

Agenda Item	9.
Report No	ECAS 39/15

Implementation of *Getting it right for every child* in Highland: Update

Report by Director of Care and Learning

Summary

This report updates members with regard to the ongoing evaluation of *Getting it right for every child* in Highland. It also makes comment on the Children and Young People Act (Scotland) 2014, which will have some impact on the Highland Practice Model.

1. *Getting it right for every child* in Highland

- 1.1 *Getting it right for every child* (GIRFEC) is a [national programme](#)¹ which aims to improve the outcomes for all children and young people in Scotland.
- 1.2 The core ethos of the programme is that all staff across services for children work collaboratively to ensure that the needs of each child are addressed. Central to this approach are ten Core Components including: improving outcomes for children and young people, a common assessment and planning framework, a shared approach to information sharing and a Named Person and Lead Professional to co-ordinate activity. Underpinning these components are eight wellbeing indicators that encapsulate the basic elements every child needs to grow and develop effectively (safe, healthy, achieving, nurtured, active, respected, responsible and included – commonly known as SHANARRI).
- 1.3 The GIRFEC Implementation Plan, published in June 2006, identified the need to test the approach, in order to help inform the development of national guidance. The Highland partnership became the national pathfinder. The GIRFEC approach was developed here between 2006 and 2008, at which point it was rolled-out across the Highland area, and fully implemented by early 2010.
- 1.4 An Evaluation Team was embedded within the pathfinder project, initially to consider the development and implementation phases of GIRFEC, and then to assess the extent to which the new systems and process were being utilised and the impact they were making.
- 1.5 The [evaluation reported in 2009](#)² and concluded that “green shoots of progress” were being made through the introduction of GIRFEC. This included signs of progress towards improving outcomes for children and families and improvements in professional practice. The evaluation noted that it would be important to evaluate the approach going forward, especially once it had time to embed and be extended to all areas within Highland.

¹ www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background

² www.scotland.gov.uk/Publications/2009/11/20094407/0

- 1.6 The approach has since been established as the way of working for children's services and the [Highland Practice Model³](#) has emerged as the delivery framework to take forward the GIRFEC components, principles and ethos. The Practice Model sets out the roles and responsibilities of staff and a common assessment framework for identifying and addressing the needs of the child.
- 1.7 Continuing evaluations have reaffirmed the positive outcomes from the Highland Practice Model, including the inspection of children's services led by the Care Inspectorate in April 2014.

2. Current Evaluation

- 2.1 In order to monitor the implementation of the Highland Practice Model within the lead agency, and in order to inform the development of the GIRFEC aspects of the Children and Young People Bill, a further evaluation was initiated in 2013.
- 2.2 This provided interim findings in September 2013, including that:
- Practitioners across all disciplines report that children are more likely to get the help they need when they need it.
 - Children in Highland are better protected and professionals report concerns are being identified earlier.
 - Targeted services report working with and receiving more appropriate cases and referrals.
 - Children in Highland are now less likely to be subject to compulsory measures as they are being supported by a multiagency team and have a Child's Plan in place.
 - Children are healthier and making more appropriate choices on lifestyle issues.
 - The integrated Child's Plan ensures that all professionals, the child and family are better able to work together to achieve the best possible outcome for the child. It has improved, and led to more appropriate interventions for the child and family.
 - The processes and procedures in place have been streamlined to help ensure that children get the help they need when they need it.
 - Children in Highland are supported to achieve and attain and to realise their potential and achieve positive destinations post school.
 - The named person provides a focus for parents and professionals.
 - For those children who need it, there is now a team in place around the child that works and plans together to ensure that the needs of the child are addressed appropriately.

³ www.forhighlandchildren.org/5-practiceguidance/

- Improved communication and information sharing amongst professionals is resulting in the needs of the child being met more effectively.
- The Highland Practice Model supports children within their community and ensures compulsory measures are sought only when necessary.
- Practitioners report that parents and children are empowered to participate in the planning process.

