

HIGHLAND CHILDREN'S SERVICES

PRACTICE GUIDANCE

Getting it Right For Every Child

WARNING

Document control- If you are reading a printed copy of this are you confident it is the most up to date version?

Please access the Guidance and supporting information at

www.forhighlandschildren.org

September 2010

Contents	Page
Introduction	3
1. Definitions	6
2. The GiRFEC practice model	9
3. The Highland Service Delivery Model	17
4. Key Roles and Responsibilities	19
5. Responding to Children’s Needs	25
6. Child and Family Centred Practice	34
7. The Child’s Plan	41

Appendices

- i Using the My World Triangle**
- ii Using the Resilience Matrix**
- iii Child’s Plans examples**
 - iii.a NHS – Public Health Nursing Record**
 - iii.b ECS – Form 1 Child’s Record**
 - iii.c ECS – Form 2 Child’s Record**
 - iii.d NHS - Community Midwifery Record**
 - iii.e SWS – Complex child’s plan guidance**
- iv Standard child concern form**

Introduction

Getting it right for every child: Integrated children's services

Getting it right for every child – core message

Everyone has a responsibility to do the right thing for each child and we must all work towards a unified approach, with less bureaucracy and more freedom to get on and respond to children.

This will mean earlier help and the child getting the right help at the right time packaged for their particular needs.

Integrating children's services - Getting it right for every child – means that practitioners in all services for children and adults in Highland work together to meet children's and young people's needs. GRFEC promotes a shared approach and accountability that:

- builds solutions with and around children, young people and their families
- enables children and young people to get the help they need when they need it
- supports a positive shift in culture, systems and practice
- involves working together to make things better

Core Components

Getting it right for every child is founded on 10 core components which are applicable to all settings.

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being
2. A common approach to gaining consent and to sharing information where appropriate
3. An integral role for children, young people and families in assessment, planning and intervention
4. A co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Well-being Indicators
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time
6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7. A Lead Professional to co-ordinate and monitor multi agency activity where necessary

8. Maximising the skilled workforce within universal services to address needs and risks at the earliest possible time
9. A confident and competent workforce across all services for children, young people and their families
10. The capacity to share demographic, assessment, and planning information electronically, within and across agency boundaries, through the national eCare programme where appropriate.

Values and Principles

The *Getting it right for every child* approach is underpinned by common values and principles which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the United Nations Convention on the Rights of the Child (1989) and build on the Scottish Children's Charter (2004). They are reflected in legislation, standards, procedures and professional expertise.

- Promoting the well-being 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 which 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
- Building on strengths and promoting resilience: using a child or young person's existing networks and support where possible
- Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
- Providing additional help which is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs
- 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
- Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices are

- Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
- Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues
- Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities
- Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to promote the best possible help
- Building a competent workforce to promote children and young people's wellbeing: committed to contributing individual learning and development and improvement of inter-professional practice

1 Definitions

Child

The term 'child' in Scotland often means those below the age of 16 although the general definition in the Children (Scotland) Act 1995 and the Protection of Children (Scotland) Act 2003 is those below the age of 18.

Highland Guidance applies to:

- unborn babies
- all children below the age of 16
- those who are 'looked after children' up to the age of 18
- young people aged 16 or 17 who are particularly vulnerable, for example as a result of disability
- young people, aged 16, 17 or 18 years, still enrolled in school

The terms 'child' and 'young person' are used interchangeably throughout the guidance.

Child in Need

Children who are defined as being 'in need', Section 93(4)(a) of the Children (Scotland) Act 1995, are those whose vulnerability is such that;

- he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless they are provided for him, under or by virtue of this part, services by a local authority
- his health or development is likely significantly to be impaired, or further impaired, unless such services are so provided
- he is disabled
- he is affected adversely by the disability of any other person in his family

Looked After Child

Means a child for whom the local authority has corporate parenting responsibilities under the Children (Scotland) Act 1995;

- for whom the local authority is providing accommodation away from home, or
- who is subject to a supervision requirement from a Children's Hearing, or
- who is the subject of a permanence order or permanence order proceedings – Adoption and Children (Scotland) Act 2007.

Parents and relevant persons

A parent is defined as someone who is the genetic or adoptive mother or father of the child.

Note A mother has full parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child's conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child's birth certificate. A father may also acquire parental responsibilities or rights under the Children (Scotland) Act 1995 by

entering into a formal agreement with the mother, or by making an application to the courts.

A relevant person within the Children's Hearing System is defined as any person who has parental responsibilities or rights in relation to a child, or any person who ordinarily has charge of, or control over a child. This may include for example a step parent or other carer.

Relevant persons have extensive rights within the Children's Hearing System, including the right to attend Children's Hearings, receive all relevant documentation, and challenge decisions taken within those proceedings.

Social Worker

The term Social Worker is a title reserved to appropriately qualified workers who hold current registration as a Social Worker on the register of Social Workers held by the Scottish Social Services Council. It excludes residential, social care and ancillary staff even if they are registered under other SSSC categories.

The following although not defined in law are important terms used in GiRFEC;

Concern

A concern may be expressed about anything that affects or has the possibility of affecting the wellbeing, happiness or potential of the child. It may relate to a single event or observation, a series of events, or an attribute of the child or someone associated with them.

Core Group

The multi agency team of professionals involved in delivering an early intervention or more complex plan: Whilst the term was first coined in Child Protection procedures it now relates to all multi disciplinary professional teams working with a child. (*link*)

Early Intervention

Action to assess and provide support to prevent escalation or to detect deterioration in a child's situation can mean:

- early in the life of a child or unborn child
- early in the spectrum of complexity
- early in the life of a crisis

Practitioners must know how to respond when a child needs help, know what to do if the situation is deteriorating and understand each other's roles and responsibilities so that the right people are involved for the level of the child's difficulties.

Significant Harm

Formal child protection processes involve multi-agency planning and action to reduce the risk of significant harm. The concept of significant harm relies on sound professional assessment of the child and family's circumstances, as detailed in the guidance on the assessment of risk.

Significant harm is not of a minor, transient or superficial nature. Significant harm may result from a specific act of commission or omission, a series of actions or incidents, or as a cumulative result of concerns which have arisen over a period of time.

The test of continuing risk of significant harm is that either:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; or
- professional judgement, substantiated by the assessment in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

Wellbeing

Children's wellbeing is at the heart of *Getting it right for every child*. To achieve our aspirations for all Highland's children to develop into "Confident Individuals, Effective Contributors, Successful Learners and Responsible Citizens", every child and young person needs to be Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible, and Included. These wellbeing indicators are an important part in the national practice model.

Young Carer

Young carers are children who look after someone in their family who may have an illness, a disability, a mental health problem or a substance misuse problem, taking on practical and/or emotional caring responsibilities which would normally be expected of an adult.

2 The *Getting it Right For Every Child* practice model

The *Getting it right for every child* national practice model builds on knowledge, theory and good practice. It provides a framework for practitioners in all agencies to gather, structure, and analyse information in a consistent way to help identify and understand the child or young person's needs, the strengths and pressures on them and their carers, and consider what support is required. The model defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and families in gathering and interpreting information and in making decisions as central to assessing, planning and taking action.

The components of the practice model have been designed to ensure that assessment information about children and young people is recorded in a consistent way by all agencies. This should help to provide a shared understanding of a child or young person's needs and identify concerns that may need to be addressed. The model and the tools which support it can be used by workers in adult and children's services and in single or multi-agency contexts.

The main components in the practice model are:

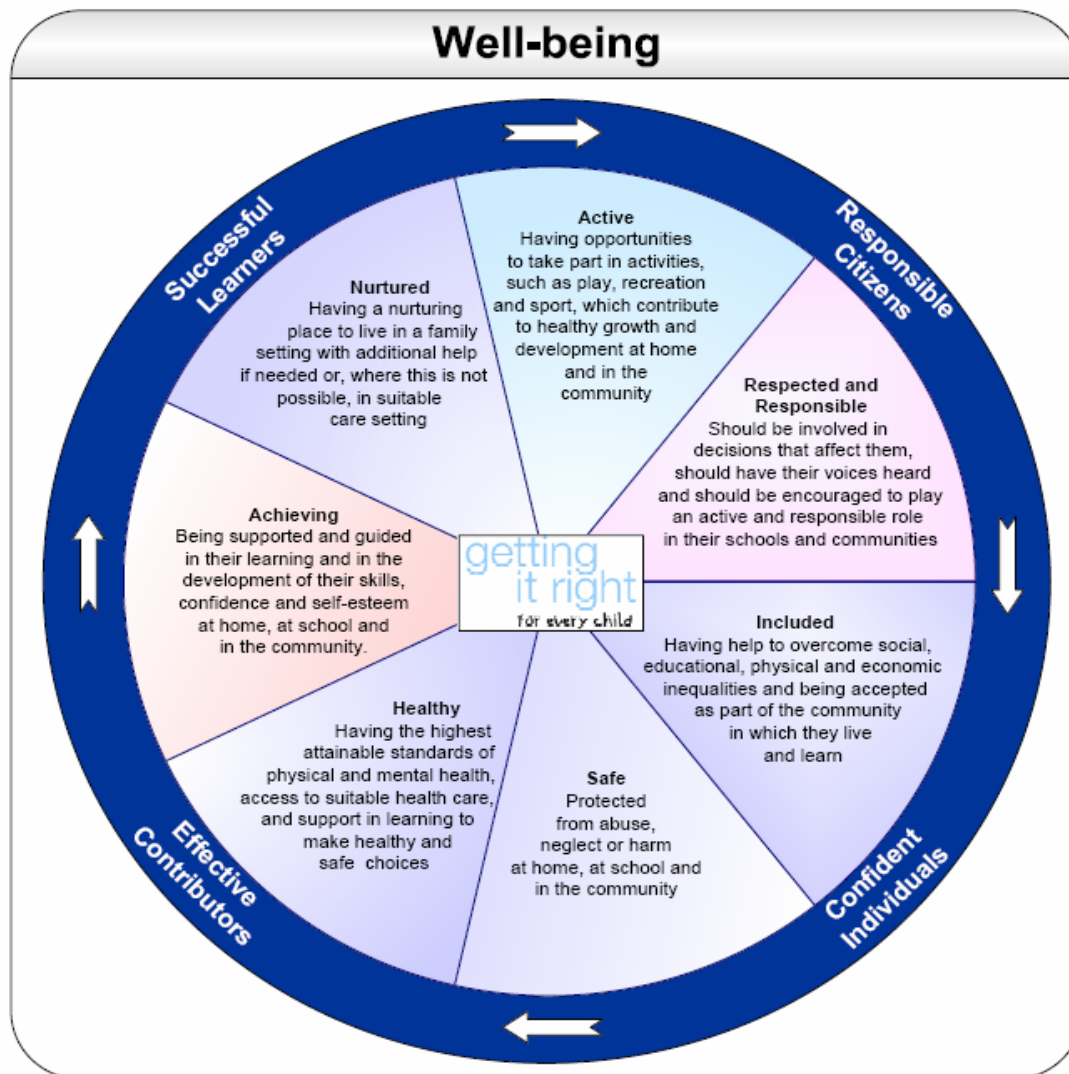
- The Well-being Indicators
- The Five Questions
- The My World Triangle
- The Resilience Matrix
- The Child's Plan

These components should be used proportionately to identify and meet the child or young person's needs.

