



East Renfrewshire's
***Getting it right for every child* Framework**
For
Children and Young People

PRACTITIONER'S GUIDANCE MANUAL

March 2014



Contents

PART 1

The Policy Context	2
The Getting it right for every child approach	2
East Renfrewshire's Approach	3
Purpose of this document	4

PART 2

Introduction to the National Practice Model in East Renfrewshire	5-6
Process of Assessment	6-10

PART 3

Guidance for practitioners completing the Getting it Right for every child Framework

1.0	The Core Record	11-13
2.0	Chronology of Significant Events – Single & Multi Agency	13-16
3.0	Assessing the Needs of Children and Young People	17
4.0	How and when to use the Single Agency Assessment	18-19
5.0	How and when to use the Multi Agency Assessment	20-21
6.0	Assessing, Planning, & Recording the needs of children young people using the Practice Model	21-30
7.0	Assessing Risk using the Resilience Matrix	30-37
8.0	The Child's Plan	37-39
9.0	Named Person and Lead Professional - Roles and Responsibilities	39-45
10.0	Participation and Involvement	45-46

Part 1

THE POLICY CONTEXT

Background

The aim of the East Renfrewshire *Getting it right for every child* Framework is to provide a means by which services for children and young people – universal and specialist – will gather and share information, assess needs, and plan and co-ordinate services for individual children.

With its origins in wider national policy developments such as *For Scotland's Children* and the Scottish Government's *Getting it Right for Every Child* strategy the framework is regarded as one of the building blocks deemed necessary for improving outcomes for children and young people.

At a local level the development and roll out of the East Renfrewshire *Getting it right for every child* Framework is a key priority of all local children's services partners with the local Integrated Children's Services Plan for 2013 -2016 setting the framework as a strategic objective that will be established within the life of the plan.

Over the last few years there has been significant multi agency collaboration in the development of the framework with the development of a new assessment and practice model, a guidance manual and tools, and a pilot being conducted to test the new materials.

The Getting it right for every child approach

The national *Getting it right for every child* programme has the ambitious aim of improving outcomes for children and young people by driving *cultural, practice and systems* changes in all children's services across Scotland. To further this aim the programme has a number of key strands to support implementation and these are outlined below:

1. Identifying a **Named Person** for every child and young person in the universal services.
2. Identifying protocols and governance for **Lead Professional**.
3. Supporting partnerships to take a **proportionate approach to managing all concerns and risks**.
4. Redesign business processes to secure a **single planning process** for all children and young people supporting a **single plan**.
5. Ensuring the use of the **National Practice Model**.
6. Ensuring the **voice of the child/young person** is part of the planning process

Furthermore the Key Messages from *Getting it Right for Every Child* that have informed our approach to working with children and young people are the following:

- Children and young people **get the help they need when they need it** and are central to the process of finding solutions.
- Practitioners and services need to focus on **improving outcomes** for children and their families based on a shared understanding of well-being
- Everyone is clear about their **responsibility to do the right thing for each child** and how they contribute towards the collective responsibility for the child

- A **coordinated and unified multi agency approach** is used to identify concerns, assess needs, agree actions and outcomes based on the *wellbeing indicators*
- Parents and children benefit from a collaborative approach which results in **fewer meetings, more streamlined planning, assessment and decision making** that ultimately concludes with one plan.

East Renfrewshire's Approach

The East Renfrewshire *Getting it right for every child* Framework incorporates the learning that has emerged from the national *Getting it right for every child* pathfinders and the expectations of the anticipated Children's and Young People's (Scotland) Act, and reflects an approach that is underpinned by shared values and principles which apply across all aspects of work with children and young people.

The following principles have underpinned the development of East Renfrewshire's *Getting it right for every child* framework:

1. **Promoting the well-being of individual children and young people:** this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time
2. **Keeping children and young people safe:** emotional and physical safety is fundamental and is wider than child protection
3. **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
4. **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
5. **Building on strengths and promoting resilience:** using a child or young person's existing networks and support where possible
6. **Promoting opportunities and valuing diversity:** children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
7. **Providing additional help should be appropriate, proportionate and timely:** providing help as early as possible and considering short and long-term needs
8. **Supporting informed choice:** supporting children, young people and families in understanding what help is possible and what their choices may be
9. **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 in their family and what may not be helpful
10. **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
11. **Promoting the same values across all working relationships:** recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, families and colleagues
12. **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

13. **Co-ordinating help:** recognising that children, young people and families need practitioners to work together, when appropriate, to provide the best possible help
14. **Building a competent workforce to promote children and young people's well-being:** committed to continuing individual learning and development and improvement of inter-professional practice.

Purpose of this guidance document

This guidance manual will provide practitioners in all services with the support they need to identify concerns, initiate an assessment, gather information, and plan to improve a child's situation. As the *Practice Model* and tools are generic the approach is applicable to all children and young people and can be used to guide assessments that routinely takes place within universal services. Similarly the same framework can also be used to assess children and young people where specific needs or risks have been identified and where an integrated multi agency assessment is necessary.

