

# leading for outcomes

children and  
young people

**Believe in  
children**  
Barnardo's  
Scotland

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## 1

# part 1: introduction

## 1.1 what is this guide?

*Leading for Outcomes* is a series of guides that provide support and training materials to help lead the social services workforce to focus on the outcomes important to people. Previous guides in the series include *Leading for outcomes: a guide* which provides a general introduction to an outcomes-focused approach, *Leading for outcomes: parental substance misuse* and *Leading for outcomes: dementia*.<sup>1</sup>

**Outcomes** refer to the impact of support on a person's life and not the **outputs** of services. Outcomes are the answer to the question: *So what difference does it make?* Outcomes are changes or benefits for individuals who access support and those of their informal/family carers. Focusing on the outcomes important to individuals is an underpinning principle of personalised support.

Leadership plays a vital role in embedding an outcomes-focused approach. This guide can be used as a practical tool for leaders to use with staff to promote understanding of an outcomes-focused approach with children and young people. Relevant evidence around outcomes for children and young people and the implications for practice are highlighted throughout the guide.

- **Part 1** outlines the key policy drivers of an outcomes-focused approach for children and young people in Scotland. Areas of risk and features of resilience are introduced.
- **Part 2** focuses on the core components of an outcomes-focused approach including principles, benefits, challenges and partnership working.
- **Part 3** looks at elements of identifying outcomes with children and young people and the importance of recording outcomes.
- **Part 4** explores issues of negotiating and setting outcomes including working with parents.

### SIGNPOSTS

1. All guides available here:  
<http://www.iriss.org.uk/category/resource-categories/leading-outcomes>

## 1.2 how can it be used?

- The content of this guide is intended to be used as a framework rather than a prescriptive training course. Users of the guide are encouraged to dip in and out of it depending on their understanding of an outcomes-focused approach.
- Those familiar with the background of an outcomes-focused approach may want to go directly to Part 2 of the guide.
- The guide contains nine exercises on some overarching themes relevant to an outcomes-focused approach to working with children and young people. These are meant as practical tools for facilitating discussions and sharing knowledge between colleagues. They aim to promote understanding, prompt conversations and encourage reflection.
- Users of the guide are strongly encouraged to adapt the materials including the exercises and scenarios to meet a team's learning needs and specific areas of practice. Timings for each exercise are suggestions only and will need to be adapted to fit the resources available.
- Materials in the guide can be used as part of a training and development programme or in team meetings.
- Signposts to additional information and relevant free resources will be included throughout the guide.

## 1.3 who is it for?

The guide is aimed at a broad audience from a range of health and social care backgrounds that support children, young people and families including those supporting parents and carers. The guide will be of particular interest to those committed to leading an outcomes-focused approach including staff in training roles, team leaders, managers and front line staff.

## 1.4 terminology

- *Children* – under twelve
- *Young people* – 12 to 21 years old
- *A parent* - someone who is the genetic or adoptive mother or father of the child (Scottish Government, 2010a)
- *A carer* - someone other than a parent who has rights/responsibilities for looking after a child or young person (Scottish Government, 2010a)
- *Staff* – a broad term for those who work with and support children, young people and families

This guide was developed in partnership with Barnardo's Scotland, who provided general guidance about working with children, assisted with content development and provided quality assurance approving the final content. A range of other people commented on drafts and helped to pilot the exercises, a list of these contributors can be found in appendix 1. We are grateful for their input, which has greatly improved the guide. Any errors remain our own.

## 1.5 policy and legal background

### Getting it right for every child

*Getting it right for every child* (GIRFEC or *Getting it right*) (Scottish Government, 2008a) is a national programme that aims to improve outcomes for all children and young people in Scotland.<sup>2</sup> It seeks to do this by providing a framework for all services and agencies working with children and families to deliver a co-ordinated approach which is appropriate, proportionate and timely. *Getting it right* is underpinned by the *United nations convention on the rights of the child* (1989), the *Children's charter* (Scottish Executive, 2004), and the Children (Scotland) Act 1995, a significant piece of legislation which sets out the duty of care of local authorities to intervene when a child's welfare requires it. It is also built upon the ideas outlined in *For Scotland's children* (Scottish Executive, 2001), which introduced the idea of integrated working between services and *It's everyone's job to make sure I'm alright* (Scottish Executive, 2002), a review of child protection which emphasised the shared responsibility and accountability of all agencies for children's safety.

### Getting it right - values and principles

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

- **Promoting the wellbeing of individual children and young people:** this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time
- **Keeping children and young people safe:** emotional and physical safety is fundamental and is wider than child protection
- **Putting the child at the centre:** children and young people should have their views listened to and they should be involved in decisions that affect them
- **Taking a whole child approach:** recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life
- **Working in partnership with families:** supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what may not be helpful

*Getting it right* is a shared approach for practitioners across all services, based on common values and principles, to improve outcomes for all children and young people. The approach has three inter-related elements outlined in the National Practice Model (appendix 2). These are:

#### SIGNPOSTS

2. For further information on how *Getting it right* is being implemented locally see: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

1. The **wellbeing indicators** represent eight areas where children and young people need to progress to do well now and in the future. These are: safe, healthy, active, nurtured, achieving, respected, responsible and included (remembered by the acronym SHANARRI). The indicators can be used to structure the information recorded about a child or young person and to monitor their progress in universal services.
2. The **My World Triangle** promotes a holistic perspective of influences in a child's life. It encourages practitioners to think about a child or young person's needs, risks and positive aspects of their lives.
3. The **Resilience Matrix** can help practitioners organise and analyse information and make sense of the strengths and pressures from the My World Triangle as well as to recognise the balance between vulnerability and resilience, and adversity and protective factors.

The *Getting it right* principles are also embedded in a range of other policies relating to issues affecting children including:

- *Getting our priorities right* (Scottish Executive, 2003) - practice guidelines for those working with families affected by substance misuse, currently being updated to better reflect the *Getting it right* approach
- *Looked after children and young people: We can and must do better* (Scottish Government, 2007) – a report on improving outcomes for looked after children with particular focus on educational attainment
- The *National domestic abuse delivery plan for children and young people* (Scottish Government, 2008b) – a common framework to improve outcomes for children and young people affected by domestic abuse, their families and communities
- *Road to recovery* (Scottish Government, 2008d) – Scotland's drugs strategy focusing on recovery, prevention, treatment and rehabilitation, education, enforcement and protection of children
- *These are our bairns* (Scottish Government, 2008e) - guidance for corporate parents with a focus on improving the outcomes for looked after children
- *Looked after children (Scotland) regulations 2009* - outlines the duties of local authorities in Scotland regarding looked after children, under the Children (Scotland) Act 1995
- The *National guidance for child protection in Scotland* (Scottish Government, 2010a) - provides a national framework within which agencies and practitioners at local level - individually and jointly - can understand and agree processes for working together to safeguard and promote the welfare of children
- *Getting it right for young carers: The young carers strategy for Scotland 2010 – 2015* (Scottish Government, 2010b) – outlines a plan for identifying, assessing and supporting young carers

## Early intervention

*Getting it right* is founded on principles of early intervention. Detecting problems at an early stage can help prevent them escalating to crisis point for children and families. A preventive approach is reflected in several other policies. The *Early years framework* (Scottish Government, 2008c) emphasises the crucial role the

earliest years (defined in the framework as pre-birth to 8 years old) play in a child's life and their future. Closely related to the *Early years framework* is the *Curriculum for excellence* (Scottish Government, 2009a) which presents a strong focus on the early years and on education from the age of 3 to 18. *Pre-birth to three: positive outcomes for Scotland's children and families* (Learning and Teaching Scotland, 2010) further stresses the importance of pregnancy and the first years of life in influencing children's development and future outcomes.

Investment in the early years in the form of the Early Years Change Fund has been established by the Scottish Government. The fund and activities will be overseen by the Early Years Task Force who will set the strategic direction of this change programme.

## Self-directed support and co-production

Launched in 2010, *Self-directed support: A national strategy for Scotland* (Scottish Government, 2010c) sets out clear messages about a shift in culture towards individuals and families having real choice and control over the way support is provided to them. An aim of the strategy is that 'people will feel confident in identifying and agreeing the outcomes they want' (page 32). The Social Care (Self-Directed Support) (Scotland) Bill supports the Government's aim to bring self-directed support into the mainstream of social care. The Bill aims to:

- Provide a clear legislative framework, setting out the options available to individuals, making it clear that it is their choice as to how much control they want to have
- Widen eligibility to those who have been excluded up to this point
- Consolidate existing laws on direct payments

For children, young people and their families, the Bill aims to ensure that they can access the same options for choice and control that will be available to adult social care users. It will make it clear that 16 and 17 year olds can direct their own support, and it will be compatible with the objectives of *Getting it right* ensuring that children are fully able to engage with, and participate in, decisions about their own wellbeing.

An outcomes-focused approach links closely to principles of co-production, defined in the *Self Directed Support* strategy as 'support that is designed and delivered in equal partnership between people and professionals' (p7). Co-production of children's services 'focuses less on identifying and responding to a child's 'need' or 'problem' in favour of a reciprocal approach, which builds on a child's interests, knowledge, experience, skills and support networks' (Stephens et al, 2008 in Aked and Stephens, 2009 p1). The practitioner plays an important role in making co-production possible:

The role of the professional becomes less about being a 'fixer' of problems and more about being a 'facilitator' of solutions. A facilitator will actively recognise and engage the things children are able to do or are interested in. In doing so, they naturally focus on the things that are working well to create positive experiences and sustainable behaviour change driven by the child's intrinsic goals and aspirations. (Aked and Stephens, 2009 p2)

## 1.6 risks and resilience

### Risks

There are many, varied and often complex reasons for children and young people to need the support of services. The NSPCC reports that family relationship problems represent the most common issue that children discussed with Childline. Other issues included:<sup>3</sup>

- Mental health problems and depression
- Physical abuse
- Sexual abuse
- Loneliness and isolation
- Running away and homelessness
- Suicide
- Bullying
- Parental alcohol and drug misuse

The *National guidance for child protection in Scotland* (Scottish Government, 2010a) highlights further risk factors including child trafficking, children who are looked after away from home, children and young people who place themselves at risk, children who are missing, and underage sexual activity.