- Use the Well-being indicators to identify a concern, record, share information and take appropriate action
- Ask yourself the five questions
- Use the My World Triangle, and where appropriate specialist assessments to explore known information, and where necessary gather more information about the strengths and pressures in the child's world
- Analyse the information, using the Resilience Matrix to aid clarity where required.
- Summarise needs against the Well-being indicators
- Agree goals and the steps required to reach these goals
- Construct a plan and take appropriate action
- Review the plan

The Well-being Indicators

Seven indicators of well-being have been identified as areas in which children and young people need to progress in order to do well, now and in the future. These well-being indicators are illustrated and defined in the well-being diagram below.



The well-being indicators are an important part of the *Getting it right for every child* national practice model and are used at three points during the assessment and planning process.

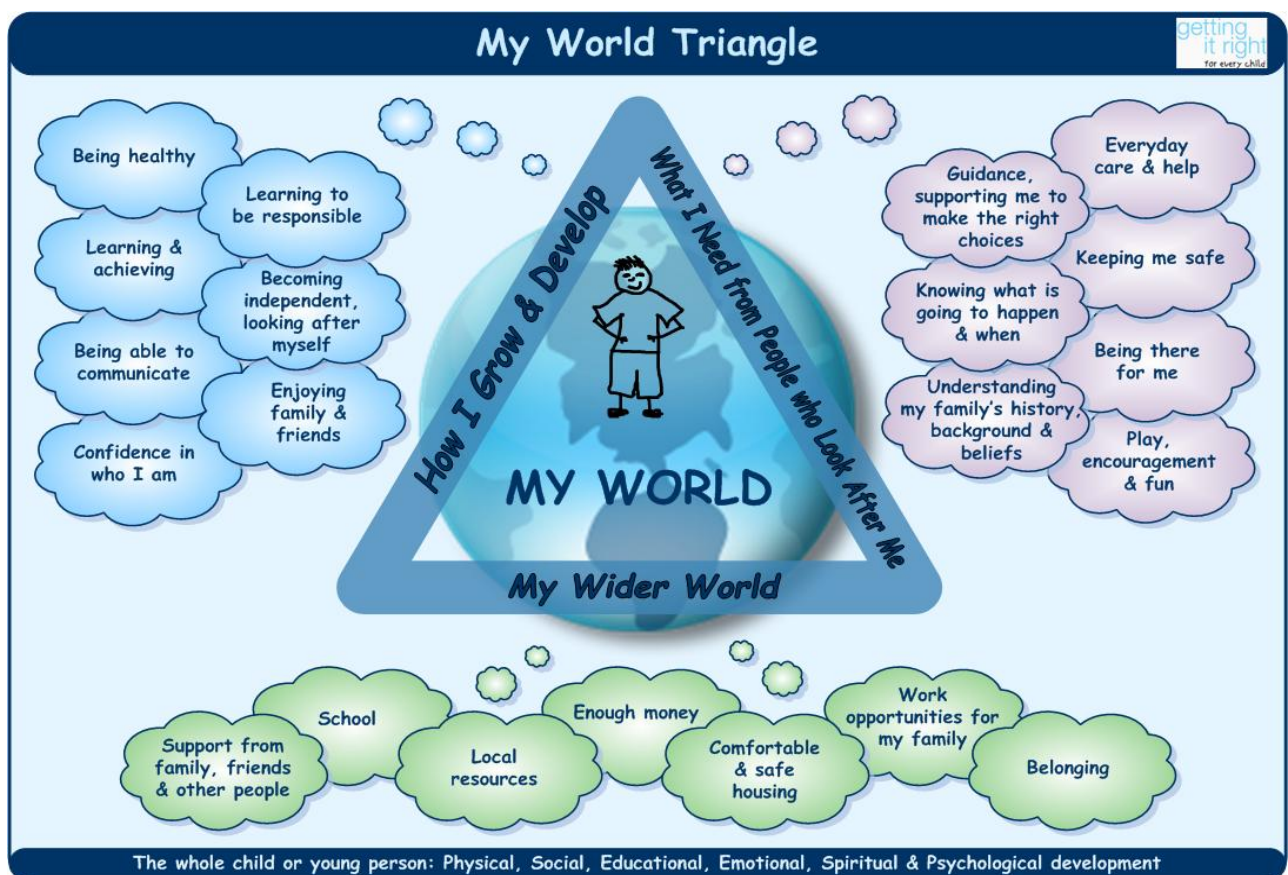
1. To provide a context for identifying and recording concerns.
2. As a framework for
 - analysis of further information gathered around the My World Triangle;
 - setting goals
 - identifying the actions to be taken to bring about the desired outcomes.
3. To provide clear objectives against which the plan can be reviewed

The 5 questions

1. What is getting in the way of this child's well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from other agencies?

The My World Triangle

Many factors shape children's development throughout childhood, adolescence and beyond. Some factors are inherent such as ability or temperament whilst others are external such as family influences, or social, economic and environmental factors. Race and culture will be important in shaping children's views about the world in which they live. Good attachments to significant adults can be a protective factor throughout life. Traumatic events and experiences, such as illness, early separation from parents or carers, or abuse or neglect can lead to disruption or delay in a child's growth or development and affect their well-being. Later experiences can either reduce or increase the effect of early damaging experiences.



Based on evidence from research, the My World Triangle provides a mental map that helps practitioners, children and families explore the child's ecology.

Key areas of the child's development and circumstances can be highlighted under the headings "**How I grow and develop**", "**What I need from people who look after me**" and "**My wider world**". Together these three domains, which are further explained below, help practitioners to think about what is happening in a child's whole world and the likely impact on their well-being and development.

How I grow and develop outlines factors in the child relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their life. This includes for example, physical growth and health, progress in learning new skills, attainment in school, emotional well-being, confidence, identity, and increasing independence, developing social skills and relationships with other people. The current or possible future impact of the child's history on their health and development should always be considered.

What I need from the people who look after me considers the roles of significant other people in meeting the child's needs. Clearly parents and carers have a major part to play in meeting these needs, but the roles of grandparents, siblings, other family members and friends are also important. Looking at the contributions from people surrounding the child can give clues to where there are strong supports and where those supports are weak. It is important to build a picture of how well parents or carers are able to adapt to changing needs, consistently provide appropriate care and protection and use support from extended family and friends. Family background, relationships and functioning may impact on parenting capacity and the ability to access and benefit from available community supports.

My Wider World Communities can have a significant influence on the well-being of children and families. They can be supportive and protective or can add pressures and increase children and families' vulnerabilities. The level of support available from the wider family, social networks, the community, universal, targeted and specialist services, coupled with the child and family's ability to access this support, can have a positive or negative effect. A child's wider world includes the environment where the family lives, the school the child attends and other resources including relative poverty. Faith and cultural environments should be recognised. School can be a major source of support or stress. The wider world also includes the extent to which children and families feel included within their communities. Social exclusion can emanate from many factors including racial and cultural discrimination.

Using the My World Triangle to assess the child's needs

Whilst it is important to keep the child or young person's whole world in mind, information gathered should be proportionate and relevant to the issues in hand. The needs of most children are met within universal services and it will not be necessary to explore every area of the triangle in detail, just those relevant to any presenting issues.

Some of the evidence required to inform the My World Triangle assessment is routinely noted by practitioners in universal services as part of their everyday work and ongoing assessment. A health visitor will for example measure whether the child is meeting his or her developmental milestones. A class teacher will monitor attendance, development, educational progress and be aware of a child's relationships with their peers. The Named Person will be aware of any previous concerns, the responses of the parents and practitioners to these concerns and the efficacy of any actions taken.

The child, parents, carers and, where appropriate, extended family have vital information to contribute to any assessment and subsequent plan.

Practitioners should use the headings in the three areas of the My World Triangle to consider the following questions:

- What information have I got?
- Is this enough to assess the child's needs and make a plan?
- If not, what extra information do I need?
- From where that might be gathered?

Examples may include information about health to be sought from the school nurse, assessment of offending behaviour from the Youth Action Team, or information about issues affecting parenting from an adult service.

Practitioners must help each other make sense of the information being provided and the likely impact on the child. It is important to keep in mind that what is happening in one area of a child's life may have a significant impact on another area.

Just as no single practitioner working with the child will be able to provide information in respect of every domain around the triangle, there will be overlap between the different dimensions. (For example some health issues will have an impact on a child's achievement at school). In these circumstances practitioners should avoid repetition and opt for whichever domain seems most relevant, ensuring that strengths and pressures are recorded. Where issues are interconnected practitioners should refer to this in the analysis.

Further information on using the My World Triangle, including hints as to what information might be considered when looking at the different dimensions of each domain can be found in **appendix i**.

Specialist Assessments

Specialist assessments of a child's development or behaviour, and of parental capacity or behaviour, for example examining concerns such as; specific learning difficulties, autism, parental ill health, substance misuse or offending behaviour, are carried out by health care professionals, educational psychologists and others.

Whilst it may be necessary in some circumstances to append a specialist assessment to a Child's Plan, relevant information gained from specialist assessments must be integrated into the Child's Plan by the Lead Professional in the same way as other contributions received from partners to the plan.

Practitioners who have carried out specialist assessments should interpret the information in terms of the impact on the child's growth and development, clarifying:

- What this means for the child
- What impact the difficulty is likely to have on their growth and development
- What they need their parents or carers to do
- What they need their community, their school and the wider professional network to do

It is the responsibility of the Lead Professional to ensure that relevant assessment information, outcomes and actions are integrated into the Child's Plan and that what is recorded is agreed by the contributing parties.

