels that her family is accepted and valued within the local community
8.7	Angela has access opportunities for making friends
8.8	Angela has access to (a range of opportunities) for social and recreational activities
8.9	Angela receives (additional support) to overcome (any disadvantages that may contribute to social exclusion)