

Testing Exercise Report and Materials

Appendix 1:
Practice guide

Getting it right for every child **in Lanarkshire** **Practice Guide**

Supporting practitioners to contribute to the
testing exercise



A ***Getting it right for every child*** Learning
Partner

October 2009 - February 2010: V1.0

Acknowledgements

The Lanarkshire Practice Guide has not been written in isolation, it builds upon the work of many people and agencies over a number of years. A full bibliography is appended detailing the resources used.

As a Learning Partner we are grateful to all those who have taken this journey before us and have tried to learn from the lessons of the pathfinders.

We would like to acknowledge Jane Aldgate and Brigid Daniel whose work created the practice model which is incorporated into the components and core paperwork.

We are also grateful to the North Lanarkshire Learning Centre for all their assistance with graphics, and to Jenny Massey for the design, formatting and print setting of this guide.

We would like to extend a special thank you to all practitioners and managers who have attended planning meetings, consultations and testing exercises each of whom contributed to the development of the Practice Guide and paperwork.

This Practice Guide represents the next step in the journey of implementing *Getting it right for every child* and as we continue in partnership, this document will evolve.

* This Practice Guide has been written in compliance with The Scottish Government "*Getting it right for every child – National Style Guidelines*" - including fonts, logos, and presentation of the Programme titles and brand.

This Practice Guide is version controlled as the Lanarkshire guidance will develop over time as learning advances.

The guide contains form exemplars with guidance notes regarding how they may be approached (shaded in grey within the forms).

The form templates themselves, along with other materials and latest versions of this Practice Guide, will be made electronically available via the web for download.

A Lanarkshire Learning Partner web-space for this is currently under development, and once it is available, hyperlinks to it will be added to the *Getting it right for every child* "Tools and Resources" pages, under "other helpful links":

- www.scotland.gov.uk/gettingitright/tools&resources

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Foreword

On behalf of the Lanarkshire Partnership which includes North and South Lanarkshire Councils, NHS Lanarkshire, the Scottish Children's Reporters Administration and voluntary sector colleagues, we would like to thank everyone who has helped to bring us to this point in implementing *Getting it right for every child*. This Practice Guide incorporates years of inter-agency work, building on the strong foundations of partnership working, innovation and continuous improvement in Lanarkshire.

As the first Learning Partner in Scotland for *Getting it right for every child*, Lanarkshire is at the forefront of positive change and our lessons will not only help our own development but hopefully support colleagues across Scotland. It is important that we involve as many practitioners as possible, reflecting on our positive experiences, as well as capturing the barriers and challenges.

The Integrated Framework, to develop children and young people's well-being, is owned by all members of the partnership and has meant that each agency has had to compromise, but we hope that we have joined up best practice from each agency to facilitate better outcomes for children through the use of the national *Getting it right for every child* practice model. This Practice Guide helps to set out how the components and core paperwork will be used to support children as they make their journey through children's services, particularly when they need help.

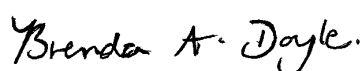
The Integrated Framework should not be seen as an end in itself as this draft paperwork alone will not change children's lives. It is how the practice tools are used, the way we interact with children and families and with each other, that will make the difference. The practice guide and core paperwork should be seen as the next step in a dynamic process that will allow us to explore and share our observations and jointly consider what this means for each child and family. We are prepared to discover through the process of using the components and core paperwork what works and we anticipate changing and adapting these components to reflect the unique characteristics of our local area.

The Practice Guide including core paperwork is a working draft to allow us to test and make any necessary alterations before moving to full implementation in 2010 – 2011. We would ask that all professionals, parents and carers, children and young people take the opportunity to feed back with comments and suggestions that will enable us to agree what works best.

***Getting it right for every child* Programme Executive**



Richard Burgon



Brenda Doyle

Section 1: Who this Practice Guide is for?

This first version of the Practice Guide is designed primarily to support children's services practitioners who are involved in testing the *Getting it right for every child* approach in Lanarkshire. This will include public sector children's services staff plus a limited number of adult services and voluntary sector colleagues who are directly involved with some of the testing transitions. However, the Practice Guide should also support the whole workforce in Lanarkshire to begin to prepare for full implementation in 2010 – 2011 after the testing stage is complete.

The workforces that are included are:

- maternity services, public health, allied health, community paediatrics and CAMHS;
- education services from pre-school early years to nursery, primary, secondary and the final transition to further / higher education, training and the world of work;
- community learning and development staff working within schools and the community;
- all services provided by children and families social work and including reception services;
- Scottish Children's Reporter's Administration;
- Skills Development Scotland (Careers Services).
- a limited number of voluntary sector partners
- some adult service providers such as NHS addictions, Mental Health and Adult Social Work providers including disability, mental health, addictions and criminal justice services

Lanarkshire has been organised into 10 localities, 6 in the North and 4 in the South. Locality Planning Groups include senior managers from public health, children and families social work, education, community learning and development, community regeneration, housing and the Scottish Children's Reporters Administration. All practice change which is part of the *Getting it right for every child* programme, including testing core paperwork, will be managed through this structure.

With such a large workforce across Lanarkshire it is not possible to test with every single practitioner and every child. It has been agreed that localities will each focus on at least one or more key transitions for children and young people, testing with an agreed number of cases in each. The focus for each locality is set out in the table below.

Testing Transitions in each Locality					
Locality	Birth to early years	Early years to pre-school	Pre-school to primary	Primary to secondary	Secondary to the world of work
North Locality (Cumbernauld and Northern Corridor)					X
Airdrie Locality	X				
Bellshill Locality				X	
Coatbridge Locality		X			
Motherwell Locality		X			
Wishaw Locality			X		
Cambuslang / Rutherglen Learning Community					X
Hamilton / Blantyre Learning Community			X		
Clydesdale Learning Community				X	
East Kilbride Learning Community	X	X	X	X	X

- Motherwell locality will also focus specifically on children who are exposed to domestic abuse
- East Kilbride locality has agreed to build from their paper testing exercise and work with a number of transitions rather than focus on one age or stage
- There are 3 Nursery Pilots in North Lanarkshire working between public health and pre-school education. These pilots will also consider the core components and how they might facilitate getting it right for children of this age group

Section 2: Executive Summary

The Scottish Government introduced *Getting it right for every child* (GIRFEC) as a programme of change that reaches across all children and adult services in the public and voluntary sectors in Scotland to achieve better futures for all of our children and young people. It builds from universal health and education services and drives the developments that will improve outcomes for children and young people. By changing the way we think and act we can help all children and young people grow, develop and achieve their full potential. The programme calls for a positive shift in culture, systems and practice amongst workers in health centres, clinics and hospitals, nurseries, schools and leisure centres, family centres, social work services, housing offices and in the community.

GIRFEC is a fundamental way of working that builds on research and practice evidence to help practitioners focus on what makes a positive difference for children and young people and support them to deliver these improvements. GIRFEC is the common strand through existing policy, practice, strategy and legislation. The major policy drivers in Scotland such as Equally Well, Health For All 4, The Curriculum for Excellence, the Early Years Framework, and Changing Lives are seen as **'what'** each agency should be working towards while *Getting it right for every child* is promoted as **'how'** to achieve these policy ambitions across the public and third sector workforces.

Lanarkshire is supported by the Scottish Government as the first Learning Partner in Scotland to fully implement a GIRFEC approach. GIRFEC implementation is managed by a multi-agency Programme Board with representatives from North and South Lanarkshire Councils, NHS Lanarkshire and the Scottish Children's Reporters Administration. The Board reports to the two Children's Services Strategy Groups in the North and South and the Pan Lanarkshire Data Sharing Partnership. Two Implementation Groups in the North and South help to co-ordinate and communicate activities.

The Programme Plan for *Getting it right for every child* in Lanarkshire has three aims with separate work streams reflecting a comprehensive, far reaching programme which can only be achieved by working across every function and level of organisations.

This practice guide is about supporting the role of practitioners to contribute to the programme of implementation.

Culture Change: **To progress culture change which supports the successful implementation of *Getting it right for every child***

Culture change is about putting children and their family's needs at the centre of planning and action. Building knowledge and understanding of each service and how different roles can work separately or together within local communities to create effective support networks for children and young people, is central to culture change.

Systems Change: To establish a single children's services system based on an integrated framework of developing children and young people's well-being

Systems change is about streamlining all systems, processes, and paperwork to reduce bureaucracy, increase efficiency, eliminate duplication and simplify pathways for children, their families and professionals. On its own, it will not change children's lives but sharing a common framework of understanding and using paperwork that we all recognise, is an important step and will help facilitate culture and practice change.

Practice Change: To establish a *Getting it right* practice approach across Lanarkshire

Practice change is about building the capacity of individuals and communities by responding promptly to concerns, communicating skilfully and working consistently and effectively with children, families and colleagues to maximise resources and improve well-being.

Section 3: Principles and Values

The underpinning principle of *Getting it right for every child* is to work towards improved outcomes for Scotland's Children as outlined in A Curriculum for Excellence which are:

- Confident Individuals
- Effective Contributors
- Successful Learners
- Responsible Citizens

Getting it right for every child is a values based programme. It reflects an approach to working with children and young people that is underpinned by shared values and principles. It recognises children's rights and builds on the strategic pillars of the Scottish Government's policy for children and young people. For all professions, there are legal powers and duties, professional protocols, quality standards and a range of professional guidance.

Values inform or influence choices and actions across a wide range of roles and contexts. A successful evolution in culture, systems and practices across diverse agencies may depend partly upon a shared philosophy and value base. The summary below is intended to be both practical and relevant to professionals with a part to play in ensuring that each child achieves the four capacities above by achieving their well-being defined as: safe, healthy, active, nurtured, achieving, respected, responsible and included. The shared values promoted by *Getting it right for every child* are listed below.

- **Putting the child at the centre:** children and young people should have their views listened to and they should be involved in decisions that affect them.
- **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 opportunity.
- **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 help that is appropriate, proportionate and timely:** helping as early as possible and considering short and long-term needs. The guiding principle should be most inclusive, least intrusive.
- **Supporting informed choice:** supporting children, young people and families in understanding what help is possible and what their choices may be.
- **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.

- **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 provide the best possible help.
- **Keeping children and young people safe:** emotional and physical safety is fundamental and is wider than child protection.

In summary, common values and principles are at the heart of the *Getting it right for every child* approach which build from the Children's Charter and reflect legislation, standards, procedures and professional codes. The values and principles bring meaning and relevance at a practice level to single-agency, multi-agency and inter-agency working across the whole of children's services. They provide a common foundation for working with children and young people which all practitioners and professionals can draw from and build on.

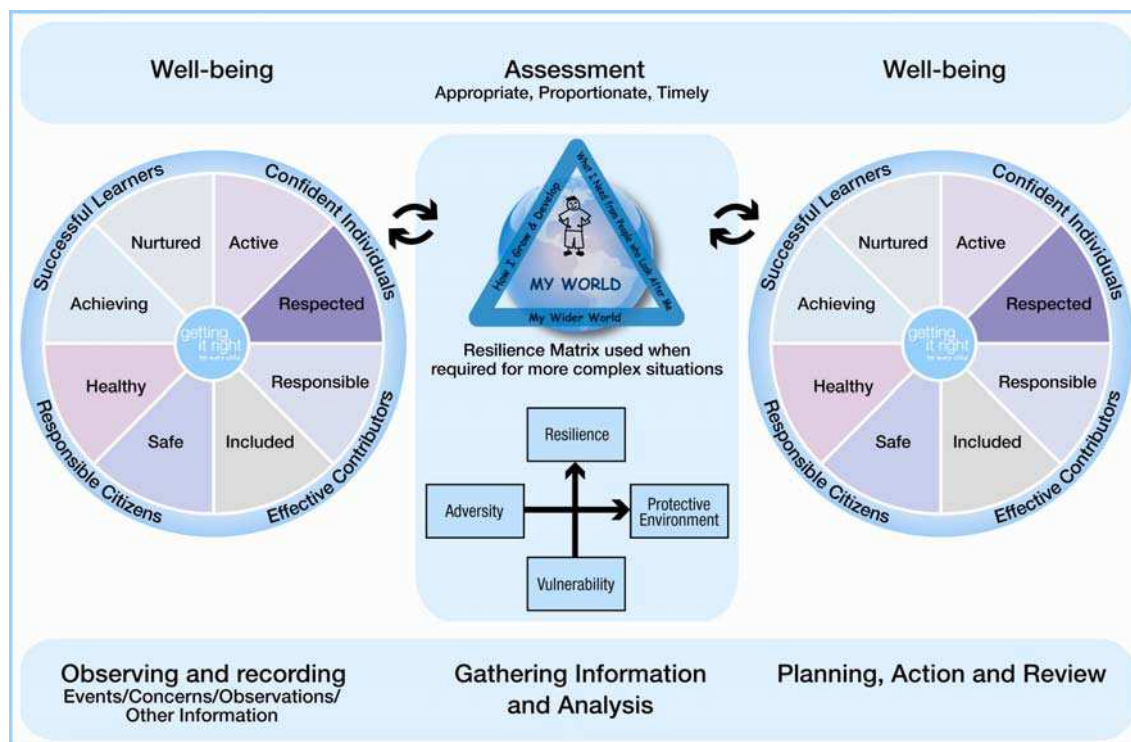
Scottish Executive (2004) Protecting Children and Young People: The Charter, Edinburgh, Scottish Executive

All of the values and principles are relevant at all times but some are particularly relevant when working in a multi-agency environment. By placing children and young people at the centre of policies, activity and planning and by having common principles and values we can secure better outcomes for them.

The values and principles text is also on the website:
www.scotland.gov.uk/gettingitright

Section 4: *Getting it right for every child* explained

The *Getting it right for every child* Practice Model:



Getting it right for every child promotes an integrated, common approach to understanding and developing children's well-being. It supports practice to ensure action can be taken as early as possible to improve outcomes for the child or young person. It also supports the recording of information in a consistent way that allows it to be collated when needed to provide a shared understanding of the needs of a child or young person.

Central to the *Getting it right for every child* Practice Model are the 5 questions practitioners should routinely ask if concerned in any way about the growth and development of a child or young person in their care.

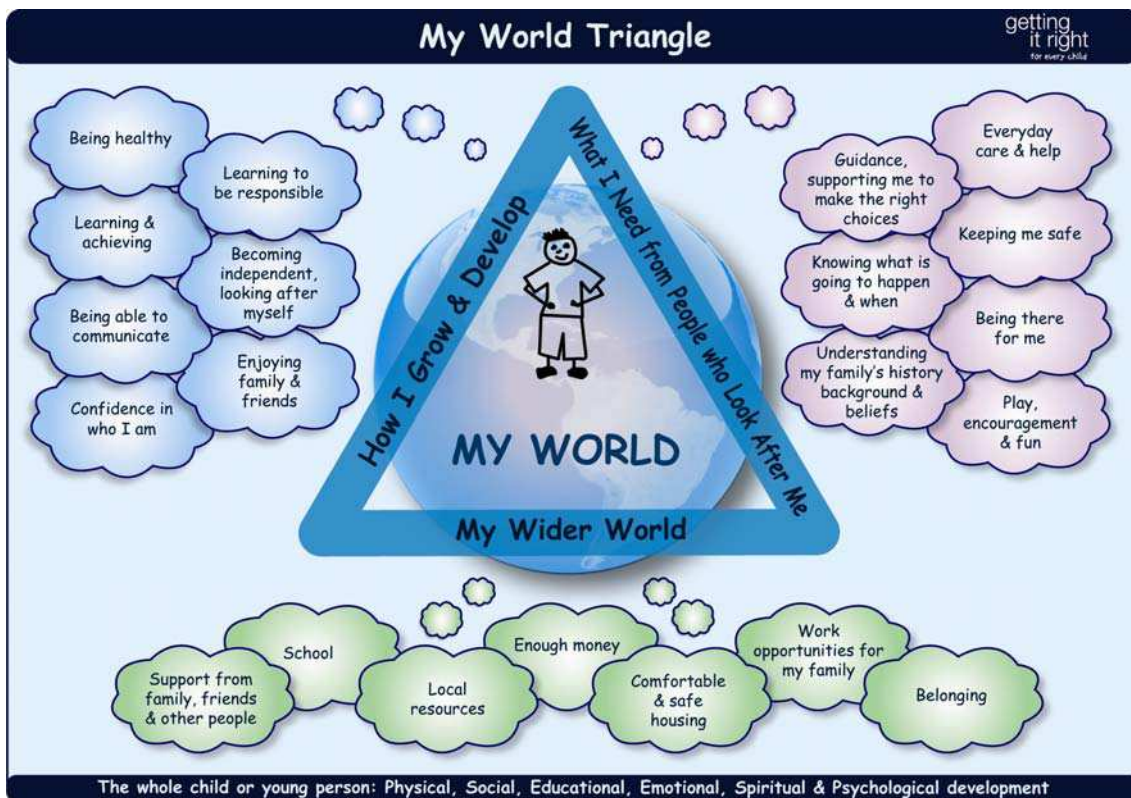
- **What is getting in the way of this child / young person's well-being?**
- **Do I have all the information I need to help this child / young person?**
- **What can I do NOW to help this child / young person?**
- **What can my agency do to help this child / young person?**
- **What additional help, if any may be needed from others?**

There are three main tools to help practitioners answer the key questions which are:

1. eight *Well-being Indicators*;
2. the *My World Triangle*; and
3. the *Resilience Matrix*.

The eight *Well-being Indicators* are recognised as areas in which children and young people need to progress in order to do well now and in the future and they allow practitioners to structure information which may identify needs and concerns and structure any planning activity. The construct of well-being, founded on the UN Convention on the Rights of the Child (1990), is central to understanding how children grow and develop. The highest level of well-being possible is our desired outcome for every child. Immediate, emerging or growing concerns should be considered in relation to their impact on well-being. One aspect of well-being may impact on another and there is a relationship between them. Assessment should always be proportionate and by using well-being as the initial tool for the child, family and practitioner to structure thinking, action may, in some cases, be taken quickly without the need for further assessment. These indicators can help aid analysis of the likelihood of a child's overall experience of well-being and what that means for them, their family and the community.

- Safe:** the child and young person is protected from abuse, neglect or harm at home, school and in the community
- Healthy:** the child and young person has the highest attainable standards of physical health and mental health, access to suitable health care and support to make healthy and safe choices
- Achieving:** the child and young person is being supported and guided in their learning and in the development of their skills: confidence and self esteem at home, at school and community
- Nurtured:** the child and young person has a nurturing place to live, in a family setting with additional help if required- where this is not possible in a suitable caring environment
- Active:** the child and young person has opportunities to take part in activities such as play, recreation and sport- all contributing to healthy growth and development at home in community
- Respected:** the child and young person is involved appropriately in decisions that affect their well-being- having their voice and opinion heard
- Responsible:** the child and young person (where age appropriate) is encouraged to have an active and responsible role within family, school and in the community
- Included:** the child and young person receives assistance to overcome social, educational, physical and economic inequalities and accepted as part of the community in which they live and learn



The *My World Triangle* helps practitioners gather and structure relevant information into a mental map of the strengths and pressures affecting a child and family. It provides a common structure to think about the child's whole world when practitioners need to understand the fullest picture of a child's life. The triangle is deliberately presented from the child's perspective to reinforce the child centred principle of GIRFEC. Some words are repeated in the well-being indicators and triangle. The well-being indicators represent the outcomes we are looking for and help us record and share information while the triangle is the comprehensive set of headings that we should consider when a full and detailed assessment is appropriate.

The *Resilience Matrix* is designed to help practitioners analyse the balance of strengths, risks and needs which will inform decision making and lead to the right action for each child or young person. The matrix can either be used in a single or multi-agency environment. It supports practitioners to analyse the more complex information in terms of the child's strengths and pressures and plot them on a blank matrix to help gauge the level of resilience or vulnerability the child is experiencing together with the adverse and protective factors that may influence outcomes for them. Actions will be detailed in the *Child's Plan* which will record what has to happen to support a child to reach their full potential of well-being.