Analysis

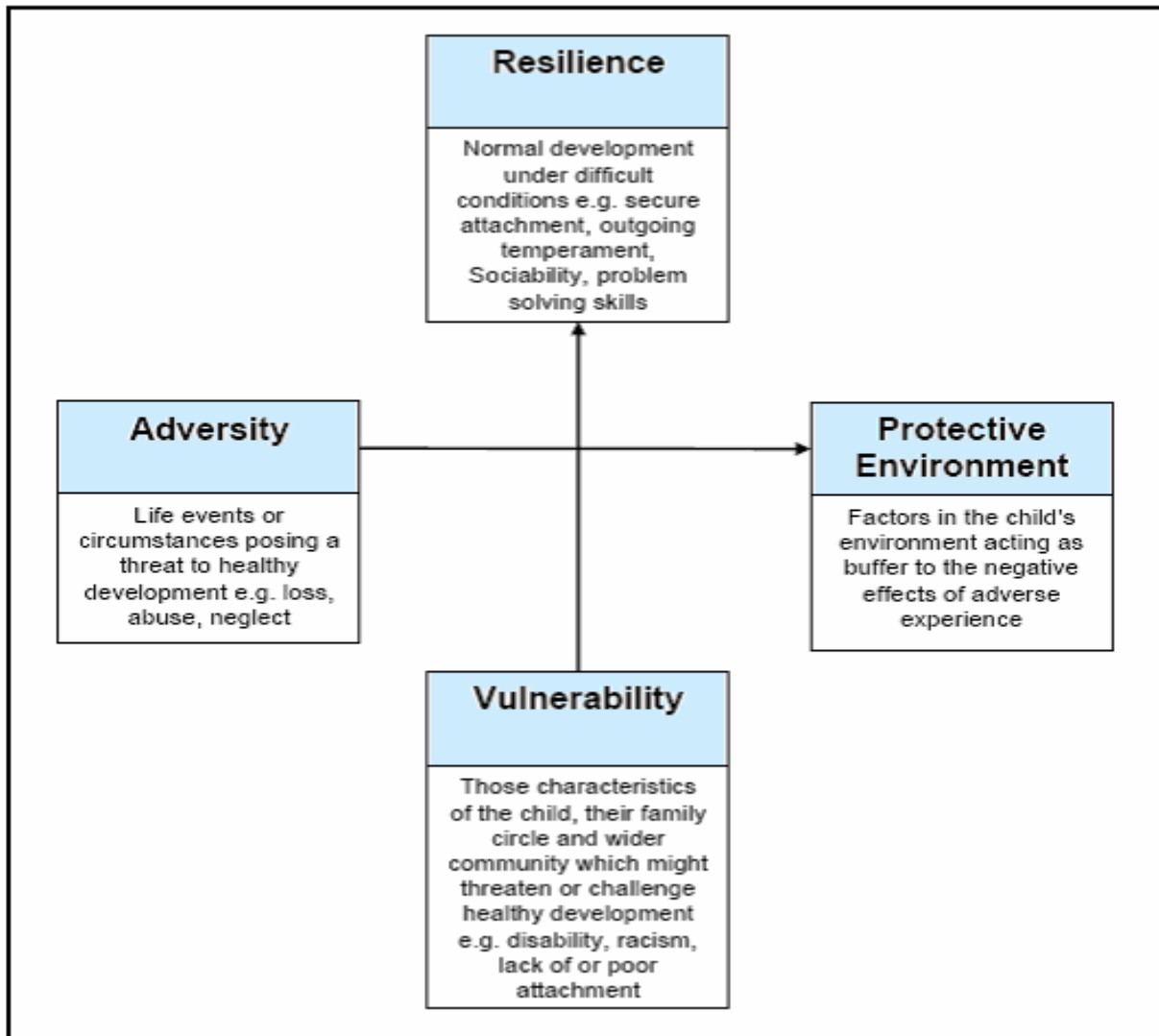
Any assessment is likely to have drawn on information from different sources. In some situations a lot of complex information will have been gathered. Making sense of that information is crucial. This means weighing up the significance of what is known about the past and present circumstances of the individual child, the strengths and the pressures in their ecology, considering alternative views, and applying an understanding of what promotes or compromises healthy child development to this particular child. Such analysis is a critical part of understanding what all the information means and what improvements need to be made.

Careful analysis and interpretation of assessment information will enable practitioners to:

- think about what is important and identify needs or difficulties
- explain why these have happened
- understand the impact of strengths and pressures on this individual child
- reach agreement about what needs to be improved
- identify the principle aims and goals in terms of improving the child's well-being
- agree desired outcomes
- generate possible ways of achieving these outcomes
- decide which ways are preferable/ possible and
- construct and record the Child's Plan

The Resilience Matrix

The Resilience/Vulnerability Matrix is taken from The Child's World: Assessing Children in Need, Training and Development Pack (Department of Health, NSPCC and University of Sheffield 2000).



The Resilience Matrix, bringing together the two dimensions of vulnerability and resilience, and adversity and protective environment, provides a framework to help analysis of the strengths and pressures in the child's world. The two dimensions interact, and strengthening protective factors in the environment will help boost a child's resilience.

The concept of resilience is fundamental to children's well-being. A resilience-based approach builds on the strengths in the child's whole world, drawing on what the family, community and universal services can offer.

The Resilience Matrix can be used to think about the strengths and pressures identified from the My World Triangle, along with any specialist assessments, and to plot that information along the axis of resilience, vulnerability, protective environment and adversity. Professional judgement is required to make sense of different aspects of information, weigh up competing influences and interactions and identify ways to support protective factors in addition to nurturing the child's resilience and capacity to benefit from these resources. More detailed information on resilience and guidance on how to use the matrix are provided in **appendix ii**.

Risk

In considering how to respond to situations where risk may be a feature of the concerns practitioners must take into account not only safety factors, but must also consider the impact of risk on other aspects of children's development, as part of the *Getting it right for every child* practice model for risk assessment and management.

Practitioners must consider the potential long term risks if early concerns are not addressed. For example a child may have hearing difficulties or a history of non attendance at school. Failure to address either of these issues is likely to result in significant impact on the child's development.

If a child or young person is considered to be at risk of harm the concern and other relevant information must be shared with the social work service following the Highland Child Protection Policy Guidelines May 2009 Section 4 Responding to children's needs. ([link](#))

The Child's Plan

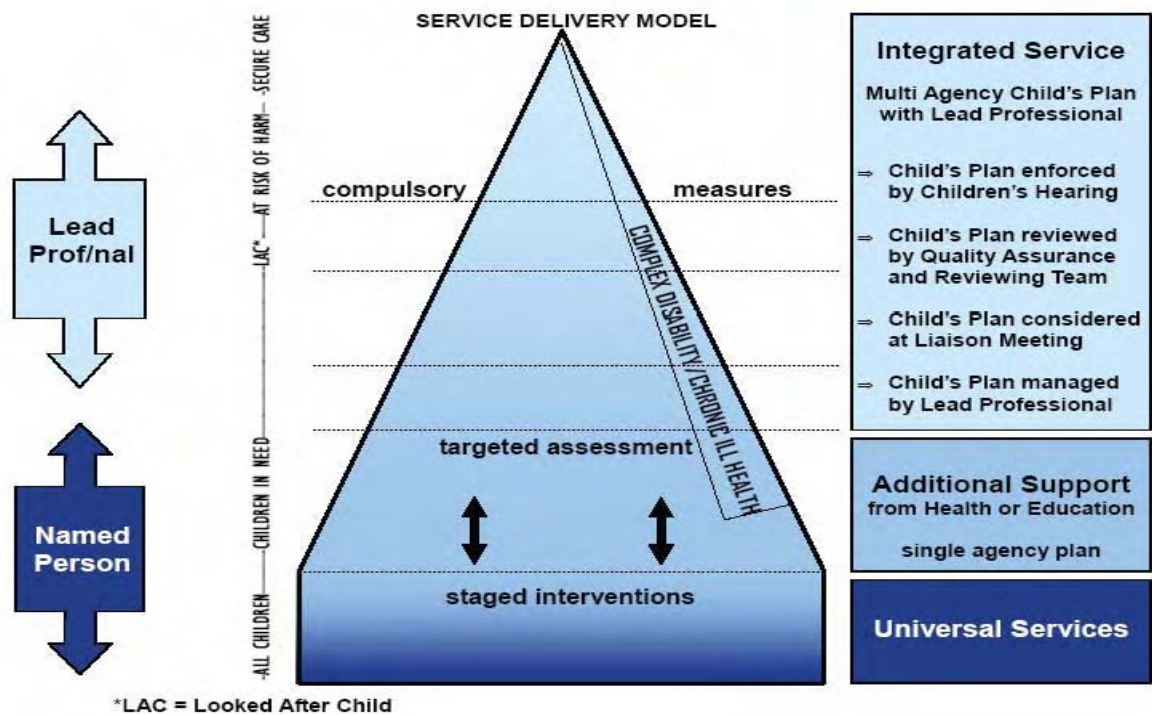
The document which captures multi agency planning for a child. See chapter 7 for full details and **appendix iii**.

3 The Highland Service Delivery Model

Streamlined planning, assessment and decision making processes which lead to the right help at the right time, and consistently high standards of cooperation, joint working and communication where more than one agency needs to be involved are core components of *Getting it right for every child*.

The Highland Service Delivery Model represented in the diagram below, emphasises the critical part played by health and education services in supporting the development of all children. Difficulties or concerns are identified at an early stage and steps taken to ensure that additional help is available when needed. Help is given as quickly as possible and in consultation with children and their families.

In every case where a child requires additional support the plan for action must be recorded. This may be a single agency plan or, where two or more agencies are working together to meet a child's needs, a multi-agency Child's Plan (see chapter 7 and **appendix iii a-e**).



The majority of children have their needs met within the universal services provided by health and education. These core services are represented by the broad base of the pyramid.

Some children need additional help and targeted services from the more specialist services provided within health or education. Others need coordinated help from more than one agency, especially those with complex health and disability needs or those whose safety and well-being is at risk. A minority of children need immediate protection

and access to help via child protection processes; others will require their plan to be enforced by compulsory measures.

Support provided by core and additional universal services continues when targeted support is required. When targeted help is no longer needed, universal services again become the main source of support for the child.

The *Getting it right for every child* pathways to additional support are intended to ensure that the help provided is both timely and proportionate.

4 Key Roles and Responsibilities

The Named Person

Every child has a Named Person, i.e. a practitioner or manager who has responsibility for ensuring that the child's needs are addressed in universal services. This responsibility lies within the health service in the early years, and passes to the education service when the child moves into primary school.

Children, young people, parents and carers should have clear information about who a child's Named Person is. In the early years, this is recorded in the child's personal health record (red book). On entry into primary or secondary education, school information to parents and their child should introduce the Named Person and their responsibilities.

Pre-birth: the Named Person will be the community midwife

Pre-school: The Named Person will be the health visitor. The handover of the Named Person role from the community midwife to health visitor will be in accordance with NHS Highland Procedures.

Primary school: The Named Person will be the Head Teacher or a Depute in larger schools, of the school at which the child is enrolled. This responsibility is not affected by the child's non attendance.

Secondary school: The Named Person will be the Depute Head Teacher or a Principal Teacher of Support or Guidance for the school at which the child is enrolled. This responsibility is not affected by the child's non attendance.

Note Each school makes its own arrangement for appointing a Named Person for every child. This means that schools are able to make arrangements which best suit them, taking account of their skills and experience, size and location.