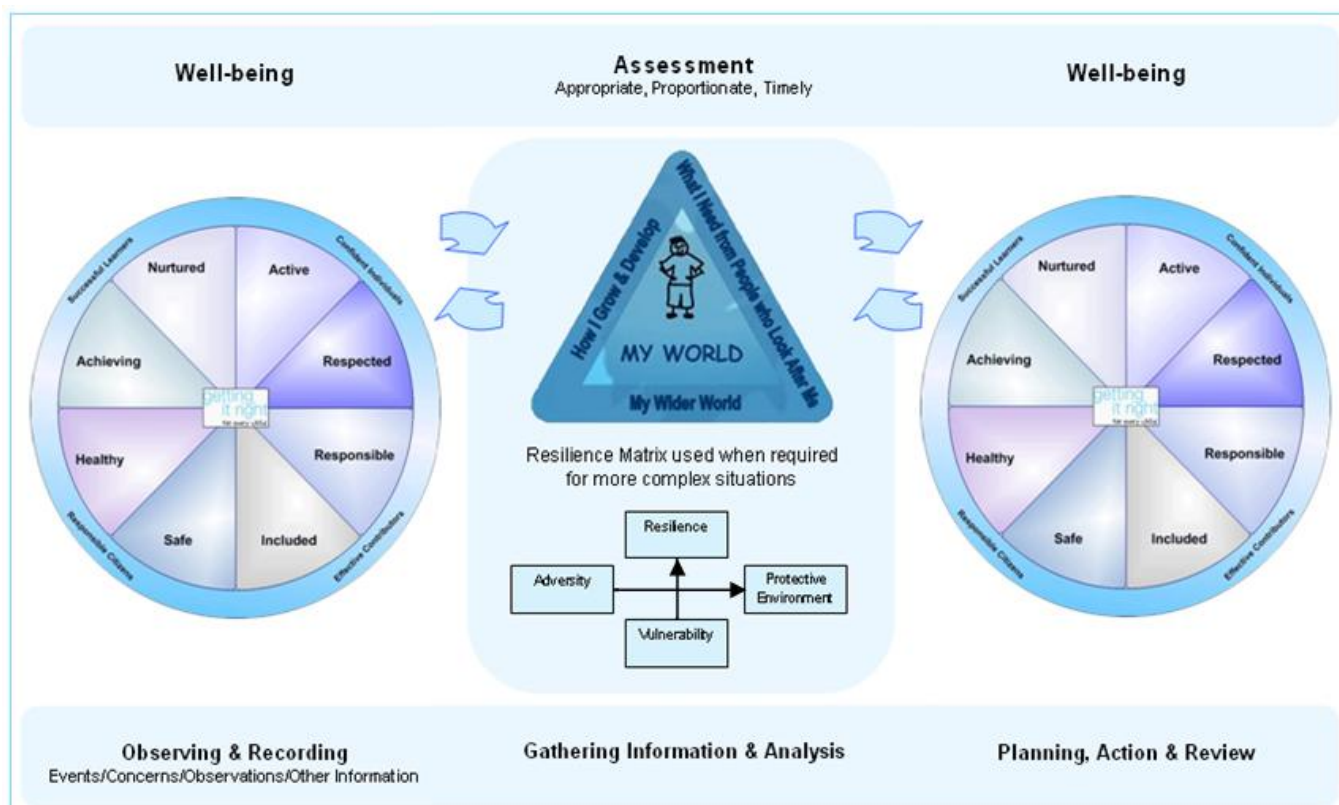
Part 2

INTRODUCTION TO THE NATIONAL PRACTICE MODEL IN EAST RENFREWSHIRE

The national Getting it right for every child approach that has been drawn on to develop our local East Renfrewshire **Practice Model**, builds from the foundation of support available in the family, in the community and universal services. When assessment, planning, and action is needed, practitioners can draw on the practice model which combines knowledge, theory, and good practice.

The **Practice Model** can be used to identify concerns and/or conduct a single or multi agency assessment. As is outlined below there are four main components in the East Renfrewshire Practice Model:

1. Eight Wellbeing Indicators
2. My World Triangle
3. Resilience Matrix and Tools
4. Child's Plan



The practice model can be further broken down into six parts and practitioners will combine some or all of these parts in the way most appropriate to meeting the child or young person's needs:

- Using the *Well-being Indicators* to observe, identify concerns, record and share information that may indicate a need and take action as appropriate
- Using the *My World Triangle* (and where appropriate specialist assessments) where more significant concerns are identified or a statutory assessment is required
- Using the *Resilience Matrix and Tools* to help organise and analyse information when necessary
- Summarising needs against the *Well-being Indicators*
- Constructing a plan and taking appropriate action
- Review and evaluation of the plan

The 6 key questions

The ***Practice Model*** begins with guiding all practitioners to ask themselves the following six questions when they have a concern about a child or young person:

- What is getting in the way of this child or young person's *wellbeing*?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency/service do to help this child or young person?
- What additional help, if any, may be needed from other services/agencies?
- What is the view of the child and the family?

When practitioners have asked these questions they will be in a better position to know what needs to be done to support the child or young person and they can ensure help is put in place without delay either by a single agency or more than one agency.

The *Getting it right for every child* process

The process as outlined in the *Practice Model* diagram above has been reflected in the structure and layout of the assessment and planning framework that will be used by practitioners when recording and gathering information, and conducting assessments.