The theory and research base for *Getting it right for every child*


The knowledge and theory behind *Getting it right for every child* is rooted in what we know about children's development and what helps children flourish. Contemporary theory acknowledges that what happens to a child in one part of his or her life will have an impact on other areas so it is important to look at the child's whole ecology (Aldgate et al. 2006,).

We also know that what happens to children in their early years can have a profound affect on them subsequently, although with the right help at the right time children can recover from early adversity and become resilient as child psychologists like Rudolph Schaffer (1998) have suggested. It is sometimes more difficult for children who have experienced prolonged abuse and neglect to recover completely but it is possible. Research highlights that building resilience in children helps them overcome adversity and vulnerabilities (Daniel and Wassell 2002). Another source of knowledge that has influenced the development of *Getting it right for every child* is the substantial body of research through which children and their families have been very clear about the services they want and the way in which they would like practitioners to behave towards them. For example, in *For Scotland's Children* (2001) children and families state that they want services to work together and coordinate help so that they are not passed round from one agency to another or have to tell their stories several times over. Families can often work in partnership with practitioners in child protection if they are treated with dignity and respect (Department of Health 2001).

How *Getting it right for every child* translates into practice

The GIRFEC practice approach is made up of component parts which together form an integrated framework across all services that impact on children and young people. The GIRFEC components supported by core paperwork will help to facilitate culture, systems and practice change and set out below.

1. **A Named Person** - within the universal services of maternity, public health, pre-school, primary and secondary education who is responsible for children and young people's progress at different stages of their lives
2. **Single Agency Assessment** - a common approach to assessing children within the universal services of public health and education, using the eight indicators of Well-being and the *My World Triangle*, so that information can be passed on during transitions or when agencies need to work together .
3. **Informed Consent** - the same standards of practice in gaining informed consent from children and families when there is a need to share information between professionals.

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4. **Chronology** - the same way of recording positive and negative significant events about children and young people about whom we are concerned so that a chronology can be maintained. In this way patterns can be identified and shared to increase understanding within families and services to help children and young people.
 5. **Request for Assistance** - the same way of requesting assistance no matter what help a child might need from health, education, social work, adult services or the voluntary sector. The goal is to replace all the existing referral forms we currently use with one common approach.
 6. **An Integrated Assessment** - that builds on universal service assessments once again, using the eight indicators of Well-being and the *My World Triangle* with the addition of the resilience matrix. Using this common language and framework of understanding will enable gathering of information about a child, from all relevant agencies into a shared format.
 7. **A Lead Professional** who could be from within any service or agency, who is responsible for co-ordinating the *Child's Plan* when more than one agency is working with a child.
 8. **A Child's Plan and Review** which builds from assessment, identifying and monitoring outcome focused actions that will help to improve life chances for children and young people.

Section 5: What difference will this framework make to children and young people's lives?

Implementing *Getting it right for every child* is a challenging programme of change which cannot be justified unless it makes a positive difference to the lives of children and young people. The benefits analysis carried out in Lanarkshire between August 2008 - January 2009, indicated that practitioners do see potential in Getting it right to make a positive difference to children's lives.

Culture Change

Culture is defined as the collective values and beliefs held by a group of individuals and which lead to specific practice or group behaviours. *Getting it right for every child* is a values based programme which encourages the development of positive culture shared across agency boundaries with children and families at the centre and practitioners supported to do the best job they can. Lanarkshire has been at the forefront of developing a positive culture. Examples of partnerships at all levels working to increase understanding and positive relations between agencies include seminars focusing on individual children and young people's experiences; values workshops; reflective practice events; speed networking etc.

Culture change will not happen overnight but in time...

Children, young people and families will report that they:

- are treated as individuals with a unique set of circumstances
- can get access to the right help they need no matter which agency they approach
- understand exactly what will happen to information from any stage of assessment or planning and if they choose they can tell their story once, confident that everyone who needs to know will be kept up to date
- understand which adults are able to help them and that people work as a team
- hear consistent messages from practitioners and are clear about decisions that affect them
- have been helped in the right way at the right time by the right people

As practitioners you will report that you:

- are valued and respected for your contributions to children and families lives
- feel supported and encouraged to represent your knowledge and understanding of each child's unique circumstances and experience
- value and support the contributions of colleagues to children's lives
- feel able to challenge decisions that you believe are not in the best interests of an individual child
- feel confident that the right information will be shared with you at the right time
- feel confident to seek professional support and guidance when you need it
- make a positive contribution to the professional culture in Lanarkshire

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Systems Change

Pathways for children and young people, families and practitioners

As well as creating core paperwork an important part of systems change is creating a clear pathway through services and support structures for children, families and practitioners. This will enable the components and core paperwork to be introduced within a support structure that everyone understands.

Lanarkshire has been organised into 10 geographical localities with the purpose of:

- establishing local decision making structures as close to the lives of children, young people and their families as possible
- streamlining and simplifying systems and processes
- strengthening the connections for children, young people and their families with the universal services within their own communities
- developing improved working relationships that facilitate better partnership working
- retaining responsibility and accountability for children, young people and their families within their local area
- establishing a clear profile of issues, needs and trends in local areas that will inform service planning and development

To reflect the different organisational structures, North Lanarkshire and South Lanarkshire have developed locality models separately. South Lanarkshire's Draft Version is complete and the North Lanarkshire model will follow shortly.

A common suite of paperwork

Agencies are working hard to create a single children's services system based on the *Getting it right for every child Practice Model*. This means developing a shared framework of gathering, recording, analysing and sharing information to improve decision making, planning, action and review, no matter what level of support a child needs. The goal is to improve outcomes for Lanarkshire's children and young people. All paperwork developed as part of systems change will be evaluated to establish whether this has been achieved.

In other words, we are working across all services that impact on children and young people to reduce bureaucracy, streamline paperwork and simplify the journey for children and families who need any kind of help from the public or voluntary sectors. This is a challenging agenda in view of the scope and scale of change, aligning such varied functions and processes across children and family services.

Establishing a single system to develop children’s well-being is a long term goal but in time ...

Children, young people and families will routinely report that:

- the pathway to get the help they need is easy to understand and they are supported at each stage
- they are encouraged to express their opinion which is recorded at each step of assessment and planning
- they are comfortable and familiar with paperwork that looks very similar in all agencies
- they understand what agencies do, and how they fit into the whole
- they experience a co-ordinated service with agencies working together towards the same goals

As practitioners you will report that the system and paperwork:

- improves the participation of children and families
- has created a common language which helps you to work as one single system
- facilitates better recording, assessment, decision making planning and action
- enables earlier identification and action to help children and young people
- has established clear pathways and consistently high standards
- reduces time spent on completing different paperwork and frees more time to spend with children and families
- supports your professional role and function

Practice Change

Getting it right for every child aims to establish the best of existing practice as the common, consistent standard. Practice will reflect the child at the centre of all work with families, with time to get to know the child including their views, opinions and strengths. The focus for everyone will be the development of well-being in children and young people with systematic consideration of what is impacting upon this. Improved relationships from culture change, clear decision making structures and common paperwork from systems change, will help us all to work more closely together. Children will be helped at an earlier stage in their journey removing as many obstacles as possible that they may face.

Practice is improving all the time to establish consistently high standards across Lanarkshire ...

More children, young people and families will report that:

- they are partners in decisions about their lives and their views and participation is welcomed and encouraged

As practitioners more of you will report that you are supported to:

- achieve greater participation of children, young people and their families
- place children at the centre of practice

<ul style="list-style-type: none">• their strengths and capabilities are recognised and supported• they understand any concerns adults / practitioners have and how and why assessment or planning might be needed• they understand each step of any assessment process, knowing what is going to happen and when• they understand the extent of their right to influence decisions and their choices• they understand exactly what their own responsibilities are in developing well-being• they have positive relations with practitioners and adults• they believe their well-being is improving	<ul style="list-style-type: none">• use a common framework for identifying and acting on concerns as early as possible• develop positive relationships with children, families and your colleagues to work as a team• improve outcomes for children and families• have more contact time with children and families• believe things are changing for the better and families lives are improving
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Section 6: Assessment and *Getting it right for every child*

Assessment is key to GIRFEC and supported in Lanarkshire by elements of core paperwork. This paperwork will support practitioners to build on good practice, recording assessments in very similar formats which emphasises the role of the child and family within the process. The shared practice model creates a common foundation and language for the assessment process whether carried out as a single agency or within a multi agency setting. The use of the framework as early as possible will build a picture of the child's needs added to proportionately if circumstances change. This will improve transitions through services and reduce the need for children and families repeating information and for practitioners repeating assessment activity.

The GIRFEC practice model is an ecological approach to assessment with a focus on building resilience (Daniel et al, 1999) which supports and encourages the identification of strengths as well as difficulties. Assessment is a core function for professionals in all agencies working with and supporting children on a single or multi-agency basis. Specialist assessments also have a place within the assessment framework.

Assessments may vary from an initial assessment of low level need to a comprehensive assessment of children and young people with complex needs. Children, young people and their families have differing levels of need and will find themselves in a variety of circumstances which agencies require to respond to in an appropriate, proportionate and timely manner.

Examples of when an assessment takes place:

- a teacher's assessment of a child's progress within the learning setting
- a home link / social work assistant's assessment of a child's home circumstances to determine whether it may be impacting on other areas of their life
- a public health nurse's assessment to identify the level of support a child and family need
- a social worker's assessment of parental capacity and the impact on the child
- a housing officer's assessment to consider the whole family's housing needs

Each of these assessments has a clearly defined purpose and the role and function of assessment will vary according to the context

Assessment consists of gathering and analysing information, planning actions and undertaking regular reviews in order to improve outcomes for children and support them to achieve their full potential. Assessment is an ongoing process and is not a singular event. It requires communication skills to engage with the child or family in order to elicit their views in the understanding that people are experts in their own lives (Smale and Tucson, 1993).

- The key purpose of assessment is to improve outcomes for children and young people
- Assessment is an ongoing process, not a one-off event
- Assessment is a dynamic process between all contributors and an equal partnership rather than a power dynamic
- Everyone involved in assessment, including children, parents / carers, practitioners or others understand the reason for assessment and their role in gathering, structuring and analysing information
- The information gathered for the purpose of assessment should be an accurate and factual representation of strengths, needs and risks.
- Where risks exist for a child or young person these should be clearly identified along with what measures are required to reduce these risks. Responsibilities in undertaking these actions should be clearly noted.
- Language used in assessment should be clear, concise, non-judgemental and accessible to everyone involved
- All views and opinions should be fairly represented and assessment should provide a positive expression for the child or young person's experience

A good quality assessment process should be:

- **empowering:** engaging the child or young person and or their parent carer and supporting them to participate in and take responsibility for their contribution to an integrated assessment and whatever actions which will improve outcomes for them
- **developmental:** supporting the child or young person and parent / carer to adopt a self determining, solution focused approach to the discussion
- **accessible:** for all concerned including the efficient use of time and access to the means needed to undertake assessment
- **transparent:** the purpose of the assessment is clear, the discussion is open and honest and there is no hidden agenda

Specialist Assessments

There is a range of existing specialist assessments used by professionals with a very specific focus. They are used to gather and analyse key information specific to that agency's role. Examples include:

- substance misuse assessments to explore patterns and triggers of substance use and misuse in order to develop the right approach to behaviour change.
- Paediatric assessments to monitor progress against developmental milestones.
- ASSET assessments to look at the likelihood of a young person re-offending and to develop the right support to help the young person change their behaviour
- Educational psychologist's assessment of a child or young person's educational difficulties to plan the right support strategy
- A Children and Families Social Work risk assessment to consider whether a child is or young person is at risk of harm

-
- A Child and Adolescent Mental Health Service professional (CAMHS) assessment of a child or young person who is experiencing significant emotional, behavioural or mental health difficulties

Specialist assessments provide crucial information in considering how best to help a child or young person develop their well-being and can feature at different points in a child's journey:

- In many cases where specialist assessments are relevant, multi-agency involvement is already taking place or will be necessary. Where this is the case, it is essential that the summary of specialist assessments is shared with the relevant professionals and the impact on a child's well-being is considered;
- Where specialist assessments have been carried out but there is no multi-agency work taking place, the **Named Person** as a minimum should be informed of the outcome, the impact on the child's well-being and any actions required to help the child; and
- Single agency and integrated assessments may highlight the need for a specialist assessment and a Request for Assistance may be made to the relevant professional or service with the aim of supporting a child's well-being

Work with colleagues carrying out specialist assessments is ongoing to align with the *Practice Model*.

Section 7: Core components and Paperwork

Component 1: The Named Person

The **Named Person** is a generic role which supports the principles and practice of the *Getting it right for every child* approach. This component does not have specific paperwork attached unlike the other components. The role was first introduced in 'For Scotland's Children' and this Practice Guide clarifies the role and responsibilities. The universal services of maternity, public health and education currently act as a **Named Person** and carry responsibility for children at certain ages and stages of their lives. They are the natural point of contact between children, their families, the community and professionals.

The purpose of the **Named Person** role and how it can improve outcomes for children and young people.

It is natural that those with the most contact with and access to children and families should have a key role in Getting it right for them. The *Getting it right for every child* practice approach aims to strengthen the role of universal services, formally recognising the Named Person for the following purpose:

- to support practitioners by offering clarify
- to make the most of the regular contact, relationships and knowledge about individual children within maternity, public health and education
- to streamline and simplify communication so that everyone is clear about how to help children and young people
- to establish the most inclusive and least intrusive approach to helping children and young people
- to acknowledge children's rights to the best health care and education possible which requires consistently good communication to and from those who have most contact
- to make sure that the universal services of public health and education feel empowered to follow a child through their journey from birth to adulthood no matter what support needs they may have along the way
- to make sure that if children's needs do escalate, they can be supported to access the right additional help by universal services who will retain responsibility for their progress
- to make sure that the best information possible is available from the universal services to assess, plan and act to help children and young people regardless of the length of time involved or whether statutory or non statutory support is needed

What is a **Named Person**?

A **Named Person** is an individual within the universal services of maternity, public health or education who has a key responsibility for the well-being of the child at certain stages of their life.

At any time, one of the above services will be in contact with the children in their care and are aware of their general progress and well-being. Each agency is

testing a single agency assessment that will be ongoing to check progress and make sure that a child has the help they need when they need it.

Who will take on the role of the Named Person ?

One of the key principles of *Getting it right for every child* is to keep decisions about children and young people as close to their lives as possible and this means keeping close links with universal services. Illustrated below is how the Named Person features in the *Getting it right for every child* approach

Pre-birth to 14 days (or 28 days when required): Whilst the foetus is developing and up to the age of 14 days old, maternity services are responsible for monitoring the health and well-being of the mother and infant. They will assess, plan and support mother and infant to make sure a child's entry into the world gives them the best start in life. During this time maternity services will be the main contact with parents.

- **This practice will continue for the testing exercise with maternity services fulfilling the role of the Named Person**

14 days to pre-school: If anyone has a concern about a pre-school child, one of the first professionals they will think to contact is the public health nurse (in Lanarkshire formerly known as the Health Visitor) who has responsibility for children between the ages of 14 days to the point they reach school age. The public health nurse will retain an interest for all children of this age on their case load, monitoring their health and development at regular intervals and making sure they have the support they need to grow and develop their well-being. Where children attend a local authority educational establishment, the Nursery Teacher also maintains a strong interest in the child's development. In these cases, close communication has always been necessary to ensure that children's well-being is developing as it should.

- **For the testing exercise the public health nurse will be the Named Person from the age of 14 days until school age if a child attends an independent nursery provider**
- **For children who attend a pre-school local authority establishment, the role of Named Person will be negotiated between the public health nurse and Nursery Head or Depute. This testing experience will contribute significantly to learning for Lanarkshire and for the Scottish Government**

Once a child reaches primary school age until they leave school :

For children in a local authority primary or secondary establishment, the school takes primary responsibility for the growth and development of children on their roll. The school will be the first option for parents to discuss the progress and well-being of their child. Practitioners or members of the community will sometimes approach the school about concerns they might have about a child.

Children who are educated at home will have a named individual within the education authority who is responsible for linking with home educators maintaining a link and offering support to home educators.

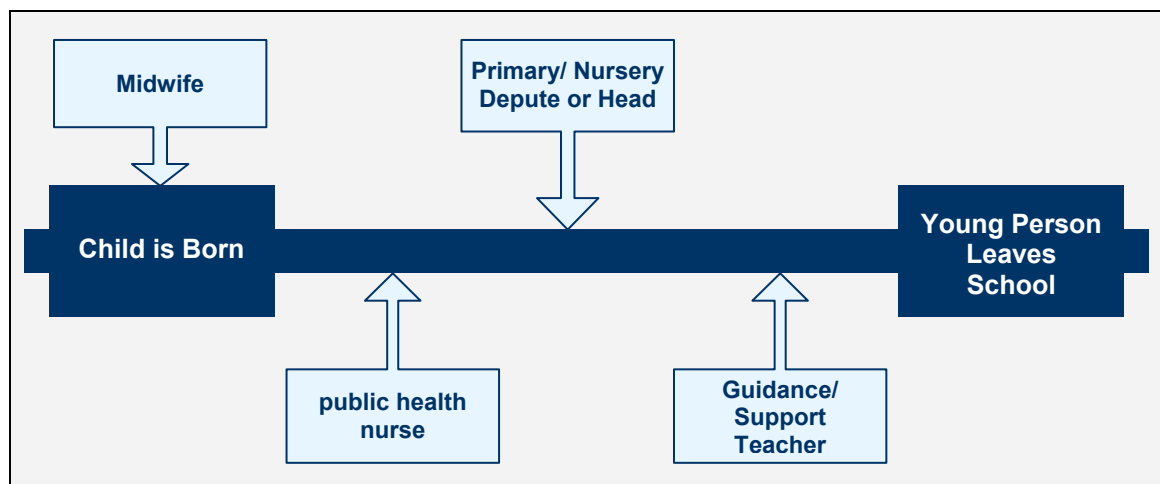
- **For the testing exercise a member of the senior management team in primary school and those with a role in pupil support in secondary school will fulfil the role of Named Person.**

The role of the **Named Person** in supporting the testing exercise:

In most cases the **Named Person** will not have to do anything more than they normally do in the course of day-to-day work. Practitioners who are identified as a Named Person will be responsible for:

- developing and maintaining positive relationships with children and families which facilitates regular dialogue about progress including any concerns about a child's well-being
- maintaining accurate, up to date information on children and related adults within their care
- acting as a point of contact for other agencies, responding to requests for information within the information sharing protocol
- leading on preparing, implementing and keeping under review the effectiveness of any single agency plan to develop well-being, in line with the *Getting it right for every child Practice Model*
- commencing or maintaining chronologies of positive and negative significant events where appropriate
- identifying what extra help might be provided from within their agency
- involving children and families in decisions about any additional help they may need
- working with families to explain and achieve informed consent where it is in their best interest to share information with another agency
- seeking assistance from other agencies when it is appropriate and proportionate to do so
- arranging for or contributing to integrated assessments and plans that may be needed
- maintaining regular contact with the Lead Professional where required
- participating in any multi-agency meetings as required
- contributing to planning for the child at transition points, for example between pre-school and primary or secondary education, and ensuring effective sharing of information about the child. This will include passing on information about the child's history and progress and details of any help the child and family have been or are receiving to their new Named Person
- seeking support and guidance if necessary

Practitioners who are involved in the testing exercise will be asked to reflect on their experiences and make suggestions for improvements.