Home educated children and those in private education: The area education manager will nominate the Named Person.

Gypsy /Traveller Families: The Named Person will be the Gypsy Traveller Development Officer.

Responsibilities of the Named Person

The Named Person role reflects the core responsibilities of public health practitioners, and head teachers and senior staff in schools. For public health practitioners this includes the core checks which midwives and health visitors carry out in relation to children's development and health.

In education, arrangements may vary according to the size and structure of schools, but the Named Person will be familiar with a child's progress within Curriculum for Excellence.

All professionals involved with any child must take responsibility for ensuring that the Named Person is informed without delay of any significant new information about the child including changes in circumstances which might impact on their wellbeing.

If concerns are identified about a child's wellbeing the Named Person will take action to help the child, or arrange for someone else to do so. His or her role is an important one, to make sure that when problems or worries first arise a child and family receive a helpful response quickly. The Named Person will ensure that children and families are fully involved and informed about what is happening.

When Named Person responsibility changes for any reason, for example when a child starts primary school, or moves school or house, it is the responsibility of the outgoing Named Person to ensure that all relevant information about the child is passed to the new Named Person without delay.

Management of the single agency Child's Plan:

If a child needs additional help the Named Person has responsibilities for helping the child within his or her own agency and will;

- usually be the first point of contact, for the child and his or her parents/carers seeking information or advice, and for any professionals wishing to discuss a concern about the child
- ensure that core information about the child in the Named Person's agency is accurate and up to date and that concerns are recorded in line with agency procedures
- receive information from other agencies and individuals, consider any concerns in light of the child's history and current circumstances and seek further information and or take action as required
- prepare a single agency plan if the child has additional support, where necessary in consultation with others (see chapter 7 and **appendix iii a-e**)
- co-ordinate action to ensure that the plan is carried out and kept under review
- lead on planning for the child at key transition points

Where a Named Person's assessment is that a child needs help or resources from another agency as part of early intervention this should be organised without delay through direct discussion with the people involved, including the Integrated services officer if appropriate. In these circumstances, the single agency plan, with the addition of demographic details and the contributions of others involved, becomes the multi-agency Child's Plan; (see chapter 7 and **appendix iii a-e**) and the Named Person becomes the Lead Professional unless the partners to the plan agree that another professional should assume that role.

The Lead Professional

Where two or more agencies or services need to work together to meet a child's needs, a practitioner from one of these agencies will become the Lead Professional. The Lead Professional will co-ordinate assessment, planning, and action; make sure everyone is clear about the different roles they have and their contributions to the Child's Plan and ensure that all of the support provided is working well and is achieving the desired outcomes.

The Lead Professional will not do all the work with the child and family; neither does he or she replace other staff who have specific roles or who are carrying out direct work or specialist assessments.

Who fulfils the role of Lead Professional for a particular child will be influenced by;

- the kind of help the child or family needs
- the complexity of the child's circumstances and plan
- previous contact or a good relationship with the child
- statutory responsibilities to co-ordinate work with the child or family

A Registered Social Worker will always be the lead professional for;

- children who have multi agency child protection plans
- looked after children
- looked after and accommodated children

There will be some circumstances which will warrant the immediate involvement of a Social Worker. This could be where a child protection inquiry is to be carried out or where the child may need to become accommodated unexpectedly, or where there has been a sudden crisis in the family. The Named Person or Lead Professional should discuss the child's circumstances with the social work team manager and agree the immediate way forward.

Responsibilities of the Lead Professional

Whatever the level of complexity, the Lead Professional is the person who makes sure that all of the support is working well, and progress is being made towards achieving the outcomes specified in the Child's Plan. The Lead Professional provides confident leadership and should be familiar with the working practices of different agencies. The Lead Professional will;

- be the point of contact with the child and family, or ensure that someone more appropriate takes on this role
- record the multi agency Child's Plan (including chronology) integrating contributions from the child, family, and other partners involved (see chapter 7)
- be the main point of contact for all practitioners who are delivering help to the child to feed back progress on the plan or to raise other issues.
- monitor the effectiveness of the plan, reviewing progress and concerns as necessary;

- update the Child's Plan (including chronology) in accordance with relevant agency recording procedures
- make sure the child is supported through key transition points.
- make sure there is a smooth ending when a multi agency Child's Plan is no longer required, including informing all partners to the plan. Where the child has a Lead Professional from social work, this decision will be made at a formal Child's Plan meeting
- if a child's needs are reducing and it is recommended that the plan could once again be managed within universal services and if agreement cannot be reached at the formal child's plan meeting, advise the Liaison Meeting

Changes of Lead Professional must be recorded in the Child's Plan chronology.

Management of the multi agency early intervention Child's Plan

- if the assessment shows that a child needs help from another agency as part of early intervention, arrange for that support to be given and assume the role of Lead Professional, advising the Integrated Services Officer of the arrangements made
- be aware of risks and needs and identify and report child protection concerns arising from observations or information received for example where a pattern of incidents or concerns suggestive of possible harm build up over a period of time. Where assessment indicates that the child may be at risk of abuse or neglect, 'Interagency guidelines to protect children and young people in Highland' must be followed and immediate action agreed with social work and/or police. ([link](#))

Responding to escalating needs

If the concerns are escalating or the early intervention plan is not working well help may need to be co-ordinated by a practitioner from a targeted agency. The Lead Professional should arrange with the Integrated Services Officer for the Child's Plan to be discussed at a Liaison Meeting

- provide a copy of the Child's Plan and any other relevant information to the Liaison Meeting and to any new Lead Professional to ensure a smooth transition
- advise the Liaison Meeting where compulsory measures of supervision may be required, providing evidence in regard to why this action needs to be taken.
- where the Liaison Meeting considers that compulsory measures may be necessary, a Lead Professional will be appointed from social work.
- contribute to the further assessment of risk and need where a child may be in need of protection
- work closely with the new Lead Professional and contribute to the assessment, action plan and review of progress

Partners to the Plan

Partners will include the child or young person, their parent(s) / carers, their Named Person, their school nurse, other health and social care professionals, and others, for example police, housing officers, extended family members as appropriate. Each partner will be responsible for carrying out one or more actions or tasks which contribute to the desired outcomes and goals identified in the plan and for sharing information regarding progress and concerns with the lead professional as agreed in the Child's Plan.

The Integrated Services Officer

All locality Children & Families social work teams have an Integrated Services Officer who works to support the early intervention process in their associated school groups. They will not take on the role of Lead Professional, and will not be involved in direct work with children and their families. Integrated Services Officers are experienced Social Workers who will have knowledge of the full spectrum of all relevant services and resources in the local area. They can provide advice, guidance and support to practitioners across services about how a child's additional needs might be met. Integrated Services Officers will generally be the first contact point of practitioners seeking to discuss which services might be appropriate for a child.

The Integrated Services Officer co-ordinates early intervention resources and ensures that they are made available when required. Where an assessment and plan indicates that a child needs help from a children's service worker or from a commissioned partner agency, the Named Person or Lead Professional should arrange directly for that support to be provided. Prior agreement of the Integrated Services Officer is not necessary although the Named Person should share the Child's Plan without delay to ensure that the Integrated Services Officer can provide appropriate support to the children's services worker, effectively manage resources and ensure that appropriate information is accurately recorded on CareFirst.

The Integrated Services Officer is responsible for arranging and facilitating Liaison Meetings. Integrated Services Officers will also advise and support but not arrange Solution Focussed Meetings.

* Note Youth Action and Disabilities teams do not have Integrated Service Officers but will link with local Integrated Services Officers where necessary.

The Integrated Services Co-ordinator

There are three Integrated Services Co-ordinator posts in Highland, one working with each area Service Managers Group (Service Managers Group). The Integrated Services Co-ordinator works with service managers to ensure that agreed systems, processes and integrated practice are fully operational in their area, and working effectively to meet children's needs.

The ISC will ensure the appropriate level of assessment, planning and review is undertaken for children as well as have the quality assurance role in ensuring all children's needs are met efficiently and proportionately. Where a Core Group or Liaison Meeting or Child's Plan meeting conclude that a child's needs require to be considered

by the Service Managers Group (see below) the Lead Professional will send the Child's Plan to the ISC, who is then responsible for taking it to the Service Managers Group. Along with maintaining an oversight of effective use of early intervention services the Integrated Services Coordinator line manages the area based Quality Assurance and Reviewing Officers.

Quality Assurance and Reviewing Officers (QARO)

Quality Assurance and Reviewing Officers undertake quality assurance processes across all children's plans, including chairing the Child's Plan Meetings of those children with high level needs or particularly complex plans. This includes children who may be in need of protection, children who are looked after, and those with Coordinated Support Plans.

Service Managers Group

The Integrated Children's Service Managers Group is made up of area managers in police, health, education and social work, the children's reporter and the area housing manager attend in relevant circumstances.

The Service Managers Group is collectively responsible for ensuring the effective operation of assessment, planning and intervention processes within each area, and considering the needs of individual children in specific circumstances.

The Service Managers Group will be involved;

- where the requirements of the plan cannot be achieved from within area resources, or where external or specialist resources are needed
- where allocation of a significant resource needs to be sanctioned
- where disagreement between professionals or agencies cannot be resolved locally
- monitoring persistent offenders
- where use of anti-social behaviour orders, parenting orders and Intensive Supervision and monitoring scheme are needed.

Residential Placement Group

The Residential Placement Group is made up of senior managers from social work, health and education services who act on behalf of service directors. RPG considers recommendations from Service Managers Group in relation to; out of authority placements, movement restrictions (Intensive Support Monitoring Service), anti social behaviour orders and parenting orders. Power to make such orders rests with children's panels.

Chief Officer's Group

The Chief Officer's Group is made up of Directors and other senior managers from social work, health, education, police, Scottish Children's Reporters Administration along with a representative of each Service Managers Group. Chief Officer's Group holds responsibility overall for the management and implementation of multi agency services, and for the resolution of inter agency disagreements.

5 Responding to Children's Needs- What to do, who to contact

Getting it right for every child – core message

Everyone has a responsibility to do the right thing for each child and we must all work towards a unified approach, with less bureaucracy and more freedom to get on and respond to children.

This will mean earlier help and the child getting the right help at the right time packaged for their particular needs.

The routine records maintained by health and education staff about all children contain essential information about a child's history, circumstances and development. This information will be of immense value in assessing a child or young person's additional needs.

For a child requiring multi-agency support, further information may be available from police, social work service or other agencies. It is the responsibility of the Lead Professional to ensure that all key information is available and considered when the Child's Plan is drawn up.

In all children's services in Highland, the recording of information in respect of children or young people who may be in need of additional help will reflect the common language of the *Getting it right for every child* National Practice Model.