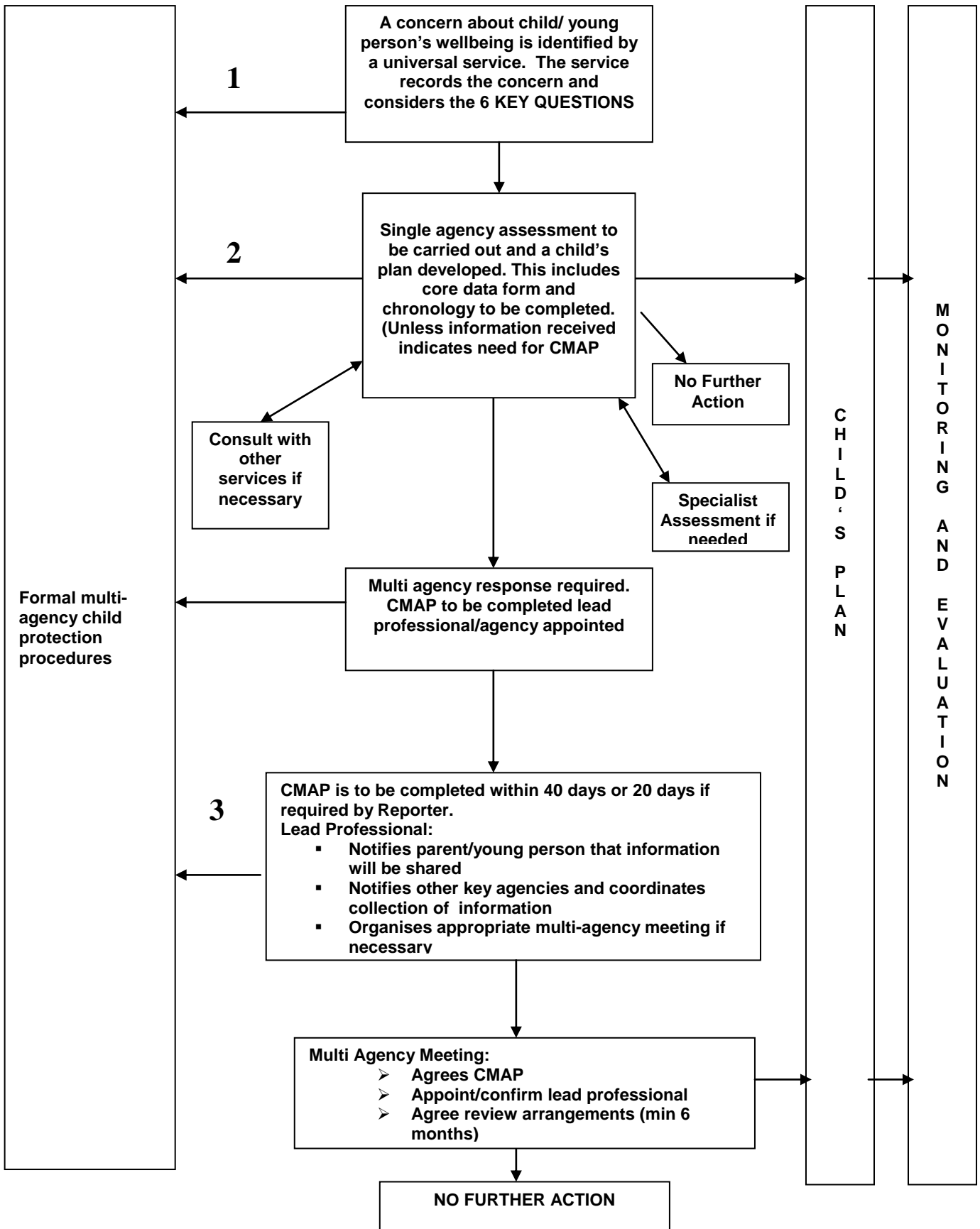
There are several elements included in the framework which have been designed to complement each stage of the assessment process:

- The core record
- The chronology
- The single agency assessment/multi agency assessment
- The child's plan

This document provides a step-by-step guide to completion of each of these stages but begins with illustrating the process using a flowchart and providing a brief description of the stages involved.

Getting it Right for Every Child

Process of Single and Multi Agency Assessment/Plan



Process of Assessment

Prevention and early intervention are the most important concepts running through the *Getting it right* approach. Ensuring that a child who presents with low level concerns gets the help they need as promptly as possible should ensure that the child's situation does not deteriorate into a more significant difficulty that will demand more resources over a longer time scale with less certain outcomes. As a consequence the role of universal services to identify concerns very early is important and in particular the Named Person in responding is crucial – see level 1 and 2 below.

However it is important to note that the process by which children are identified as needing help is not always a linear one as some children will unfortunately come to the attention of services when their needs are more significant and if this is the case they are more likely to require multi agency intervention as described below at level 3.

1. A concern is expressed about a child/young person

A concern is identified by staff within a universal service or a concern is brought to the attention of a universal service and the *Named Person*. The *Wellbeing Wheel* should be used by staff and/or the *Named Person* to identify any concerns. The practitioner will ask the 6 key questions as described above.

2. Single Agency Assessment process

Unless there are early indications that a multi agency response is required, the service where a concern is first identified will record their concern with reference to the *Wellbeing Indicators* and act in accordance with their agency's normal procedures. This could involve the service carrying out an assessment to determine what help they can offer and making use of the single agency assessment format to do so (e.g. schools use STINT, health visiting uses Universal Assessment Tool). This process will involve the practitioner consulting within their own service as well as with other services, outside agencies, and of course, with the child and family. This will allow the practitioner to determine whether any other services have had an involvement.

The core data form and the chronology of significant events form should be completed along with the single agency assessment. If information requires to be shared with other agencies or staff, the practitioner will record that they are doing so.

When the single agency assessment is completed the conclusion may be that no further action is required. If the conclusion is that the single agency can provide the help to meet the child's needs then a single agency child's plan using the *Wellbeing Indicators* format should be completed and its progress monitored and reviewed.

3. When a Child's Multi Agency Assessment and Plan (CMAP) is required

A multi agency response will be triggered in either of the following situations:

a. There are indications at an early stage that a child will require the involvement of two or more agencies.