#### SIGNPOSTS

<sup>3</sup> See Childline casenotes for further information: [http://www.nspcc.org.uk/Inform/publications/casenotes/childline\\_casenotes\\_wda47964.html](http://www.nspcc.org.uk/Inform/publications/casenotes/childline_casenotes_wda47964.html)

## Resilience

A child's resilience can be conceptualised as doing better than expected in difficult circumstances.<sup>4</sup> Resilience can mean that children do not necessarily go on to experience difficulties in later life if they have experienced adversity in childhood. Research into children's resilience has uncovered a number of protective factors.<sup>5</sup>

### Resilience factors include:

- Having a resilient temperament (a biologically-determined aspect of personality that helps shape responses to events)
- Enjoying good health and development
- Having good problem-solving skills/coping strategies
- Having supportive and involved grandparents
- Being brought up in a birth family
- Parental or carer interest in activities, particularly school
- Access to high quality early years education
- Having peer contact
- A lack of bullying
- Having access to challenging activities in and out of school, including physical activities
- Living in a supportive community

### Implications for practice:

- Risk factors are cumulative – the presence of one increases the likelihood that more will emerge
- Transition points in children's lives can be both threats and opportunities
- Where the cumulative chain of adversities can be broken, most children are able to overcome even severe exposure to adversities in early life
- Managed exposure to risk is necessary if children are to learn coping mechanisms
- Acute episodes of stress are less likely to have long-term adverse effects on children's development than an accumulation of adversity
- The goal in promoting resilience should be effective adult adjustment rather than eliminating the legacy of all childhood difficulties
- Children and young people who have experienced difficulties report more often being helped by non-professional supporters (friends, family and community) rather than by professionals
- Social care and other professionals should avoid weakening informal sources of support

(Adapted from Newman, 2004 in Social Services Improvement Agency, 2011 p8)

### SIGNPOSTS

**4** Resilience: concept, factors and models for practice (Mitchell, 2010) available at: <http://www.sccpn.stir.ac.uk/documents/files/SCCPN%20briefing%20-%20resilience.pdf>

**5** Search The Learning Exchange (<http://lx.iriss.org.uk>) for a range of free resources on resilience

# 2

## part 2: outcomes for children and young people

### 2.1 defining the terms

An outcomes-focused approach to providing support to people who use social services means thinking about the difference an intervention will make to the person's life. Outcomes are not actions, inputs or outputs but things that matter to an individual. It is important to understand what the different terms mean.<sup>6</sup>

**Outcomes.** Outcomes are the specific changes, benefits, learning and effects that actually happen or are expected to happen as a result of your activities. Outcomes can be wanted, unwanted, expected or unexpected (Cupitt and Ellis, 2007 p6).

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

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

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

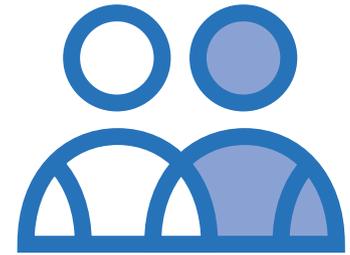
**Inputs.** Resources to make the project work

**Activities.** What is done to achieve the change

See appendix 3 for a handy jargon buster which provides definitions and examples of inputs, outputs, outcomes, indicators, targets and milestones.

#### SIGNPOSTS

<sup>6</sup> See Leading for outcomes: a guide (IRISS, 2010) for a general introduction to outcomes (<http://www.iriss.org.uk/resources/leading-outcomes-guide>). Depending on your team's confidence and familiarity with an outcomes-focused approach, they might find this useful, particularly exercise 1: defining the approach, promoting the benefits and exercise 2: outcomes-focused and service-led compared.



# exercise 1:

## outputs – outcomes

(adapted from Barnardo's Scotland)

### Learning outcomes

Understanding the difference between outputs, output indicators, outcomes and outcome indicators.



#### Time

- About 20 - 30 minutes

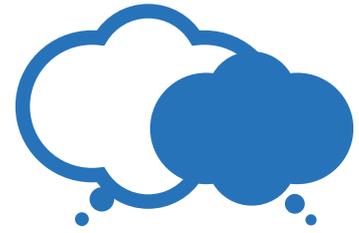


#### Materials

- Print copies of tables 1 and 2 from the training materials for exercise 1.

### Guidance

- This exercise is based on an after-school club and holiday play scheme for children, funded by Big Lottery.
- Some of the project's outputs, output indicators, outcomes and outcome indicators have been identified in the statements in table 1 of the training materials for this exercise.
- Depending on the size of your group, you could split them into groups of two or three. Ask your group(s) to work together to tick the appropriate box to identify whether they think the information given is an:
  - output
  - output indicator
  - outcome
  - outcome indicator
- Gather the group's feedback after the exercise. The answers can be found in the training materials for this exercise (table 2). Hand out table 2 and discuss the answers with your group.



## training materials for exercise 1:

Table 1: Outputs – Outcomes?

Information	Output	Output indicator	Outcome	Outcome indicator
After-school club sessions				
Increased choice of activities/opportunities				
Trips and outings				
No. of children who attended the club per quarter				
Children have improved self-esteem				
Arts and crafts activities				
Sports and outdoor play activities				
Children enjoy improved peer relationships and friendships				
% of children with improved attendance at school				
Music and drama activities				
% of the children with improved computer skills				
Improved communication skills				
Snack provision				



Table 2: Outputs and Outcomes – Answers

Information	Output	Output Indicator	Outcome	Outcome indicator
After school club sessions	✓			
Increased choice of activities/opportunities			✓	
Trips and outings	✓			
No. of children who attended the club per quarter		✓		
Children have improved self-esteem			✓	
Arts and crafts activities	✓			
Sports and outdoor play activities	✓			
Children enjoy improved peer relationships and friendships			✓	
% of children with improved attendance at school				✓
Music and drama activities	✓			
% of the children with improved computer skills				✓
Improved communication skills			✓	
Snack provision	✓			

## 2.2 different kinds of outcomes

There are different kinds of outcomes and this can lead to confusion. It is important to be clear about the distinctions between outcomes which can be national, service-level or individual. Scotland's National Performance Framework outlines 15 national outcomes and 45 performance indicators. The national outcomes that relate to children and young people include:

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- We value and enjoy our built and natural environment and protect it and enhance it for future generations
- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk

There are also outcomes identified for communities by local authorities in Single Outcome Agreements which contribute to national outcomes. Service delivery outcomes focus on the goals a service aims to achieve with the people they support. Personal or individual outcomes are the things important to people who use services and their informal/family carers. Personal outcomes are the focus of the *Leading for Outcomes* series.<sup>7</sup>

*Talking points: A personal outcomes approach* (Joint Improvement Team, 2009) identified a number of outcomes important to adults receiving support.<sup>8</sup> Based on research, this approach outlined three types of outcomes:

- **Quality of life outcomes** = outcomes that support an acceptable quality of life (eg being safe and living where you want)
- **Process outcomes** = the way in which support is delivered (eg feeling valued and respected, having a say over how and when support is provided)
- **Change outcomes** = outcomes that relate to improvements in physical, mental or emotional functioning (eg increased confidence or fewer symptoms of depression)

Whilst these outcomes are also likely to be important to children and young people, some organisations have developed frameworks to describe outcomes and to provide tangible examples of what they look like for this group. Although outcomes will be individual to each child, young person or parent, frameworks can provide a basis for staff to think about, discuss, record and measure those things important to the people they support.<sup>9</sup>

### SIGNPOSTS

<sup>7</sup> A general introduction to outcomes is provided in *Leading for outcomes: a guide* (IRISS, 2010) available here: <http://www.iriss.org.uk/resources/leading-outcomes-guide>

<sup>8</sup> See Joint Improvement Team resources for further information <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

<sup>9</sup> IRISS Insight No. 12: *Measuring personal outcomes: Challenges and strategies* (Miller, 2012) available here: <http://www.iriss.org.uk/resources/measuring-personal-outcomes-challenges-and-strategies>

## 2.3 outcomes framework case studies

**Getting it right Highland pathfinder:** The evaluation report into the *Getting it right* Highland pathfinder (Scottish Government, 2009a) breaks down each wellbeing indicator into component outcomes (see appendix 4). Each outcome is expressed as a positive statement to reflect what the professionals are aiming to achieve.

**Barnardo's outcome monitoring tool:** Barnardo's Scotland provides more than 100 community based services across Scotland and works with over 10,000 vulnerable children, young people and their families. It takes an evidence-informed approach to help ensure the services it provides are based on evidence of effectiveness and that decision-making is justified and transparent. Part of its evidence-informed approach is demonstrating achievement of change for people accessing support through outcome-focused evaluation. The outcome monitoring tool maps individual outcomes for children to the wellbeing indicators (and sub-categories of these) from the *Getting it right* framework. It provides a way of measuring and recording outcomes. The individual outcomes are graded using a five-point scale based on the needs of the person receiving support. The tool also provides evidence of the organisation's performance for funders and commissioners and is the foundation of their performance management approach.<sup>10</sup>

**Includem's young people outcomes framework:** Includem works with some of Scotland's most vulnerable, high-risk and challenging young people. It takes an evidence-informed and outcome-focused approach to providing support.<sup>11</sup> Includem's young people outcomes framework is based on the *Getting it right* wellbeing indicators and language consistent with the *UN Convention on the Rights of the Child*.<sup>12</sup>

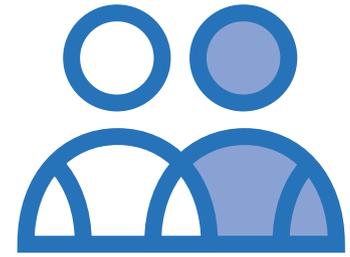
**Aberlour core outcome areas:** Aberlour Child Care Trust provides support to over 6000 vulnerable children, young people and their families in Scotland, including those affected by substance misuse. They have identified five core outcome areas that are specifically important to work on with parents who misuse substances. These include: risk reduction, resilience, parenting, dependence and life skills. Importantly, these areas also focus on outcomes for children including their health, attachment, education and self-esteem. Outcomes for families affected by substance misuse are explored in detail in *Leading for outcomes: Parental substance misuse* (IRISS, 2011).

### SIGNPOSTS

<sup>10</sup> *Embedding outcomes recording in Barnardo's performance management approach* (McEwen et al, 2010) available through <http://www.sks.org.uk/> with an NHS Athens password. All staff working in the social services sector in Scotland are eligible for an NHS Athens password – register here: <http://www.sks.org.uk/login.aspx>

<sup>11</sup> *Embedding evidence at Includem*  
<http://www.iriss.org.uk/resources/case-study-embedding-evidence-includem>

<sup>12</sup> *Includem's framework of intervention*, Includem (2010)  
<http://www.includem.org/our-services/a-better-life/>



## exercise 2: the benefits of an outcomes-focused approach with children and young people

### Learning outcomes

- Understanding the benefits of an outcomes-focused approach for children, young people and their families as well as for staff and organisations



### Time

- Spend about 40 minutes

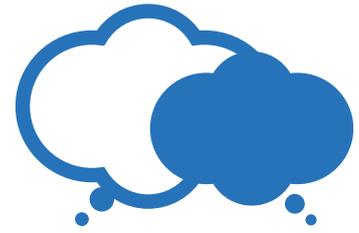


### Materials

- PowerPoint slides or print copies of the training materials
- Flipchart paper to record key discussion points

### Guidance

- It is important that your group can recognise the benefits of working in an outcomes-focused way, as this will help motivate them.
- Ask the group to spend about 10 minutes working together to think about what they think the benefits are of an outcomes-focused approach for:
  - Children and young people
  - Parents
  - Staff
  - Organisations
- Gather key points from the group work. Some benefits are identified in table 1 of the training materials to help shape the discussion.



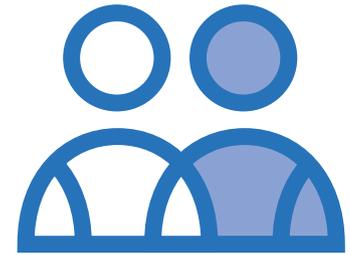
## training materials for exercise 2:

### Table 1: Some example benefits of an 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
- 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
- Requires a shift in power relationships, maximising the involvement and participation of the person using support in shaping the nature of the support offered and their 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

Adapted from *Outcomes: Our framework and approach*, East Ayrshire Council, 2011



## exercise 3:

### exploring challenges and solutions to working in an outcomes-focused way with children and young people

#### Learning outcomes

- Understanding the challenges of an outcomes-focused approach for children, young people, parents, staff and organisations
- Exploring possible solutions - what can individuals and organisations do to overcome barriers to the approach?