Identifying, recording and acting on concerns

A concern about a child may relate to a single issue or a series of events or attributes that may adversely affect the well-being or safety of a child.

A concern may arise from the child themselves, for example not doing as well as expected, or from someone associated with the child that might make them vulnerable, for example parental substance misuse, domestic abuse or mental ill health.

The concern may be identified by the child or their family, by someone in the community, by the Named Person, or by a practitioner in another agency, including adult services. Concerns can point to patterns of behaviour or needs and risks. Information that is routinely and properly recorded will form the basis of understanding what help children might need should difficulties emerge at any time.

By recording systematically, using a common language, information can be quickly shared should a child need a multi agency plan.

Getting it right for each child

Help should be appropriate proportionate and timely to the individual circumstances. In many cases the practitioner will be able to act quickly to provide what is needed. In other cases, the Named Person or other practitioner will need to ensure children and families are linked with the service that can best address their needs.

Children and their families should feel able to talk to practitioners in order to make sense of their worries and do something about them. This will demand sensitivity and awareness by practitioners of any cultural or other issues that might influence children's and families' perspectives. Often the Named Person will be the first point of contact. Children and families should know that, no matter who they approach, action will be taken and help provided if required.

Information Sharing

Practitioners working in all agencies must work in accordance with “Highland Child Protection Policy Guidelines” May 2009 ([link](#)) and “Data Sharing across the Highland Data sharing Partnership- Procedures for Practitioners”. ([link](#))

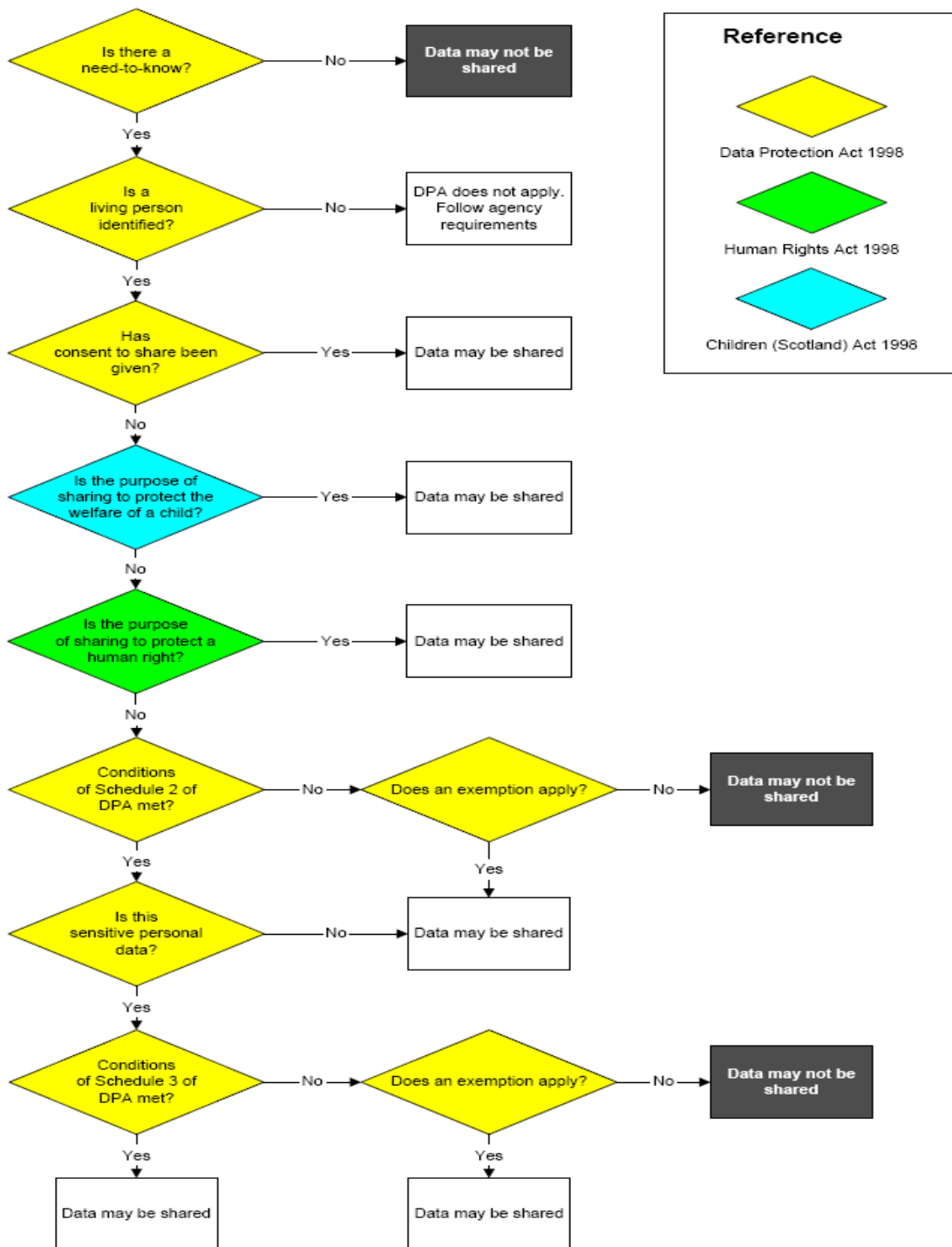
The Highland Data Sharing Partnership, comprising Highland Council, Argyll and Bute Council, Northern Constabulary, Strathclyde Police and NHS Highland has produced guidance: Data Sharing across the Highland Data sharing Partnership- Procedures for Practitioners. The procedures are applicable to all practitioners involved in sharing information with another agency within the Data Sharing Partnership area. The document provides a brief description of relevant legislation, clarifies questions about consent, lays down minimum standards regarding methods of sharing information, sets out the mechanisms for resolving disputes, and provides a leaflet – “Information Sharing within Integrated Services for Children & Young People - A guide for Parents and Carers”.

The procedures state;

- in most cases using legislation to assess whether to share information will only be relevant where consent for sharing has not been given.
- where consent has been given and there is a need to know, information may be shared.
- where consent has not been given, but there is a need to know, legislation assists the practitioner to decide whether sharing should take place. If information is to be shared to prevent harm, to prevent or detect crime, to improve the well-being of individuals or groups, or for public protection, and if the information to be shared is relevant and proportionate, then it should be shared.
- If a child is considered to be at risk of harm, relevant information must be shared.

Effective integrated practice which helps children develop to their potential requires timely, proportionate and appropriate information sharing. Practitioners should identify, act on, record and share concerns at an early stage.

When a child or family first comes into contact with any agency the practitioner should explain the way that services work together in Highland to meet children’s needs. Discussion should include what this means in terms of confidentiality, consent, and the appropriate sharing of relevant information.



Concerns about a child's safety

When a Named Person or other practitioner has concerns that a child is not safe, four questions need to be considered:-

1. Why do I think, this child is not safe?
2. What is getting in the way of this child being safe?
3. What have I observed, heard, or identified from the child's history that causes concern?
4. Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?

If the child or young person is considered to be at risk of harm, relevant information must be shared between agencies to enable an assessment to be undertaken to decide whether actions are required to protect the child. In such circumstances consent from the child or parent is not required and should not be sought.

The concern and other relevant information must be shared with the social work service Team Manager following the "Highland Child Protection Policy Guidelines" May 2009 Section 4 Responding to children's needs. ([link](#))

Good recording of relevant information, strengths as well as risks and pressures, and the sharing of this information with the Social Worker allocated to undertake the assessment of risk and needs will support any subsequent measures to protect the child.

Concerns about other aspects of a child's well-being

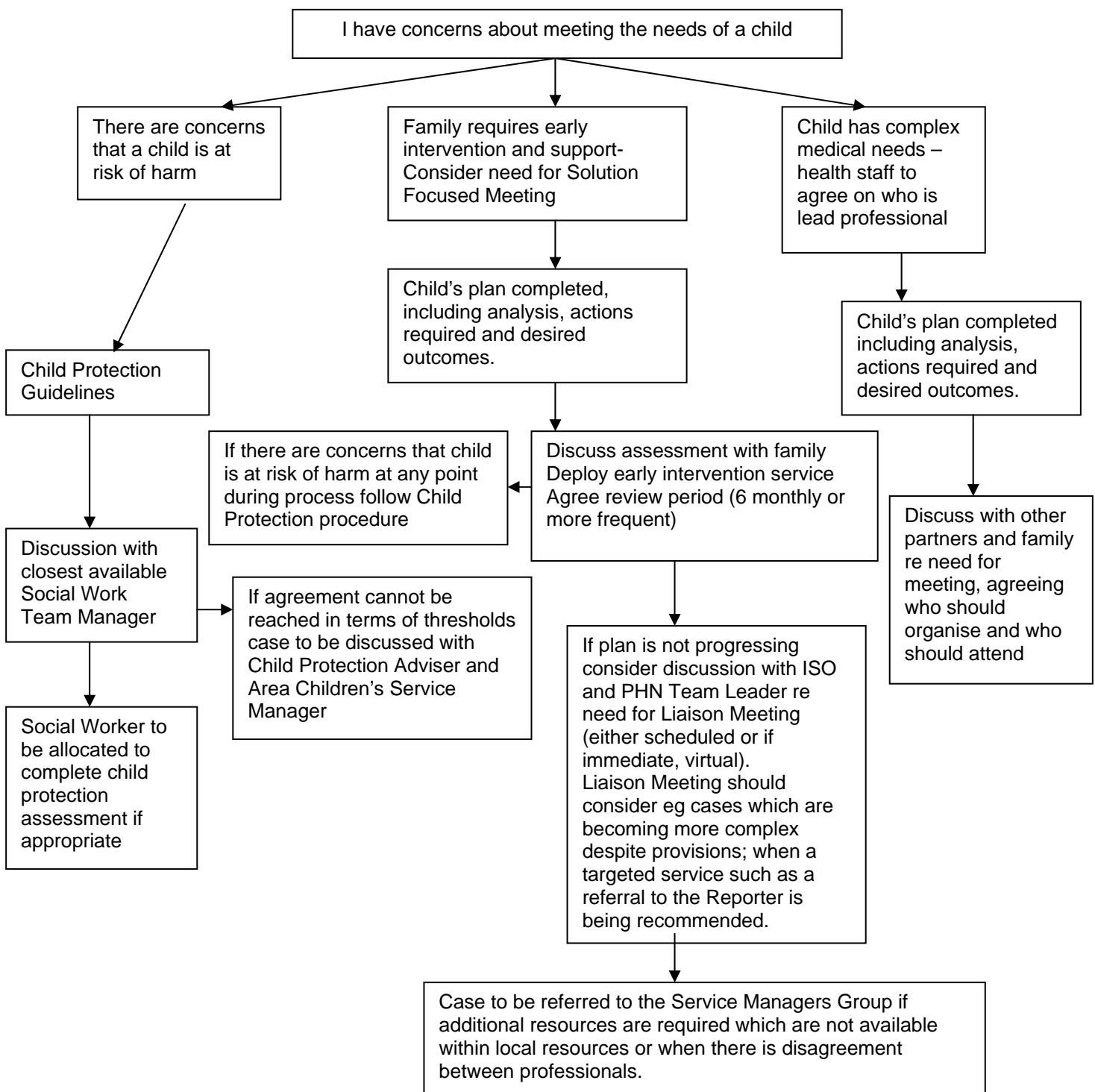
When a practitioner who is not the Named Person or Lead Professional has concerns about a child's well-being which indicate that whilst the child is not in need of protection he/she may be in need of additional support, these concerns and relevant information should be shared with the child's Named Person or Lead Professional.