OR

b. After the completion of a single agency assessment it is evident the child requires more specialist interventions and supports.

OR

c. If after the completion of the single agency assessment and delivery of supports via a child's plan concerns about the child continue, a review should take place. If the single agency believes it cannot on its own meet the needs of the child then they should recommend that a CMAP be initiated by the most appropriate agency.

OR

d. A multi agency meeting such as the JST, Prescat/Care Group, DARG, Young People's Referral Group etc may highlight the need for a CMAP for a child at any stage within their processes.

OR

e. After a child protection investigation has taken place a decision will be made regarding the need for a CMAP to be carried out. In most cases a CMAP will be conducted using the Practice Model to assess need and risks, although a specialist child protection risk assessment may be used for this purpose.

OR

f. A Children's Panel report is requested

OR

g. A Coordinated Support Plan is required by virtue of the ASL Act

In some cases the universal service may convene the most appropriate multi agency meeting for the child/young person's situation to be considered. If the multi agency meeting agrees the need for a CMAP a lead professional and agency will be appointed and they will undertake the task of coordinating the completion of a CMAP.

The lead professional will inform the young person and parent that they will require to share information with other agencies and the lead professional should record their reasons for deciding to share information. The lead professional will not need consent to share (see Information Sharing and Consent Guide). The lead professional will notify the other key agencies and coordinate the collection of information to be included within the assessment. This information will assist with producing the child's plan. During the process the lead professional will complete the multi agency chronology of significant events. When completed the lead professional may if necessary present the completed assessment and child's plan to the appropriate multi agency meeting who in turn will consider the report.

If there is no time to convene a multi agency meeting the assessment and plan will be shared with the child and family, and other contributors and agreement sought for its contents. When the assessment and plan are finalised the most appropriate agency will be appointed as the lead agency and monitoring and review arrangements will be established. No time to convene a multi agency meeting may be due to the child/young person requiring immediate support and service provision, or a report being requested by the Children's Reporter within a short timescale.

All professionals and service providers have a responsibility to act to make sure that a child whose safety or wellbeing may be at risk is protected from harm. They should always tell parents/carers this.

Child Protection concerns

Where an assessor/contributor carrying out any assessment identifies child protection concerns immediate action should be taken in keeping with existing agency and inter-agency child protection procedures.

After a child protection investigation has taken place a decision will be made regarding the need for a comprehensive assessment to be carried out. In most cases this comprehensive assessment will be conducted using the Practice Model to assess need and will be accompanied by a specialist child protection risk assessment.

PART 3

Guidance for practitioners completing an assessment using the Framework and Practice Model

Section 1: The Core Record

1.0 The core record will be used to collect important personal and biographical data about children and their families this includes information such as name, date of birth, gender, religion, and address together with other key data such as GP, dentist, education establishment attended, and the professionals involved in the child and parent/carer's life. The record will form the basic building block of the assessment and accompanied by developments in technology will be the basis for matching records held by different agencies.

1.1 Meeting the minimum data standard requirements it should enable families to move with ease between one agency and another, allowing services to be accessed quickly, easily and with no duplication.

1.2 The core record should be completed whenever a single agency, multi agency assessment, or specialist assessment is required. If a complete core record already exists for a child it should be checked for accuracy and any necessary updates be made.

1.3 Completion of the Core Record

Please use the following categories and information to assist with the completion of the core record.

- a. If child's address or other details have to be withheld, please record this and reasons why. Home address may differ from the address child is currently residing at.
- b. Ethnicity of the child should be considered under the following categories: NEED CHECKED
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Chinese
 - Declined information
 - Indian
 - Not known
 - Pakistani
 - White Irish
 - White Scottish
 - White Other British
 - Any Mixed Background
 - Any Other Asian Background
 - Any Other Black Background
 - Any Other Ethnic Background
 - Any Other White Background

- Gypsy/Traveller/Romany

c. Religion of the child should be considered under the following categories:

- Agnostic
- Bahai
- Buddhist
- Christian Catholic
- Christian Protestant
- Christian Other
- Declined information
- Hindu
- Jainism
- Jehovah's Witness
- Jewish
- Mormon
- Muslim Shia
- Muslim Sunni
- Sikh
- Taoist
- Unknown

d. Child / Young Person with additional support needs should be considered under the following categories:

- Autism
- Hearing impairment
- Language/communication disorder
- Learning disability
- Looked After
- Looked After and Accommodated
- Mental health problems
- Multiple disabilities
- No disability but affected by disability of family member
- No disability, not affected by disability
- Other disability (specify)
- Physical/motor impairment
- Social, emotional, behavioural difficulties
- Visual impairment
- Young Care

e. Legal status, Care & Protection history/issues in relation to child/young person and siblings/other children in household, **Known Schedule 1 history** of parent/carer or other adult in household: - Information should be sought from the Duty Social Worker for the relevant geographical area; Clarkston area office 0141 577 4000 or Barrhead area office 0141 577 8300 (who may seek guidance if required from the Child Protection Lead Officer for East Renfrewshire). It should be noted that this information may be held by the Criminal Justice Social Work Team/ Strathclyde Police.

