

PRACTICE REVIEW POLICY AND TOOLKIT



# Seriously Good Outcome Review

# Referral Form and Guidance

## Guidance

Referrals for a ‘Seriously Good Outcome Review’ could be made in instances where there has been exceptionally positive impact on the lived experiences of the child, and good (better than normal) outcomes achieved, and a significant factor that has contributed to this success. Professionals should discuss the case with their agency designated safeguarding lead or member of the SSCP Practice Review Subgroup to help formulate the rationale.

Seriously Good Outcome Reviews will examine multi agency success, how it was achieved and what we can learn to disseminate the success further. Sharing good practice and learning through a good practice outcome can help others drive change, reduce variations in care and improve the lives of children and their families.

## A good outcome review will:

* Evidence the impact of practice upon the improve outcomes for the child/ren
* Present the steps taken to improve care in a practical and accessible way
* Give others the knowledge they need to improve care in their areas
* Provide an opportunity to reflect on your successes and challenges
* Helps to identify learning and further areas for improvement

Referrals should be very clear about what was done, and how this made a difference, and include the following features:

* The lived experience of the child and family- how we know we made a positive difference to their lived experience (outcomes).
* Present the steps you took to improve care in a practical and accessible way. Your referral needs to be easy for others to understand
* Give others the knowledge they need to improve care in their areas
* Provide an opportunity to reflect on your successes and challenges
* Help to identify learning and further areas for improvement
* Highlight learning that could be useful to others
* Be written in easy-to-understand English, free from jargon
* Have clear objectives, including an explanation of what was happening before the project, why it was needed and how it was implemented
* Outline any barriers the organisation faced when implementing the project and the methods used to overcome these
* Outline the effect the change had on service performance and outcomes through an evaluation process

Completed Forms should be returned via email to: [**sscp@salford.gov.uk**](mailto:sscp@salford.gov.uk)

## Referral Form CONFIDENTIAL WHEN COMPLETED

**Reference (SSCP use):** 

**GOOD OUTCOME REVIEW - REFERRAL FORM**

### REFERER INFORMATION

|  |  |
| --- | --- |
| **Date of Referral to SSCP** |  |
| **Referring agency** |  |
| **Name of referrer** |  |
| **Job Title** |  |
| **Contact details** | **Tel:**  **Email:** |
| **Who has the referral been discussed with** | **Name:**  **Title:**  **Contact Details:** |

### CHILD DETAILS

|  |  |
| --- | --- |
| **Child Name** |  |
| **Aliases** |  |
| **Address** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Birth**  **& Age** | **Gender** | **Ethnicity**  *(See Appendix A)* | **Religion**  *(if known)* | **Disability** |
|  |  |  |  |  |

|  |
| --- |
| **ABOUT THE CHILD**  *Please provide a short description of the child and their life to assist professionals in understanding the lived experience and impact of the event/reason for referral.* |
|  |
| Please state if the child/parent/carer is aware of the referral and if not, the rationale for not informing them. If they are aware, please state how they would like to be part of the potential good case review |
|  |
| **Views of the child and/or family-** what have they told us to let us know we made a positive difference? |
|  |

### SUMMARY OF CASE AND EVIDENCE OF A GOOD OUTCOME FOR THE CHILD AND FAMILY

|  |
| --- |
| **Multi agency involvement- summary**  **Brief description of the multi agency involvement/intervention. Include details of action taken to ensure child/siblings safety:** |
|  |

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| --- |
| **WHY YOU ARE MAKING THIS REFERRAL: YOUR VIEWS** |
| **What good outcomes have been achieved? Describe the presenting needs/issue, what was done, and what difference it made.**  **What worked well? And why?**  **What are you worried about?**  **What strengths in practice could be disseminated to promote the success further?**  **Additional information you think may be relevant and assist decision making:** |

### The referral is now complete. Please leave the remainder of the form blank and return the whole form via a secure method to sscp@salford.gov.uk

**The next stage is for the Practice Review Subgroup to make a decision based on the information provided. Please note that as the referrer, you may be asked to present the referral at the subgroup meeting. You will be informed of the decision, and notified if further information is required**