#### Time

- Spend at least 40 minutes



#### Materials

- Flipchart paper

#### Guidance

- Working in an outcomes-focused way may represent a shift in approach for your team. Part of your role as a leader is to support them to recognise and meet the challenges of an outcomes-focused approach.
- If you have a large group, split them into smaller groups.
- Ask the group(s) to spend about 15 minutes discussing what they think are the challenges of an outcomes-focused approach with children and young people. Ask them to differentiate between challenges for:
  - Children
  - Parents
  - Staff
  - Organisations
- Gather the group's feedback and record key points on flipchart.
- Do staff feel that an outcomes-focused approach is more difficult with particular children or young people? For example, those who are accommodated/looked-after/those with physical/learning disabilities? If so, explore why they think that this is the case.
- What do they think are the solutions to the barriers identified? What can they do as individuals? What can their organisation do?
- Encourage staff not to simply focus on an increase in money, resources or time to address barriers but what can be achieved with what is available?

## 2.4 partnership working

Effective partnership working is a principle that underpins *Getting it right* and an outcomes-focused approach. The difficulties experienced by children, young people and parents can be complex, leading to the involvement of multiple services, agencies and staff, so effective partnership working is fundamental. Partnership working helps to promote a holistic rather than fragmented approach to meeting the needs of individuals and families. It can also help support early intervention as children and young people are identified through contact with other services and agencies. For example, an adult services worker can flag up to children's services if there is a child in the family of an adult they are supporting. Police, schools and health visitors can also help identify children with unmet needs. Most importantly, partnership working and good communication across agencies, services and professionals is what children and young people say they find supportive.

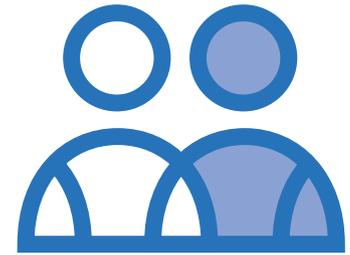
There are several terms for describing processes of working together including:

- **Inter-agency working** – more than one agency working together in a planned and formal way
- **Multi-agency working** – more than one agency working with a young person, family or project but not necessarily jointly (often used interchangeably with interagency working)
- **Multi-disciplinary working** - a range of professionals from different disciplines (eg social work, health, education)
- **Joint working (or joined-up working)** - professionals from more than one agency working together

For the purposes of this guide the broad term 'partnership working' will be used to refer to a range of groups working together including children, parents, families, communities and other professionals. Users of this guide can adapt this terminology to suit their particular context. This section will look at partnership working between staff.<sup>13</sup>

### SIGNPOSTS

<sup>13</sup> See *Leading for outcomes: parental substance misuse* (IRISS, 2011) for an exercise on integrated working (page 37): <http://www.iriss.org.uk/resources/leading-outcomes-parental-substance-misuse>



## exercise 4: partnership working

### Learning outcomes

- Understanding the importance of effective partnership working
- Recognising barriers and enablers to partnership working
- Exploring the range of people that staff routinely work with, including other services, agencies and professionals, and how these working relationships impact on an outcomes-focused approach
- Understanding ways to strengthen working relationships

### Time

- Spend about 45 minutes

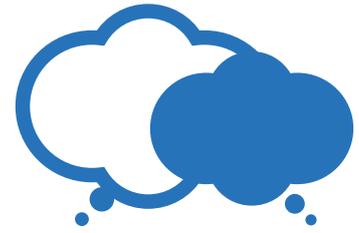
### Materials

- PowerPoint slides or print copies of the training materials
- Different coloured post-it notes
- Card
- Blue tack
- Flipchart paper

### Guidance

- Ask your group to spend a few minutes working together to come up with some definitions of what partnership working means to them. What do they see as the benefits and challenges of partnership working?
- Using the coloured post-its, ask the group to rank the different professionals, agencies, services or sectors they work with in terms of how important these partners are to an outcomes-focused approach. For example, using three different colours of post-its (green = very important, pink = important, blue = less important), do staff consider police very important to supporting them to practice in an outcomes-focused way with children and young people? If so, they would write 'police' on a green post-it. If they think GPs are less important to supporting an outcomes approach, they would write 'GPs' on a blue post-it.

- While the group do this task, take two pieces of card and some blue tack. Write 'work well with' on one piece of card and 'would like to work better with' on the other. Blue tack these on to a wall or table with a good amount of space (several feet) between them. Then ask the group to plot their post-its with the different partners written on them onto the wall or table depending on where they think they fit on the spectrum. For example, if staff think they work well with a partner, they would put that post-it at the 'work well with' end of the table/wall. If they would like to work better with a particular partner, they would stick this at the 'would like to work better' end of the table/wall.
- Facilitate a discussion around the positions of the post-its on the spectrum. Try to draw out the reasons for why partnership working 'works' or is more difficult. List these enablers and barriers on a piece of flipchart. You can use the advantages and disadvantages in table 1 to prompt discussion.
- Introduce the list of enablers and barriers (table 2) from the training materials to help stimulate discussion. Have the group identified some of the same or different issues?
- Can they think of other ways to strengthen working relationships? See appendix 5 for some examples and ideas.
- It may be useful to link this discussion about partnership working to the Continuous Learning Framework (Scottish Social Services Council, 2008) which highlights a number of key capabilities for staff in terms of managing relationships both within and across organisations.



## training materials for exercise 4

Table 1: Interagency working - summary of advantages and disadvantages <sup>14 15</sup>

(From McInnes, 2007)

	Advantages	Disadvantages
Children and families	<ul style="list-style-type: none"> <li>• Effective and focused support</li> <li>• Better access to services</li> <li>• Better relationships with services</li> <li>• Improved behaviour/reduced school exclusions</li> <li>• Enhanced social and emotional wellbeing</li> <li>• High quality services</li> <li>• Increased cognitive and social development</li> <li>• Rapid and appropriate support</li> <li>• Earlier identification of problems</li> </ul>	<ul style="list-style-type: none"> <li>• Limits choice for families</li> <li>• Increased surveillance of families</li> </ul>
Professionals	<ul style="list-style-type: none"> <li>• Stimulating and creative work</li> <li>• High satisfaction and improved quality of working lives</li> <li>• Less replication of services</li> <li>• Less isolation</li> <li>• Safer practice</li> <li>• Improved awareness of services and families' needs</li> </ul>	<ul style="list-style-type: none"> <li>• Increased workload</li> </ul>
Agencies	<ul style="list-style-type: none"> <li>• Broader perspective</li> <li>• Raised awareness of other agencies</li> <li>• Clarity of role and function</li> <li>• Cost-effective</li> <li>• Aids planning of future development</li> <li>• Holistic approach to commissioning and procurement</li> </ul>	<ul style="list-style-type: none"> <li>• Increased pressure</li> </ul>

### SIGNPOSTS

14 SCIE's free e-learning tools on partnership working:  
<http://www.scie.org.uk/publications/elearning/ipiac/index.asp>

15 Professionalism, partnership and joined-up thinking: a research review of front line working with children and families (research in practice, 2005) available here: <http://lx.iriss.org.uk/content/professionalism-partnership-and-joined-thinking-research-review-front-line-working-children->



**Table 2: Some key messages - enablers and barriers to joint working**

Enablers	Barriers
<ul style="list-style-type: none"> <li>• Establishing clear role demarcation</li> <li>• Fostering commitment to inter-agency at all levels within organisations</li> <li>• Promoting trust and respect between professionals</li> <li>• Raising awareness of the context, culture (including belief systems and values) and remit of other agencies</li> <li>• Addressing issues of power, status and hierarchy</li> <li>• Clear communication</li> <li>• Consulting with service users and member agencies on issues, needs and priorities</li> <li>• Establishing clear and realistic aims and objectives that are understood and accepted by all agencies</li> <li>• Adequate resourcing in terms of funding, staffing and time, including explicit agreements about how partnerships will share resources</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of commitment to interagency working</li> <li>• Role ambiguity and blurring of professional boundaries</li> <li>• Stereotypical thinking and failure to recognise contribution made by other agencies</li> <li>• Lack of communication</li> <li>• Lack of a shared vision</li> </ul>

(From Mitchell, 2010)



# 3

## part 3: identifying and recording outcomes

Thorough assessment is the vehicle for identifying outcomes and helps to ensure interventions are timely and well targeted. It is essential that clear, tangible outcomes are identified in order to measure progress for children and young people.

This section will focus on effective engagement and communication as a way to help children and young people identify their desired outcomes. These outcomes can inform the wider picture which will be gathered through assessment. This section will also highlight some tools to help support children and young people to communicate their views and to help record outcomes information. <sup>16</sup>

### 3.1 the outcomes conversation

Key to identifying outcomes is the 'outcomes conversation' (Joint Improvement Team, 2009). These conversations are used to uncover the things that are important to people and would be central to the assessment process.

Principles of an outcomes-focused conversation include (adapted from Miller, 2011):

- Actively listening with an open mind to the person's 'story'
- Avoiding 'partial listening' and being aware of applying 'filters' to the conversation. Data requirements can act as 'filters', whereby staff, particularly under time pressure, may filter what the person says to find the information which they are obliged to gather for bureaucratic purposes. Other filters can inhibit open minded listening, including any prejudices and tendencies to stereotype
- Allowing the person to determine the order in which they want to talk about their lives
- Moving away from a question/answer model toward an 'exchange model' (Smale et al 1993) whereby everyone is an expert including the child and their parents

#### SIGNPOSTS

<sup>16</sup> Social work - Another way (<http://www.another-way.co.uk/>) provides a range of tools and resources for solution focused and goal-oriented work with families, children and parents.

- Taking a solution focused approach assuming that change is possible and that staff's role is to support people to take control and to shape change
- Focusing on supporting the person to identify their hopes
- Building on strategies that individuals have used to achieve their goals and thinking about instances when the person is experiencing the life they want

Outcomes conversations need to focus on strengths and assets. The new economics foundation (nef) and Action for Children propose a co-production approach to service delivery, a key principle of which includes valuing children and young people as assets. Suggested ways to implement this principle include:

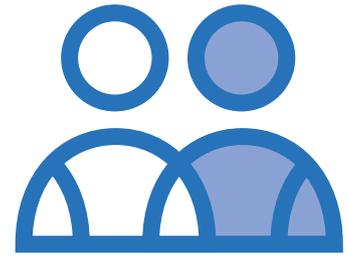
- Work to identify and put to use children's assets – starting from who children are and what their interests are
- Enable children to work out what they are good at and how they are able to influence events and situations
- Assets can include life experience, knowledge, skills, talents, energy, and enthusiasm – incorporate them into the design and delivery of services

(From Akhed and Stephens, 2009 p3)

Evidence from research has highlighted that 'the degree to which children and young people are at the centre of assessment and decision-making in a meaningful manner, depends on the capacity of practitioners, supported by the systems in which they train and work, to form relationships and communicate effectively with them.' (Whincup, 2010 p1) However, staff need to be creative about how they engage with children about what may be difficult issues. Depending on their age and stage, children may have different communication preferences, for instance:

- Writing a story
- Drawing pictures
- Speaking to someone on the phone
- Choosing photographs that represent their views
- Speaking to someone face to face