- f. Scottish Reporter: Contact the Area Reporter for information
- g. Carer details: provide details of any carer/relative/friend/kinship carer/foster carer the child mainly resides with.
- h. Does anyone else have legal responsibility for the child: *insert if known*.
- i. Education Details: Contact Head Teacher of relevant school for information.
- j. Key professional who may be involved must include:
- GP
 - Dentist
 - Health Visitor
 - Family Health Nurse
 - Social Worker
 - Other Social Work Professional
 - Head of Educational Establishment
 - Educational Psychologist
 - Pastoral Support Staff in school – please specify
 - Community Children’s Nurses
 - Midwife
 - Child and Adolescent Mental Health Team
 - Occupational Therapist
 - Community Paediatrician
 - A&E Consultant
 - Public Health Nurse / School Nurse
 - Speech and Language Therapist
 - Voluntary Organisation – please specify
 - Physiotherapist
 - Other Paediatrician
 - Clinical Psychologist
 - Other Professional

Section 2: Chronology of Significant Events – Single and Multi Agency

2.0 A chronology is an important record of significant events in a child’s life. The purpose of a chronology is to identify and record **positive** and **negative** patterns, changes or events that may impact significantly on a child and/or their family. It should be historical covering the entirety of the child’s life, and be factually based indicating the source of the information. The chronology within each service must be kept up to date with the most recent event recorded last. All agencies have a responsibility to provide relevant information.

2.1 A chronology serves the following functions: -

- Allows practitioners to see at a glance any concerning pattern of events
- Identifies key services/agencies involved with the child
- Allows families to see a summarised account of key events and help them make sense of a range of information
- Helps the child understand their own life experiences

2.2 The chronology will document systematically, achievements, developments, and changes in a child's life so that the pattern and impact of the events on the child over time may be observed and responded to.

2.3 For example those *positive* events such as a child's first day at school should be recorded. Some significant experiences may be less positive but are an important influence on the life of the child, such as the break up of the parent's marriage, a serious illness of a parent or sibling, hospital admissions, school or house moves, immunisation. These events need to be recorded within the chronology and should identify at a glance, the key patterns indicating needs, risks, evidence of resilience and the family's potential to support it's own needs or progress with minimal intervention.

2.4 Each service will keep their own chronology and if a child requires an assessment and child's plan each service will provide the Named Person or Lead Professional with their chronology in order that they can use the detail to complete a multi agency chronology. **A multi agency chronology should be produced as part of a specific multi agency assessment/plan and should include relevant and proportionate information drawn from each agency's single agency chronology.** Professional judgement will be required when assessing relevance to the purpose for which it is required and care must be taken not to produce unmanageable lists of events that make it impossible to identify risks or patterns.

2.5 It is the responsibility of the lead professional to draw together the separate single agency chronologies into one multi agency chronology. This will be a retrospective exercise initially before becoming an ongoing record. Even when a child has a multi agency chronology and a CMAP, each single agency will be required to keep their single agency chronology updated in order to inform the ongoing support to the child and family.

2.6 **The Chronology should not replace existing case notes or records** which will include much more detailed and sensitive information and a clear distinction must be made between the two. This brief and summarised account of events provides accumulative evidence of emerging needs and risks and flags up when a multi-agency response might be necessary.

2.7 The following areas were identified in the Scottish Government's original consultation document "Getting It Right for Every Child" as worthy of recording:

- Significant changes to a child or young person's life
- Contact with services/agencies
- Where appropriate changes to legal status
- Family and social relationships

2.8 Information that should be included in the chronology (This is not intended to be an exhaustive list):

Education

- School change
- Changes in family/ care structure e.g. through separation/ divorce/ bereavement/ custodial sentence etc.
- Changes in family circumstances e.g. homelessness/ birth of sibling.
- Referrals for additional support e.g. Joint Support Team, Psychological Services, and any other agency.
- Requests for a coordinated support plan.
- Attendance
- Attainment
- Achievement
- Exclusion
- Significant periods of absence e.g. illness, pregnancy, etc.
- Incidents of bullying
- Any threats or actual incidents of violence to staff by parents or child

Health

- Changes in family/ care structure e.g. through separation/ divorce/ bereavement/ custodial sentence etc.
- Changes in family circumstances e.g. homelessness/ birth of sibling.
- Referral e.g. hospital paediatrician, therapy service, other agency.
- Attendances at Accident and Emergency, Out of Hours and NHS24
- Hospital admissions
- Childhood illnesses
- Childhood disability
- Changes to child's physical or emotional wellbeing
- Kept or missed appointments
- Refusal of entry to home
- Significant home visits
- Dates of immunisations, child health surveillance, hospital appointments
- Dates of immunisations and screening
- Formal health assessments e.g. developmental, LAAC
- Threats or actual incidents of violence to staff by parents or child

Social Work Services

- Changes in family/ care structure e.g. through separation/ divorce/ bereavement / custodial sentence etc.
- Changes in family circumstances e.g. homelessness/ birth of sibling.
- All referrals e.g. additional support, other agency.
- Dates of Social Work Services Involvement
- Reason for involvement
- Dates of child protection enquiries
- Dates of child protection related meetings e.g. case discussions, case conferences.
- Dates and categories of previous child protection registrations
- Dates and reason for child being looked after and accommodated
- Legal basis for Social Work Services involvement

- Lack of engagement
- Change of social worker
- Dates and conditions of contact
- All positive progress
- Missed appointments
- Address changes
- Threats or actual incidents of violence to staff by parents or child
- Significant home visits

Police

- Child protection unit database history
- Domestic abuse database history
- Incidents of running away
- Any incident involving a child that would require notification to another agency
- Any incident involving an adult that would impact on the wellbeing of a child
- Some convictions of an adult may impact on the wellbeing of a child where they are part of the family
- Significant events where a child is victim of or witness to a serious crime
- Scottish intelligence database history
- Scottish criminal records office reports
- Local call card system re household contacts (includes records of Police involvement with relevant family member or other significant person; Referrals to police about the family and police attendance to the family above)
- NB Sensitive information from the Scottish intelligence database will not be included in the integrated assessment report