The **Named Person** for children and young people will be:

- For pre-birth to 14 days old (or 28 days when required): Maternity Services – Midwife
- For 14 days (or 28 days when required) to school age or until they enter a local authority educational establishment: Public Health - the public health nurse
- At the point of entering a local authority nursery placement, negotiated between public health nurse and Nursery Depute or Head
- Primary 1 to Primary 7: The Principal Teacher/ Depute or Head Teacher of Primary School
- For S1 to leaving school: Education - A member of the Secondary School Guidance staff

Component 2: Single Agency Assessments

Single Agency Assessments are a component of *Getting it right* and there are various elements of core paperwork which will be referred to as components 2a) to 2f).

- 2a) NHS Well-being Assessment
- 2b) NHS My World Triangle Assessment
- 2c) Education North and South Well-being Assessment
- 2d) Education South 'What I think' child's views tool
- 2e) Education North 'What I think' child's views tool
- 2f) Education North and South My World Triangle Assessment

Implementing *Getting it right for every child* requires that children's needs are systematically assessed on a single agency, and for a small proportion of children, on a multi-agency basis, using the *Getting it right for every child Practice Model*. The model promotes an approach which enables assessment to be appropriate, proportionate and timely allowing practitioners to get on and help children and young people where they can without the requirement to gather and analyse information unnecessarily.

At the moment, **Single Agency Assessment** is relevant to colleagues in Public Health and Education. Development work with colleagues in Maternity Services, Allied Health and CAMHS is ongoing and will evolve to align with the *Practice Model*.

NHS Lanarkshire Public Health, North Lanarkshire Learning and Leisure and South Lanarkshire Education Resource are each at different points in their journey to align with the Practice Model. Some began by testing the *My World Triangle* and have now moved on to incorporate the eight *Well-being Indicators* while some colleagues have chosen to introduce *Well-being indicators* and the *My World Triangle* at the same time. NHS Lanarkshire is currently testing both the *Well-being Indicators*, the *My World Triangle* and the *Resilience Matrix* in public health.

The Core Paperwork included in this section represents development over a number of years for some while for others the content will be less familiar. The most important point to remember is that the testing exercise will allow approximately 400 practitioners to participate in developments and suggest improvements .

The purpose of Single Agency Assessment and Integrated Assessment is to:

- support consistency in the practice of involving children, young people and families in decisions which affect their lives
- create a structured approach to information gathering with an emphasis on analysis
- improve the efficiency of assessment processes and reduce the number of assessments that a child experiences

- break down unnecessary professional barriers that are not in the interests of children and young people
- support the practice of sharing information where it is in best interest of children/ young people and families
- empower all participants to contribute to their fullest ability to the process of assessment
- improve the quality of information used to take decisions about children and young people's lives
- establish a common outcome focus for all practitioners with a role in developing the potential of children and young people
- create a common language that is accessible to children, young people, families and all practitioners
- improve the confidence and competence of professionals to fully engage with a process with which they are familiar and use regularly
- improve equality

Single Agency Assessment and the public health nurse

The Public Health Nursing service in NHS Lanarkshire has a family centred approach, working with individuals, families and communities to improve and address health inequalities within the continuum for public health practice. The service is based on delivering progressive universalism underpinned by evidence, in a variety of settings, with a skill mixed team and a focus on families with children from 0 – 18 years of age.

The public health nursing service is based on the Principles of Health Visiting (CTEHV 1977, 1991) and these remain relevant to our practice in 2009 – 2010.

- The search for health needs
- The stimulation of an awareness of health needs
- The influence on policies affecting health
- The facilitation of an awareness of health need

Public health nursing services are delivered within a framework of professional accountability (NMC 2002) and are underpinned by evidence based practice, equity and accessibility of service provision and service user involvement.

This guidance should be followed by all public health nursing team members to support the testing of the Single Agency Assessment within the *Getting it right for every child* in Lanarkshire programme.

NHS Lanarkshire public health staff recently received training and are using NHSL Guidance Manual: 'Framework for Assessing Children's Needs 2009'. Public health nurses are expected to contribute to their own NHSL evaluation of the assessment process in November as well as the testing exercise for *Getting it right for every child*.

The role of the public health nurse in supporting the *Getting it right for every child* testing exercise is:

- to support and encourage families to understand and contribute to the assessment process as fully as possible
- to continue to use the *Well-Being Tool* on initial contact with a family, gathering evidence of positive and negative indicators of well-being
- where the public health nurse is satisfied through the presence of sufficient positive evidence, that a core health plan indicator (HPI) is appropriate, evidence against well-being will continue to be gathered as part of any further contact and ongoing assessment
- at any point in contact with a family identified as Core, the public health nurse can decide that it is appropriate to gather a more detailed picture of the child using the *My World Triangle*
- where families are identified as requiring more than the core public health service i.e. additional or intensive, the *My World Triangle* tool will be used.
- to seek help at any time if unsure of any aspect of the **Single Agency Assessment**
- to participate in discussions to reflect on experiences of testing and make suggestions for improvements to the **Single Agency Assessment**

The role of Education Staff in supporting the Single Agency Assessment

All staff operating on behalf of education including teachers, support staff, community learning and development staff, specialist roles such as Sure Start / home school partnership officers should follow this guidance to understand their role in supporting the testing of the **Single Agency Assessment**

North Lanarkshire Learning and Leisure and South Lanarkshire Education Resource have worked together closely to develop a common approach to single agency assessment. With help from practitioners across every level and function of education, staff have designed a **Single Agency Assessment** process in line with the *Getting it right for every child Practice Model*. The assessment process offers two tools, one using the *Well-being Indicators* only and one which supports a more detailed consideration of the child's situation using the *My Word Triangle*.

In addition, North and South Lanarkshire education services will test the 'What I think' tool. The tools vary slightly to reflect previous developments. The South Lanarkshire tool will build from the work completed on resilience known as 'Fair' whilst the North model is based on the *Well-being Indicators*.

The role of education staff in supporting the testing of the **Single Agency Assessment** is set out below

Part 1 Assessment, Analysis and Action

- Where a concern emerges and all classroom strategies have been deployed, Part 1 assessment using the well-being indicators should be considered in all cases. If the concern immediately suggests Part 2 assessment is more appropriate and proportionate, practitioners should take the decision to use Part 2 (see below)
- The child's view is essential and is integral to the assessment. Practitioners should, on every occasion, support and encourage children and young people to complete the "What I think" tool and use this as the starting point for any assessment and analysis. The tool provides a structure to tease out what the child or young person currently has to support their well-being and should not be used as a questionnaire.
- Families should be encouraged and supported to contribute to Part 1 assessment
- No matter what the presenting issue, all *Well-being Indicators* should be considered and any evidence of positive and negative factors included using the well-being guidance provided.
- Using all information available, Part 1 Analysis and Action should be completed
- All actions agreed in Part 1 Analysis and Action should be carried out, co-ordinated by the **Named Person** for the child/ young person

Part 2 Assessment, Analysis and Action

- Where actions from Part 1 do not achieve the desired improvements to a child's well-being, or where Part 2 assessment is considered to be more appropriate and proportionate, educational staff should complete Part 2 assessment
- The child's view is essential and is integral to the assessment. Practitioners should on every occasion support and encourage children and young people to complete the "What I think" tool and use this as the starting point for any assessment and analysis. The tool provides a structure that helps you to tease out what the child or young person currently has to support their well-being and should not be used as a questionnaire.
- Families should be encouraged and supported to contribute to Part 2 assessment
- Each of the three dimensions of the triangle: *How I Grow and Develop*, *My Wider World* and *What I Need From the People Who Look After Me* should be considered.
- The links across well-being and the triangle have been made using colour coding. Any information already gathered during Part 1 assessment should be used to populate Part 2 as a starting point

- Practitioners are asked to use the knowledge they have about any of the domains of the triangle to complete Part 2 Analysis and Action
- All action agreed in Part 2 Analysis and Action should be carried out, co-ordinated by the **Named Person** for the child / young person
- All educational staff should seek support from their nominated personnel on any aspect of the **Single Agency Assessment** for education
- Where action does not improve well-being, an **Integrated Assessment** should be considered
- All educational staff completing **Single Agency Assessment** will be asked to feed back their experience and make suggestions for improvements

Getting right for every child in Lanarkshire Well-being Indicators:



Getting it right for every child
NHS Well-being Assessment form
 For testing: Nov 09 - Feb 10

Child's Name:	CHI:
Parent/Guardian:	Date Completed:

What is known about this child's well being?		
What do I know about this child's well-being?	Evidence of needs met	Evidence of un-met need
Healthy:	<i>e.g. vision, hearing, growth, immunisations, medical conditions, i.e. asthma, epilepsy, attention deficit disorder, developmental disorder, allergies, skin conditions, enuresis, encoparesis</i>	
Achieving:	<i>e.g. Communication, language acquisition, & expression, developmental milestones</i>	
Nurtured:	<i>e.g. provides love emotional warmth, attachment, play stimulation and encouragement, physical and emotional care and an educationally rich environment. Accessed parenting programmes, accesses healthcare appropriately</i>	
Active:	<i>e.g. known physical disabilities. Receives stimulation & encouragement to learn, child able to access play & leisure activities</i>	
Respected:	<i>e.g. any prejudices and tensions, self esteem Involved in decisions that affect them</i>	
Responsible:	<i>e.g. level of resilience, sense of identity</i>	
Included:	<i>e.g. support from family, community, child has friends. Appropriate attendance at playgroup/ nursery</i>	
Safe:	<i>e.g. Practical care i.e. home safety. Physical, social, emotional dangers i.e. bullying. Parental support concerns and identifiable risk factors i.e. parental drug and alcohol problems, Child protection, family of concern</i>	

Analysis - What is getting in the way of this child's well-being?

--

Do I have all the information I need to help this child?	Yes	No

What can I do NOW to help this child?

--

What can my agency do to help this child?

--

Child/Young Person's Views

--

Parent/Carers Views

--

What additional help, if any, may be needed from others?

--

HPI Allocated: <i>(mark with an "X")</i>	Core	Additional	Intensive
If additional issues identified do you need to complete a Single Agency Assessment?	Yes		No

Name:	Signature:
Designation:	Date:

Well-Being Indicators - Assessment Guidance

Practitioners should know that a child's development assessed through Well-being, includes emotional, physical, intellectual, social, moral and character growth and that these can all affect one another.

The Well-being of children and young people and their well-becoming are at the heart of *Getting it right for every child*. The eight indicators of well-being: safe, healthy, achieving, nurtured, active, respected, responsible, included are the basic requirements for all children and young people to grow and develop and reach their full potential. Children and young people will progress differently, depending on their circumstances, but every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the Well-being Indicators.

See below for some examples to aid in your assessment.

Well-being Indicators : 0 –1 year old

Healthy	
Positives	Negatives
<ul style="list-style-type: none"> • sleeping pattern (moving from long periods of sleep interspersed with short periods of wakefulness to longer periods of wakefulness- including fretful/ crying/ calmness) • feeding – appropriate for age • baby full term at birth • weight and length at expected level • baby normally well • hearing satisfactory (neo-natal hearing screening) • immunisations up to date - parents/carers have an explanation as to why if not up to date • gross motor skills age appropriate (at birth-pulled to sitting marked head lag is present/ Moro reflex present. At 2-3 months when pulled to sit little or no head lag. By 6 months Moro reflex normally not present) • vision and fine motor skills age appropriate (at 1 month-pupils react to light/ turns head and eyes towards light/ gazes at parent/carers face when being fed or talked to with facial expression. At 3 months visually alert- interested in nearby human faces, hand regard when lying supine) • skin care - bathed regularly/ nappy changed regularly • baby's medical and clinic appointments generally kept • head circumference/ fontanelle • umbilicus 	<ul style="list-style-type: none"> • premature infant • infant withdrawal symptoms • milestones not reached • disability/ chronic illness • acute period of illness • poor physical and/or mental health of parent/ carer

Achieving	
Positives	Negatives
<ul style="list-style-type: none"> • Reaching developmental milestones (speech language and communication/ social behaviour and play/hearing/gross motor skills/ vision and fine movements) • Appropriate play routine- parent/ carer reads/talks/ sings /floor play • Parent/ carer gives appropriate stimulation (praise, encouragement) 	<ul style="list-style-type: none"> • Parent/ carer unable to give appropriate responses (over or under stimulation) • Infant has disability that could inhibit parent/ carer • Poor physical/ mental health of parent/carer

Nurtured	
Positives	Negatives
<ul style="list-style-type: none"> • Carer/ parent expresses and illustrates love and emotional warmth towards baby (is loved unconditionally) • Parent/ carer readily respond to infant's emotional needs ("in tune" with baby's needs for comfort) • Parent/ carer seek appropriate help and advice if experiencing difficulties managing baby • Parent/carer calm and consistent when dealing with baby's distress • Baby responds with obvious pleasure to loving attention and cuddles • Baby is calm and comfortable with parent/ carer • Siblings show obvious love and affection towards baby • Physical needs of baby attended to by parent/ carer • Parent/ carer spends sufficient time with baby to sustain a strong relationship • A limited number of safe adults deliver intimate care • Parent/ carer has sufficient empathy with baby to be able to respond appropriately 	<ul style="list-style-type: none"> • Baby is exposed to frequent criticism/ hostility • Conflict and hostility within family environment (continued abusive and stressful situations) • Mental/ physical health of main carer • No continuity or stability in care of infant (many and varied carers for baby) • No social support for parent/ carer • Traumatized infant becomes hypervigilant/ hyperaroused

Active	
Positives	Negatives
<ul style="list-style-type: none"> • Play time appropriate (bath/ floor/cuddles) • Parent/ carer may attend local groups (Bounce and Rhyme) • Walking out doors in pram • Taken out to visit family/ friends/shops/ local community • Despite a physical disability, the parent/ carer does not isolate child 	<ul style="list-style-type: none"> • Parent/ carer socially isolated and therefore unable to participate with child in any activity • Parent/ carer physical/ mental health concerns (depression can affect capacity to care about the baby) • Baby socially isolated • Developmental delay

Respected	
Positives	Negatives
<ul style="list-style-type: none"> • Good family routine - creating structure, continuity and stability • Parent/ carer appropriately responds to needs of baby • Any physical abnormality accepted • Respecting and providing boundaries and a controlled environment • Language and tone of that language used appropriately • Involved in decisions that affect them 	<ul style="list-style-type: none"> • Developmental delay • Insecure attachment to parent/carer

Responsible	
Positives	Negatives
<ul style="list-style-type: none"> • Appropriate modelling of behaviour • Taking cues and responding appropriately • Sense of identity • Level of resilience apparent • Allowing baby to make choices where appropriate • Baby's needs are regularly satisfied by familiar carer 	<ul style="list-style-type: none"> • No sense of control • Baby's emotions and behaviours ignored

Included	
Positives	Negatives
<ul style="list-style-type: none"> • Support from family/ friends- (siblings/ grandparents) • Development of secure attachment • Access to family support • Access to community support • Expectation of infant to be liked by carers- sees adult as dependable and trustworthy 	<ul style="list-style-type: none"> • If parent shows apathy towards child, this can result in identity problems • Anxious attachment

Safe	
Positives	Negatives
<p>Evidence of understanding and appropriate action in relation to:</p> <ul style="list-style-type: none"> • SIDS (sudden infant death syndrome) • Car safety • Home safety • Animal safety • Pram and cot safety • Sleeping- pattern/ bed sharing/ position/ temperature (see prevention of cot death) • Carers routine/ lifestyle • Medicine storage safety • Accommodation and surroundings is safe • Artificial feeding preparation safety 	<ul style="list-style-type: none"> • impact of poverty and poor social circumstances • impact of disability – carer/ child • impact of a stressful childhood on a household member- (abuse, period in care, poor physical health) • temporary accommodation

Summary for 0–1 year

Concerns for children 0–1 year:

- The child's health and developmental problems may be exacerbated by living in a poor physical environment
- Children may fail to develop a positive identity because they are rejected and are uncertain of who they are
- A lack of commitment and increased unhappiness, tension and irritability in parents may result in inappropriate responses which lead to poor attachment
- Cognitive development of the infant may be delayed through parents' inconsistent, under stimulating and neglecting behaviours
-

Protective factors for children 0-1 year:

- Secure, early relationships
- Sufficient income and good physical standards in the home
- Regular support and help from primary care and local authority
- Presence of an adult who responds to developmental need of baby

“The primary task to be accomplished during the first year of life is for the baby to develop trust in others” (Fahlberg 1991)

Well-being Indicators : 1 year – 2 plus years

Healthy	
Positives	Negatives
<ul style="list-style-type: none"> • Infant is normally well • Developmental milestones achieved • Infant has age appropriate diet- nutritious and adequate, always supervised • Parent/ carer responds appropriately to any symptoms of illness • Immunisations up to date 	<ul style="list-style-type: none"> • Illness of child not seen as priority to parent/ carer- develops into more serious condition • Child unable to communicate their distress • Physical neglect (unwashed and unfed)
Achieving	
Positives	Negatives
<ul style="list-style-type: none"> • Reaching developmental milestones • Appropriate play routine - parent/ carer reads/talks/ sings /floor play • Parent/ carer gives appropriate stimulation (praise, encouragement) • Infant likes parent/ carer to be within sight and hearing • Affectionate demonstrated to familiars 	<ul style="list-style-type: none"> • Parent/ carer unable to give appropriate responses (over or under stimulation) • Infant has disability that could inhibit parent/ carer • Poor physical/ mental health of parent/carer



Nurtured	
Positives	Negatives
<ul style="list-style-type: none"> • Carer/ parent expresses and illustrates love and emotional warmth towards child (is loved unconditionally) • Parent/ carer readily respond to infant's emotional needs ("in tune" with child's need for comfort) • Parent/ carer seek appropriate help and advice if experiencing difficulties managing child • Parent/carer calm and consistent when dealing with child's distress • Child outgoing and smiles and "talks" - needs parent/ carer close by • Parent/ carer takes pleasure in observing interaction between child and others • Child's sense of self begins to develop • Parent/ carer spends sufficient time with baby to sustain a strong relationship and child begins to separate emotionally from parent/ carer • Parent/ carer has sufficient empathy with child to be able to respond appropriately- and becomes the safe haven for child from which to explore • Learns that their name is important part of their identity 	<ul style="list-style-type: none"> • Child is exposed to frequent criticism/ hostility • Conflict and hostility within family environment (continued abusive and stressful situations) • Mental/ physical health of main carer • No continuity or stability in care of child (many and varied carers) • No social support for parent/ carer • Traumatized child becomes hypervigilant/ hyperaroused • Child becomes listless and uninterested • Parent/ carer can inhibit child's sense of identity (too controlling, too protective)

Active	
Positives	Negatives
<ul style="list-style-type: none"> • Parent/ carer ensures child has plenty of opportunity and encouragement to develop motor skills • Play time appropriate- (bath/ floor/cuddles) • Parent/ carer may attend local groups- (Bounce and Rhyme, toddlers, playgroups) • Walking out doors • Taken out to visit family/ friends/shops/ local community • Despite a physical disability, the parent/ carer does not isolate child 	<ul style="list-style-type: none"> • Parent/ carer socially isolated and therefore unable to participate with child in any activity • Parent/ carer physical/ mental health concerns-(depression can affect capacity to care about the baby) • Weight gain under/ over expected centiles

Respected	
Positives	Negatives
<ul style="list-style-type: none"> • Parent/ carer ensures child has plenty of opportunity and encouragement to develop motor skills • Play time appropriate (bath/ floor/cuddles) • Parent/ carer may attend local groups (Bounce and Rhyme, toddlers, playgroups) • Walking out doors • Taken out to visit family/ friends/shops/ local community • Despite a physical disability, the parent/ carer does not isolate child 	<ul style="list-style-type: none"> • Parent/ carer socially isolated and therefore unable to participate with child in any activity • Parent/ carer physical/ mental health concerns (depression can affect capacity to care about the baby) • Weight gain under/ over expected centiles

Responsible	
Positives	Negatives
<ul style="list-style-type: none"> • Appropriate modelling of behaviour • Taking cues and responding appropriately • Sense of identity • Level of resilience apparent • Allowing child to make choices where appropriate 	<ul style="list-style-type: none"> • No sense of control • If child witnessing domestic violence they may try protect the victim (patting, touching)