## exercise 5: engaging with children and young people



### Learning outcomes

- Understanding the value of good communication with children and young people for effective engagement
- Sharing ways of engaging with children and factors that can hinder this
- Exploring alternative ways of communicating with children to identify outcomes
- Understanding asset-based conversations



### Time

- Spend about 45 minutes



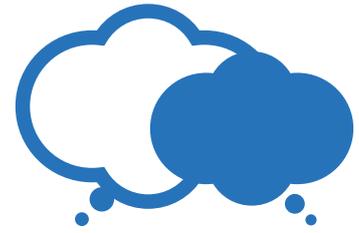
### Materials

- PowerPoint slides or print copies of the training materials
- Flipchart paper to record key discussion points

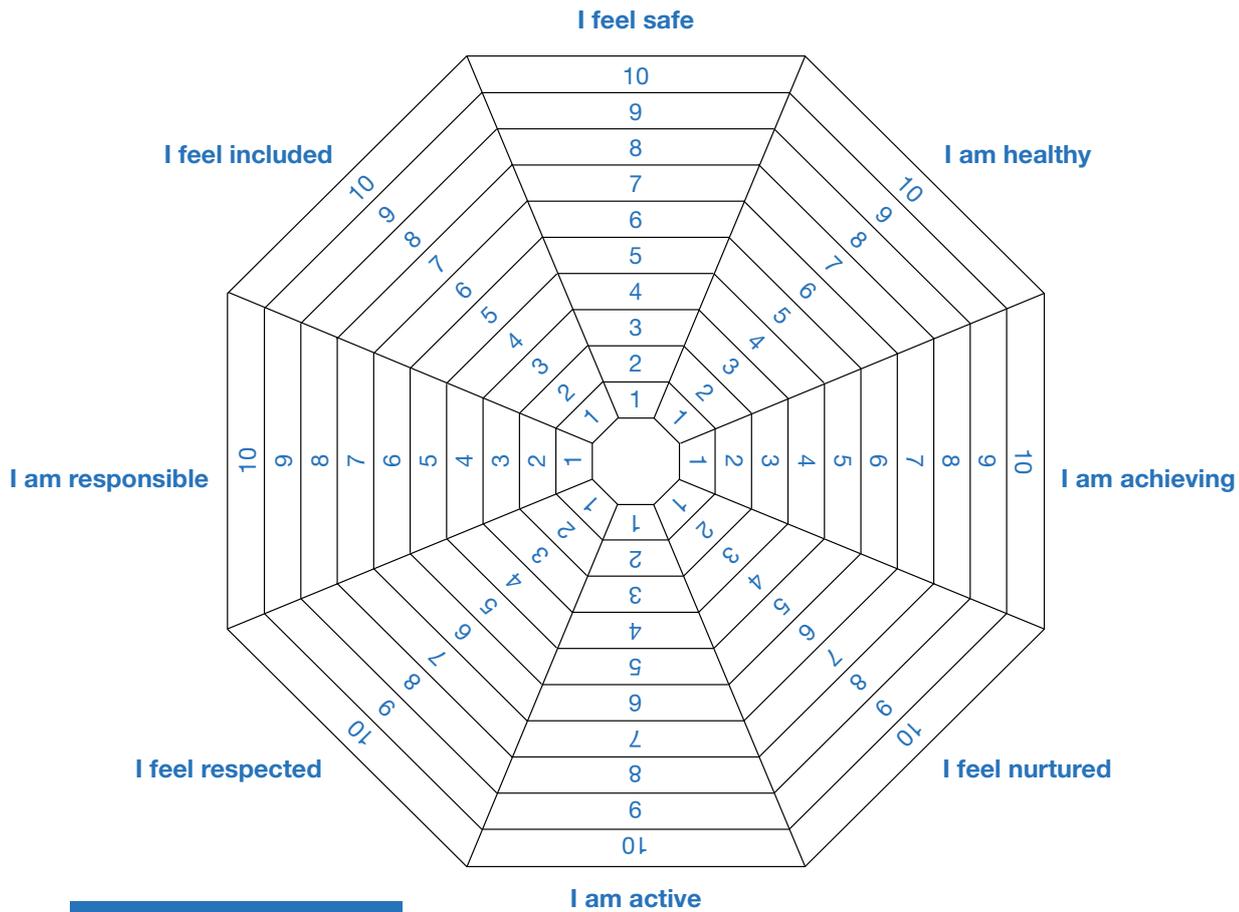
### Guidance

- Split the group into pairs to work on questions 1 and 2:
1. List and discuss the different approaches you take to engaging and communicating with children/young people.
  2. In your experience what approaches or techniques work well in engaging with children and young people? Share at least one good experience and one where engagement or communication were problematic – what do you think were the reasons for this?
- Gather feedback from the group and lead a discussion based on their answers to the questions.
  - Introduce the examples of communication tools in the training materials to shape the discussion. What experiences do staff have with tools like these?
  - Ask the group to think of three outcomes-focused questions that could be used with a child or young person. Introduce the tables in appendix 6 for some example questions. The purpose of asking questions like these would be to reach a deeper understanding of things important to children and young people.
  - Ensure staff understand that they would need to use their judgement to adapt the questions to the age and stage of a child and also to the purpose of the work with a child. In order for these questions to be effective, the child would need to have a trusting relationship with the worker.





2. Angus Council has developed the **wellbeing web**, based on the eight *Getting it right* wellbeing indicators. The tool has been used with children and parents affected by substance misuse to record and measure outcomes.



**Scaling key**  
1 = Not very true of me  
10 = Very true of me

© Angus Council 2011

‘The wellbeing web is intended to be an interactive and engaging process, and is based on an affirmative-coaching model focusing on people’s potential rather than their problems. It is used to support and assist growth. The process of using the ‘web’ to capture outcomes enables service users to recognise where they are, where they would like to be and what steps they need to take to get there.’(Angus Council, 2011 p1)



Simple prompts accompany the wellbeing web to help break down the wellbeing indicators into understandable concepts.<sup>21</sup> Staff work with either a child or a parent to rate how they feel about the eight areas of wellbeing. This exercise can be repeated again at a later time to chart any changes. This helps visualise how children and parents are feeling but can also be used as a tool to reflect on progress over time as their scores on the wellbeing web change. This information is contextualised by the worker and recorded within the child's plan. Being able to see progress can help motivation and can support a conversation with staff if progress has slowed or children/parents are struggling. Information collected from the wellbeing web also supports performance management by highlighting effective intervention, targeting unmet need and informing care planning, inclusion and decision-making.<sup>22</sup>

**3. Asset mapping** involves a process by which people identify and visualise the assets or supports they have in their life. The approach aims to build on strengths, skills, knowledge, capacity and positive sources of support either from friends, family or resources offered by the community or services.<sup>23</sup> Asset based conversations can also support a constructive relationship with parents. Appendix 7 provides an example of a conversation that aims to build on existing strengths.

**4. Timelines.** Creating a visual history of a person's life and significant events by way of a timeline can help children, young people or families communicate with staff about their experiences. This can be useful for staff to better understand the people they are supporting.

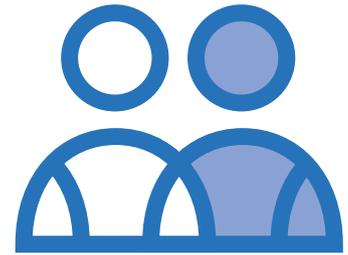
#### SIGNPOSTS

<sup>21</sup> See appendix 9 and 10 for wellbeing web prompts for children and parents affected by substance misuse.

<sup>22</sup> For more on this, see a case study on using outcomes measurement in Angus available here: <http://www.iriss.org.uk/resources/measuring-outcomes-angus>

<sup>23</sup> For more on how IRISS has been using an asset mapping approach with adults for mental wellbeing see: <http://blogs.iriss.org.uk/assetmapping/>

## exercise 6: identifying outcomes



### Learning outcomes

- Understanding common errors in identifying outcomes
- Exploring ways to effectively identify different kinds of outcomes including quality of life, change and process outcomes



### Time

- About 30 – 40 minutes



### Materials

- PowerPoint slides or print copies of the training materials

### Guidance

- Divide the group into pairs or groups of three. Ask them to work together to write at least one key outcome for the child or young person in each of the scenarios. For each scenario, an example is provided of common errors (adapted from Miller and Cook, 2011) to be aware of when identifying outcomes.  
**It is recommended that these scenarios are substituted for real life examples that staff have experienced in practice. For example, they could think of a child or young person they are working with and identify at least one outcome for that child/young person.**
- Ask each group to identify if the outcome they write is a quality of life, change or process outcome (these are outlined in section 2.2).



## training materials for exercise 6

### 1. Scenarios, common errors and example outcomes

#### Scenario 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 interspersed with incidents of domestic abuse.



- *Common error:* Outcome too high-level/general for example: Sarah and Sam want to feel safe
- *Example outcome:* Sarah and Sam's parents will work on improving their relationship and address their issues with alcohol.

#### Scenario 2

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



- *Common error:* Outputs not outcomes for example: Ahmed is being referred to Child and Adolescent Mental Health Services
- *Example outcome:* Ahmed wants to learn some strategies to manage his stress.

#### Scenario 3

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



- *Common error:* Lack of specificity for example: contact with Maeve will be ongoing
- *Example outcome:* Maeve wants to improve her mental health and self-esteem. She also wants to develop coping skills for caring for her mother.



### Scenario 4

Jamal is six years old. He is on the child protection register after concerns were raised about his parents' ability to understand and meet his needs including ensuring he attends school.



- *Common error:* Goals rather than outcomes for example: Jamal will be taken to school every day by his mother
- *Example outcome:* Jamal's parents will work on being more responsive to Jamal's needs including establishing a morning and bedtime routine.

### Scenario 5

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 wants to address his anger management and issues with alcohol. David's mother will work on improving her parenting skills and on establishing boundaries with David.

### Scenario 6

Chelsea is 8 and has just 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 and Ann will work on their relationship and communication skills. Ann will continue to work on improving her health by reducing her intake of substances.

## 3.2 recording outcomes

Staff have a critical role to play in identifying and effectively recording outcomes. A service-led approach tends to measure progress in terms of outputs, such as the number of people who received a service. However, these kinds of measures tell us little about how people are enabled to achieve what is important to them and fails to answer the outcomes question: *So what difference does it make?* Accurate recording of outcomes over time makes it possible to measure the difference support is making to individuals.<sup>24</sup> As explained by Miller and Cook (2011) ‘a key benefit of recording outcomes is clarity of purpose – with a shift from focusing solely on *what* is going to be done to *why*’ (p8).<sup>25</sup> There are a number of communication tools such as those outlined in the training materials for exercise 5 which can also be used to record outcomes information. Recording outcomes and updating this information at regular intervals enables the progress of individuals to be measured over time.<sup>26</sup>

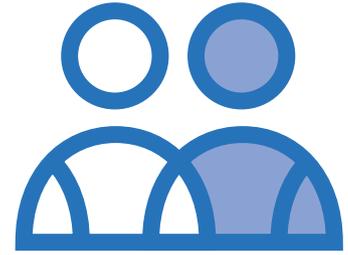
### SIGNPOSTS

24 For more on measuring outcomes see IRISS Insight No. 12: Measuring personal outcomes: Challenges and strategies (Miller, 2012) available here: <http://www.iriss.org.uk/resources/measuring-personal-outcomes-challenges-and-strategies>

25 Access the full report here:  
<http://www.jitscotland.org.uk/downloads/1321372407-recording%20outcomes.pdf>

26 Using outcomes measurement in Angus: The wellbeing web available here:  
<http://www.iriss.org.uk/resources/measuring-outcomes-angus>

## exercise 7: recording outcomes



### Learning outcomes

- Understanding the importance of recording outcomes
- Reflecting on current recording processes
- Recognising the challenges and enablers of recording outcomes



#### Time

- About 30 minutes



#### Materials

- Print copies of the tools outlined in the training materials for exercise 5
- Post-it notes
- Flipchart paper

### Guidance

- This exercise uses the training materials for exercise 5.
- Ask members of the group to work together to list on post-it notes the ways in which they currently record progress with the children, young people or parents they support.
- Gather the post-its and stick on flipchart paper. Lead a discussion which encourages the group to reflect on the kind of recording tools they use in practice and how effective these are in recording outcomes and measuring progress over time.
- In what ways do the group think the communication tools such as those outlined in the training materials for exercise 5 can be used to record outcomes information in practice? Could they integrate tools like these into other recording tools they currently use? Record key points on flipchart.
- The case study on measuring outcomes in Angus using the wellbeing web could be used to shape the discussion.  
<http://www.iriss.org.uk/resources/measuring-outcomes-angus>
- What do the group feel are the challenges of recording outcomes information? Brainstorm these as well as possible solutions.