When such a concern comes to the attention of a practitioner they must

- engage with the child and parents to consider the **5 Questions**:
 1. What is getting in the way of this child's well-being?
 2. Do I have all the information I need to help this child?
 3. What can I do now to help this child?
 4. What can my agency do to help this child?
 5. What additional help, if any, may be needed from other agencies?
- Seek consent to share the concern and relevant information with the child's Named Person or Lead professional.

- Where the informed consent of the child or parent has been given, the practitioner will, share the concern and relevant information via discussion with the child's Named Person or Lead Professional so that coordinated help can be offered to the child if needed.
- Where consent is denied, the practitioner will monitor the situation. Should the child's situation deteriorate or fail to improve, the need to share information will be reconsidered with the child or parent.
- In some situations, the practitioner will consider that the Named Person or Lead Professional has a need to know about the concern and relevant information in order to improve the child's well-being or the well-being of others. In such circumstances relevant and proportionate information should be shared. It is good practice to inform the child and parents of intended actions, unless this could place the child or others at risk or compromise any investigative enquiry.
- Information shared and subsequent actions taken must be recorded in accordance with agency guidance. Following discussion with the Named Person or Lead Professional and where requested, significant information may be recorded on the Standard Child Concern Form (**appendix iv**) which is forwarded to the Named Person or Lead Professional. (See pages 19 to 21)

The process of escalation of concern is illustrated in the chart on the following page;



Concerns that come to the attention of Northern Constabulary

There are numerous concerns about children and young people which are identified by police in their day-to-day activities. These concerns may be about the behaviour of a child or young person, the individuals they may be associating with or the life-style of their parents or carers.

Police may identify additional needs in respect of the child or young person, their parents or carers, which increase concerns regarding the vulnerability of the child. Conversely, there may be family or community supports identified which contribute to steps to address any concerns. Such circumstances, accurately recorded, contribute to the assessment of strengths and pressures for a child and their parents or carers.

Unless an immediate response is necessary, police will share concerns and information about children with the Named Person, Lead Professional and appropriate others via the police Child Concern Form which may include other information relevant to the concern, gathered from police information sources.

During contact with the police, the child where appropriate and their parents/ carers are informed that information will be shared with the Named Person and/or Lead Professional and other agencies who “need to know”.

Prior to the forwarding of the Child Concern Form to a Named Person or Lead Professional, telephone discussions will take place between the police Public Protection Unit and social work services to establish whether the child, family or carers are known to social work services, and to agree appropriate actions. In general, social work services will carry out follow up action in respect of:

- children who are looked after – either at home or in a kinship care, foster care or residential placement
- children whose names are on the Child Protection Register
- other children with complex needs who have a Lead Professional based in social work services
- children whose names have recently been removed from the Child Protection Register (in discussion with team manager)
- children for whom it is agreed that social work should lead a multi agency assessment of risk

A decision may be made at this stage about referring a child or young person to the children’s reporter.

Every Child Concern Form must also be sent without delay to the child’s Named Person or Lead Professional to ensure they can take appropriate action, and update the child’s record in accordance with agency guidance.

Identifying and Responding to concerns - the Named Person or Lead Professional:

The Named Person or Lead Professional's response to any concern will depend on the nature of the issues, their impact or likely impact on the child and the supports currently in place.

The Named Person or Lead Professional will:

- Consider the concern and other information shared with them in light of what is already known about the child and their circumstances.
- Using the child's record and the Wellbeing Indicators, take account of the child's history, age and stage of development, developmental progress and environment in order to determine whether any subsequent actions are required such as completing a My World Triangle assessment.
- Seek the views of the child and parents as appropriate to consider what help might be necessary and involve them in drawing up a plan or reviewing a plan which is already in place.
- Ensure a record of the concern and subsequent actions are placed in the child's record and/or chronology in accordance with agency guidance, and co-ordinate any further action required.

Where the concern is not being dealt with by the social work service, it has been assessed that there are no significant issues about the safety of a child. However, the Named Person is responsible for taking account of the new information in light of what is already known about the child and family. If this raises further concerns for the Named Person or where a suspicion of abuse or neglect is identified due to an emerging pattern of concerns, this should be discussed with a social work team manager.

Concerns about unborn children

Particular mention must be made of unborn children and babies who, by virtue of their age and stage of development are most vulnerable. Ante-natal care is provided by community midwives who hand over to health visitors when new born babies are 2 weeks old. As Named Persons, community midwives and visitors are at the forefront in identification and assessment of additional needs or risks.

Concerns arising from complex social needs in relation to expectant mothers or infants should be shared and assessed in line with this guidance. In addition, Domestic Abuse Guidance ([link](#)) and Pregnancy & Substance Misuse Guidance ([link](#)) will apply.

Unborn children who may be assessed as being at risk of harm and possibly requiring a Multi Agency Protection Plan ([link](#)) will have their needs considered at a child protection plan meeting between 28 / 32 weeks gestation.

Where indicators of need which may require a multi agency plan are noted pre-birth, the Named Person will instigate the appropriate assessment, record concerns, create the Child's Plan and deploy additional early years services.

When concerns are noted for the first time immediately following the birth of a child, the Named Person will instigate the appropriate assessment using child protection procedures if risk of harm is indicated, **or** Solution Focussed Meeting **or** Liaison Meeting processes, depending upon the levels of need and complexity indicated. (See pages 37-40) These processes replace those meetings formerly known as Pre-discharge meetings.

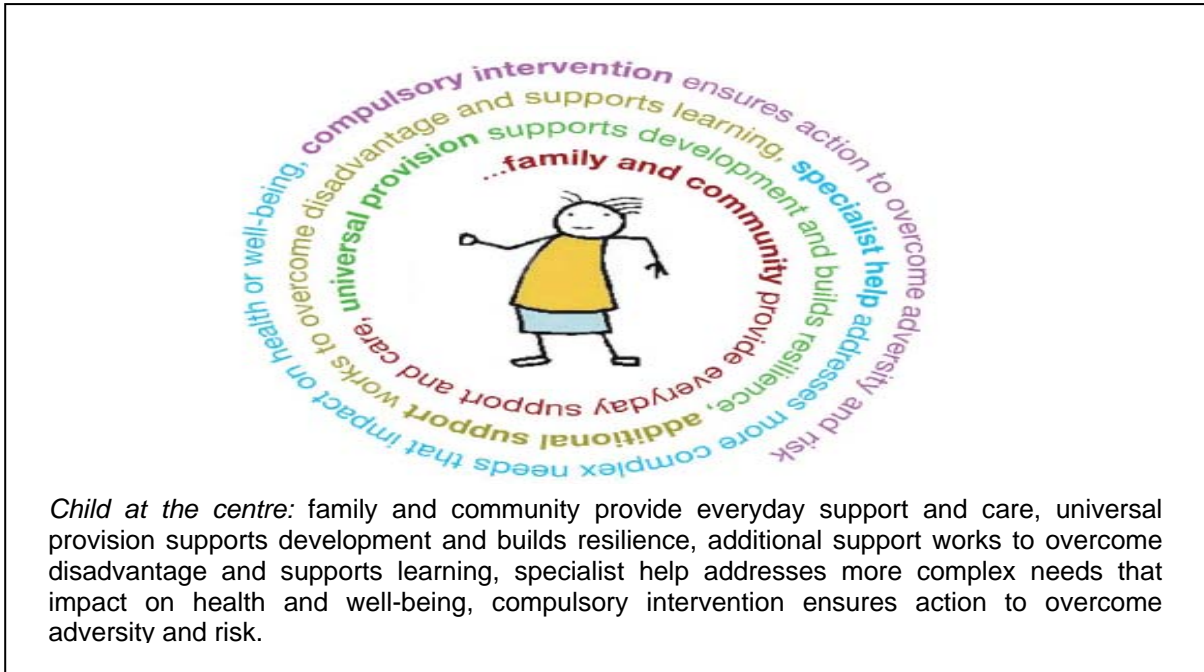
Concerns communicated by hospital based staff

Concerns about the well being and safety of children should normally be managed by local community teams, whether health, education or social work services. Whilst Named Persons should be easily identifiable by virtue of the child's age or school attended, hospital staff may not be able to identify the appropriate social work team in many cases and so the following arrangements have been made:

In all cases where hospital staff need to share a concern about a child and where there is not clarity about who is the Named Person or Lead Professional, the social work team based in Morven House, Raigmore Hospital, **Telephone 01463 701376** provide a contact point that will facilitate speedy and effective transmission of the relevant details to the appropriate social work team manager who will then, without delay, contact the health professional to discuss their concerns and agree actions.

In such cases, the person reporting the concern must follow up the discussion with a completed Standard Child Concern Form, (**appendix iv**) which they should send to the identified Named Person or Lead Professional and to the relevant Social Worker/ social work team manager where agreed.

6 Child and Family Centred Practice



Promoting well-being

Getting it right for every child aims to have in place a network of support to promote well-being so that children and young people get the right help at the right time.

This network will always include family and/or carers and the universal health and education services. Most of the child or young person's needs will be met by these key people and services.

When support from the family and community and the universal services cannot meet a child's needs, targeted and specialist help be called upon.

Only when voluntary measures no longer effectively address the needs or risks will compulsory measures be considered.

Child and family centred help

A fundamental principle of *Getting it right for every child* is that there are clear and transparent ways of accessing advice and help. This means that every agency in Highland that has connections with children or their families takes responsibility for responding to any request for help.

There are two main reasons why children should be involved in decisions that affect their lives:

1. children have the right to be involved
2. children have the capacity to be competent commentators on their lives

The right for children to participate in decision-making comes from section 12 of the UN Convention on the Rights of the Child and the Children (Scotland) Act 1995. Both specify that children have a right to be involved in decisions that affect their lives. The Scottish Government is committed to the participation of children in decision-making (Scottish Executive 2007). Those rights also extend to children being able to give consent to actions being taken that affect their well-being.

Parents and carers are also 'experts' on their children in the sense they know more about them than anyone else. Most parents want to do their best for their children and understand how their children will respond to help. Practitioners should treat all parents with dignity and respect and see their role being to support and help families.