Included	
Positives	Negatives
<ul style="list-style-type: none"> • Support from family/ friends (siblings/ grandparents) • Development of secure attachment • Access to family support • Access to community support • Expectation of infant to be liked by carers - sees adult as dependable and trustworthy 	<ul style="list-style-type: none"> • If parent shows apathy towards child, this can result in identity problems • Anxious attachment

Safe	
Positives	Negatives
<ul style="list-style-type: none"> • Appropriate home safety precautions (safety gates, cupboard locks, medicine storage) • Understands simple commands (responds to no, give it to me) • Achieving developmental milestones (crawling rapidly, stands alone, may be walking without assistance before 1 year, but by 15 month, picks up small objects, crumbs, sweets) • Immunisations up to date • Infant has a range of safe toys to play with • Accidental injuries appropriately dealt with by parent/ carer 	<ul style="list-style-type: none"> • Infant physically at risk (left alone with no regard for safety) • Parent/ carer unable to anticipate danger and unable to provide infant with feelings of safety • Unsuitable housing and surrounding environment • Insecure attachment - poor interaction between parent/ carer and child • Inappropriate discipline of child (smacking, shaking)

Summary for child 1 year – 2 plus years

Concerns for child:

- Child may have their physical needs neglected
- The child's physical health is in danger when parents' physical capacity to care is limited by mental illness, substance misuse, domestic violence
- Inconsistent parenting damages parent/ child attachment
- Child could learn inappropriate behavioural responses when witnessing domestic violence

Protective factors for child 1 – 2 plus years:

- Consistent caring adult, responding to child's cognitive and emotional needs
- Sufficient income and good physical standards in the home
- Regular support and help from primary care and local authority
- Presence of an adult who responds to developmental need of child

Well-being Indicators : 3 year – 4 pre-school years

Healthy	
Positives	Negatives
<ul style="list-style-type: none"> Child is normally well Developmental milestones achieved - if has physical or learning difficulties should be receiving continued professional input Infant has age appropriate diet - nutritious and adequate, always supervised Parent/ carer responds appropriately to any symptoms of illness Immunisations up to date 	<ul style="list-style-type: none"> Illness of child not seen as priority to parent/ carer- develops into more serious condition Child unable to communicate their distress Physical neglect (unwashed and unfed)

Achieving	
Positives	Negatives
<ul style="list-style-type: none"> Reaching developmental milestones Appropriate play routine- parent/ carer reads/talks/ sings /floor play Parent/ carer gives appropriate stimulation (praise, encouragement) Infant likes parent/ carer to be within sight and hearing Affectionate demonstrated to familiars 	<ul style="list-style-type: none"> Parent/ carer unable to give appropriate responses (over or under stimulation) Infant has disability that could inhibit parent/ carer Poor physical/ mental health of parent/carer

Nurtured	
Positives	Negatives
<ul style="list-style-type: none"> Carer/ parent expresses and illustrates love and emotional warmth towards child (is loved unconditionally) Parent/ carer readily respond to child's emotional needs ("in tune" with child's need or comfort) Parent/ carer seek appropriate help and advice if experiencing difficulties managing child Parent/carer calm and consistent when dealing with child's distress Child outgoing and smiles and carries on simple conversations Parent/ carer takes pleasure in observing interaction between child and others 	<ul style="list-style-type: none"> Child is exposed to frequent criticism/ hostility Conflict and hostility within family environment (continued abusive and stressful situations) Mental/ physical health of main carer No continuity or stability in care of child (many and varied carers) No social support for parent/ carer Impact of poor parenting can be more damaging in some areas than in others- child can blame themselves for parent's problems, taking too much responsibility and being physically and emotionally neglected

Active	
Positives	Negatives
<ul style="list-style-type: none"> • Parent/ carer ensures child has plenty of opportunity and encouragement to develop motor skills • Play time appropriate (drawing- copies circle, builds tower with cubes, builds bridge with cubes) • Parent/ carer may attend local playgroups or receive place at local authority nursery • Walking out doors, climbing outside • Has a level of self-control • Taken out to visit family/ friends/shops/ local community • Despite a physical disability, the parent/ carer does not isolate child • Play really important at this age 	<ul style="list-style-type: none"> • Parent/ carer socially isolated and therefore unable to participate with child in any activity • Parent/ carer physical/ mental health concerns (depression can affect capacity to care about the child) • Weight gain under/ over expected centiles

Respected	
Positives	Negatives
<ul style="list-style-type: none"> • Good family routine- creating structure, continuity and stability • Parent/ carer appropriately responds to needs of child • Any physical abnormality accepted • Respecting and providing boundaries and a controlled environment • Language and tone of that language used appropriately • Involved in decisions that affect them 	<ul style="list-style-type: none"> • Developmental delay • Insecure attachment to parent/carer • If behaviour seen as frustrating to parent/ carer this can be detrimental to child's sense of being worthwhile and capable (can become more dependant later on in life) • No positive identity if rejected and uncertain who they are

Responsible	
Positives	Negatives
<ul style="list-style-type: none"> • Appropriate modelling of behaviour • Taking cues and responding appropriately • Sense of identity • Level of resilience apparent • Allowing child to make choices where appropriate 	<ul style="list-style-type: none"> • No sense of control • If child witnessing domestic violence they may try protect the victim (patting , touching)

Included	
Positives	Negatives
<ul style="list-style-type: none"> • Support from family/ friends (siblings/ grandparents) • Development of secure attachment • Access to family support • Access to community support • Expectation of child to be liked by carers- sees adult as dependable and trustworthy • Happy to follow instructions - "You do this and I'll do that" • Increased vocabulary means child can ask and say what they want- less frustration • Has joined local pre-school nursery, playgroup 	<ul style="list-style-type: none"> • If parent shows apathy towards child, this can result in identity problems • If not attending nursery, playgroup can be socially isolated from peer

Safe

Positives	Negatives
<ul style="list-style-type: none"> • Appropriate home safety precautions (safety gates, cupboard locks, medicine storage) • Achieving developmental milestones (walks alone upstairs, usually jumps from bottom stair!) • Immunisations up to date • Child has a range of safe toys to play with • Accidental injuries appropriately dealt with by parent/ carer 	<ul style="list-style-type: none"> • Child physically at risk (left alone with no regard for safety) • Parent/ carer unable to anticipate danger and unable to provide child with feelings of safety • Unsuitable housing and surrounding environment • Insecure attachment - poor interaction between parent/ carer and child • Inappropriate discipline of child (smacking, shaking)

Summary for child 3 year – 4 pre-school years

Concerns for child:

- Child may have their physical needs neglected
- The child's physical health is in danger when parents' physical capacity to care is limited by mental illness, substance misuse, domestic violence
- Inconsistent parenting damages parent/ child attachment
- Child's cognitive development may be delayed through lack of stimulation, disorganisation and failure to attend pre-school activities
- Child could learn inappropriate behavioural responses when witnessing domestic violence

Protective factors for child 3 year – 4 pre-school years:

- Consistent caring adult, responding to child's cognitive and emotional needs
- Sufficient income and good physical standards in the home
- Regular support and help from primary care and local authority
- Presence of an adult who responds to developmental need of child

Getting it right for every child

Single Agency Assessment (Child's Needs Record)

For testing: Nov 09 - Feb 10

Agency Identifier / CHI:	Date of Birth:	Date Completed:
Child's Name:		Parent/Guardian:

	Yes	No
Child Protection Register		
Supervision Requirement		
Looked After & Accommodated		

A = evidence of needs met B = evidence of unmet need C = further evidence required

How I Grow and Develop:	A	B	C
1. Being Healthy			
2. Learning and achieving			
3. Being able to communicate			
4. Confidence in who I am			
5. Learning to be responsible			
6. Becoming independent, looking after myself			
7. Enjoying family and friends			

How I Grow and Develop

Strengths:

Pressures / Adversities:

Assessment of Needs / Risks:

Desired Outcomes:

Actions Required:

Agency Identifier / CHI:

A = evidence of needs met B = evidence of unmet need C = further evidence required

What I Need from People Who Look After Me:	A	B	C
1. Everyday care and help			
2. Keeping me safe			
3. Being there for me			
4. Play, encouragement and fun			
5. Guidance, supporting me to make the right choice			
6. Knowing what is going to happen and when			
7. Understanding my family's background and beliefs			

What I Need from People Who Look After Me
Strengths:
Pressures / Adversities:
Assessment of Needs / Risks:
Desired Outcomes:
Actions Required:

Agency Identifier / CHI:

A = evidence of needs met B = evidence of unmet need C = further evidence required

My Wider World: (Environmental Factors)	A	B	C
1. Support from family, friends and other people			
2. School / Nursery / other			
3. Local resources			
4. Enough money			
5. Comfortable and safe housing			
6. Work opportunities for my family			
7. Belonging			

My Wider World
Strengths:
Pressures / Adversities:
Assessment of Needs / Risks:
Desired Outcomes:
Actions Required:

Agency Identifier / CHI:

Additional Supporting Information

Parent / Carers Views

Child / Young Person's Views

Agency Identifier / CHI:

Professional analysis of need or risk

Support required

Action

Health Plan Indicator	Core Date	Additional Date	Intensive Date	Assessment Date	Assessment Review Date

Name (Please print):

Signature:

Designation:

Date:

Getting it right for every child: Education Part I - Assessment

For testing: Nov 09 - Feb 10

What information is available about this child's well-being?

Strengths/Protective Factors ← **Well-Being** → Developmental Needs/Adversities

SAFE	Protected from abuse, neglect or harm, at home, school, and in the community	
HEALTHY	Having the highest attainable standards of physical and mental health, access to suitable health care and support to make healthy choices	
ACTIVE	Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development	
NURTURED	Having a nurturing place to live, in a family setting with additional help if needed or where this is not possible, in a suitable care setting	
ACHIEVING	Being supported and guided in their learning and in the development of their skills, confidence and self esteem	
RESPECTED	Having the opportunity along with carers, to be heard	
RESPONSIBLE	Having opportunities and encouragement to play active and responsible roles in their schools and communities where necessary	
INCLUDED	Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn	



Part I	Reviewing the well-being of:		Date:	
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This should be completed by the school (or Named Person) in consultation with the parent or carer and child

	Child's View Please refer back to 'What I Think' section and discuss what items should be considered here	Parent's / Carer's Views	School / Nursery (or other key professional) View Please refer back to assessment of well being
How have the actions agreed helped me with my well-being			
Is there anything else getting in the way of my well-being			

SUMMARY ANALYSIS – We have agreed that we should do the following:

Action:	By whom:	By when:

Do we agree that a more detailed assessment (part II) is required:	Yes: (X)	No: (X)	Agreed new date:	
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Getting it right for every child: Education Part I - Guidance

For testing: Nov 09 - Feb 10

Well-Being Indicators in Education: Strengths / Protective Factors

SAFE

- Good attendance and punctuality
- Consistent presentation and performance in school
- Parental engagement with school
- Home support with learning (drop off and collection)
- Home / school links
- Physical appearance (clothing, health, equipment)
- Appropriate peer group
- Reports domestic routines, boundaries and support
- Ability to support peers that are vulnerable
- Consistent schooling
- Consistency in care providers
- Appropriate level of protection and supervision of age and stage
- Sufficient resources to meet routine financial demands
- Ability to form and discriminate appropriate relationships (e.g. stranger awareness)
- Material needs met
- Evidence of healthy, age appropriate emotional development
- Established daily routines, e.g. bedtime
- Participation in after school activities

HEALTHY

- Regular attention to health concerns including communication between home / school setting (medication sent etc)
- Regular attendance (> 90%)
- Healthy appetite - good diet
- Knowledge of and Interest in healthy eating, food preparation
- Good physical presentation (weight, hair, nails, teeth, complexion, clothing)
- Energetic and alert
- Health care needs met i.e. glasses, head lice, hygiene, medication
- Engagement with peers
- Ability to cope with failure and learn from mistakes
- Evidence of developing confidence and self esteem
- Ability to express feelings
- Participation in activities and tasks
- Good open body language
- Ability to assert opinions, views and choices without aggression
- Ability to articulate and make good decisions
- Parental interest in health education opportunities
- Have confidence that their opinions are valued
- Able to tolerate strengths and weaknesses in others
- In control of their actions
- No evidence of substance abuse
- Supported at home to develop healthy choices

ACTIVE	<ul style="list-style-type: none"> • Regular participation in PE and extra curricular activities • Participation in physical activities in the playground • Children in nursery choosing and being involved in physical experiences • Children's awareness and understanding of the importance of being healthy and active demonstrated through participation in PSE • Children come prepared to participate in active experiences (kit) • Children make active choices • Children who will take physical risks appropriate to their age and stage of development • Participation in summer schools / walk to school initiatives • Established daily routines, e.g. bedtime • No concerns regarding weight • Physically able and coordinated for age and stage of development • Ability to concentrate • Regular participation in physical activity encouraged and financed
NURTURED	<ul style="list-style-type: none"> • Well presented - clothing, cleanliness and hygiene • Confident, happy, sociable • Well nourished – good energy levels • Good sleep routine – evidenced by alertness, stamina • Able to form / build appropriate relationships • Observed positive interactions between child / parent / carer • Confident to seek help / ask advice • Parental engagement and involvement with educational setting - monitoring homework / celebrating achievements etc • Good attendance / punctual • Accepts praise and constructive criticism • Ability to support, care, show concern and nurture others • Attends medical / dental appointments / medical issues are dealt with promptly • Development is progressing appropriate to age and stage • Ability to trust and expectation of having needs met • Curious nature/thirst for learning • Healthy management/level of membership of material possessions • Speaks openly and honestly about life at home/family • Evidence of developing moral judgement and social conscience

ACHIEVING	<ul style="list-style-type: none"> • Engagement in learning • Motivated • Homework / project completed • Participation in extra curricular activities and social clubs • Achieve challenging, appropriate educational targets (ACfE) • (social, emotional and academic) • Socially active - confident / friends • Good concentration • Good organisational skills – organise their learning / study skills • Involved in peer projects e.g. Buddy system • Self aware • Curious nature / thirst for learning • Positive attitude to learning - asking questions, seeking information, responding to constructive criticism • Positive approach to problem solving, working co-operatively with others • ownership of learning – follow through • Ambitious - able to articulate targets / goals and ambitions • Report out of school learning experiences – sports / hobbies / Duke of Edinburgh etc • Ability to adopt different learning styles / approaches • Positive aspirations • Confidence in own talents/abilities • Regular attendance and punctuality • Meeting appropriate educational outcomes
RESPECTED	<ul style="list-style-type: none"> • Open, willing to share views • Confident, good self esteem • Ability to encourage others • Willing to participate • Ability to take the lead if asked • Likely to volunteer in school • Clubs and other groups (e.g. student council) • Able to make decisions carry through and reflect on choices, and accept responsibility for actions • Can easily make friends • Consideration and respect for others • Show respect for property, resources

RESPONSIBLE	<ul style="list-style-type: none"> • Good attendance punctuality • Care about their education • Consistent approach • Well presented • Well behaved • Keen to help others • Ability to resolve conflict • Well organised, well prepared • Have high expectations • Enthusiastic • Have varied interests • Have interested and supportive parents • Can mediate problem situations and help others resolve conflict • Willing to take on roles of responsibility within learning environment • Good understanding of right and wrong • Ability to follow school and social rules • Ability to avoid inappropriate risks • Clear understanding of consequences • Appreciation of environment/possessions • Ability to avoid peer pressure • No evidence of experimental or problematic use of substance
INCLUDED	<ul style="list-style-type: none"> • Extended family support • Extended interests and activities in the school and community • Network of friends • Aware of potential barriers to inclusion • Well behaved / happy / stable • Healthy – physical and emotional • Positive attitude to learning / level of motivation / preparation • Access to developmental experiences e.g. trips • Opportunities to be involved and supported by family , friends, school • Has access and utilises support networks e.g. guidance, educational staff, family • Has aspirations - future plans • Has a wider knowledge of the world out with the school environment • Understanding differences and similarities in themselves and others • Good attendance and punctuality • Well presented • No evidence of experimental or problematic use of substances

What I think: The Child / Young Person's Views (NLC)

The child or young person should be supported to complete the following section by an adult who knows them well:

	What I THINK?	Nursery / School	Home and Community	Overall Rating 0-10
SAFE	<p>Do you have someone who helps you to feel safe and protected from harm?</p>			
HEALTHY	<p>Does someone support you to:</p> <ul style="list-style-type: none"> • Take regular exercise • Keep your medical appointments • Eat regular healthy meals • Stay clean 			
ACTIVE	<p>Does someone:</p> <ul style="list-style-type: none"> • encourage your special interests and hobbies • take you to clubs/after school activities 			
NURTURED	<p>Who:</p> <ul style="list-style-type: none"> • loves/cares for you and tells you are special • provides a place where you go to feel comfortable and safe 			
ACHIEVING	<p>Do you have someone who:</p> <ul style="list-style-type: none"> • supports you to learn new things • praises your achievements • encourages you to do your best 			
RESPECTED	<p>Who:</p> <ul style="list-style-type: none"> • listens closely to your opinions and ideas and anything you have to say • would you like to grow up to be like 			

RESPONSIBLE	<p>Think of a person/s who:</p> <ul style="list-style-type: none"> • tells you what is right and wrong • sets rules and explains rules to you • stops you from getting into trouble 			
INCLUDED	<p>Do you have:</p> <ul style="list-style-type: none"> • friends • times when you enjoy the company of other people 			

What I think: The Child / Young Person's Views (SLC)

Before we work with children and young people on developing social and emotional skills (I CAN) and having more positive beliefs about themselves (I AM), it is essential that we find out what supports and resources are present in their environment (I HAVE). The following table is adapted from FAIR (The Framework of Assessment and Intervention for Resilience).

The child or young person should be supported to complete the following section by an adult who knows them well. The information includes items that are applicable to children in early years, primary and secondary school.

NB: The overall rating does not apply to younger children.

	Do you HAVE?	Nursery / School	Home and Community	Overall Rating 0-10
SAFE	People who keep you safe: <ul style="list-style-type: none"> Someone who protects you from danger Someone you can tell if you're frightened or sad 			
HEALTHY	People who support you to be healthy: <ul style="list-style-type: none"> Someone who looks after you if you're sick or hurt Someone who gives you healthy food to eat Someone who keeps you clean Someone who talks to you about feelings 			
ACTIVE	Hobbies and interests: <ul style="list-style-type: none"> A favourite toy, game or thing to do Someone who takes you to fun places 			
NURTURED	People you trust: <ul style="list-style-type: none"> Someone who gives you hugs and kisses Someone who tells you they love you 			

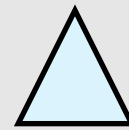
ACHIEVING	<p>People who encourages you to do your best:</p> <ul style="list-style-type: none"> • Someone who says 'well done' when you try your best • Someone who helps you to try things on your own • Someone who tells you you're good at things 			
RESPECTED	<p>Good relationships with adults:</p> <ul style="list-style-type: none"> • Someone who listens to you when you talk • Someone who asks you about your day • Someone who thinks you're special 			
RESPONSIBLE	<p>People who set boundaries and consequences for you:</p> <ul style="list-style-type: none"> • someone who tells you 'no' when you do something wrong • someone who tells you when it's time to do things <p>People who provide good examples for you:</p> <ul style="list-style-type: none"> • someone you want to be like when you grow up 			
INCLUDED	<p>Friends:</p>			

Getting it right for every child: Education Part II - Assessment

For testing: Nov 09 - Feb 10

How I Grow and Develop

This should be completed by the school / nursery (or other key professional) in consultation with other agencies involved.