# 4

## part 4: negotiating and setting outcomes

### 4.1 working with parents and families

Identifying the outcomes important to children and young people is an important first step. However, part of this involves negotiating and agreeing the outcomes with parents or carers. Family relationships can be complex and difficulties can be inter-related making it a challenge to separate the needs and outcomes of the child from those of the parent(s) and wider family. Although the focus of intervention must be child-centred it is important to have good relationships with parents and other significant adults in the child's life who may also provide care (eg grandparents, aunts, uncles). When parents have chaotic lives and are dealing with complex issues, it can be a challenge to remain focused on the child. Significant case reviews frequently reinforce the dangers of being drawn too much into parents' agendas when children are at risk. Working in partnership with parents can be particularly challenging when there is compulsory intervention or when decisions and actions are taken that the parents do not agree with. This can lead to problems in the relationship between staff and parents. Resistance from parents is a significant barrier to working in an outcomes-focused way with children and young people. Approaches like Signs of Safety<sup>27</sup> and family group conferencing can help staff to determine a 'bottom line' with parents for improved outcomes for children and the progress needed to achieve these. 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.<sup>28</sup> 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).<sup>29</sup>

#### SIGNPOSTS

27 The Signs of Safety Briefing Paper (Turnell, 2010) available here: <http://www.signsofsafety.net/briefing-paper>

28 Effective relationships with vulnerable parents to improve outcomes for children and young people: Final study report (Action for Children, 2011) available here: <http://www.actionforchildren.org.uk/policy-research/research/effective-relationships-with-vulnerable-parents-to-improve-outcomes-for-children-and-young-people-report>

29 See appendix 7 for an example of an assets-based conversation with a parent.

Communication tools, such as those highlighted in the training materials of exercise 5 can be effective to facilitate meaningful engagement with parents, to find out what matters to them and most importantly, their child. Focusing on the things parents already do well can help build parental confidence and motivation.<sup>30</sup>

There is evidence that involving parents where there are child protection concerns leads to better outcomes for children, improved family assessment and more focused social work practice. Other key messages from research and implications for practice include:

- Quality of the relationship between the practitioner and parent(s) is central to effective engagement and involvement of parents
- Parents value honesty, reliability, good listening skills and practitioners who demonstrate empathy and warmth
- Make explicit use of counselling skills (both generic and adapted to parents with learning difficulties) to develop empathy and increase the potential for more productive relations
- Power differentials should be recognised and taken into account especially when working with resistance
- Explicit discussion with parents of their perceptions of how workers are using their professional power as a means of control or as an element in the support can be effective
- Holistic, strengths-based assessment, including family and social networks and methods such as family group conferences can be effective especially in involving fathers and father figures
- Draw on the expertise of professionals with experience of working with adults with learning disabilities to maximise their involvement and participation

### Implications for practice:

- Information about assessment and decision-making processes needs to be communicated effectively to parents, in ways that they can understand
- Consideration should be given to involving another professional trusted by parents, especially where there are high levels of anxiety or hostility
- Involving independent advocates and specialist workers should be routinely considered for parents with a learning disability
- Avoid over-reliance on verbal communication skills for parents with a learning disability. Concrete methods of communication, the use of symbols and repetition promote understanding
- Using empathic communication skills may increase the probability of more productive engagement

(From McGhee and Hunter, 2010)

### SIGNPOSTS

30 What works in promoting good outcomes for children in need through enhanced parenting skills (Social Services Improvement Agency, 2011) available here: <http://www.ssiacymru.org.uk/index.cfm?articleid=7139>

## 4.2 working with fathers

There is a body of evidence which claims that involving fathers or significant male figures in the child's life is particularly difficult but very important. As Featherstone and colleagues (2010) suggest: 'Ultimately, 'what works' in working with fathers is actually engaging with them. Fathers have for too long been invisible to social care practitioners unless they are deemed to present an overt risk to the child and/or mother' (p39).

A number of research studies have outlined what is effective when engaging and communicating with fathers including:

- Support programmes that help fathers develop their own 'voice' as a parent and harness peer support to allow fathers to learn from each other (Cornille et al 2005 in Featherstone et al 2010 p35)
- Treatment of alcohol misuse that includes a parent skills training component can help decrease the likelihood of parents involved in child protection services (Lam et al 2009 in Featherstone et al 2010 p35)
- Actively promoting services to fathers; offering alternative forms of provision; prioritising fathers within organisations; recognising fathers' cultural and ethnic differences; and services targeted at fathers not just parents (Bayley et al 2009 in Featherstone et al 2010 p36)
- Marketing and recruitment targeted at fathers (using the internet, peer support and via mothers who are already engaged with services) appearing in traditionally male spaces such as pubs, sports centres, workplaces (Bayley et al 2009 in Featherstone et al 2010 p36)
- Flexible timing and location of services which facilitate engagement with fathers; appealing to fathers' interests; provision specifically for fathers; undertaking outreach to recruit fathers; working collectively with third sector organisations; using images and marketing materials which promote positive images of fathers; employing more male practitioners in front-line services (Page et al 2008 in Featherstone et al 2010 p37)
- Fostering confidence in fathers to participate in children's centre provision; challenging traditional views of fatherhood<sup>31</sup> (eg fathers as financial providers and protectors); empowering fathers to 'be there' for their children and be more involved in their lives eg promoting opportunities for 'dad and child' time (McKenna 2007 in Featherstone et al 2010 p39-40)

### SIGNPOSTS

31 Understanding fathering: Masculinity, diversity and change (Joseph Rowntree Foundation, 2009) <http://www.jrf.org.uk/publications/understanding-fathering>

Research has identified a number of key issues related to social work practice with fathers including:

- Make fathers visible (eg in case studies and text books)
- One-sided advocacy for fathers' rights is likely to increase polarisation and exacerbate existing tensions between parents (mothers will often be the key to successful father involvement and attempts to increase engagement with fathers should not alienate them)
- Address domestic violence and worker concerns
- Incorporate fathers (resident and non-resident) early
- Appreciate the importance and potential contribution of fathers irrespective of whether they are resident or not, or appear actively involved or not
- Be alert to the dynamics and value of kinship
- Young fathers face particular challenges
- Attend to the practical issues (eg address correspondence to both parents and schedule meetings at times that can accommodate working parents)

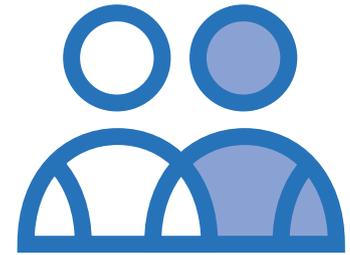
(From Clapton, 2009 in Featherstone et al 2010 p40)

## 4.3 setting outcomes

Once outcomes have been identified, the next step is to decide which outcomes to work towards. This may involve some negotiation with the child or young person to help ensure achievable and appropriate outcomes are agreed. Staff may have to help children and young people break down complex or overwhelming issues into manageable outcomes and small steps. The following exercises explore working with parents (exercise 8) and setting outcomes (exercise 9).<sup>32</sup>

### SIGNPOSTS

<sup>32</sup> For more on this, see also exercise five (setting outcomes) and exercise six (negotiating outcomes) in *Leading for outcomes: parental substance misuse* (IRISS, 2011) available here: <http://www.iriss.org.uk/resources/leading-outcomes-parental-substance-misuse>



## exercise 8: working with parents

### Learning outcomes

- Understanding the challenges of working with parents whilst keeping a child-centred focus
- Exploring compromise with parents
- Sharing effective approaches to involving fathers in particular



#### Time

- At least 45 minutes

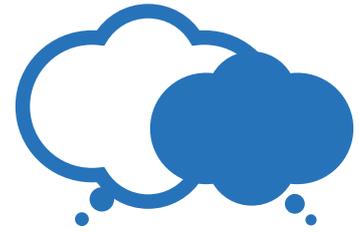


#### Materials

- PowerPoint slides or print copies of the training materials

### Guidance

- Ask the group to work in pairs to role-play conversations based on the scenarios in the training materials, whereby one person takes the role of the parent and the other the worker. Where possible, substitute these scenarios for situations with parents that staff have experienced in practice.
- Remind each pair to think about the principles of the outcomes conversation (refer back to section 3.1 if necessary)
- Throughout the role-play ask staff to consider the following questions:
  - How can you help parents recognise the effects their issues and behaviours are having on their children?
  - How can you help parents identify achievable outcomes for themselves and their children?
  - To what extent do you think you can compromise with parents?
  - What, if any, communication tools (like those highlighted in exercise 5) might help support engagement with parents?
- Ask the group to feed back on the role-play. What did they find easy and/or difficult? What approaches did they take to keep the focus on the child/young person?
- What is staff's experience of engaging with fathers (or significant male figures)? Are there approaches that they find are effective for engaging fathers in particular? Share the points from research highlighted in the previous section (4.2) to help shape the discussion.



## training materials for exercise 8:

### Scenario 1

Jane is the mother of Daniel who is a year old. She suffers from panic attacks and low self-esteem. Over the last few months she has been struggling to look after Daniel and doesn't want to leave the house. You are concerned Daniel is becoming isolated and withdrawn. You think Jane would benefit from attending a parenting group but she is refusing to attend.



### Scenario 2

Mark is the father of a teenage son, George. Mark misuses alcohol and when intoxicated he aggressively argues with George and has at times become violent towards him. George has been having problems at school and has recently been excluded. You feel that the problems at home are impacting on George's behaviour but Mark does not connect his drinking with his son's issues.



### Scenario 3

Danielle has a personality disorder and has been misusing cannabis. You feel she is struggling to separate her needs and wants from those of her three-year-old child Gemma and seems unaware of the impact her behaviour is having on her toddler.



### Scenario 4

You are working with James, a 16-year-old boy who has been taken into a residential unit. He has been having difficulty settling in and is not getting on with one of the residential staff members. His father is supposed to have regular contact with him but has not been attending visits. You feel this is having an impact on James's behaviour.