Housing

- Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence, illness/disability
- Positive or negative changes in family and housing e.g. relocation, eviction, adaptations, overcrowding
- Positive or negative changes in maintenance of tenancy agreements
- Positive or negative changes in neighbour relations
- Reports of anti social behaviour of child or parents
- Any concerns about safety or welfare of children
- Any threats or actual incidents of violence to staff

Scottish Children's Reporters Administration

- Dates of referral
 - Legal status and changes to legal status.
 - Dates of any Children's Hearings
 - Any decisions made about the child
 - Referral reason e.g. care and protection, youth justice, domestic abuse, school attendance.
- (This is not intended to be an exhaustive list)

Section 3: Assessing the Needs of Children and Young People

3.0 Assessment is a core function for professionals in all agencies working with and supporting children. As children and their families may present with differing levels of need the type of assessment needed will vary from a single agency assessment carried out by universal services, that considers a child's wellbeing across the SHANARRI indicators, to a comprehensive assessment known as a CMAP using the My World Triangle and Resilience Matrix for children in complex situations who may need practitioners to integrate their working practice.

3.1 Principles of assessment

The following principles of assessment apply to the *Getting it right for every child* approach adopted in East Renfrewshire:

- The key purpose of assessment is to improve outcomes for children and their families.
- 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 and this should inform the child's plan.

3.2 A good quality assessment process should be:

- Empowering: engaging the child and their parents/ carers and supporting them to participate in and take responsibility for their contribution to assessment and action
- Developmental: supporting the child and parents/carers to adopt a self-determining, solution-focused approach to the discussion and agreed actions
- 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.

3.3 Stages of assessment

There are a number of stages involved in the *Getting it right for every child* assessment and planning process:

- Gathering information
- Structuring information to make sense of it
- Analysing information to understand the impact on the child's life
- Outcome focused planning - taking decisions about what needs to be put in place to improve outcomes
- Agreeing on an acceptable time scales to complete actions
- Agreeing who will ensure that the plan is implemented and reviewed
- Reviewing progress against the agreed actions and outcomes

Section 4: How and when to use the Single Agency Assessment

4.0 Prevention and early intervention are the most important concepts running through the *Getting it right* approach. Ensuring that a child who presents with low level concerns gets the help they need as promptly as possible should ensure that the child's situation does not deteriorate into a more significant difficulty that will demand more resources over a longer time scale with less certain outcomes. As a consequence the role of universal services to identify concerns very early is essential and in particular the Named Person in responding is crucial.

4.1 As previously outlined a practitioner or the Named Person within the universal service setting, with a concern about a child or young person, will ask themselves the following six key questions:

- What is getting in the way of this child or young person's *wellbeing*?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency/service do to help this child or young person?
- What additional help, if any, may be needed from other services/agencies?
- What is the view of the child and family?

4.2 When practitioner/Named Person have asked these questions they will be in a better position to know what needs to be done to support the child or young person and they can ensure help is put in place without delay either by a single agency or more than one agency.

4.3 However in some situations a practitioner/Named Person will need to carry out a single agency assessment in order to answer these questions. The single agency assessment based on the ***Practice Model – Wellbeing indicators*** – will assist the practitioner to do the following:

- Assess the child's needs and those of the family
- Determine whether these needs are being met by existing service's supports
- Determine whether these needs require additional support from the single agency
- Determine the requirement for services from other agencies & the need for a more detailed multi agency assessment

4.4 A child/young person who has reached Staged Intervention 1-3 (Stint process in schools) will be considered for a Single Agency Assessment and appropriate Education staff such as the child's Named Person will coordinate this assessment.

4.5 The single agency assessment encourages all agencies to consider the child's needs more widely, thereby reducing the likelihood of situations occurring where errors in judgement are made by professionals who focus too narrowly on needs that can be met by their own resources.

4.6 The single agency assessment will be used to gather information within the single agency and with direct involvement of the child and family. This exercise will explore the child's needs and developments in the widest context using the *Wellbeing Indicators* wheel. This may involve contact with external agencies, services or professionals as part of the information gathering process.

4.7 As the Single Agency Assessment form is intended for use by a range of professionals and agencies, there may be sections of the assessment form which are not applicable to your service or which you are unable to complete. If this is the case please note this within the assessment form.

4.8 If a practitioner/Named Person following a single agency assessment, decides that the needs of the child can be met by their existing services or can be met by additional internal services then the Named Person will coordinate what the child needs within that service. Each agency must have a clear process for this decision making that guides staff on the criteria that will be applied and the arrangements for review of the decision.

4.9 However if the assessment concludes that the child's needs cannot be met without access to wider agency services and multi agency planning, then the practitioner/Named Person has responsibility for initiating the multi agency assessment process known as the CMAP, and contacting other appropriate agencies to begin the process.

4.10 Information will be shared about a child or family during this process and staff can seek support with this from their lien management and also refer to the **Sharing Information and Gaining Consent: A Practitioners Guide**, for assistance. However it is incumbent on all that appropriate information is shared in order to ensure that the child's wellbeing is safeguarded.

4.11 Specialist Assessments - A number of services will need to continue to complete their own specialist professional assessments. No single agency assessment can be expected to capture this level of specialist detail. There will be occasions when specialist services will decide to complete a single agency assessment along with their own specialist assessment but such decisions will be based on the child's circumstances and after discussions with senior staff in their agency.