	Area of Development	Strengths / Proactive Factors	Developmental Needs / Adversities
ACHIEVING	Learning and Achieving: e.g. attainment, achievement and wider assessment information, approaches, attitudes and motivation to learning		
HEALTHY	Being Healthy: e.g. diagnosed conditions, developmental concerns, physical health, emotional health		
	Being able to communicate: e.g. speech, understanding of language, expression of thoughts and emotions		
INCLUDED	Enjoying family and friends: e.g. relationships with family members, adults, peers, friends		
RESPONSIBLE	Learning to be responsible: e.g. for own behaviour, appropriate social skills, accountability, sense of right and wrong		
	Becoming independent, looking after myself: e.g. able to look after myself, dress and feed myself, get along with others, awareness of own limitations and how to overcome them		
RESPECTED	Confidence in who I am: e.g. resilience, confidence in own ability, strong identity		

My Wider World

This should be completed by the school / nursery (or other key professional) in consultation with other agencies involved.



	Area of Development	Strengths / Proactive Factors	Developmental Needs / Adversities
SAFE	<p>Comfortable and safe housing: e.g. access to a comfortable and safe environment to live, both at home and in the community</p>		
ACTIVE	<p>Work Opportunities for my family: e.g. expectations of work and employment, ambition and aspiration for children, financial concerns</p>		
	<p>Enough Money: e.g. adequate income to ensure that the child benefits from activities and interests</p>		
ACHIEVING	<p>School: e.g. participation in activities out with school hours, access to school resources, study support</p>		
INCLUDED	<p>Support from Family and Friends: e.g. support around the child, relationships within family and extended family, neighbours and friends</p>		
	<p>Local Resources: e.g. involvement in local community, access to resources and support from other agencies</p>		
	<p>Belonging: e.g. accepted into the community without prejudices or tensions</p>		

What I need from the people who look after me

This should be completed by the school / nursery (or other key professional) in consultation with other agencies involved.



	Area of Development	Strengths / Proactive Factors	Developmental Needs / Adversities
SAFE	Keeping me safe: e.g. exposure to danger or harm, aggressive or violent behaviour, parenting capacity		
	Everyday Care and Help: e.g. basic care needs being met – food, drink, clothing, warmth, shelter, hygiene		
NURTURED	Being there for me: e.g. attachment to family members, emotional warmth, comfort, understanding of family background, beliefs		
	Guidance, supporting me to make the right choices: e.g. support to make good choices, have values, consistent routines, appropriate boundaries, good role models		
INCLUDED	Knowing what is going to happen & when: e.g. stable & predictable life, help in preparing me for changes in my life, consistent carers who are honest & reliable		
	Understanding my family's history, background and beliefs: e.g. informed about family relationships, background and associated racial, ethnic and cultural heritage		
ACTIVE	Play, encouragement & fun: e.g. having someone who spends time with me, stimulates & responds to my curiosity		



Part II	Reviewing the well-being of: <input type="text"/>	Date: <input type="text"/>
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This should be completed by the school (or Named Person) in consultation with the parent or carer and child

	Child's View Please refer back to 'What I Think' section and discuss what items should be considered here	Parent's / Carer's Views	School / Nursery (or other key professional) View Please refer back to assessment triangle
How have the actions agreed helped me with my well-being			
Is there anything else getting in the way of my well-being			

SUMMARY ANALYSIS – We have agreed that we should do the following:

Action:	By whom:	By when:

Do we agree that an integrated assessment is required:	Yes: (X)	No: (X)	Agreed new date:	<input type="text"/>
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**Getting it right for every child:
Education Part II – Guidance Notes**
For testing: Nov 09 - Feb 10

How I Grow and Develop



ACHIEVING

Learning and Achieving:

- This includes cognitive development from birth, learning achievements and the skills and the interests which can be nurtured.
- How additional needs are supported.
- Achievements in leisure, hobbies, sport.
- Education and social development milestones need to be recorded.
- Personal learning plans and other educational records should provide evidence of what has been achieved and what supports are needed or being provided for.
- Is the child's progress with formal education in line with expectations?
- Attention should also be given to further educational or training needs and potential employment opportunities for young people moving or who have moved towards semi – of full independence.

HEALTHY

Being Healthy:

- This includes full information about all aspects of a child's health and development, relevant to their age and stage.
- Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health.
- Health care, including nutrition, exercise, physical and mental health issues, sexual health, substance abuse.

Being able to communicate:

- This includes development of language and communication.
- Being in touch and communicating constructively with others.
- Ability to express thoughts, feelings and needs.
- What is the child's/young person's preferred language or method of communication.
- Are there particular people with whom the child communicates that you will need to involve?
- Are aids to communication required?

INCLUDED	<p>Enjoying family and friends:</p> <ul style="list-style-type: none"> • How is the child or young person responding to relationships that support, value, encourage and guide her or him to family and wider social networks; • Opportunities to make and sustain lasting significant relationships; • Encouragement to develop skills in making friends, to take account of the feelings and needs of others and to behave responsibly.
RESPONSIBLE	<p>Learning to be responsible:</p> <ul style="list-style-type: none"> • Learning appropriate social skills and behaviour. • Values; sense of right and wrong. • Consideration for others. • Ability to understand what is expected and act on it. • How does the child respond to key influences on social and emotional development at different ages and stages e.g. collaborative play in early childhood, peer expectations at school and outside.
	<p>Becoming independent, looking after myself:</p> <ul style="list-style-type: none"> • The gradual acquisition of skills and confidence needed to move from dependence to independence. • Early practical skills of feeding, dressing, etc • Engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. • What are the effects of any impairment of disability or of social circumstances and how might these be compensated for?
RESPECTED	<p>Confidence in who I am:</p> <ul style="list-style-type: none"> • Child's/young person's temperament and characteristics. • Nature and quality of early and current attachments. • Emotional and behavioural development. • Resilience • Self esteem



SAFE	<p>Comfortable and safe housing:</p> <ul style="list-style-type: none"> • Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs • Is it in a safe, well maintained and resourced and child friendly neighbourhood? • Have there been frequent moves?
ACTIVE	<p>Work Opportunities for my family:</p> <ul style="list-style-type: none"> • Are there local opportunities for training and rewarding work? • Positive cultural and family expectations of work and employment • Supports for the young person’s career aspirations and opportunities
	<p>Enough Money:</p> <ul style="list-style-type: none"> • Has the family or young person adequate income to meet day to day needs and any special needs? • Have problems of poverty and disadvantage affected opportunities? • Is household income managed for the benefit of all? • Are there problems of debts? • Do benefit entitlements need to be explored? • Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?
ACHIEVING	<p>School:</p> <ul style="list-style-type: none"> • Positive experiences of school and peer networks and relationships? • What aspects of the learning environment and opportunities for learning are important to the child/young person? • Availability of study support, out of school earning and special interests. • Can the school provide what is needed to meet the particular educational and social needs of the child?
INCLUDED	<p>Support from Family and Friends:</p> <ul style="list-style-type: none"> • Positive networks of family and social support. • Positive relationships with grandparents, aunts and uncles, extended family and friends • Are there reliable, long term networks of support which the child or family can reliably draw on • Significant people the child’s/young person’s wider environment?

Local Resources:

- Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle.
- Projects offering support and guidance at times of stress or transition
- Access to and local information about health, childcare, care in the community, specialist services.

Belonging:

- Being accepted in the community, feeling included and valued.
- What are the opportunities for taking part in activities which support social contact and inclusion, e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents' and residents' groups, faith groups.
- Are there local prejudices and tensions affecting the child's or young person's ability to fit in?

What I need from the people who look after me



SAFE

Keeping me safe:

- Keeping the child safe within the home and exercising appropriate guidance and protection outside.
- Practical care through home safety such as fire-guards and stair gates, hygiene
- Protecting from physical, social and emotional dangers such as bullying, anxieties about friendships.
- Is the care-giver able to protect the child consistently and effectively?
- Seeking help with and solutions to domestic problems such as mental health needs, violence, offending behaviour.
- Taking a responsible interest in child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late of staying away from home.
- Are there identifiable risk factors?
- Is the young person being encouraged to become knowledgeable about risks and confident about keeping safe?
- Are the child's concerns being listened to?

Everyday Care and Help:

- The child's day-to-day physical and emotional care, food, clothing and housing needs a net.
- Enabling healthcare and educational opportunities.
- Meeting the child's changing needs over time, encouraging growth or responsibility and independence.
- Listening to the child and being able to respond appropriately to a child's likes and dislikes. Support in meeting parenting tasks and help carers' own needs.

Being there for me:

- Love, emotional warmth, attentiveness and engagement.
- Listening to me.
- Who are the people who can be relied on to recognise and respond to the child's/young person's emotional needs?
- Who are the people with whom the child has particular bond?
- Are there issues of attachment?
- Who is of particular significance?
- Who does the child trust?
- Is there sufficient emotional security and responsiveness in the child's current environment?
- What is the level of stability and quality of relationships between siblings, other members of the household?
- Do issues between parents impact on their ability to parent?

Guidance, supporting me to make the right choices:

- Values, guidance and boundaries. Making clear to the child/young person what is expected and why?
- Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person?
- Are sanctions constructive and consistent?
- Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations
- Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment?

Knowing what is going to happen & when:

- Is the child's/young person's life stable and predictable?
- Are routines and expectations appropriate and helpful to age and stage of development
- Are the child's/young person's needs given priority within an environment that expects mutual consideration?
- Who are the family members and others important to the child/young person?
- Is there stability and consistency within the household?
- Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her.
- Transition issues fully explored for a child or young person during times of change.

INCLUDED	<p>Understanding my family's history, background and beliefs:</p> <ul style="list-style-type: none"> • Family and cultural history; issues of spirituality and faith discussed • Do the child's/young person's significant carers foster and understanding of their own and the child's background – their family and extended family relationships and their origins. • Is their racial, ethnic and cultural heritage given due prominence? • Do those around the child/young person respect and value diversity? • How well does the child understand the different relationships for example with step relationships, different partnerships etc?
ACTIVE	<p>Play, encouragement & fun:</p> <ul style="list-style-type: none"> • Stimulation and encouragement to learn and to enjoy life, responsiveness to the child or young person's unique needs and abilities. • Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? • Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? • Is there someone to act as the child's/young person's mentor and champion and listen to their wishes?

Component 3: Informed Consent

Gaining **Informed Consent** from children / young people and parents / carers, to share personal information, is an essential element of the *Getting it right for every child* approach. In Lanarkshire, this component is not new and core paperwork already exists to support a common approach. The Lanarkshire Information Sharing Protocol was introduced in 2005 through the Data Sharing Partnership and practice guidance was disseminated. Since then training has been delivered to practitioners across a number of agencies in Lanarkshire. However, challenges still exist in establishing the same high standard of practice across each workforce and agency.

What is Informed Consent?

Informed Consent is achieved when children, young people and or their parents / carers understand what is being asked from them and give their permission freely, preferably in writing. Consenting individuals must understand what information is being shared, with whom and for what purpose. Consent must also be specific and unambiguous (see Lanarkshire guidance on the Information Sharing Protocol). Consent must be clearly communicated by the person to whom the information relates or by someone with authority to do so on their behalf. A written signature on the Lanarkshire consent form from the consenting individual should be obtained and a carbonised copy given to the service user.

When should consent be requested during the testing exercise?

Within the *Getting it right for every child* approach there is an expectation that practitioners will explain their commitment not to share information without permission, as early as possible in the development of a trusting relationship with children / young people parents and carers. **Informed Consent** should only be requested if a practitioner decides that sharing a specific piece of information may be in the best interest of the child / young person, parent or carer.

For the testing exercise informed consent will be required to share information from any element of the core paperwork

- Component 2: **Single Agency Assessment**
- Component 4: **Chronology**
- Component 5: **Request for Assistance**
- Component 6: **Integrated Assessment**
- Component 8: **The Child's Plan**

How will consent be recorded and stored?

Consent will be recorded using the forms available within each workplace (stocks of materials are available in your workplace and may be photocopied if necessary). Consent forms should be stored within the child's file and a copy given to the individual at the time they agree to share the information.

Practitioners should also record in their electronic systems if consent has been given or if there is a need to share information without consent.

The role of practitioners in supporting the testing exercise

- Ensure that children (where appropriate), young people and families are aware that new paperwork is being tested and they give permission to record information using the paperwork
- Ask permission to share the core paperwork for the purpose of evaluating the testing exercise (a letter of explanation is provided)
- Ensure that **Informed Consent** is gained to share information from any of the core paperwork if it is to be used in the course of the assessment and planning process
- Ensure that any difficulties with gaining **Informed Consent** is captured during the testing exercise
- Seek support with any aspect of informed consent that you are not sure of

For any other matter related to information sharing, practitioners should refer to the Lanarkshire Information Sharing Protocol ‘Obtaining Consent Good Practice Guidance’ available in each agency.

Component 4: Chronology

The **Chronology** of Significant Events is a key component of GIRFEC and an element of the core paperwork to make sure that important information about children and their families is gathered systematically in a consistent format and used to help decision making whenever appropriate. The Chronology is designed to record the unique circumstances and experiences of each individual child to understand the impact on their lives.

Chronologies are commonly associated with child protection and feature prominently in child death enquires such as Lord Laming's report. It has been recognised that when more than one agency is working with a child, important information can be missed. Professionals can only take decisions based on what they know and missing pieces can affect the quality of decision making and support children receive. **Chronology** is therefore a good tool to support practitioners in the earlier identification of risks, concerns, themes, strengths and challenges.

Current practice in Lanarkshire in relation to chronologies varies in a number of respects:

- Some practitioners keep a chronology for every child for whom they are responsible such as public health nurses and some use a **Chronology** only for children with more complex needs.
- Most practitioners in Lanarkshire currently record only negative significant events
- The recent case file audit and review highlighted variations in maintaining chronologies; in sharing the information contained in chronologies; and in bringing single agency chronologies together to create an integrated **Chronology** in complex cases
- The extent to which children and families are involved in discussions and decisions about their own **Chronology** also varies
- The extent to which chronologies are used to inform decision making when more than one agency is working with a child.

The *Getting it right for every child* approach promotes the use of a **Chronology** as a practice tool to help children at the earliest possible point of concern, both within single agencies and in multi-disciplinary working. The aim for Lanarkshire is that chronologies will become embedded into practice and practitioners in every agency will routinely consider the use of the tool so that patterns and trends can be tracked as early as possible. A significant development is that chronologies will now include significant positive events as well as negative events to allow patterns of resilience to be identified. Chronologies must be regularly updated and used to help children, families and practitioners understand how events impact on the child and to decide on the best course of action. In cases where more than one agency is working together, single agency chronologies will be routinely integrated and used as a helpful element of the ongoing assessment and review process.

Once the testing exercise is complete and the content and format of chronologies has been agreed across the partnership, the aim is an electronic development available through single agency information systems such as

MIDIS, MySWIS / SWIS+ and SEEMIS. Electronic developments will include the means of automatically integrating chronologies where it has been agreed as in the best interests of a child or young person.

The public health nurse has assessed mum's post natal depression to be having an impact on the child's well-being. With informed consent from the mother, the public health nurse records this in the child's **Chronology** and changes the health plan indicator from core to additional. Ongoing recording of further positive significant events or indeed negative events which impact on the child form an integral part of the continuous assessment process and allow patterns and trends to be identified by mum and the public health nurse as early as possible.

A **Chronology** of significant events was used to help John cope with autism in his transition to secondary school. By systematically tracking each time John presented difficulties within the learning environment, education staff, were over time, able to identify one of John's sensory triggers as smells. When he was positioned close to the school canteen near mealtimes or in the science department close to chemical smells, he reacted to his situation. Teachers improved John's learning experience by making small changes to his timetable and his family reported improvements at home by working around the same trigger. John's well-being in terms of achieving, included, respected and nurtured were all improved.

Carly was 7 and by using a **Chronology** of significant events over an extended period of time, professionals were able to discover the link between Carly's visits to her father and behaviour that was very uncharacteristic. Carly's difficulty was not obvious but school staff believed her performance and behaviour changes were not consistent with her ability and personality and worked with the school nurse to record events and changes. It emerged that the pattern of Carly's difficulties, although irregular, exactly coincided with visits to her absent father. Professionals were only able to identify the connection by working together to systematically record and analyse significant events which were discussed with Carly who disclosed sexual abuse. Children and families social work were not previously aware of Carly but together with health and education were able to support her well-being by helping to keep her safe. Without the use of a **Chronology** Carly may not have received the help she needed.

For children in complex circumstances, each agency working with the child can keep separate chronologies which can be put together to create a much clearer picture of how their circumstances impact on their lives. Changes may be known to one agency and how the child responds may be known to another. It is only by putting the information together with colleagues to create an integrated chronology that the full picture is available to inform decisions about the best course of action.

The purpose of a **Chronology of Significant Events** and how it can improve outcomes for children and young people.

The key purpose of the chronology is to provide an easily accessible summary of information that allows further dialogue and exploration with the child, family and practitioners to help everyone develop a better understanding of what might help.

A **Chronology** will improve outcomes for children and young people by:

- Providing a brief, factually based summary of events which is short, concise and to the point, and which clearly identifies the source of information. It does not replace existing case notes or records which will include much more detailed and sensitive information
- Assisting children, families and practitioners to identify and record positive and negative patterns, changes or events, which impact on a child or young person to inform decisions about appropriate, proportionate and timely help.
- Documenting achievements, developments and changes in children and families lives so that the emerging patterns and impact of events on the child / young person and, where appropriate, carers, over time may be understood and responded to.
- Helping to identify at a glance, the key patterns indicating evidence of resilience and the child / young person / family / carers potential to support needs or progress with minimal intervention.
- Providing accumulative evidence of emerging needs and risk and flag up when a multi-agency response might be necessary or when a reduction in intervention might be in the best interests of the child or young person.
- Providing a record of key dates of when incidents / concerns / events occurred and the actions taken / to be taken
- Providing the child with useful information and milestones at key transition points to ensure information is not lost
- Supporting reflection on past and current developments by regularly updating the **Chronology**
- Providing a common format in every agency which allows chronologies to be integrated and shared where this is in the best interest of the child / young person

The role of the practitioner in supporting **Chronologies**

There are slight variations in how chronologies will be used across the different agencies and also in the definitions of significant events for each agency. The definitions are appended to the exemplar paperwork.

- In public health a **Chronology** will be kept and maintained within every child health record no matter what health plan indicator has been allocated
- In education a **Chronology** will be commenced when all classroom strategies have been deployed and the concern persists

- Children and families social work will keep a **Chronology** for every child or young person with whom they are working
- For all other agencies a chronology will be kept after a concern has been identified and it is appropriate to maintain a record of significant events

All practitioners involved in the testing exercise are expected to support the use of **Chronologies** in the following way:

- to use a **Chronology** as a minimum for children and young people about whom there is a concern
- to involve children and families as much as possible in discussions and decisions to use a **Chronology**
- to enter all positive and negative significant events on the agreed common format and in line with agency definitions of significant events (appended to this section)
- to explain to children (where appropriate) and families that a new format is being tested and ask for permission to share the **Chronology** as part of the learning process, using the forms provided
- to ask for informed consent to share a **Chronology** with other professionals where it is in the best interest of the child or young person such as:
 - Attaching to a **Request for Assistance**
 - Attaching to an Integrated Assessment
 - Creating an integrated **Chronology** which brings all information into a shared format where agencies are working together to help a child
- to regularly update children and families on the content of the **Chronology**
- to inform colleagues who request assistance that a single agency **Chronology** exists
- to include a **Chronology** in any information provided in response to child protection enquiries
- to participate in discussions to reflect on the testing experience and make suggestions for improvements.