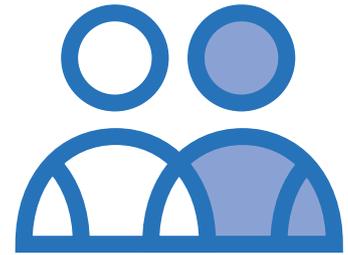


### Scenario 5

You are working with Tracey, a 14-year-old girl who has a learning disability. You're concerned that she has not had any sexual education yet. Her parents have told you that they do not want these issues discussed with their daughter.



## exercise 9: setting outcomes



### Learning outcomes

- Understanding the role of staff in helping set outcomes in partnership with children and young people
- Exploring some challenges with setting outcomes and thinking about strategies to address these



### Time

- Spend about 30 minutes



### Materials

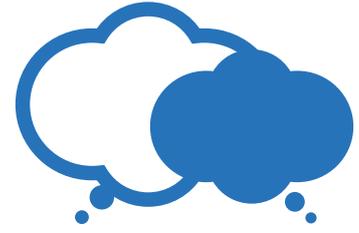
- PowerPoint slides or print copies of the training materials

### Guidance

- Ask the group to work in pairs or groups of three to work through the challenges outlined in the training materials and to identify skills and techniques that could help address these issues.

**Where possible, substitute these scenarios for situations that staff have experienced in practice.**

- During this exercise encourage the group to think about and feed back on the following questions:
  - How do staff feel about compromising with children and young people? Do they feel this is an important part of their job?
  - When is compromise particularly challenging?
  - To what extent do staff think their beliefs and values impact on setting outcomes for children and young people?



## training materials for exercise 9

### How would you approach the following challenges to setting outcomes?

- A child identifies an outcome to work on but you think it is unrealistic or unachievable.
- A young person identifies outcomes to work towards but his parents disagree that these are the right outcomes for their son.
- A child has identified outcomes that matter to them but you don't feel that these are the right outcomes for the child or that they will improve their quality of life.
- A young person has identified outcomes that are important to them. However, you think these outcomes seem to be too dependent on the outcomes their parents are working on with their support worker. Their parents are struggling to make any progress towards their outcomes and you are concerned this is affecting the young person's progress too.
- The child you are working with doesn't seem to recognise that there are problems within their family and are very protective of their parents. They are reluctant to agree outcomes they would like to work towards and you think they are most likely in denial.

## 4.4 where do we go from here?

An outcomes-focused approach is part of a culture shift in the way support is delivered to people by social and health services. This guide aims to highlight evidence about improving outcomes for children and young people and to provide a practical tool for staff to help understand and embed the approach in practice. In order to think about next steps in terms of further training needs and embedding the approach, it may be useful to reflect on the following questions either as an individual or a group:

- What do you think is the most important thing you have learned from this guide?
- In what ways will what you have learned influence your practice?
- Are there any aspects of outcomes-focused practice you feel you need particular or additional support with?
- What, if any, resources do you feel you need to practice in an outcomes-focused way?

### Get in touch

Comments and feedback are very welcome to  
[enquiries@iriss.org.uk](mailto:enquiries@iriss.org.uk)



## references

- Aked J and Stephens L (2009) A guide to co-producing children's services, The new economics foundation (nef)  
<http://neweconomics.org/publications/guide-co-producing-childrens-services>
- Angus Council (2011) Using outcomes measurement in Angus: The wellbeing web, Angus Council
- Bayley J and Wallace L M et al (2009) Fathers and parenting programmes: Barriers and best practice, *Community Practitioner*, 82, pp28–31, *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Children (Scotland) Act (1995)  
<http://www.legislation.gov.uk/ukpga/1995/36/contents>
- Clapton G (2009) How and why social work fails fathers: Redressing an imbalance, social work's role and responsibility, *Practice: Social Work in Action*, 21(1), pp17-34, in Featherstone B, Fraser C, Lindley B et al (2010) in *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Cornille T A, Barlow L O and Cleveland A D (2005) DADS family project: An experiential group approach to support fathers in their relationships with their children, *Social Work with Groups*, 28(2), pp41-57, in Featherstone B, Fraser C and Lindley B et al (2010) *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Cupitt S and Ellis J (2007) *Your project and its outcomes*, Charities Evaluation Services
- East Ayrshire Council (2011) Outcomes: Our framework and approach
- Featherstone B, Fraser C and Lindley B et al (2010) *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- IRISS (2010) Leading for outcomes: A guide  
<http://www.iriss.org.uk/resources/leading-outcomes-guide>
- IRISS (2011) Leading for outcomes: Parental substance misuse <http://www.iriss.org.uk/resources/leading-outcomes-parental-substance-misuse>
- Joint Improvement Team (2009) Talking points: Personal outcomes approach  
<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>
- Lam W K K, Fals-Stewart W and Kelley M L (2009) Parent training with behavioural couples therapy for fathers' alcohol use: Effects on substance use, parental relationship, parenting and CPS involvement, *Child Maltreatment*, 14(3), pp243 – 254, in Featherstone B, Fraser C, Lindley B et al (2010) *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Learning and Teaching Scotland (2010) Pre-birth to three: Positive outcomes for Scotland's children and families <http://www.ltscotland.org.uk/earlyyears/prebirthtothree/nationalguidance/index.asp>
- Looked After Children (Scotland) Regulations (2009)  
<http://www.scotland.gov.uk/Publications/2010/06/01094202/0>
- McGhee J and Hunter S (2010) Involving parents in assessment and decision-making, Scottish Child Care and Protection Network, University of Stirling <http://www.sccpn.stir.ac.uk/signposts.php>

- McInnes K (2007) A practitioner's guide to interagency working in children's centres: A review of the literature, Barnardo's Policy and Research Unit  
<http://www.barnardos.org.uk/a-practitioners-guide-to-interagency-working-in-childrens-centres/publication-view.jsp?pid=PUB-1302>
- McKenna L (2007) Engaging with men, in Schneider J, Avis M and Leighton P (Eds) *Supporting children and families: lessons from Sure Start for evidence-based practice in health, social care and education*, London: Jessica Kingsley Publishers, in *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Miller E (2011) Good conversations: Assessment and planning as the building blocks of an outcomes approach, Joint Improvement Team  
<http://www.jitscotland.org.uk/downloads/1309363440-outcomes%20focused%20conversations.doc>
- Miller E and Cook A (2011) Recording outcomes in care and support planning and review, Joint Improvement Team  
<http://www.jitscotland.org.uk/downloads/1321372407-recording%20outcomes.pdf>
- Mitchell F (2010) Resilience: Concept, factors and models for practice, Scottish Child Care and Protection Network, University of Stirling  
<http://www.sccpn.stir.ac.uk/signposts.php>
- Newman T (2004) What works in building resilience, Barnardos, in Social Services Improvement Agency (2011) What works in promoting good outcomes for children in need in the community?  
<http://www.ssiacymru.org.uk/index.cfm?articleid=7138>
- Page J, Whitting G and Mclean C (2008) A review of how fathers can be better recognised and supported through DCSF policy, Research report DCSF-RR040, London: DCSF, in Featherstone B, Fraser C and Lindley B et al (2010) *Fathers matter: resources for social work educators*, Family Rights Group  
<http://www.swap.ac.uk/news/200910fathersmatter.shtml>
- Scottish Care (Self-Directed Support) (Scotland) Bill  
<http://www.scotland.gov.uk/Topics/Health/care/sdsbill>
- Scottish Executive (2001) For Scotland's children: Better integrated children's services, Edinburgh: Scottish Executive  
<http://www.scotland.gov.uk/Publications/2001/10/fscr>
- Scottish Executive (2002) It's everyone's job to make sure I'm alright, Edinburgh: Scottish Executive  
<http://www.scotland.gov.uk/Publications/2002/11/15820/14032>
- Scottish Executive (2003) Getting our priorities right: Good practice guidance for working with children and families affected by substance misuse, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2003/02/16469/18705>
- Scottish Executive (2004) Children's Charter, Edinburgh: Scottish Executive  
<http://www.scotland.gov.uk/Topics/People/Young-People/children-families/17834/17261>
- Scottish Government (2007) Looked after children and young people: We can and must do better report, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2007/01/15084446/0>

- Scottish Government (2008a) Getting it right for every child, Edinburgh:  
Scottish Government  
<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications>
- Scottish Government (2008b) National domestic abuse delivery plan for children and young people, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2008/06/17115558/0>
- Scottish Government (2008c) The early years framework, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2009/01/13095148/2>
- Scottish Government (2008d) Road to recovery: A new approach to tackling Scotland's drug problem, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2008/05/22161610/0>
- Scottish Government (2008e) These are our bairns, Edinburgh:  
Scottish Government  
<http://www.scotland.gov.uk/Publications/2008/08/29115839/0>
- Scottish Government (2009a) A guide to implementing Getting it Right for Every Child: Messages from pathfinders and learning partners, Edinburgh:  
Scottish Government  
<http://www.scotland.gov.uk/Publications/2010/07/19145422/0>
- Scottish Government (2009b) Curriculum for Excellence. Edinburgh:  
Scottish Government
- Scottish Government (2010b) Getting it right for young carers: The young carers strategy for Scotland 2010 – 2015, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2010/07/23153304/0>
- Scottish Government (2010a) National guidance for child protection in Scotland, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2010/12/09134441/0>
- Scottish Government (2010c) Self-directed Support: A national strategy for Scotland, Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Publications/2010/02/05133942/0>
- Scottish Social Services Council (2008) The framework for continuous learning in social services, Scottish Social Services Council and IRISS  
<http://www.continuouslearningframework.com/>
- Smale G, and Tucson G (1993) Empowerment, assessment, care management and the skilled worker, London: National Institute for Social Work/HMSO
- Stephens L, Ryan-Collins J and Boyle D (2008) Co-production: A manifesto for growing the core economy, London: The new economics foundation (nef), in Akhed J and Stephens L (2009) *A guide to co-producing children's services*, London: The new economics foundation (nef)
- Thompson S and Aked J (2009) A guide to measuring children's wellbeing, The new economics foundation (nef)  
<http://neweconomics.org/publications/guide-measuring-children%E2%80%99s-wellbeing>
- United Nations Convention on the Rights of the Child (1989)  
<http://www.scotland.gov.uk/Topics/People/Young-People/Childrens-Rights#a1>
- Whincup H (2010) Involving children in assessment and decision-making, Scottish Child Care and Protection Network, University of Stirling  
<http://www.sccpn.stir.ac.uk/signposts.php>