4.12 Previous Assessments - Where it is known that a previous assessment has taken place, practitioner/Named Person conducting a new assessment must consider the following:

- The relevance of previous information in the light of developmental/ other changes in the child's circumstances
- What was the outcome of the previous plan
- How far were objectives achieved/ tasks completed
- Reasons for success/ failure of aspects of the plan

Details of previous professional involvement and the outcome of the action plan should be included in the new assessment report.

Child Protection concerns

Where an assessor/contributor carrying out a single agency assessment identifies child protection concerns immediate action should be taken in keeping with existing agency and inter-agency child protection procedures.

After a child protection investigation has taken place a decision will be made regarding the need for a comprehensive assessment to be carried out. In most cases this comprehensive assessment will be conducted using the Practice Model to assess need and will be accompanied by a specialist child protection risk assessment.

Section 5: How and when to use Multi Agency Assessment to develop a CMAP

5.0 A multi agency assessment will take place when information regarding the child or young person would indicate that two or more agencies will be required to work together to meet the identified needs.

5.1 The premise of a multi agency assessment is that practitioners will work in partnership with colleagues across agencies to produce a Child's Multi Agency Plan (CMAP) that crosses professional boundaries. The multi agency assessment enables different practitioners to bring together their knowledge of the child and the family as well as their specialist knowledge and experiences in order to produce a clearer and more holistic picture of the child, their family and their community.

5.2 Using a set of commonly agreed definitions and questions based on the ***Practice Model - Wellbeing Indicators, My World Triangle and Resilience Matrix*** - the CMAP documentation and process ensures that services/agencies and practitioners working together arrive at a jointly agreed assessment and plan. The child and their family will be partners in the process of assessing their needs and will be supported to participate fully and kept informed throughout.

5.3 The aim is for the child to have one assessment and one plan rather than a series of single agency plans all completed independent of each other.

5.4 Triggers for undertaking a Multi Agency Assessment to develop a CMAP

Most children and young people will never require this type of assessment. However, in the following circumstances, a multi agency assessment of a child's needs will be required:

- When requested by a social work service manager following a child protection investigation
- When a child has complex, additional learning or practical needs requiring substantial support from a number of services
- Where a practitioner or Named Person observes a significant change or worrying feature that could impact on the child's or young person's health or well-being
- Where the child's needs are beyond Stage Intervention 3 (Stint process in schools)
- Social Background Report requested by Reporter/Hearing
- After the practitioner or Named Person has asked themselves the six key questions they conclude that a multi agency response is needed

5.5 Steps involved in completing a Multi Agency Assessment to develop a CMAP

There are a number of steps involved in completing a multi agency assessment:

- Appointment of lead agency and lead professional
- Explanation to the child and parent / carer the reason for considering a multi-agency response
- Ensure child and parent/carer is aware that information is being shared between agencies and professionals regarding the child's wellbeing.
- Determine which agencies and professionals will be involved in the assessment
- Access existing available paper and electronic records
- Ensure everyone is aware of the timescale for completing the assessment i.e. 40 days (SBRs and CSPs have statutory timescales)
- Gather individual and agency contributions to the multi agency assessment

- Analyse the information gathered including any assessment of risk factors using the *Resilience Matrix* and National Risk Framework Tools
- Structure and summarise the information gathered to compile the assessment
- Discuss the information with child and or parent / carer
- The appropriate multi agency meeting if required will be convened to agree the child’s plan
- Organise for the CMAP to be signed off by all relevant parties including child/young person and parent/carer
- Decide whether the existing lead professional should continue or whether a new lead professional requires to be appointed
- Designated lead professional is responsible for ensuring the child’s plan is carried out and reviewed within 6 month timescales

Child Protection concerns

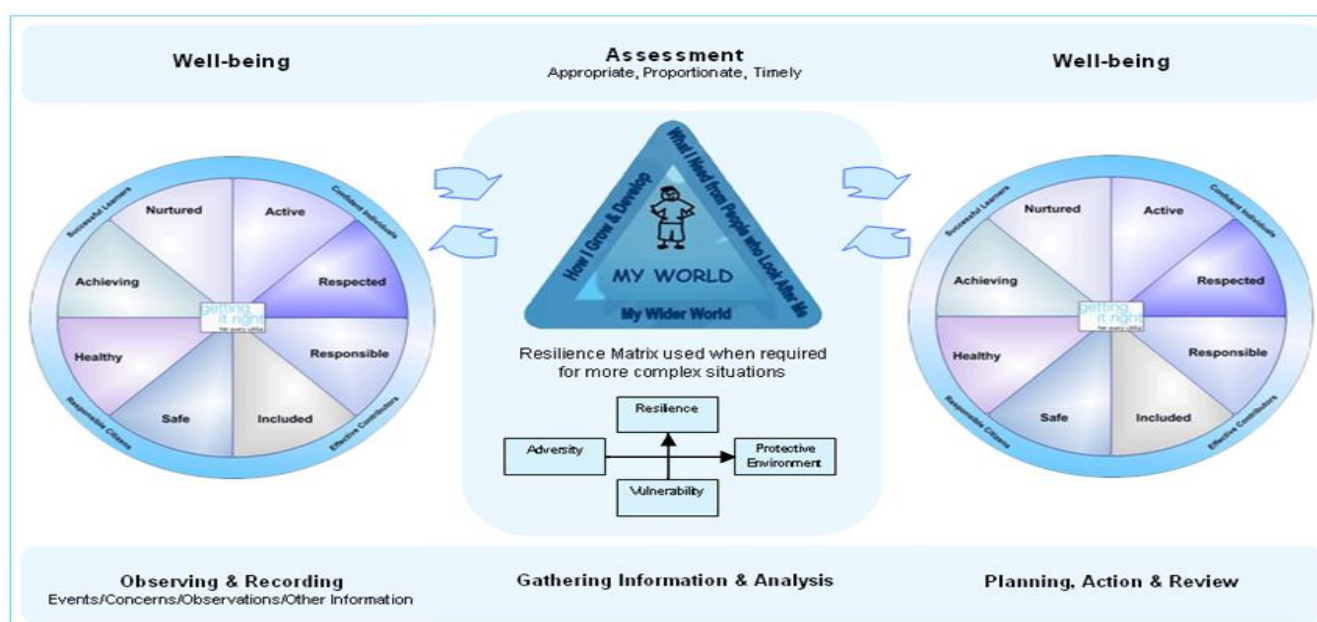
Where an assessor/contributor carrying out an integrated assessment identifies child protection concerns immediate action should be taken in keeping with existing agency and inter-agency child protection procedures.