They cannot do this without actively involving children and the people important to them in deciding what to do to help. Without children and families' perspectives on their children's or personal difficulties, practitioners' information is incomplete and they cannot reach a full understanding of children's circumstances and needs. This part of the guidance provides advice about how to include children, young people and their parents in making sense of what is happening to them and creating a plan for help and action.

Involving Children and their families

The way in which practitioners gather information from children and families is as important as the information itself. Before beginning to gather information to inform planning and how best to help the child, practitioners must talk to families about why practitioners have become involved, why assessment and planning is needed, what that will entail and what the different outcomes might be. Children and families should be able to say what they would like additional help to achieve.

An open process which actively involves children and families and others has many advantages for practitioners, children and families. It helps because:

- Children and families can come to understand what children need in order to reach their full potential;
- Children and families can understand why sharing information with practitioners is necessary;
- Children and families can help practitioners distinguish what information is significant;
- Everyone who needs to can take part in making decisions about how to help a child;
- Children and families are more likely to feel committed to the plan for a child;
- Practitioners behave ethically towards families;
- Everyone contributes to finding out whether the plan for a child has made a positive difference to a child or family;

- Even in cases where compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.

Helping children join in

Practitioners from all agencies must pay attention to and record children's views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, and who do not give up easily. Children have made it very clear what they need in *The Children's Charter* (Scottish Executive 2004).

Achieving real involvement means that practitioners must spend time with, talk to and get to know children and build relationships so that children feel confident about approaching them and asking for help. Every detail of communication with children counts and helps to build a positive working relationship with them. The tiny steps along the way are as important as the big picture:

"The rituals, the smiles, the interest in the daily routines, the talents they nurture, the interests they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of these little details may prove decisive turning points in a young person's developmental pathway. It is important not to be distracted or seduced only by the big questions. While, for example, professionals agonise or stall over whether or when to place a child in a permanent family, they may have lost sight of crucial details of what can sustain the positive development of this child today. Attention to the detail in the present makes the prospect for the future more promising and more attainable" (Gilligan 2000, p. 45).

Children's views on their situation are also part of the evidence to be included in assessing and planning.

There are five essential components in direct work with children: seeing, observing, talking, doing and engaging:

1. Seeing children: an assessment cannot be made without seeing the child, however young and whatever the circumstances.
2. Observing children: the child's responses and interactions in different situations should be carefully observed wherever possible, alone, with siblings, with parents and/or caregivers or in school or other settings.
3. Engaging children: this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them make real choices, in a way that is age and developmentally appropriate.
4. Talking to children: although this may seem an obvious part of communicating with children, it is clear from research that this is often not done at all or not done well. It requires time, skill, confidence and careful preparation by practitioners.

5. Activities with children: undertaking activities with children can have a number of purposes and beneficial effects. (Department of Health et al. 2000 pp. 43-44).

Involving parents and carers

Gaining the family's co-operation and commitment to gathering and analysing information in order to develop a plan together for the child is also crucial. Practitioners must be open and honest with them and treat them with respect and dignity, even in the most difficult circumstances. Parents want practitioners to give clear explanations about what is happening.

Practitioners have a responsibility to develop communications skills and be sensitive to families' understanding. One of the key things parents ask for is to be kept informed. Although practitioners should always be sensitive to the fact that some adults may need help with reading, it is also helpful to have available written information that is easy to understand. Seeing a written version of what has been discussed can reassure families that what they have been told is true. It is important not to rely solely on written materials but check out with families they understand what agencies are doing and why.

Meetings

- It is a fundamental principle of *Getting it right for every child* that services should be streamlined with less bureaucracy and that children and their families should not have to attend so many different meetings. A formal meeting should only be convened when there is a requirement and these should not be confused with the face to face discussions that are conducted between professionals and with families routinely.
- Where a Named Person's assessment is that a child needs help or resources from another agency as part of early intervention, this must be set out in a plan. They should organise what is needed without delay through direct discussion with the people involved, the integrated services officer if appropriate, and without needing to hold a formal meeting.
- There are, however, some cases where it will be a positive choice to hold a meeting to make decisions and draw up or agree the Child's Plan.
- When a meeting is to take place, the Named Person or Lead Professional must ensure that the right people are invited, including the child and family if appropriate, and that they are prepared for the meeting.

Reviewing the early intervention Child's Plan

Reviewing the plan is an ongoing process which begins as soon as actions are agreed. As a principle, no more than six months should go by without the Child's Plan, single agency or multi agency being reviewed.

Where health and education are working together, or services are provided by another agency as part of early intervention, the Child's Plan is managed by a Lead Professional in Universal Services. The plan will be reviewed through ongoing dialogue and discussion with everyone involved as agreed. If a meeting is needed, practitioners must be clear about its purpose and *that the Child's Plan cannot be managed in any other way.*

Solution Focussed Meeting

In some circumstances the Named Person or Lead Professional from Universal Services will consider that it would be helpful to gather together a small group of people who know the child and family well. The meeting will be arranged by the Named Person or Lead Professional. The Named Person or Lead Professional may engage with the Integrated services officer in preparation for the meeting. The child and family will be included and the meeting will seek to find solutions collectively. Any decisions of a meeting such as this should be recorded using the documentation of the agency leading the discussion. The meeting might involve a range of people, some of whom may not yet know the child, but can contribute positively to the process, some who may be involved to get to know the situation with a view to considering future involvement and some who are already involved in the child's life.

In all meetings and planning consultations, a solution focused approach has been shown to be effective in involving the child and family effectively and working collectively towards solutions and positive changes.

The Liaison Meeting

The Liaison Meeting provides a mechanism for the Named Person or Lead Professional from universal services to discuss their concerns regarding an individual child where circumstances are complex, and/or where early intervention has not addressed a child's needs in a reasonable timescale.

Liaison meeting members, local managers representing health, education, and social work services have delegated decision making authority from their agencies in respect of the allocation of targeted resources and staff in their area. They have a corporate function to be aware of children in need in their area and to be confident that needs are being properly addressed and managed. The regular Liaison Meeting provides a forum for these managers to highlight good practice and resolve any issues that are getting in the way of partnership working, in addition to discussing individual Child's Plans. They will involve representatives from other services where appropriate.

The Integrated services officer will organise regular set dates for Liaison Meetings in their area to maximise professional attendance and time. Chairing of the meeting should rotate between agencies, ensuring ownership of and commitment to the process. Liaison Meetings must include management representatives of social work, education and health services as well as the Lead Professional. Where the urgent needs of the child dictate it the Liaison Meeting may be a virtual meeting conducted in phases, by face to face, telephone or other contact, but must include this quorum of members

When a Child's Plan is not leading to improvements, the Lead Professional will arrange via the Integrated services officer to seek advice from the Liaison Meeting members. This will usually happen via the regular Liaison Meeting though when the need arises, service managers may conduct a discussion about any individual Child's Plan by telephone or email. Copies of the Child's Plan including a chronology will be circulated to members prior to discussion.

The Named Person or Lead Professional will attend the meeting along with the integrated services officer. Other key professionals agreed by the Named Person or Lead Professional & the Integrated services officer will be asked to attend.

The Named Person or Lead professional will ensure that the child (where appropriate) and family are;

- informed of the Liaison Meeting,
- have sight of the plan before it goes to the Liaison Meeting and
- are helped to understand and have their views included in good time.

The Child's Plan will be discussed by the Liaison Meeting where:

- Initial assessment suggests an acute level of complexity which requires the involvement of a targeted service and the child is not considered to be at risk of significant or immediate harm
- Complexity is increasing despite the provisions of an existing Child's Plan and advice is required.
- Concerns are not reducing – advice can be sought at any time, but must be sought where an early intervention service has been in place for 6 months.
- Referral to the children's reporter needs to be considered where concerns about the child's welfare or behaviour cannot be addressed on a voluntary basis, when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child.
- Additional resources are required that cannot otherwise be met.

The Liaison Meeting can determine resource allocation, provide advice and decide;

- What further assessment and intervention is required
- Whether early intervention services should continue
- Whether a targeted service should be allocated
- Whether a referral to the children's reporter needs to be made, within what timescales, and arrangements for ensuring the Child's Plan contains the information required.

The main points of the discussion and any decisions taken, including review arrangements and any contingency plan, must be recorded in the Child's Plan or as a separate note which should be retained in the child's record.

Children's Hearings

The decision to call a Children's Hearing is taken by the children's reporter following provision of sufficient information regarding a child's needs along with evidence of the need for compulsory measures. A complex multi agency Child's Plan will be provided via the Social Worker who has been designated as lead professional. The Child's Plan will be provided to the children's panel for use at the Children's Hearing. See chapter 7 for more information on the complex Child's Plan and **appendix iii**

Child's Plan Meetings

Some children will have their needs addressed through the formality of a Child's Plan meeting. This will be where the child:

- Is looked after at home
- Is looked after and accommodated
- Is at risk of significant harm
- Has a co-ordinated support plan

A Child's Plan might need to fulfil the requirements of a range of statutory processes, including different timescales for review. Where, for example, a child who has a Co-ordinated Support Plan becomes looked after, it will be necessary to align reviews to ensure that the child has one plan which meets his or her needs and fulfils the obligations on both statutes.

At this level of complexity, careful preparation becomes even more important. The Lead Professional needs to pay a high level of attention to integrating the contributions of all partners into the assessment and plan. This includes contributions from the child and family, who must see the plan before it goes to the meeting and be helped to understand and make comment on it in good time.

Also at this level Child's Plan meetings will be chaired and led by a Quality Assurance and Reviewing Officer.

Core Group Meetings

Where the Child's Plan is complex the practitioners who are directly involved will meet with the child and family at pre-arranged intervals.

The frequency and attendance at Core Group meetings will be determined by the child and family circumstances. For example it may be necessary for the Core Group to meet regularly for a period to support a transition.

Where the Child's Plan is a Child Protection Plan, the Core Group will be identified at the Child Protection Plan Meeting and operate as laid out in Child Protection Policy Guidelines.

7 The Child's Plan

Core to the effective co-ordinated provision of appropriate support to a child is the principle that any and all agencies supporting the child are working to a single agreed plan.

In every case where additional support is required to promote the child's well-being, the reasons and plan for action must be recorded. The plan may be a single agency, or a multi agency Child's Plan. It may be short and simple or complex and detailed.

A Child's Plan should always be proportionate to their needs and circumstances.

If it is a single agency plan, the Named Person will be responsible for recording and coordinating the plan. If it is a multi-agency plan, the Lead Professional will be responsible for integrating the contributions from each partner agency into one plan, the Child's Plan, as well as recording and coordinating the plan.

One plan requires:

1. the coordination and integration of assessment of need, planning and intervention, and
2. a high standard of practice, cooperation, joint working and communication.