Getting it right for every child - Chronology of Significant Events

For testing: Nov 09 - Feb 10

Date of Birth:	Child's Name:		
Appropriate Unique Identifier:	CHI:	SEEMIS:	MYSWIS/SWIS+:

	Descriptor of Significant Event	Positive/Negative		Source Of Information	Action Taken	Title and Agency	Signature
		+	-				
Date:							
Time:							
Date:							
Time:							
Date:							
Time:							
Date:							
Time:							
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Time:							
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Time:							
Date:							
Time:							

Guidance On Chronology (Definition of Significant Events)

Education

Positive or negative changes to:

- Family or care structures i.e. separation/ divorce/ bereavement/ / birth of sibling / new partner /foster placements etc.
- Family circumstances e.g. re-housing homelessness /custodial sentence
- Physical and mental health and well-being of parents / carers
- Any recorded concerns about the child's well-being
- Identified additional support needs and single agency plan in place such as transition planning / More Choices More Chances / young carer / travelling children etc.
- Request for Assistance to specialist pupil support services
- Discussion at multi-agency support meeting
- Attendance patterns i.e. < 80% or consistent pattern of improved attendance
- Performance, behaviour, attainment or achievement
- Communication with parents i.e. engagement or support with child's learning
- Episodes of exclusion or re-integration
- Significant allergies or illness.
- LAC / LAAC / CP / Homelessness issues
- Social inclusion within the school setting including evidence of bullying, discrimination or positive support networks
- Request to participate in an Integrated Assessment
- Request for Assistance from education to outside education services
- Placement requests to changes educational establishments
- Failure to transfer records
- Home educated episodes
- Educational placements outside of the authority
- Episodes of parental aggression or violence towards child or staff
- Any other relevant low level concerns or positive improvements

Health

- Registered / Not Registered / Temporary Registration with a GP

Positive or negative changes which may include:

- Kept or missed appointments for anti-natal, post-natal, immunisations, child health surveillance, hospital appointments, without an acceptable reason, including refusal of entry
- Core additional or intensive health plan indicator
- Family/ care structure e.g. through separation/ divorce/ bereavement/ birth of a sibling / new partner/
- Family circumstances e.g. re-housing / homelessness / changes to those living in the home / custodial sentence
- Engagement with NHS staff to meet health and development needs of child
- Any recorded concerns for the child's well-being including attachment and care of child or environment
- Parents or carers physical or emotional well-being including substance misuse, mental health, domestic abuse,
- Requests for assistance for formal health assessments or services from within NHS Lanarkshire such as Paediatric Services, AHP, CAMHS etc
- Attendances at Accident and Emergency, Out of Hours and NHS24
- Incidences of hospital admissions
- Childhood illnesses, disabilities or periods of good health
- Kept or missed appointments for antenatal, post natal appointments, immunisations, child health surveillance, hospital appointments
- Formal health assessments e.g. developmental, Looked After and Accommodated Children (LAAC)
- Any changes to the Health Visitor, School Nurse or other key NHS staff member working with the family
- Any threats or actual incidents of violence towards NHS staff
- Requests to become involved in an Integrated Assessment or Child's Plan
- Any other relevant low level concerns or positive improvements

Social Work Services

Household/Family composition:

- Separations
- New members of the household (e.g. new partners)
- Births
- Deaths
- Employment/Unemployment
- Income
- Housing/homelessness incidents

Significant Events

- Recorded concerns or Requests for Assistance from other agencies
- Dates of assessments/ risks assessment or any social work involvement with child/ young person or related others
- Evidence of engagement or lack of engagement (appointments kept)
- Evidence of resilience or coping strategies
- Education and general development - exclusions/non attendance at school/positive attainments at school or in the community
- Health - disabilities/ illness/ mental health issues/ injuries /GP concerns/ A&E attendance/ hospital admissions/ missed appointments
- Significant change to routine (e.g. attending club or community resources)
- Relevant meetings
- Home visits/ telephone calls with other agencies where the information shared related to significant events in the child or young person's life
- Domestic Abuse incidents
- Substance Misuse incidents
- Criminal Justice activity with parents/ carers or siblings
- Changes in the well-being of the child or young person
- Changes in behaviour of the child or young person
- Any patterns of missed appointments without acceptable reasons, including refusal of entry
- Any emergency requests for assistance from child/ young person or carers
- Any other relevant concerns or positive improvements
- Any changes to social worker or other key member of staff
- Any threats or actual incidents of physical violence towards staff including verbal threats

Child Protection

- Date of referrals/ investigations
- Nature of investigation
- Decision of investigation
- Dates of initial conference
- Decision of initial conference (NFA/ Registration if CP)
- Category of abuse
- Conditions of contact
- Dates of Review conferences (registration status if CP)
- Decision of Review Conferences

Legislative

- All periods of Looked After and Accommodated children and young people
 - Date commenced
 - Accommodation type
 - Legislation type
 - Date ended
 - Decisions and actions (child returned home, fostered, adopted)
- Any measures taken under child protection procedures
 - Date commenced
 - Accommodation type
 - Date ended
 - Decisions/ Actions
- Periods of Respite/ Short term Care
 - Date commenced
 - Accommodation type
 - Date ended
 - Decisions/ Actions
- Sex Offenders Registration
 - Date of Registration
 - Period of Registration
- Periods of Custody
 - Date of Custody
 - Length of Sentence
 - EPL
 - Post Release Statutory requirements
- Interventions under Vulnerable Adults
 - Date of Case Conference
 - Decisions / Actions
 - Statutory Outcomes
- Interventions under Mental Health Act
 - Date of intervention
 - Nature of intervention
 - Date of Review
- All other periods of statutory and non statutory involvement
 - Date commenced
 - Date ended
 - Legislation type
 - Decisions and actions (supervision terminated, child accommodated)

Housing

Positive or negative changes to:

- The family/ care structure/ separation/ divorce/ bereavement/ domestic abuse/ custodial sentence etc.
- Family housing e.g. relocation, eviction, emergency transfer, transfer to private tenancy etc
- Maintenance of tenancy agreements
- Neighbour relations or anti-social issues. Where this has led to further action being taken such as ASBO, this should be recorded
- Reports of suspected drug dealing ,drug taking or excessive use of alcohol
- Reports of anti-social behaviour on the child/ young person/ carers
- Reports from Elected Members, members of the public or Housing staff regarding anti-social behaviour
- Any concerns about the well-being of children or young people recorded by Housing staff
- Any threats or actual incidents of violence towards staff
- Any other relevant concerns or positive improvements
- Any other relevant concerns, positive celebrations

Scottish Children's Reporters Administration

- Dates of referral
- Referral reason e.g. care and protection, youth justice, domestic abuse, school attendance. Will be detailed as follows:
 - Section 52(2) a, out with control
 - Section 52(2) b, moral danger
 - Section 52(2) c, lack of care
 - Section 52(2) d, schedule 1 against child
 - Section 52(2) e, member of same household a child who is victim of a schedule 1
 - Section 52 (2) f, member of same household as a schedule 1 offender
 - Section 52(2) g, member of household where the offence of incest or intercourse against a child has been committed by a member of that household
 - Section 52(2) h, has failed to attend school
 - Section 52(2) i, has committed an offence
 - Section 52(2) j, has misused alcohol or drugs
 - Section 52 (2) k , has misused a volatile substance
 - Section 52 (2) l, special measure to deal with behaviour
- Legal status and changes to legal status
- Dates of Children's Hearings
- Any decisions made about the child i.e. hearings, voluntary measures, compulsory measures of care

Component 5: Request for Assistance

The **Request for Assistance** is a component and an element of the core paperwork of *Getting it right for every child* to support children and families to get the help they need when they need it. The current number of referral forms we are aware of in Lanarkshire in children's services alone, exceeds 165, some used for different services within agencies such as health and education and some used to commission services from independent providers such as voluntary sector partners. Referral forms are different in appearance, in the information they require and in the way the information is structured and organised.

As a Learning Partner, Lanarkshire is being asked to streamline our different processes into one single system as a way to make it easier for practitioners and families to provide the right help for children at the right time. The aim of creating one single **Request for Assistance** is to simplify processes and reduce the amount of time it takes to access help.

The *Getting it right for every child* approach suggests a change in language from "referral forms" to "**Request for Assistance**" to reinforce a culture of co-operation between professionals and a sense of sharing the task of developing well-being. It is not anticipated that the **Request for Assistance** will increase demands on agencies, it will simply change the format of the way information is currently presented to something everyone becomes familiar with. Neither should it create new barriers between practitioners, the excellent face-to-face communication and joint working should continue with the **Request for Assistance** completed as a record between one practitioner and another.

The purpose of the **Request for Assistance** and how it can improve outcomes for children and young people

The **Request for Assistance** can help to improve outcomes for children and young people by:

- Streamlining the multitude of referral forms into a much simpler and more easily understood single process for children, young people and families
- Creating a simplified process which can be used by young people and families to request assistance themselves in certain circumstances
- Reducing bureaucracy which will lead to a more effective and efficient single system and facilitate a timely response to children and families
- Simplifying the process so that practitioners become familiar with one information format which can be developed electronically (once we have agreed the right format and content) and save time filling in forms
- Supporting a culture that emphasises everyone's role in developing children and young people's well-being rather than passing children from one agency to another
- Strengthening the pivotal role of the universal services of maternity, public health and education as central to children's lives by emphasising the concept of drawing other services in rather than children moving on.


The public health nurse in Lanarkshire could have up to 65 different referral forms in their port-folio to access the services they may need to help children/ young people and families. Each of these paper forms requires similar information in a different format. Some services also require very specific information relevant only to the concern they are professionally qualified to address. The public health nurse spends a significant proportion of his / her time completing these forms on paper which reduces the time available to visit and support families. It is planned that the **Request for Assistance**, once finalised, will be developed to be accessed through MIDAS, the electronic application being developed to support Primary Care. The resource taken up with the time consuming paper system will be significantly reduced, supporting the public health nurse to do her / his job more efficiently.

The role of practitioners in supporting the development of a Request for Assistance

The information gained from practitioners during the testing period will be vital in helping us to move away from the complex landscape children, families and practitioners are currently experiencing to a simplified, more streamlined single system. Once the format and content are agreed, the ultimate goal is to develop a common **Request for Assistance** which can be developed electronically and made available to practitioners across all agencies through agency information systems such as MySWIS / SWIS+, SEEMIS, MIDIS etc, to facilitate more efficient and effective communication. It is recognised that some specialist services require specific fields of information to carry out their function and the single **Request for Assistance** will not affect this. It will simply mean that those fields of information that are common to all requests will be presented in the same format.

Practitioners are expected to support the testing exercise for the Request for Assistance in the following way:

- To involve children and families in discussions and decisions about concerns as much as possible
- To explain to children (where appropriate), young people and families that the **Request for Assistance** is being tested and ask for permission to share completed forms as part of the learning process using the informed consent protocol and form provided
- With low level concerns, where colleagues within the same agency are normally asked to become involved using informal arrangements such as telephone requests, this practice should continue. The **Request for Assistance** should not create more bureaucracy; its function is to improve existing paperwork.
- To build knowledge of all potential services and professional groups which could assist children and young people and to develop links and relationships to facilitate joint working

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- Each time support is required from an individual or organisation where a referral form is normally completed, a **Request for Assistance** should also be completed.
 - Where more than one **Request for Assistance** is being made, one form should be completed changing only the information that is different.
 - The **Request for Assistance** should be copied and retained by the individual requesting assistance and the original sent to the service requested alongside the current referral form.
 - Use professional judgement to decide which information, appropriate and proportionate to the **Request for Assistance**, from assessments using the Well-being Indicators or *Assessment Triangle*; or chronologies, should be included
 - Practitioners completing **Requests for Assistance** during the testing exercise will be asked to participate in discussions to reflect on the testing experience and make suggestions for improvement
 - Practitioners receiving a copy of the **Request for Assistance** with the current referral document, will be asked to comment on the extent to which it could support their function and lead to the service the child / young person needs.

Getting it right for every child Request for Assistance form

For testing: Nov 09 - Feb 10

Request for Assistance to:

specify service here

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Date & Time

date and time form completed

--

Practitioner, Service, Locality Requesting Assistance *First & Surname of practitioner. Education / Public Health / Vol org etc. Name of locality*

--

Has the child / parent been advised that information will be shared?

Tick YES box only if communication has taken place

YES

NO

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Has informed consent been given to share information with other agencies?

This relates to the Lanarkshire information sharing protocol and consent form

YES

NO

Please attach copy of consent form

From child

Parent / Carer 1

Parent / Carer 2

Decision to share information without consent

If you were unable to gain consent, are unsure whether consent is informed or no consent was given please provide details.

d

This section should include any difficulties or concerns you have in relation to informed consent such as lack of capacity of individuals or a need for confidentiality to protect the interests of individuals involve

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Summarise your current concern/s including the child/young person, parent/carer views. Specify any other relevant contextual factors relating to the family which are not provided elsewhere.

This section must include the reason for and level of concern as well as the child and family's understanding and view of the concern and what they think might happen next. Important family history or circumstances should also be included. All agencies requesting assistance must have completed an assessment, the minimum requirement being the use of the 8 well-being indicators to identify concerns, or an assessment using the 21 domains of the My World triangle. A minimum analysis of the child's strengths and pressures using the well-being indicators must be attached to provide enough information for other agencies to help. The attached information should be appropriate and proportionate to the level of concern to allow those responding to act as quickly and effectively as possible.

Please attach assessments using Well-Being Indicators or My World Triangle, and include Chronology where it exists

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What are you and/or your agency currently doing to support this child/young person?

List any current activities, including specific actions in response to this particular concern?

Please attach any plans, inc. chronology currently in use to support this child

Are you aware of concerns or any action being taken to support this child in another agency ?

Whilst your agency might not be actively supporting this child at the moment, you may know of other agencies who are and what they are doing. This information is important to support those who are being asked to become involved to reduce duplication and overlap

What are the desired outcome/s for this child / young person of this request for assistance and what do you see as the next steps to achieve long term outcomes?

This section should be used to specify exactly what you hope to achieve from the request for assistance, advice, a service, a planning meeting etc. You may require a specialist assessment and/ or support from speech and language or learning support or to establish whether the child may be in need of protection. The focus should be on the outcome for the child rather than the service and the aim is for every child to experience well-being so this section should be structured in this way. Evidence of improvements in achieving, included and respected i.e. for this child to be able to communicate without any obvious difficulty so that he/ she can progress with their learning objectives and interact with peers without fear of rejection

Please attach any plans, inc. chronology currently in use with this child

What is the best way to make contact with you about this request for assistance?

Specify which method of communication i.e. mobile, landline, email etc, the best day /times and who to leave a message with. Good multi-agency working can be achieved from good information

Are there any practical issues that need to be taken into account to enable you to work with other agencies.

Some individuals are tied in to appointment cycles or service cover arrangements. It is helpful to share this information where relevant.

Named Person: name & contact details

This should be the Surname/First name of universal service personnel currently responsible for the development and progress of the child or young person

Lead Professional (if any) name and contact details:

This will only be relevant if more than one agency is currently working with the child/family and a Lead Professional has been discussed and appointed

Component 6: The Integrated Assessment

The **Integrated Assessment** is a component of the *Getting it right for every child* and an element of the core paperwork. The aim is that all relevant partners with input to a child or young person's care will contribute to this assessment and take responsibility for its contents. The overall purpose of the **Integrated Assessment** is to fully capture a child's circumstances as understood by the child, their family and all participating practitioners, in order to identify the help required to improve well-being. The **Integrated Assessment** will support partners to identify the actions required to improve outcomes for the child or young person. The **Integrated Assessment** will be completed for children with a range of needs; hence the level of assessment will be proportionate to the level of need.

The **Integrated Assessment** is firmly based on the national practice model which considers the well-being of a child, assesses and analyses information using the *My World Assessment Triangle*, then plans to improve outcomes for the child, planning against well being. The **Integrated Assessment** builds from **Single Agency Assessments**. The model focuses on both strengths and difficulties within a child's life, using the *Resilience Matrix* to support analysis.

Therefore, where there is concern about a child's well-being which requires multi-agency intervention, a multi-agency, **Integrated Assessment** and **Child's Plan** will be required.

The purpose of **Single Agency** and **Integrated Assessment** is to:

- support consistency in the practice of involving children, young people and families in decisions which affect their lives
- create a structured approach to information gathering with an emphasis on analysis
- improve the efficiency of assessment processes and reduce the number of duplicate assessments that a child experiences
- break down unnecessary professional barriers that are not in the interests of children and young people
- support the practice of sharing information where it is in best interest of children/ young people and families
- empower all participants to contribute to their fullest ability to the process of assessment
- improve the quality of information used to take decisions about children and young people's lives
- establish a common outcome focus for all practitioners with a role in developing the potential of children and young people
- create a common language that is accessible to children, young people, families and all practitioners
- improve the confidence and competence of professionals to fully engage with a process with which they are familiar and use regularly
- improve equality

How and when to use the **Integrated Assessment**

When a practitioner has concerns about a child's well-being and recognises that the child's needs cannot be met solely by the resource of a single agency, an **Integrated Assessment** is required.

Integrated Assessments can be completed in a number of circumstances:

- when two universal services are supporting a child and they have assessed that the child requires a more thorough assessment;
- when two or more agencies are working together to complete a thorough or comprehensive assessment of a child's needs;
- and when there is need for support through statutory interventions such as those required for children looked after, looked after and accommodated and those subject to child protection procedures or co-ordinated support plans.

The **Integrated Assessment** will be completed on a multi-agency basis with the **Named Person** or **Lead Professional** coordinating this activity (please see guidance for component 1 and 8). It is a way of different professional disciplines bringing together their particular or specialist knowledge to contribute to a clearer, holistic picture of the child, their family and their community. The **Integrated Assessment** will consist of the same steps required in any assessment process:

- gathering information
- structuring information
- analysing information
- taking decisions and recommending actions

The child, their family and colleagues contributing to the **Integrated Assessment** will be partners in the process and each should be supported to participate, and kept fully informed throughout.

The role of the practitioner in testing the **Integrated Assessment**

- To ensure that children, young people and families are supported to understand and participate in any decisions to complete an integrated assessment
- To seek permission to share personal information as part of any integrated assessment process
- To ensure that colleagues can participate in an **Integrated Assessment**, understand what is being asked of them and know who to send their contribution to
- To ensure that children / young people and parents / carers are encouraged to give positive expression to their views
- To complete all sections of the **Integrated Assessment** in line with the guidance
- To ensure that participants understand and agree to the process of analysis to reach conclusions
- To ensure that an **Integrated Assessment** results in a **Child's Plan** and that actions are taken
- To participate in discussion to feed back experience of completing or contributing to an **Integrated Assessment** and make suggestions for improvements.

Getting it right for every child Integrated Assessment form

For testing: Nov 09 - Feb 10

Forename:	Unique Ref Number:	
Surname:	Known as:	
Other surnames previously used:	Surname used if different:	
Surname of Mother if unborn child:	Male: (X)	Female: (X)

Current address including postcode:	Telephone contacts
	Landline 1:
	Landline 2:
	Mobile:

Date of Birth:	Expected date of delivery:
Stage of Education: (e.g. P1 or S2)	School / Nursery (if appropriate):
Relevant Legislation:	

Partner Agencies involved or consulted		
Agency	Name	Contact Details
Education	With detail, e.g. Nursery, Primary, Secondary, Further Education etc.	
Children & Families Social Work		
Adults Social Work Services	With detail, e.g. Criminal justice, addiction service, reception, mental health etc.	
Maternal Health Care		
Primary Health Care	With detail, e.g. GP, public health nurse, district nurse etc.	
Other Health Care	With detail, e.g. speech and language therapy, audiology, physiotherapy, etc.	
Housing		

The Reporter		
Children's Hearing Panel		
The Police		
Voluntary Organisation		

Assessment details				
Purpose of Integrated Assessment:	This might include such circumstances as: <ul style="list-style-type: none"> to determine whether the criteria for referral to the Children's Hearing (under section 52) apply e.g. exposed to moral danger to complete a comprehensive parenting assessment and understand the impact of parental behaviour on the child i.e. parental substance misuse/domestic abuse/ mental health/ all of the above to understand the impact upon the child of a sibling's disability to determine whether a child requires a co-ordinated support plan to form an holistic multi-agency assessment of a child <i>this list is not exhaustive</i>			
	Assessment requested / suggested by:			
Date requested / suggested:				
Date completed:				
Consent to complete and share information from Integrated Assessment	Consent from	Yes (X)	No (X)	With (agency)
	Child / YP			
	Parent / Carer			
Professional Coordinating Assessment / Lead Professional				
Agreed outcome of assessment ** Complete at end of assessment **				

SECTION 1: What is the summary of concerns from those who think an integrated assessment will help?