- 2.3 This work has continued, and is coming towards a conclusion. It includes a review of the child and family experience of the Child's Plan by the Highland Children's Forum, which will be presented at this meeting of the Committee. Interviews were undertaken with 30 parents/carers. 29 children were consulted and a further 9 children observed. The full report is circulated separately as **Booklet A** and is at: www.highlandchildrensforum.org/userfiles/file/Child's%20Plan%20parentcarer%20Rpt%20Final.pdf
- 2.4 The review found that the Child's Plan approach has embedded child centred practice, and there is evidence that professionals are recognising children's needs in the early stages and developing a plan along with parents and children.
- 2.5 Families largely welcomed the new approach and said they felt more involved in decisions which affected them. However, they did not always feel that their views were listened to and included within the Plan. The report also finds that many parents believe the Plan to be overwhelming, and parents and children indicated that there was a lack of information about the Child's Plan itself.
- 2.6 A further strand of the evaluation has been to review the operation of the Child Concern Form process. Professionals have highlighted the importance of the Concern Form Process in providing critical and timely information about a child, to better enable them to respond to needs.
- 2.7 However, given the changes in professional structures across NHS Highland, Highland Council and Police Scotland, the Practice Model Improvement Group considered it important to explore the operation of the process. An Early Years Collaborative approach methodology is being utilised to undertake this piece of work, and early tests of change have been completed.
- 2.8 A further approach to gather the views of families was undertaken between April and July 2014. This involved professionals using an 'appreciative approach' to have a conversation with their client group about their involvement with services. Two key questions were asked during a normal intervention – 1. *What has worked well for you?* and 2. *What could we do better together?*
- 2.9 Social Workers, Health Visitors and Pre-school home visiting teachers took part in this approach in an attempt to understand how clients feel about their experience with services and what could be improved for them. Professionals found the approach positive in gathering views and the feedback received from clients both honest and helpful.
- 2.10 Work on the Child Concern Form review is ongoing, as is ongoing analysis of key outcomes data. Given the recent changes in Children's Services within Highland and the move to Family Teams, there is also a need to revisit professional's views

on the Practice Model. These strands, along with the findings collated to date, still require to be brought together under an overarching report.

3. Children and Young People Act (Scotland) 2014

- 3.1 The Act covers a number of areas of provision which aren't directly connected, and have been covered in other reports to Committee, such as Early Learning and Childcare provision, Children's Rights, Corporate Parenting, Kinship, Children's Hearings, school closure processes and setting up an adoption register.
- 3.2 The key purpose of this report however is to update members on the proposals around the working of Named Person services, the Child's Plan and Lead Professionals, which are already in place in Highland because of the previous pathfinder status of the authority. The Act places the Named Person Service and Child's Plan in a statutory basis, as well as the SHANARRI wellbeing indicators.
- 3.3 The Scottish Government has held numerous consultation events for all partner agencies and local authorities in Scotland, and several of these have been attended by Highland Council staff. The head of the Government's Better Life Chances Unit has also met with the Director and senior staff in Highland, to discuss our perspective on the new proposals.
- 3.4 The issues which have been highlighted during the national consultation process have been varied. With legislation putting the Named Person role on a statutory footing, comes a challenge around managing the transfer of responsibilities from one authority to another, and attendant considerations about how much information should be shared in the transfer process. Indeed, information-sharing is one of the most complex aspects of the guidance.
- 3.5 Other local authorities have raised concerns about the interface between child protection processes and services concerned with the wellbeing of children. This has not been a major feature in Highland, partly because of the integrated approach and Family Team configuration and the Lead Agency model for health services for children.
- 3.6 The legislation and guidance will require Highland to put a Named Person Service in place for children post-school, and it is envisaged this will largely be taken on by the youth work service, and other staff with significant roles, such as Activity Agreement Co-ordinators, will also be included.
- 3.7 Depending on the final iteration of the statutory guidance, Highland may also have to review the Named Person Service in the early years, as it is presently proposed that this commences on the day of birth with the Health Visitor, and does not allow for the Midwife role in the first 10 days, which is the established practice in Highland.
- 3.8 There will also be a new appeal service for children and families, who disagree with aspects of their Child's Plan, and this will extend beyond the current arrangements in place within the Highland Partnership. Proposals have still to be published regarding this.

4. Implications

- 4.1 **Resources:** The Highland Partnership received significant support from the Scottish Government during the development and implementation of the GIRFEC model. The Practice Model is now mainstream activity, and does not require additional funding – albeit there are ongoing pressures on various groups of staff because of their various core responsibilities (and in relation to this, some additional funding is being provided for Health Visitors).
- 4.2 **Legal:** While the full set of additional responsibilities will only be understood once the statutory guidance is published, this report sets out the key issues.
- 4.3 **Equalities, Climate Change/Carbon Clever, Rural, Risk, and Gaelic:** there are no new implications.

5. Recommendation

- 5.1 Members are asked to note and comment on the issues raised in this report, and the subsequent Highland Children's Forum presentation on the Child's Plan.

Designation: Director of Care and Learning

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