# appendices

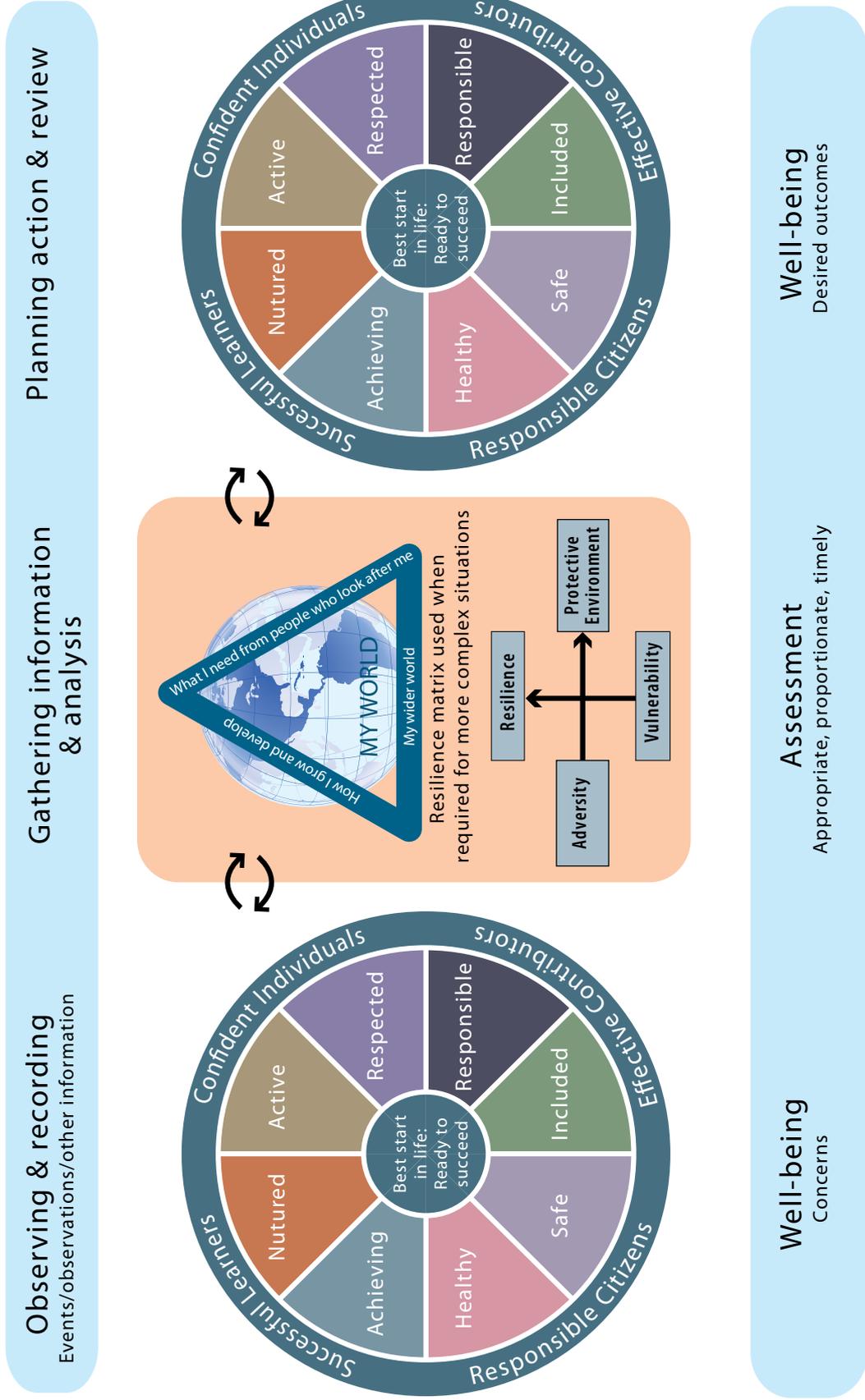
## appendix 1:

### acknowledgements

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**Helen Whincup** – University of Stirling

## appendix 2:

### Getting it Right for Every Child National Practice Model



## appendix 3:

### jargon buster (Barnardo's Scotland)

Key Term	Definition	Examples
<b>Inputs</b>	The resources used to create the services offered	<ul style="list-style-type: none"> <li>• Salaries for staff</li> <li>• Volunteer time and effort</li> <li>• Access to use of a room/venue</li> </ul>
<b>Outputs</b>	The services and products made available to service users eg groups, sessions, activities	<ul style="list-style-type: none"> <li>• Deliver training to parents</li> <li>• Provide a learning mentor to children in schools</li> <li>• Run classroom sessions on healthy eating</li> </ul>
<b>Outcomes</b>	The changes (eg benefits, learning) that happen/are expected to happen as a result of our activity (outputs)	<ul style="list-style-type: none"> <li>• Children attend school regularly</li> <li>• Parents are in employment or training</li> <li>• Young people are able to live independently</li> <li>• Children have improved communication skills</li> </ul>
<b>Indicators</b>	Well-defined qualitative or quantitative measures that demonstrate progress towards achievement of outputs (process indicators) and outcomes (impact indicators)	<p><i>Output indicators</i> eg</p> <ul style="list-style-type: none"> <li>• Number of people receiving a service</li> <li>• Number of sessions held</li> </ul> <p><i>Outcome indicators</i> eg</p> <ul style="list-style-type: none"> <li>• Level of parental self-confidence</li> <li>• Number of reported instances of conflict at home</li> </ul>
<b>Targets</b>	A performance measure agreed in advance. May relate to inputs, outputs or outcomes	<p><i>By (state date):</i></p> <ul style="list-style-type: none"> <li>• All staff will have completed training (<i>input</i>)</li> <li>• 10 programmes will have been delivered (<i>output</i>)</li> <li>• 30% of young people on the programme will be in Employment, education or training (<i>outcome</i>)</li> </ul>
<b>Milestones</b>	Intermediate stages and key points which indicate progress towards the achievement of outcomes or outputs	<ul style="list-style-type: none"> <li>• eg Recruitment of volunteers</li> <li>• Training provided for staff</li> <li>• Publicity materials produced</li> <li>• Young people are accessing help and advice</li> <li>• Children's levels of confidence are increasing</li> </ul>

## appendix 4:

### wellbeing indicators: the component outcomes (Scottish Government, 2009a)

**SAFE** The child or young person is:

- Living in a home environment which is free of abuse and violence
- Cared for by parents or carers and has at least one adult they can always turn to for love and support
- Living in a family or extended social network which is free of sexual exploitation
- Protected from avoidable physical dangers and health hazards within the home
- Protected from avoidable physical dangers and health hazards outside the home
- Protected from the risk of exploitation by others (eg through internet)
- Aware of harmful risk-taking behaviours outside the home (eg drugs, alcohol, inappropriate friendships, etc)
- Receiving appropriate guidance from parent/carer about harmful risk-taking behaviours
- Safe from bullying at school or in the community
- Protective towards others and not involved in bullying
- Protected from anti-social and criminal activity within the community

**HEALTHY** The child or young person is:

- Healthy at birth, sustains good physical health and, where relevant, manages chronic conditions/disabilities
- Positive about self and confident and competent when faced by problems and adverse circumstances
- Respectful of self and others
- Able to make choices that are safe and appropriate
- Able to talk about one's feelings (inc. sexuality) in age-appropriate ways
- Leading a healthy lifestyle and making healthy choices
- Receiving appropriate health care and guidance from services
- Receiving appropriate health care and guidance from carer
- Attending health services and medical screenings and taking prescribed medication when necessary
- Being helped to effectively manage any long-term illness, condition or impairment
- Applies strategies for assessing and managing avoidable risks to health

**ACHIEVING** The child or young person is:

- Developing self care and life skills appropriate to age and stage
- Developing a level of independence or autonomy appropriate to age and stage
- Developing communication skills appropriate to age or stage
- Developing social skills appropriate to age or stage
- Responding positively to cognitive challenges in an educational setting
- Motivated to attend and participate in their education
- Meeting or exceeding appropriate levels of educational attainment
- Demonstrating achievement across a range of non-academic activities
- Developing skills for coping with and managing disabilities and long-term conditions
- Responsiveness to any additional support provided
- Developing skills in assessing and managing risk within social settings

**NURTURED** The child or young person:

- Experiences love, emotional warmth and attachment
- Has someone they can turn to, trust and rely on when anxious or disturbed
- Receives praise, encouragement, attentiveness and cognitive stimulus
- Receives a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm
- Receives sufficient and suitable nutrition
- Lives in an environment which promotes their cognitive and emotional development
- Receives additional support and care when they need it

**ACTIVE** The child or young person is:

- Encouraged to be as physically active as their capacities permit
- Encouraged to take up opportunities for play, recreation and sport
- Receiving appropriate stimulus and encouragement to develop their interests
- Provided with opportunities to actively participate in stimulating activities where there may be disabilities or disadvantages
- Provided with additional support when needed
- Assessing and managing risks in recreational and play-related settings
- Responding positively to physical challenges in recreational and play-related settings

**RESPECTED** The child or young person:

- Feels listened to and taken seriously
- Has developed a positive sense of identity and feels comfortable with it
- Has a well-rooted sense of self-esteem or self-worth
- Feels that significant adults and friends want them to fulfil their potential
- Feels that significant adults and friends will support them through challenges and difficulties
- Feels trusted by these significant adults and friends
- Feels involved in the important day-to-day decisions that affect them
- Does not feel discriminated against or demeaned by others

**RESPONSIBLE** The child or young person:

- Attends school regularly (if appropriate)
- Has developed a clear understanding of right and wrong appropriate to age and stage
- Accepts responsibility for their own actions
- Understands what is expected of them at home, in school or in the community
- Generally behaves responsibly at home, school and in the community
- Generally behaves towards others in a caring and considerate way
- Demonstrates capacity to act altruistically on behalf of others (eg gets involved in voluntary activities)
- Demonstrates capacity to assess and manage situations where there are potential risks for self and others

**INCLUDED** The child or young person:

- Feels accepted and valued within the family or caring setting
- Feels accepted and valued by friends and peers
- Feels accepted and valued by the school
- Feels accepted and valued within the local community
- Feels that their family is accepted and valued within the local community
- Has access to a range of opportunities for making friends
- Has access to a range of opportunities for social and recreational activities
- Receives additional support to overcome any disadvantages that may contribute to social exclusion

## appendix 5:

### some ways to help improve knowledge, understanding and positive relations across professional boundaries <sup>33</sup>

- Run a values workshop to encourage practitioners to explore and understand their own values and those of others and to find a way of working with a range of people with different backgrounds and values.
- Develop a multi-agency charter which promotes the standard of behaviour every professional has the right to expect from colleagues.
- Create locality service directories shared with all professional groups.
- Run a programme of culture change including activities such as:
  - Themed development days focusing on single issues such as early years, professional thresholds or responses to children who are exposed to domestic abuse. These sessions allow practitioners to acknowledge current areas of good practice as well as identifying shared goals for improved practice.
  - Map the profile of each locality to better understand which children each agency is looking after. Lanarkshire found that there were children known to social work that were not known to schools or health and vice versa. This developed a collective understanding of how each service fits with the other and where children and young people might be falling through gaps.
  - Show and tell events where practitioners take turns to present their own roles in detail and learn more about how others contribute to children's lives.
  - Speed networking events which encourage practitioners to interact and learn as much about each other as possible within a short space of time.
  - Practitioner forums, buddying, mentoring and work shadowing.
  - Planning and consultation events to share information about the direction of travel and gather practitioners' perspectives on how to get there.

(Adapted from Lanarkshire's Learning Experience (page 15) available here: <http://www.Getting it rightinlanarkshire.co.uk/2011/05/learning-experiences/> )

#### SIGNPOSTS

<sup>33</sup> See Getting it right in Lanarkshire for more information and free tools: <http://www.Getting it rightinlanarkshire.co.uk/>

## appendix 6:

### example questions

Table 1:

- If you had three wishes what would they be and why?
- What makes you happy/sad/scared/angry?
- What do you do when you feel happy /sad/scared/angry?
- What do you worry about?
- What would you like to be when you are older/grown up?
- If you could change one thing about your life what would it be?