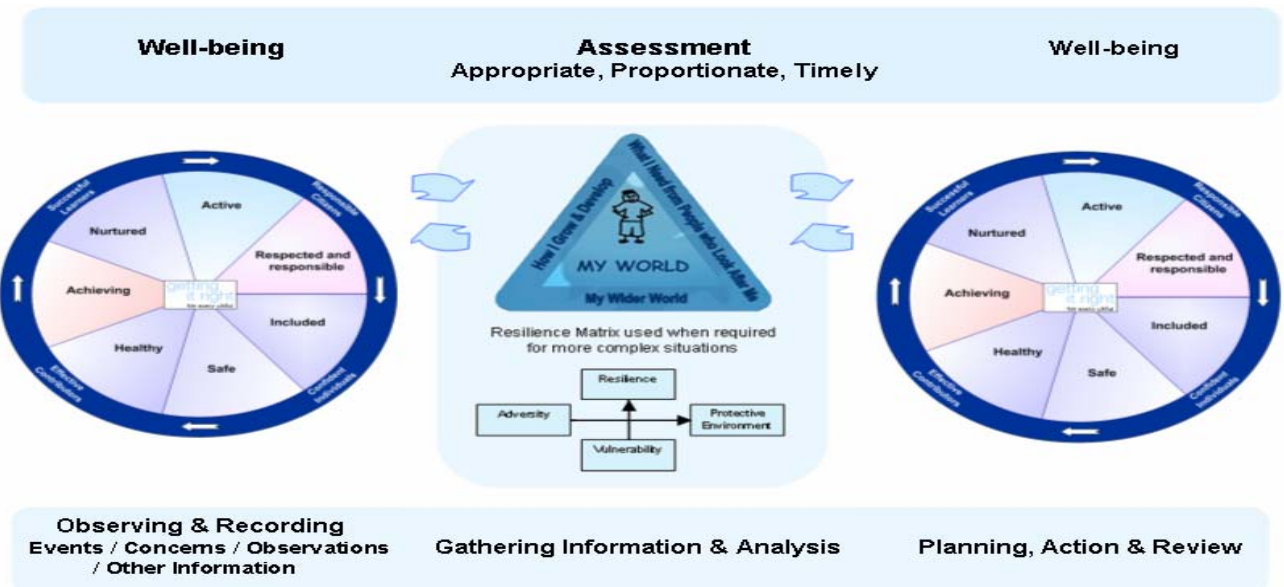
Practitioners need to work in accordance with legislation and guidance. They also need to think in an holistic way about the child, and their world. This means drawing on the skills, knowledge and expertise of others, so where the child or young person's circumstances require the health care plan, individualised education programme and/or looked after child plan are all incorporated into the Child's Plan.

Further information relating to single agency planning, and to meeting the requirements of legislation and guidance, for example the Additional Support for Learning (2004) Act, and Regulations in respect of Looked After Children can be found **(links)**

The overall aim of all Child's Plans is to ensure that the child is helped to make good progress towards achieving their full potential. The plan provides a record which reflects the *Getting it right for every child* National Practice Model as illustrated in the diagram on the next page) by summarising:

- identified concerns,
- assessment of needs from analysis of information gathered,
- desired outcomes to be achieved
- actions agreed to achieve these outcomes, and
- arrangements for review.

Further information about the *Getting it right for every child* national practice model is in chapter 2 of this guidance.



Recording the plan

Children and families are central to the Child's Plan and to making sure it succeeds. Whether a Child's Plan is single agency or a multi-agency the plan must include what is needed, why, what will be done, by whom and when. Where there are differing opinions about any of the content the plan must show and attribute these clearly. The child (where appropriate) and their parents/carers must be given a copy of the Child's Plan, including sharing any draft with them during the preparatory stage.

The complexity and detail in the plan will be proportionate to the level of need and support identified. It must be written using language that is accessible to the child and family and reflects their involvement in the process. All plans should contain the following elements:

1. Reasons for the plan - why agencies, family or a child believe the child needs additional support, including any issues of concern to be addressed.
2. Partners to the plan - the names and designation of all the partners to the plan including parents and children and how they can be contacted. This will also include the Named Person and/or Lead Professional and any members of the core group who will be taking actions forward.
3. The views of the child and their parents and or carers - about the child's circumstances, the goals and action plan to improve well-being, and the progress towards this should be recorded.
4. Summary of the child's needs - the summary will come from the multi agency assessment using the My World Triangle, any additional specialist information and the analysis using the Resilience Matrix. It should highlight the positives in the child's world as well as the pressures or needs. Promoting and building on strengths will be an important part of the Child's Plan. The needs should be expressed in terms of what needs to be built on, or changed to make the child safe, healthy, achieving, nurtured, active, respected and responsible, and included. It is not expected that

there will be needs in every area for every child because the needs will depend on the child's circumstances.

5. Chronology - an interagency time line of significant events and concerns, and what has been done about them
6. What needs to be done to improve the child's circumstances- the plan should identify both short and long term desired outcomes and set out the priorities, identifying any for immediate action
7. Details of action to be taken - to include actions by the child, the family, and practitioners
8. Resources to be provided - by whom and within what timescales. Any difficulties agencies anticipate in providing resources of the type or level required by the plan should be recorded and, where appropriate or necessary pending their availability, interim measures set out
9. Timescales for action and for change - timescales should be agreed and recorded in relation to the actions to be undertaken by practitioners, the family and the child. These timescales should be specific. Terms such as "ongoing" should be avoided
10. Contingency plans - statements of what will happen if agreements or actions are not carried out and outcomes are not met, or what is likely to be required if circumstances change
11. Arrangements for reviewing the plan - recording details of how and when the plan will be reviewed. **Note** reviewing the plan does not always require a meeting to be held (see pages 37 to 40).

Multi-agency Child's Plan will also include:

12. Details of any compulsory measures in place or recommended. Where compulsory measures of supervision are indicated the evidence to be placed before the Children's Hearing should be clearly recorded within the plan and chronology.
13. Monitoring arrangements and timescale for reviewing the Child's Plan

Progress must be monitored and reviewed to ensure that the planned actions are achieving the desired outcomes, and to determine whether any changes need to be made.

Reviewing begins as soon as actions are agreed. Whilst as a principle no more than six months should go by without the Child's Plan (single agency or multi-agency) being reviewed, in practice this may happen more frequently. Arrangements for monitoring and reviewing the plan should be proportionate and comply with statutory requirements.

All partners involved in the implementation of the plan should be in regular dialogue with the Lead Professional and each other in regard to the effectiveness of the plan and the monitoring process. This will often be achieved through discussion between partners and, where necessary, meetings of the Core Group.

Children with more complex needs who have a Lead Professional from a targeted service will have their plans reviewed at a Child's Plan meeting, with any major changes agreed in that forum.

Where a Child's Plan is complex, there will be a Core Group of practitioners closely involved in working directly with the child and family and in monitoring the progress. The frequency of Core Group meetings and discussions will be determined by the child and family circumstances so may be set by procedures, for example when the child's name is on the Child Protection Register, or in all other circumstances, determined by need.

Practitioners must be vigilant about any new information that changes a child's circumstances and should respond quickly, appropriately and flexibly making relevant changes to the plan without undue delay. There will be some circumstances where it will be necessary for the Lead Professional or other partner to make small changes to some of the detail contained in a complex plan, for example a change to the visiting pattern of a support worker.

The means of making changes must be proportionate to the level of change needed, and must allow the core group of practitioners working with the child and family to make small alterations to the detail easily. For a plan based on early intervention services, such changes should take place through discussion with the relevant parties and partners to the plan.

For children who have a plan that reflects a higher level of complexity, a Child's Plan meeting may need to be convened. The Core Group must identify when the level of change to the plan is such that the Child's Plan meeting needs to be brought forward.

Preparation for review of a Child's Plan

When reviewing a plan, the essential questions for consideration by the Named Person or Lead Professional along with others, including the child and family are;

- How well the child is doing, and is there any new information or change of circumstances?
- What is the progress toward the outcomes?
- Is there anything in the plan that needs to be changed?
- Does the child still need a multi-agency plan?
- What needs to happen next?

Everyone, including parents and carers, must pay particular attention to any current or expected transitions in the child's life so that these can be included in the review of the Child's Plan, thereby ensuring that adequate support is provided and there is no gap in service. Transitions could be a change of household, a change of address, moving from one school to another, change of carers, change of significant professionals involved, change of Lead Professional or transition from children's to adult services.

Information for any meeting, hearing or review must be shared in advance with the child, family and other practitioners, so that all those attending are fully prepared. The child and family's views are an essential contribution to the process and it is the responsibility of the Lead Professional to ensure that this preparation takes place in advance of any meeting. It is not acceptable for any information to be included in the plan without the child and family having the opportunity to see and comment on it in advance of any meeting or discussion of the plan.

Amendment following review

The reviewed Child's Plan, whether in single or multi-agency context, together with any reports from the practitioners involved, should always be carefully recorded and communicated to all the partners to the plan. If a plan has included concerns about a child's safety, health or parenting, it is important to include in the review a summary of contacts or appointments kept or missed with details of action taken. Where a situation has deteriorated, the review is also an opportunity to consider whether compulsory measures may be indicated.

Where outcomes in the Child's Plan have been achieved

When it has been agreed that the outcomes of a multi agency plan have been achieved and that a child no longer needs a multi agency plan, it is important that this decision is made with the agreement and knowledge of everyone involved, including the child and family. In this situation it is once again the Named Person who is the contact point for issues about the child, and to whom new concerns should be reported, (unless that concern is about a child who may be at risk of significant harm, in which case, Child Protection Procedures will apply).

For some children who have had a plan with a Lead Professional from a targeted service, a Child's Plan meeting may conclude that Lead Professional responsibilities should change to a practitioner from Universal Services. In such circumstances, it is the responsibility of the Lead Professional who is handing over responsibility to ensure that all parties involved are informed of the changes.

When a family move

Where a child moves with their family, the Lead Professional is responsible for ensuring that the most recent assessment and planning information is sent to the receiving area as soon as possible and should follow their own agency procedures to make sure this is done.

Confirming changes in Lead Professional or back to Named Person

In all circumstances the Lead Professional handing over is responsible for ensuring that everyone involved is informed of the change and the person taking over from them must confirm in writing to all concerned that they have taken on responsibility and from what date. This will usually be achieved through a single combined letter from both people including their contact details and copied to all parties to the multi agency plan.

Where a Lead Professional suddenly and unexpectedly has to withdraw (for example because of sudden illness) their responsibility for notifying all parties passes to their manager or supervisor.

NOTE On the rare occasions where the Lead Professional is unable to attend the Liaison Meeting (for example a Head Teacher in school holidays) the Integrated Services Officer and the new Lead Professional must ensure that the changes are communicated as above.

END