The child / young person's view of where he or she is and what needs to be sorted out:
Attach well-being indicators assessment here if available

What is the child's views of the strengths and pressures in their life. If it is not possible to obtain a view from child / young person explain why in this section. This section is intended to bring the need to ascertain the views of the child or young person to the forefront of people's minds. People will use a variety of methods to ascertain these views. If it has not been possible to gain a child's view, please state why. If a child has communication difficulties, extra efforts should be made to find out what they think about their current situation.

Parents / Carers and significant others' views of where the child / young person is and what needs to be sorted out:

Attach parents / carers well-being indicators assessment if available

Adult's views of strengths and pressures. If it is not possible to obtain a view from the parent/ carer explain why in this section
This section is intended to bring the need to ascertain the views of the parent/ carer to the forefront of people's minds.

Practitioner requesting an Integrated Assessment:

The summary of assessment which resulted in the request for an integrated assessment

This will be a short summary of the single agency assessment, the purpose of an integrated assessment and the outcomes the practitioner has assessed (at this stage) the child needs support to achieve.

SECTION 2: What this assessment is trying to find out

A more in depth account of the purpose of assessment, not the assessment itself but the reason it is required. Consideration must be given to what the impact on the child might be if we do not try to assess their circumstances.

Summary of this child / young person's family background:

Self explanatory

The situation at the moment for this child (including unborn children) or young person:

The Child (including unborn children) / Young Person's unique profile; the child's unique place in this family, if different from above; how the circumstances above might affect this child; anything particular to this child.
Consider the child/ young person's family background and what impact it has, either positively or negatively upon the child.

SECTION 3: The Child or Young Person's Network of Support

What network of support does the child have within their home, their school and their community? This should include immediate family, extended family, neighbours, friends and professionals.

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

Name:	I live with the child:	Yes (X)	No (X)
My relationship to child / young person:	Address:		
Home Tel:			
Work Tel:			
Mobile Tel:	Email:		
The best way & time to communicate with me is			
The notice I need to be able to participate is			
Legal Status			

SECTION 4: How I grow and develop

Provide information only where evidence is available.

Consider each of the headings under this dimension of the triangle providing any evidence - positive or negative that might contribute to the strengths or pressures for this child. These are:

- **Being healthy**
- **Learning and achieving**
- **Being able to communicate**
- **Confidence in who I am**
- **Learning to be responsible**
- **Becoming independent, looking after myself**
- **Enjoying family and friends**

Guidance provides an aide memoire to help to consider what you might know about this child in relation to this dimension of the My World Triangle but it should not be used as a checklist. It is professional judgement and experience that is most important here.

Strengths	Pressures / Adversities

This section is **not** intended to be a list of factors but a narrative containing an assessment of how the child grows and develops considering the 7 domains above. Practitioners should not be afraid to explore the overlap between headings, the fact that a child's weight is affecting their health in both the short and long term may also affect their confidence, friendships and ultimately their ability to learn and achieve. An overall analysis is required. Practitioners should be thinking about attachment theory: is a secure attachment evident? If not how does it manifest itself? How do they evidence that they are achieving their developmental milestones (at any stage in their development)? Do they communicate their needs? Do they know their needs? How does the child present in a variety of circumstances? What is their sense of identity? Where do they gain status from? How do they manage these things? Do they have boundaries, how do they evidence this? How do they manage friendships and peers, stresses and achievements? Consider the inner child, personality, nature, strengths, skills, support needs and how these interact with the child's world.

Assessment of Needs / Risks

Conclusion of the above assessment regarding how I grow and develop

Desired Outcomes

Outcomes that will support the child grow and develop

These should be linked to the outcomes in the Child's Plan

Possible Actions required

Actions required to achieve positive outcomes

SECTION 5: What the child needs from the people who look after him/her

Provide information only where evidence is available.

Consider each of the headings under this dimension of the triangle providing any evidence - positive or negative that might contribute to the strengths or pressures for this child. These are:

- **Everyday care and help**
- **Keeping me safe**
- **Guidance supporting me to make the right choices**
- **Knowing what is going to happen and when**
- **Understanding my family's history, background and beliefs**
- **Being there for me**
- **Play, encouragement and fun**

Guidance provides an aide memoire to help to consider what you might know about this child in relation to this dimension of the My World Triangle but it should **not** be used as a checklist. It is professional judgement and experience that is most important here.

Strengths

Pressures / Adversities

Again **not** a list but a narrative containing an assessment.

Practitioners should consider attachment theory and how the parent demonstrates that they are in tune with or recognise their child's needs. Think of Maslow, does a parent support their child and meet their needs at all these levels, if not where does a parent need support?

What is the parent's understanding of the domains above? What experience does the parent have of being parented, does this impact on the child?

Assessment of Needs / Risks

Conclusion of the above assessment regarding how I grow and develop

Desired Outcomes

These should be linked to the outcomes in the Child's Plan

Possible Actions required

Actions required to achieve positive outcomes

SECTION 6: My wider world

Provide information only where evidence is available.

Consider each of the headings under this dimension of the triangle providing any evidence - positive or negative that might contribute to the strengths or pressures for this child. These are:

- Support from family, friends and other people
- School
- Local resources
- Enough money
- Comfortable and safe housing
- Work opportunities for my family
- Belonging

Guidance provides an aide memoire to help to consider what you might know about this child in relation to this dimension of the My World Triangle but it should not be used as a checklist. It is professional judgement and experience that is most important here.

Strengths	Pressures / Adversities

Again not a list but a narrative containing an assessment. Practitioners should consider the community and family support available, the social demographics of the area the child lives in, does this impact on the child? More information about how the family manage these circumstances for instance a very competent family living on a limited income for a short period of time may have more resources to deal with their circumstances than an isolated single mother enduring long term poverty in poor housing.

Assessment of Needs / Risks

Conclusion of the above assessment regarding how I grow and develop regarding my wider world

Desired Outcomes

These should be linked to the outcomes in the Child's Plan

Possible Actions required

Actions required to achieve positive outcomes

SECTION 7: Summary Analysis of Child's World

Consider all the information you know about the child's whole world. Which elements are having the greatest positive and negative impact on the child right now? Place what you consider to be the most important factors within the resilience matrix and use the following section to conclude where the child is now and what they need to develop well-being.

Resilience Matrix:

This can either be used in a single or multi-agency environment. It supports practitioners to analyse the more complex information in terms of the child's strengths and pressures and plot them on a blank matrix to help gauge the level of resilience or vulnerability the child is experiencing together with the adverse and protective factors that may influence the outcome. Further information on the resilience matrix can be located in the Scottish Government 'A Guide to Getting it right for every child', September 2008, version 1.1 page 29 and on the tools and resources pages on the Scottish Government *Getting it right for every child* website, www.scotland.gov.uk/gettingitright

Using the matrix as a tool consider the information gathered about the child.

Resilience		
Normal development under difficult conditions e.g. secure attachment, outgoing temperament, sociability, problem solving skills		
Adversity		Protective Factors
Life events or circumstances which pose a threat to healthy development e.g. loss, abuse, neglect		Factors in the child's Environment that act as a buffer to the negative effects of adverse experience
Vulnerability		
Those characteristics of the child, their family circle and wider community which might threaten or challenge healthy development e.g. disability, racism, lack of or poor attachment		

Conclusions and Recommendations
<p>Drawing together an analysis, considering everything from your assessment, make a conclusion and recommendation, detailing briefly the evidence that supports this i.e. despite the protective factors in place the child's circumstances continue to have a detrimental impact upon their development, these are the reasons why, and this is what we need to do.</p> <p>Or given the protective factors and the evidenced resilience the child is able to overcome the adverse factors in their life, again this is why, and what we need to do to continue to support the child.</p> <p>Draw a conclusion and make recommendation for action if necessary under statutory provision.</p>

SECTION 8: Areas of disagreement		
Areas where partners hold different views about the child or parent / carer not reflected in the summary analysis and conclusions.		
Disagreement by	Reason for disagreement	Action taken to resolve

SECTION 9: Specialist Assessment Tools used
Note of any specialist assessment tools or guidance inc. ASSET, substance misuse, FAIR etc.
Please detail the specialist assessment and what this added to the general assessment

SECTION 10: Signatories to the Integrated Assessment

The signatures of the adults who have contributed to and agreed this Integrated Assessment as the fairest picture of the child's strengths and pressures.

If a meeting is convened to develop the Child's Plan this sheet should always be signed **before** people leave

Name	Signature	Date

This is what I think about some of the good things, the difficulties and pressures in my life and how it affects me:

You may also attach any tool used to capture the child's view including well being indicators if available

Please represent the child's view here.

Component 7: The Lead Professional

The identified role of a **Lead Professional** is a component of the *Getting it right for every child* practice approach but it is not a new concept and will be familiar to many practitioners across children and adult services.

Good communication between agencies, co-ordinating the help children receive from different sources and monitoring the progress of the **Child's Plan**, happens every day in Lanarkshire. The practice model of *Getting it right for every child* promotes this good practice as the norm for every child when more than one agency is involved.

The Public health nurse who assesses a mother as experiencing post-natal depression and requests Home Care support and / or an assisted nursery placement is acting as a **Lead Professional**.

The Depute or Head Teacher in a primary setting who, recognises that a child may be struggling at home and the family may need family support or a voluntary sector service, will ask for help and act as a **Lead Professional**.

The child and family social worker who arranges joint investigations with the police, organises a child protection case conference and co-ordinates the Core Group is a **Lead Professional**.

The midwife who becomes aware of parental substance issues and works with the parents to access addiction services and a voluntary support service is acting as **Lead Professional**.

The Guidance teacher in a secondary school who becomes aware of personal difficulties for a child, communicates with the appropriate staff internally and arranges for an NHS Youth Counselling Service or Primary Mental Health input is taking on the role of **Lead Professional**.

The Women's Aid worker who helps to co-ordinate housing services, benefits, support and legal aid for a victim of domestic abuse while accessing emotional support for her child, is also acting as **Lead Professional**.

In each of the examples above practitioners are using their skills to make sure help is appropriate, proportionate and timely without a formalised title. But the information we have from child death enquiries, significant case reviews and other health and education inspections, highlights that this doesn't happen in every single case for every child. There is a need to strengthen the role of co-ordination and improve communication between agencies bringing all relevant knowledge together when this is necessary to help a child. One recognised individual co-ordinating activity so that adults know what each is doing, would improve things for everyone, especially children.

The purpose of the **Lead Professional** Role

For these reasons, the *Getting it right for every child* practice approach recognises the role of **Lead Professional**. The reasons for formalising this role are:

- To streamline communication channels, so that all relevant people have the information they need to do their job to the best of their ability
- To maximise the resources available to help children and young people by making sure the right help is available from the right person at the right time
- To make sure that everyone is clear about what help a child needs and what the desired outcomes are for that child.
- To make sure that when more than one agency is working with a child, each practitioner is clear about their individual role and how collectively they contribute to a child's well-being
- To make sure that if something changes which impacts on a child, those involved are able to respond as quickly as possible
- To make sure that practitioners are reviewing their actions against the desired outcomes for a child and revising plans and action where this is necessary

In consulting with staff across Lanarkshire between July 2008 – February 2009, practitioners identified the core component of **Lead Professional** as one of the key elements that will make a positive difference to children's lives.

Without this clearly assigned role practitioners talked about times when they made assumptions about who might be co-ordinating services. Practitioners reported incidences when they were simply not clear about who was doing what and even discovered other professionals carrying out very similar tasks.

When is a **Lead Professional** required ?

The role of the **Lead Professional** is required when:

- two agencies are **working together** and
- are **delivering** a service to a child

How will a **Lead Professional** be appointed?

Single agency assessments and plans held within maternity services, public health and education will routinely identify additional help that may be needed and assistance will be requested from other agencies where necessary. This co-ordinating role will carry on within health and education, as it always has but. This role will be recognised as the **Lead Professional** so that practitioners/ children and their families know who is carrying out the role described below.

Where a more detailed picture is needed through an integrated assessment and Child's Plan, agencies will work together to discuss, agree and plan actions to

help a child. Once the desired outcomes and actions have been agreed, practitioners will decide together who is best placed to act as a **Lead Professional**. Children and families will be encouraged to participate in this decision.

Who will take the role of **Lead Professional** ?

The principles of *Getting it right for every child* offer some guidance on who may be best placed to take on the role of **Lead Professional**:

- Help should be child centred, holistic and build from the strengths
- Help should be appropriate, proportionate and timely
- Families and children should be partners to any plans to help them
- Practitioners should not be required to act outside their competency,
- Practitioners must recognise the impact of their own work on others
- A central, strengthened role for the universal services of health and education

Where a child is on the Child Protection Register, Looked After or Looked After and Accommodated, social work services will maintain their statutory responsibility to act as the **Lead Professional** and co-ordinate the **Child's Plan**. In other cases Children and Families Social Work may be involved as a member of the professional network in supporting a family but not necessarily the Lead Professional. It is only where they are clearly the most appropriate agency to take on this role that this will happen.

Where there are no statutory obligations for a specific agency to lead on the **Child's Plan** the **Lead Professional** will be dependant on the prevailing needs and will be the most appropriate person to co-ordinate the plan. Agencies must ask who can:

- lead and co-ordinate the **Child's Plan**
- arrange the review of the **Child's Plan**
- and provide confident leadership?

Where there has been previous contact or a good relationship with the child this should be taken into consideration when making this decision. Where there are strong views about someone the family cannot work closely with, this should also be taken into consideration.

The role of the **Lead Professional** in the testing exercise

The role of the **Lead Professional** captures existing best practice which is to:

- Make sure that all relevant people including children, parents/ carers and practitioners are aware of who the **Lead Professional** is and their role to co-ordinate and monitor the **Child's Plan**.
- Work with the child, family and professional network to make sure that children and families understand what is happening, are partners to plans and can influence decisions. Where necessary arrange independent advocacy for the child and family
- Support the child and family to make use of help and services from the community and professional networks
- Be the point of contact for the professional network to make sure that each knows what they and others are doing to contribute to the **Child's Plan**
- Keep track of actions and how and when they will take place in line with the **Child's Plan**.
- Ensure that the information sharing protocol is observed at all times
- Make sure that the help provided is consistent with the **Child's Plan**. that services do not duplicate each other and are delivered when they are needed;
- To help reduce conflict with times, venues, caring responsibilities or other practical details
- Monitor how the **Child's Plan**. is working and whether it is improving the child's situation;
- Identify other services or specialist assessments which may be needed taking advice from other professionals where necessary, and make arrangements for these
- Make links with adult services such as mental health, addictions, criminal justice services etc, where necessary to support the **Child's Plan**.
- Respond appropriately to any ongoing issues raised by children, families or professional network in relation to the **Child's Plan**.
- Arrange for the family and professional network to review together their involvement and amend the **Child's Plan**. when necessary
- Ensure that an integrated chronology is commenced and regularly updated
- Regularly report progress, including any difficulties with improving outcomes for children, to management and or locality support structures
- Ensure the child is supported through key transition points in their lives
- If for any reason, it is necessary for the **Lead Professional** to change, the existing **Lead Professional** will facilitate the transition with children, families and professionals to ensure minimum disruption possible
- To ensure that any **Integrated Assessment** and Plan is shared with the child and family

The **Lead Professional** will routinely discuss progress of children's plans within their line management arrangements. If difficulties are identified within the **Child's Plan** such as actions not progressing or lack of resources, it is the responsibility of line managers to raise this with colleagues in the appropriate agency. If these issues can not be dealt with, then they should be pursued in more formal locality support structures. The locality arrangements in South Lanarkshire include a communication network of Managers who will regularly discuss the progress of Children's Plans within their locality This network will take collective responsibility for removing any obstacles to carrying out actions within children's plans. (currently under development in North Lanarkshire to provide a similar support structure).

A Lead Professional is not:

The key functions of the **Lead Professional** are leadership and co-ordination of the **Child's Plan**. The **Lead Professional** is not responsible for delivering all the actions agreed by other agencies or for their performance. If the co-ordination and monitoring of the **Child's Plan** highlights that actions are not progressing, a **Lead Professional** will explore what the barriers might be and discuss progress with other partners at any multi-agency meetings.

Supporting the Lead Professional Role

Although the role of **Lead Professional** is not new, as seen in the examples above, it has an increased focus and practitioners taking on the role of **Lead Professional** may need training and support.

Lead Professionals can expect to be supported in the following ways:

- To receive support, encouragement and co-operation from the other practitioners contributing to the **Child's Plan**
- To receive clear communication from practitioners and managers about actions, timescales, resources or difficulties in helping children and young people
- To have the opportunity to discuss their experience of the **Lead Professional** role within the Locality Support Structures being set up in the ten localities in Lanarkshire such as telephone contact or practitioner forums.
- To have the opportunity to discuss the role of **Lead Professional** within their own supervision and line management arrangements
- To have the opportunity to discuss and resolve any difficulties in carrying out the role of **Lead Professional** within their own agency or with colleagues, managers or the Locality Area Managers as necessary

Component 8: The Child's Plan and Review

The **Child's Plan** is a component of *Getting it right for every child* and an element of the core paperwork. Guidance on the **Child's Plan** was issued by the Scottish Executive in 2007 the majority of this section is taken from this guidance.

The plan has been designed to help **all** staff working with children and families in any organisation to think about the needs of a child or young person using the same framework of understanding. The plan is for use with **any** child or young person whenever there is a concern that they might not be as safe, healthy, achieving, nurtured, active, respected, responsible and included as they should be.

When planning and thinking about a child or young person's needs, **every** practitioner should think about the **whole child or young person**. The assessment triangle below focuses on the child and young person and what is needed for their development and well-being. Adults who are parents or carers may have needs or problems that could affect children, and these problems should be tackled, too.

What is the purpose of the Child's Plan ?

The **Child's Plan** will help to improve outcomes for children and young people by:

- help children and young people, families and agencies think about what children and young people need;
- make sure that agencies, families, children and young people are all clear about the help already being given or planned;
- help monitor the child's or young person's progress;
- put in place arrangements to manage risk;
- co-ordinate help for the child or young person, bringing it all together;
- ensure successful change when a child or young person has to move and needs extra help (for example, moving from one school or household to another, to or from a refuge, from child to adult services, or between institutions such as children's homes, secure units or prison);
- outline why compulsory measures may be necessary; and
- make sure the arrangements are in place to manage future risks and needs when a Children's Hearing (Panel) ends a supervision requirement, when a child's name is removed from the Child Protection Register, or where a child or young person leaves care.

When should there be a child or young person's plan?

Whenever an **Integrated Assessment** is completed or a child or young person, family or professional thinks a plan would help to identify and meet needs. It is a tool to help children and young people, families and professionals understand what action is needed. The level of detail in any plan should match the complexity, concerns or needs identified.

Who should be involved in planning?

- **Children and young people** should be involved in planning according to their age, stage and understanding. Some children and young people may need help to explain their thoughts and views. Sometimes this may be done by a person whose job it is to make sure the child or young person's views are taken into account.
- **Parents.** Where a parent has any contact with their child, they should be involved in the plan. However, this is always subject to safety considerations (for example, where the child may be exposed to domestic abuse). In some cases, involving absent parents in the child or young person's life and plan may be key to his or her current or future well-being.
- **Carers** who have day-to-day care of the child or young person (for example, kinship carers, foster carers or residential carers).
- **Practitioners** who can contribute to the child or young person's well-being or risk management. They may work directly with the child or young person (for example, teachers), or with the adults who care for them (for example, GP's, addictions workers etc).
- **Other important people**, such as extended family and friends, depending on the nature of the plan and the child or young person's circumstances.