Table 2: exploring facets of wellbeing

Wellbeing dimension	Example question
<b>Positive feelings</b>	How much of the time during the past week were you happy?
<b>Negative feelings</b>	How much of the time during the past week have you felt sad?
<b>Life satisfaction</b>	How satisfied are you with how your life has turned out so far?
<b>Vitality</b>	How much of the time during the past week have you had a lot of energy?
<b>Optimism</b>	I'm always optimistic about my future (agree – disagree)
<b>Resilience</b>	When things go wrong in my life, it generally takes me a long time to get back to normal (agree – disagree)
<b>Autonomy</b>	I feel I am free to decide how to live my life (agree – disagree)
<b>Meaning and purpose</b>	I generally feel that what I do in my life is valuable and worthwhile (agree – disagree)
<b>Relationships</b>	There are people in my life who really care about me (agree – disagree)

(developed for use with young people aged 16-24 years old - Thompson and Aked, 2009)

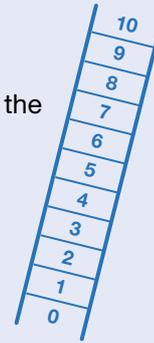
**Table 3: measuring children’s well-being**

**Focus Box 3:** Sample questions measuring children’s well-being

The following are some examples of questions about subjective well-being that have been developed specifically for use with primary school children.

**Overall life satisfaction**

Here is a picture of a ladder. The top of the ladder, 10, is the best possible life for you, and the bottom of the ladder, 0, is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? *(Please circle one number only.)*



**Overall happiness**

Here is a picture of some faces. The two smiling faces, 5, is if you are really happy with life (including school, friends and at home). The two sad faces, 1, is if you are not very happy with life. Circle the number that best fits how you feel at the moment.



**Positive and negative feelings**

How did you feel last week? Circle the number that fits how you felt.

	Never	On one day	On a few days	Most days	Every day
a) I felt happy	1	2	3	4	5
b) I felt sad	1	2	3	4	5
c) I enjoyed my school work	1	2	3	4	5
d) I had lots of energy	1	2	3	4	5
e) I had no-one to play with	1	2	3	4	5
f) I felt tired	1	2	3	4	5
g) I kept waking up in the night	1	2	3	4	5
h) I got on with my friends and family	1	2	3	4	5
i) I felt like I fit in at school	1	2	3	4	5
j) I felt good about myself about myself	1	2	3	4	5

(Thompson and Aked, 2009)

## appendix 7:

### asset based conversation example (child protection team) (Miller, 2011):

- Worker:** Since the case conference last week you have said that you don't want to work with the team any more. Could you please tell me more about why you feel like that?
- Donna:** I don't see any point in working with you. All I hear from the team – like what happened at the case conference – is all about what I can't do because I've got a learning disability.
- Worker:** So, you've had a lot of negative feedback which puts you off working with us.
- Donna:** What you don't realise is that I can do things.
- Worker:** I remember that you said that at the case conference. Can you say more about that?
- Donna:** I said it because I can do things, but it just takes me longer. I can learn if you give me the time to do it.
- Worker:** I've been thinking about what you said and we should be thinking about that. We should be looking at what you can do as well as considering the risks to Lauren. So I wondered if today we should start thinking about strengths and maybe weigh them up against the risks.
- Donna:** What, look at my strengths?
- Worker:** Yes. Your strengths, and other things in your life which might help make things safer for Lauren. That might help us in our work together. What do you think?
- Donna:** I think looking at the strengths is a good idea.

## appendix 8: communication tools: key features

Tool	Facilitation	Age	For	Languages	Cost	Appropriation
<b>Talking Mats</b> <a href="http://www.talkingmats.com/">http://www.talkingmats.com/</a>	Trained Professional Training Provided Training can be adapted	Research base 11 yrs upwards Clinically 3 yrs upwards	Inclusive tool for people with/ without disabilities Can be adapted to person's capabilities Suitable for people with quite severe but not profound learning disabilities Not so successful for people with severe visual impairments	Works over a spectrum of languages	1 day training, £140 Tool kit, £125 + VAT.	Has been used in children/young people's reviews Tool can be adapted by each professional in training, and/ or tool could be adapted to be Children Hearing specific
<b>In My Shoes</b> <a href="http://www.inmyshoes.org.uk/In_My_Shoes/Introduction.html">http://www.inmyshoes.org.uk/In_My_Shoes/Introduction.html</a>	Trained professional Training provided Training can be adapted	Children from 2 yrs up to vulnerable adults	Inclusive tool for people with/ without disabilities Can be adapted to person's capabilities, ie autistic, Asperger's Audio instruction for partially sighted Particularly successful for people with concentration problems Not a high reliance on words Preferable if can use a computer mouse. Person could point at screen instead	Several languages programmed, other can be included Signing guide for hard of hearing	2 days training (individuals) £350 + VAT 2 days training (agencies) £250 + VAT per person (group of 20) Trainer's expenses These costs include all materials and software	Has been used in children's hearing process (limited application) Modules could be adapted to be Children Hearing specific

## communication tools: key features (continued)

Tool	Facilitation	Age	For	Languages	Cost	Appropriation
<b>Story Stem Narratives</b> For example: <a href="http://www.annafreud.org/courses.php/21/story-stem-assessment-profile-training">http://www.annafreud.org/courses.php/21/story-stem-assessment-profile-training</a>	Trained professional Training provided	3 – 9/10 yrs	Very malleable task Use of non verbal and verbal interaction Severe cognitive impairments would present difficulties	Several European languages	3 days training, £600, includes the Story Stem Kits	Highly likely
<b>A Box Full of Feelings</b> For example: <a href="http://www.incentiveplus.co.uk/box-full-feelings-13947">http://www.incentiveplus.co.uk/box-full-feelings-13947</a>	No specification	4 – 9 yrs	No specification	Non specified	Tool costs £125 + VAT	Unable to identify
<b>A House Full of Emotions</b> For example: <a href="http://www.speechmark.net/house-full-emotions-14936">http://www.speechmark.net/house-full-emotions-14936</a>	No specification	4 – 11 yrs	No specification	Non specified	Tool costs £125 + VAT	Unable to identify

## appendix 9:

### Angus Council wellbeing web: prompts for children affected by substance misuse

<p><b>I Feel Safe</b> Feeling safe means:</p> <ul style="list-style-type: none"> <li>You feel protected from harm within your home and school</li> <li>The people who care for you teach you how to protect yourself from harm</li> <li>You are not scared when you go out and about in your local area</li> <li>You know when things are risky and try to stay away from danger</li> <li>The people who care for you know who you are with and where you are when you go out</li> </ul>	<p><b>I Am Healthy</b> Being healthy means:</p> <ul style="list-style-type: none"> <li>You have healthy food to eat most of the time</li> <li>You exercise a lot</li> <li>You get the chance to spend time outside</li> <li>The people who look after you make sure you get help when you feel ill</li> <li>The people who look after you help to make sure you eat and exercise to keep you healthy</li> <li>You enjoy life</li> <li>You feel able to deal with difficult things that might happen in your life</li> </ul>
<p><b>I Am Achieving</b> Achieving means:</p> <ul style="list-style-type: none"> <li>You are learning new skills in school</li> <li>You are confident that you can do well</li> <li>You do the best you can</li> <li>You have hobbies and interests out of school that help you learn new skills</li> <li>The adults in your life encourage you to do your best</li> <li>If you are struggling with your homework someone can help you with it</li> <li>You get the help you need to do well in school</li> </ul>	<p><b>I Feel Nurtured</b> Feeling nurtured means:</p> <ul style="list-style-type: none"> <li>You feel cared for and supported by the people who live in your home</li> <li>The people who care for you can afford to provide you with the right amount of food and clothing</li> <li>You live in a home that is clean and warm</li> <li>Someone at home listens when you want to tell them about things you need, like or dislike</li> <li>You are learning to look after yourself and make decisions that affect your life</li> </ul>
<p><b>I Am Active</b> Being active means:</p> <ul style="list-style-type: none"> <li>You do things for fun in your spare time</li> <li>You have the chance to take part in leisure and sporting activities in your area</li> <li>The adults in your life help you find ways to do things that interest you in your spare time</li> </ul>	<p><b>I Feel Respected</b> Being respected means:</p> <ul style="list-style-type: none"> <li>You feel that people listen to you before they make decisions which affect you</li> <li>You are involved in making decisions about your life</li> <li>If you need it, you are allowed to have help to tell people about your views and decisions</li> </ul>
<p><b>I Am Responsible</b> Being responsible means:</p> <ul style="list-style-type: none"> <li>You listen to other people and try to understand their point of view</li> <li>You know the difference between right and wrong</li> <li>You can manage your behaviour</li> <li>You are caring and helpful</li> <li>Adults trust you to follow their instructions</li> <li>You are able to follow rules in school and at home</li> <li>You know what is expected from you and why</li> <li>Adults in your life behave in a way that sets a good example for you</li> </ul>	<p><b>I Feel Included</b> Feeling included means:</p> <ul style="list-style-type: none"> <li>You feel that you belong when you are with your friends, family, in school, and in your neighbourhood</li> <li>You are able to take part in activities which let you be with people that you need in your life</li> <li>You get to meet lots of different people</li> <li>You feel that other people want you around</li> </ul>

## appendix 10:

### Angus Council wellbeing web: prompts for parents affected by substance misuse

<p><b>SAFE</b></p> <ul style="list-style-type: none"> <li>• Equipment/medicines stored safely</li> <li>• People coming into the house</li> <li>• Safe place for children to go to</li> <li>• Not using substances when children are in your care</li> </ul>	<p><b>HEALTHY</b></p> <ul style="list-style-type: none"> <li>• Keeping health appointments for me and children</li> <li>• Ensuring money is available for food</li> <li>• Making healthy choices</li> <li>• Making time to be active outside of the home</li> </ul>
<p><b>ACHIEVING</b></p> <ul style="list-style-type: none"> <li>• Spending time with and encouraging your child</li> <li>• Taking an interest in school or nursery</li> <li>• Encourage clubs and hobbies for self and child</li> <li>• Understanding your child's age and stage</li> </ul>	<p><b>NURTURED</b></p> <ul style="list-style-type: none"> <li>• Ensure the home is clean and warm</li> <li>• Listen to your child and encourage them to discuss their feelings</li> <li>• Make time for family time together</li> <li>• Use praise, encouragement, warmth and affection</li> <li>• Identify an appropriate adult to discuss your feelings</li> </ul>
<p><b>ACTIVE</b></p> <ul style="list-style-type: none"> <li>• Spend time having fun</li> <li>• Try new activities together</li> <li>• Support school/nursery activities</li> <li>• Encourage opportunities for play and sporting activities</li> </ul>	<p><b>RESPECTED</b></p> <ul style="list-style-type: none"> <li>• Listen to your child and include them in decisions</li> <li>• Try new activities together</li> <li>• Support school/nursery activities</li> <li>• Encourage opportunities for play and sporting activities</li> <li>• Develop and improve relationships with key family members and friends</li> </ul>
<p><b>RESPONSIBLE</b></p> <ul style="list-style-type: none"> <li>• Ensure consistent routines</li> <li>• Give clear guidance on what's right and wrong</li> <li>• Behave in a way that sets a good example to your child</li> <li>• Encourage your child to be helpful and care for others</li> <li>• Develop confidence in making good decisions</li> </ul>	<p><b>INCLUDED</b></p> <ul style="list-style-type: none"> <li>• Let your child know they are a valued part of the family</li> <li>• Encourage positive friendships and relationships for self and child</li> <li>• Assist your child to feel part of their community</li> <li>• Participate in community activities</li> <li>• Listen to your child's views when making decisions that affect them</li> </ul>

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