Review

- The child or young person's plan should be reviewed at a time agreed at the start and within any time limits set down in law.
- No child or young person should have to experience unnecessary reviews.
- Reviews should be held as often as necessary, taking account of the risks in each case. When things are unstable for a child or young person, or when a number of agencies are being very active in supporting his or her needs, the plan is likely to be reviewed or renewed frequently.

Reviews should detail:

- **How well the child or young person is doing:** a review of progress measured against agreed outcomes and milestones.
- **New information or change of circumstances:** to include changes in living circumstances, schools, new incidents or concerns.
- **A summary of contacts with the child and family:** this should include contacts or appointments, both kept and missed, with the child or young person and their parents.
- **Has everyone done what they set out to do?** accounting for any changes to the agreed actions.
- **Have these actions had the desired effect?** recording the actions that have had an impact on progress or outcomes (positive and negative) and those that appear to have had no impact.

- **Is there a need for further action?** identifying the current level of needs and risks and what else, if anything, needs to be done and who should do it.
- **The child or young person's views (and those of their parents or carers)** about any part or all of the plan and review.
- When the child or young person's plan is reviewed, new and different outcomes may need to be set. It may be that concerns have been resolved and no further action is needed. On the other hand, it may be necessary to revise the assessment of the circumstances of the child or young person and their family, setting new timescales and a date for the next review. Where concerns have been resolved but action is needed to sustain progress, action should continue. Where there is a supervision requirement agreed at a Children's Hearing, the plan should include and explain the terms of the supervision requirement.

The role of practitioners in supporting testing of the **Child's Plan** is to:

- to develop positive relations with children, young people and families which will support improved outcomes
- to agree the actions required to support a child / young person's well-being in partnership with children, families and colleagues
- to ensure that children and families understand any differences of opinion or limitations about what can be achieved through the Plan
- to ensure that any resources implications are explored and resolved
- where risks exist, to make sure there are contingencies in place and realistic timescales for review
- that everyone understands what will happen if the desired outcomes are not achieved
- carry out actions agreed in the plan, communicating progress to the **Lead Professional**
- to communicate with the **Lead Professional** and support one another in implementing the plan
- if difficulties arise in achieving the actions in the plan which cannot be resolved, each practitioner should raise these through their line management structures
- to ensure that any statutory obligations are adhered to
- to participate fully in evaluating the effectiveness of the **Child's Plan**
- to participate in discussions reflecting on experience of testing and make suggestions for improvements

Getting it right for every child
The Child's Plan
 For testing: Nov 09 - Feb 10

Unique reference numbers	MySWIS/SWIS+:	CHI:	Education:
First Name:		Surname:	
Known as:		Male: (X)	Female: (X)

Current address including postcode:	Telephone contacts
	Landline 1:
	Landline 2:
	Mobile:

Date of Birth:	Expected date of delivery:
Stage of Education: (e.g. p1 or s2)	School / Nursery:

Assessment Details		
Date this period started:	Date completed:	Date approved:

Legal Status of this Plan:

Child's Plan	
Date this plan started:	Date completed:
Date last updated:	Date Agreed:

In preparing this plan, have any disability, mobility, language needs been identified?

If so, please describe the impact upon the child and describe what efforts have been made to overcome these difficulties in preparing this plan

My Plan

These are the good things in my life that I want to build on:

Please use this opportunity to directly reflect the child's view as elicited from direct work with the child or represent their view from conversations with them. Only the child's view needs to be represented here.

The adults who help me with this plan think these are the good things to build on:

Detail the strengths that have been identified, either in the child themselves, such as an interest, a talent, a skill, evidence of resilience, or from within the family or community support network. The child or young person must be part of constructing this section unless they are deemed to young to understand. If there are issues of capacity regarding the child's understanding, efforts should be made to use appropriate communication tools as all children will be able to represent in some way what they want to see happen. However the issues preventing a full representation of the child's views in this section should be described here.

This is an opportunity for professionals to record the strengths in the child's world or within the child themselves which can be supported by ongoing family or professional input. There may be strengths that the young person or child require support to develop further.

Answer YES or NO and refer people to pages which detail specific risks	Yes (X)	No (X)	Pages
The people helping with my this plan think there are risks to my safety			
The people helping me with this plan think others are at risk from me			

These are the difficulties we are trying to sort out through this Plan:

Summary analysis of concerns or issues - why agencies or families believe the child or young person may need action, help or support. These reasons should include any issues of concern to be tackled and risks to be managed.

The section should include a summary of the assessment regarding concerns to the child or concerns to their family which impact on the child. A summary of assessment regarding the risks to the child and any risks to others presented by the child. It should include the view of the child or family and all professionals involved.

The adults helping with this plan think this is how we will manage any risks:

These are the things adults will help me to watch out for:

What may trigger harmful behaviour or increase risks to the child or young person, or to others from the child or young person?

Use this section to reflect the circumstances, relationships actions etc that the child or their family might engage in / be exposed to which would increase concerns. These should be discussed and understood by the child/ young person.

This is when the adults helping me think there might be difficulties:

In what circumstances are the risk(s) most likely to occur.

Any specific circumstances where difficulties or risks are increased e.g. certain classes or contact with a certain family member.

This is what we will all do to make me safer:

Action to reduce the risk to the child or young person and/or others (Identify what has to be done to make sure that the minimum standards of care, safety, nurture or behaviour are achieved in order to make sure the child or young person is safe or that the safety of others is protected. **Actions to be followed.**

I understand My Plan	Yes (X)	No (X)

The adults who helped think that I understand because:

There should at least be evidence of discussions with the young person/ child and is intended to reinforce that we check out young people's understanding of their plan and can reflect this back.

This is what I think about what should happen:

The child's view represented here.

The adults who helped with the plan, know I understand what should happen next because:

The child will have an understanding of what is happening during the assessment and planning stage. What views have been expressed in relation to the strengths, pressures and possible actions that might help. **Again this section is to support practitioners to evidence the child's understanding of what is happening and why.**

This is what adults who care for me think about what should happen:

Use continuation sheets if required.

What are the parent's /carers priorities for action? Parents and carers are partners to the child's plan and will have an understanding of what is happening and views about what needs to happen. What views have been expressed in relation to the strengths, pressures and possible actions that might help. Every effort should be made to communicate with absent parents as well as significant others such as grandparents, close friends or neighbours. **This is the opportunity to reflect parents/ carers/ relatives and professionals views.**

This is what we are all going to do together to improve my life:

Desired outcomes and milestones for achievement which include practical goals - for example evidence of improved safety in the home, signs of a sense of belonging with peers, increased pace of learning, improved dental health or decrease in anxiety, engagement in interests and activities outside school

What we are working towards Outcome (the desired goal for any help provided)	What we are going to do Actions (should improve matters for the child or young person in the short and long term)	How will we know	By when Timescale for different actions to be completed	Who is helping me The person who is responsible for this action
Safe:				
Healthy:				
Achieving:				
Nurtured:				
Active:				
Respected:				
Responsible:				
Included:				

These are the people who are helping me with this Plan:

The name and relationship of every partner to the child's or young person's plan, including parents, children and young people, significant others such as extended family, friends or neighbours followed by practitioners including the Lead Professional and Named Person if different.

Name:	Relationship to child:
Contacts	Address:
Home Tel:	
Work Tel:	
Mobile Tel:	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	
Legal Status	

Name:	Relationship to child:
Contacts	Address:
Home Tel:	
Work Tel:	
Mobile Tel:	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	
Legal Status	

Name:	Relationship to child:
Contacts	Address:
Home Tel:	
Work Tel:	
Mobile Tel:	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	
Legal Status	

Name:	Relationship to child:
Contacts	Address:
Home Tel:	
Work Tel:	
Mobile Tel:	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	
Legal Status	

Practitioner Details	
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Name:	Role:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	

Name:	Role:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	

Name:	Role:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	

Name:	Role:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	
The notice I need to be able to participate is	

This is what we need to make this plan happen:			
Action	What resources are required	Who will provide them	By when
The resources required to carry out the action plan, either financial or human. Allocate resources against action point numbers, as listed on previous page.			

This is how we are going to check up whether this Plan is working:		
Review Date	How	Who will organise
Plans for monitoring and reviewing the plan including review dates and how this might happen whether through meetings or progress reports.		

This is what will happen if this Plan isn't working:
Contingency – Circumstances can change very quickly which may impact immediately on children and young people. Those involved in the plan need to be kept informed to make sure children and young people are supported appropriately. A Statement of what will happen if milestones or agreements are not reached, or if risks or circumstances change. An agreement should be recorded about actions to be taken if the child or young people or others continue to be at risk of harm, or if difficulties get worse rather than better.

These are the things we couldn't agree about		
Disagreement by	Reason for disagreement	Action taken to resolve

This person will help all of us to keep to this Plan Lead Professional who will help to communicate and co-ordinate the plan	
Name:	Organisation:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	

Name and contact details of any other relevant person such as Administration support (if different from the lead professional)	
Name:	Organisation:
Contacts	Address:
Work Tel:	
Mobile Tel:	
Admin (if any):	
Email:	
The best way & time to communicate with me is	

Note any assessment tools which have been used, by whom and when		
Is there an assessment report attached?	Yes	No

The signatures of the adults who have helped me to prepare My Plan Signatories to the development of the Child's Plan		
If a meeting is convened to develop the Child's Plan this sheet should always be signed before people leave.		
Name	Signature	Date

My signature		
Name	Signature	Date

Where compulsion is NOT necessary this page should NOT form part of the plan.

Compulsory Measures

VISION - Children should be:

Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included

Reasons for compulsion:

Set out what you expect to achieve by compulsory measures and what may be the consequences of not putting compulsory measures in place.

What compulsory measures are sought?

Change of circumstances:

Sometimes, after a formal process has started (for example, referral to the reporter, a tribunal, a hearing), the child's or young person's circumstances change before a final decision has been reached. In this case the reasons and need for compulsory measures should be reconsidered and recorded here, including where compulsory measures may no longer be needed, and the reason why.

Appendix 1: Children and families Permissions Form

Getting it right for every child paperwork testing exercise

Dear Parents,

Across Lanarkshire, the Government policy *Getting it right for every child* is being tested and implemented. This is happening in North and South Lanarkshire, NHS Lanarkshire and all partner agencies, including agencies which work with parents.

All agencies like education, health, social work and adult services, such as addiction services and mental health services, are signed up to streamline and simplify all the paperwork which can be used to refer, record, assess and plan to help children and their families get the support they need. In Lanarkshire we will be testing new paperwork between December 2009 and February 2010. This paperwork should, in time, replace all existing, relevant paperwork in schools, nurseries, in the health service and in social work services etc. and make life simpler for everyone

It is hoped that this approach will make it easier to get the right help to children and their families when they need it.

In order to test the new paperwork we need to see how it works when used in real-life situations with children and families, and we need to see how it works with children who have a range of needs, from those who need very little extra help to those who need a lot.

Some of you will already have signed an Information Sharing Protocol if an agency has asked to share your information with another agency, like a public health nurse with a nursery. Sharing information is important to this testing exercise too. To help us test the new paperwork we are asking your permission to use information about you and your child to fill it out. We are also asking if we can share your information, once we have anonymised it, with others in these agencies to make sure that using the new paperwork is better. We are not asking for new information (unless this activity identifies that a child needs help and is not getting it); and we will not be filling out forms under the new system unless they were also being filled out under the current system.

If your child needs help through legal provisions such as a Co-ordinated Support Plan, the Children's Hearing or current Child Protection procedures, the existing paperwork will be completed and the new paperwork will be duplicated to see if it works better.

Yours sincerely,

Mairi Tulbure
Programme Manager



A member of staff who already works with you or your child will discuss this form with you and ask you to complete it. Only the people who already work with you will see the information you can be identified by. Others involved will see paperwork about you and your child but it will be anonymised. People who work with you may ask you to fill out an information sharing protocol, if this has not already been done.

.....

It will be a great help to us if you give your permission by signing below:

I..... agree to information about my child/ren and family being used to test the new paperwork under *Getting it right for every child*.

Appendix 2: Audit of Core Components Template

Audit of Core Components

Case identifier	
Locality	
Professionals involved	

Core Components	Present before testing commenced (Please Tick)	Created as part of testing exercise (Please Tick)
Referral Form (Request for Assistance)		
Single Agency Assessment 'NHS Well-being'		
Single Agency Assessment 'NHS Triangle'		
Education Single Agency Assessment Part 1 & 2		
Integrated Assessment		
Child's Plan		
Chronology		
Information Sharing Protocol		
Named Person/Lead Professional		

Appendix 3: Information for Adult Services

Getting it right for every child - information for adult workers

Many workers in adult services will know about *Getting it right for every child* (GIRFEC) and the improvements this will make for children and families. As you know, Getting it right emphasises the role of adult services when they are working with parents. In Lanarkshire we are currently implementing GIRFEC and sharing our learning with the Scottish Government. Every locality is testing the core components (paperwork) to evaluate their use in live, practice situations. Some of the children known to your service users may be included and, if so, you may have been invited to a training event. This leaflet is intended to give you more information about GIRFEC.

What is GIRFEC?

GIRFEC is a national policy and programme which is now being implemented in Lanarkshire. The Scottish Government introduced GIRFEC as a long term programme which is relevant to each and every child in Scotland and which reaches across all children and adult services in the public and voluntary sectors, to drive towards achieving better futures for all of our children and young people. GIRFEC promotes key values in working with children and their families and is based on core components which will help bring these values about.

The programme calls for all professionals to work together to bring about changes in culture, systems and practice that will help all children and young people to grow, develop and reach their full potential.

- **Culture Change:** Support children and place their well-being at the centre, value families as partners, respect different professional skills.
- **Systems Change:** Streamline all systems into one integrated framework, Simplify and eliminate unnecessary bureaucracy and barriers, more accessible, efficient and effective.
- **Practice Change:** A common approach to gathering, recording and sharing information, working together to assess, plan and act where this will help children.

What Does This Mean For Me As A Practitioner?

All agencies in Lanarkshire will work in partnership to implement every aspect of the GIRFEC practice model (www.scotland.gov.uk/gettingitright) which will include a common and consistent approach based on the following core components (paperwork):

- Component 1: The **Named Person** will co-ordinate activity in the universal services of public health and education
- Component 2: The **Single Agency Assessments** in health and education will use the national practice model to assess and plan for children

-
- Component 3: Using the **Information Sharing Protocol** to gain informed consent from children and families when it is in their best interest to share information with someone else
 - Component 4: Keeping a **Chronology** of significant events
 - Component 5: A **Request for Assistance** based on the well-being indicators which will replace all referral forms
 - Component 6: Using the National Practice model to assess and plan for children who require a multi-agency, **Integrated Assessment**
 - Component 7: A **Lead Professional** where two or more agencies are involved
 - Component 8: Creating one **Child's Plan**: planning against the well-being indicators

As stated above all localities will be involved in testing this paperwork with children experiencing at least one transition. Practitioners involved in this exercise will be given training on the core components in November and you may have been invited to this event. The testing exercise will take place over a three month period from December 2009 to February 2010.

If you require further information, please speak to your locality representatives in the first instance.

The GIRFEC Resource Team

Please direct any enquiries to Louise Young:
louise.young@southlanarkshire.gov.uk

Bibliography:

Aldgate, Jane., Rose Wendy., and Jeffrey, Carole. *The Developing World of the Child, 2005*, London and Philadelphia, Jessica Kingsley Publishers Ltd

Daniel, B., Wassell, S. and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, London and Philadelphia, Jessica Kingsley Publishers Ltd.

Daniel, B., and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children, volumes 1, 2 and 3*, London and Philadelphia, Jessica Kingsley Publishers Ltd.

Department of Health (1995) *Child protection messages from research* London : HMSO

Hall, David, MB and Elliman, D. (2003) *Health for all children* Oxford University Press

North Lanarkshire Council (2009) *Assessment and Planning Policy, Procedures and Practice Guidance*

Scottish Executive (2000) *For Scotland's Children*, Edinburgh, Scottish Executive.

Scottish Executive (2004) *A Curriculum for Excellence - the Curriculum Review Group*, Edinburgh, Scottish Executive.

Scottish Executive (2004) *Protecting Children and Young People: The Charter*, Edinburgh, Scottish Executive.

Scottish Executive (2006) *Curriculum for Excellence - building the curriculum 1: the contribution of curriculum areas*, Edinburgh, Scottish Executive.

Scottish Executive (2007) *Curriculum for Excellence - building the curriculum (3-12) 2: active learning in the early years*, Edinburgh, Scottish Executive.

Scottish Executive (2007) *United Nations Convention on the Rights of the Child - Report on the implementation of the UN Convention on the Rights of the Child in Scotland*, Edinburgh, Scottish Executive.

Scottish Executive (2007) *Getting it right for every child Guidance on the Child's or Young Person's Plan*, Edinburgh, Scottish Executive

Scottish Government (2007) *Better Health, Better Care: Action Plan*, Edinburgh, Scottish Government.

Scottish Government (2008) *Curriculum for Excellence - building the curriculum 3: a framework for learning and teaching*, Edinburgh, Scottish Government.

Scottish Government (2008) *Equally Well: Report of the Ministerial Task Force on Health Inequalities* Edinburgh, Scottish Government

Scottish Government (2008) *Early Years and Early Intervention: A Joint Scottish Government and COSLA Policy Statement*, Edinburgh, Scottish Government.

Schaffer, HR (1989) *Making Decisions about Children: Psychological questions and answers*. Oxford: Blackwell

Smale G., and Tucson, G. (1993). *Empowerment, Assessment, Care Management and the Skilled Worker*, National Institute for Social Work/HMSO London

South Lanarkshire Council (2007) Education and Resources and Psychological Services *The Framework of Assessment and Intervention for Resilience*

United Nations Office of the High Commissioner on Human Rights (1989) *Convention on the Rights of the Child*, Geneva, United

Key Web Links:

Getting it right for every child (GIRFEC):
<http://www.scotland.gov.uk/gettingitright>

Convention of Scottish Local Authorities (COSLA):
www.cosla.gov.uk

Association of Directors of Education in Scotland (ADES):
www.adescotland.org.uk

Association of Directors of Social Work (ADSW):
www.adsw.org.uk

Scottish Children's Reporter Administration (SCRA):
www.scra.gov.uk

Highland's Children:
<http://www.forhighlandschildren.org/>

Highland Pathfinder:
<http://www.forhighlandschildren.org/htm/girfec/girfec.php>

GIRFEC Learning Community:
<http://www.scotland.gov.uk/gettingitright/LearningCommunity>

NHS Scotland:
<http://www.scotland.gov.uk/topics/health>

NHS Scotland: Equally Well

<http://www.scotland.gov.uk/Topics/Health/health/Inequalities>

Scotland's Health on the Web:

<http://www.show.scot.nhs.uk>

Young Scot- Getting it right for every child channel

<http://www.youngscot.org/gettingitright>

Other Web Links:

National Outcomes:

<http://www.scotland.gov.uk/Topics/Health/care/JointFuture/NationalOutcomes>

The Government Economic Strategy:

<http://www.scotland.gov.uk/Publications/2007/11/12115041/0>

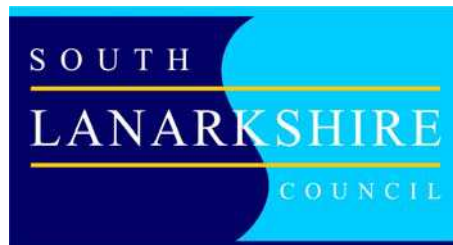
An overview of *Getting it right for every child* can be viewed at:

<http://www.scotland.gov.uk/gettingitright>

Getting it right for every child Practitioner Tools & Resources pages:

www.scotland.gov.uk/gettingitright/tools&resources

Getting it right for every child in Lanarkshire –
working in partnership:



**third sector
partners**