After a child protection investigation has taken place a decision will be made regarding the need for a comprehensive assessment to be carried out. In most cases this comprehensive assessment will be conducted using the Practice Model to assess need and will be accompanied by a specialist child protection risk assessment.

Section 6: Assessing, Recording, and Planning for Children and Young People using the Practice Model

6.0 The Practice Model

When assessment, planning, and action is needed, practitioners can draw on the **Practice Model** (illustrated below) which combines knowledge, theory, and good practice. The *Practice Model* can be used to conduct a single agency assessment or a multi agency assessment.

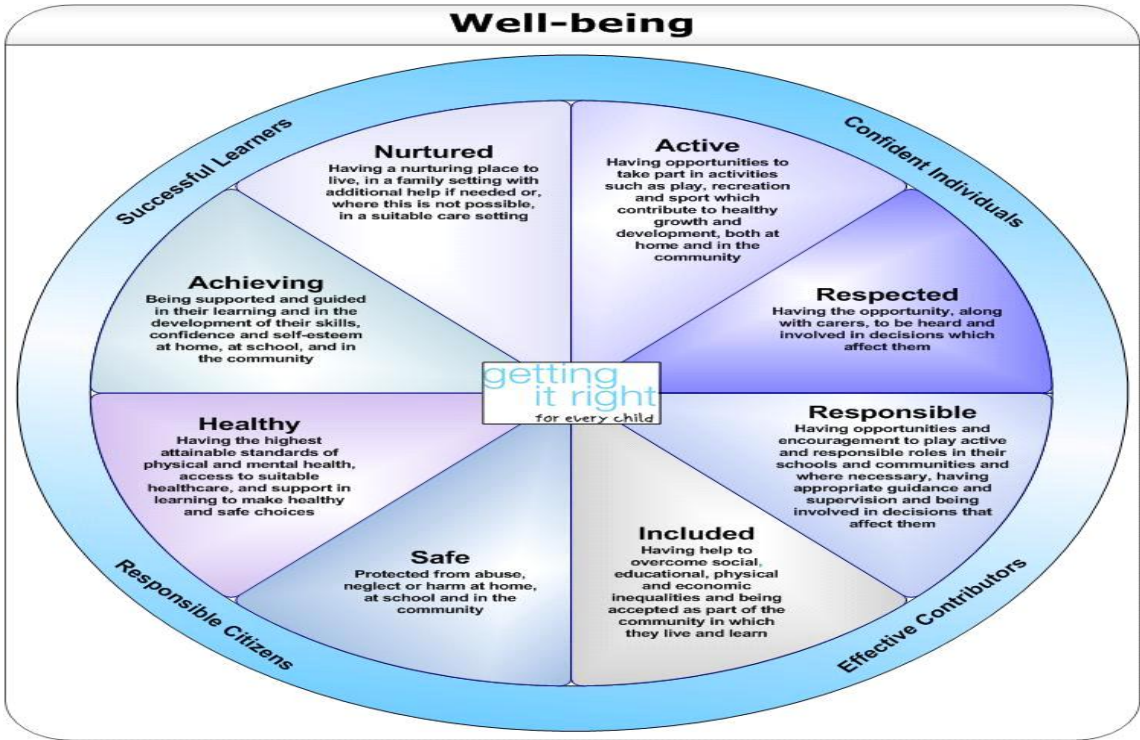


6.1 The Wellbeing Wheel - Using the eight Well-being Indicators to identify concerns

Children, families and practitioners can all raise a concern which can be described in many different ways. A concern can be an event, or series of events or attributes, which affects the welfare, well-being, potential, or happiness of a child. This leads to anxiety or unease in the person identifying the concern, which should be recorded.

6.2 In order to identify and record concerns in a consistent way, the *National Practice Model* uses the eight *Well-being Indicators*. These eight indicators represent the key areas that are essential to help children flourish. They provide a common language for all practitioners to note where children’s well-being is not reaching the level that it should. There are eight indicators of wellbeing: healthy, active, nurtured, achieving, respected, responsible, included, and above all safe. The *Wellbeing Indicators* are the basic requirements for all children and young people to grow and develop, and reach their full potential.

6.3 As noted previously the *Wellbeing Indictors* can be used by practitioners to record observations, events and concerns, share information, and as an aide in putting together a child’s plan. Although children and young people will progress differently depending on their circumstances, every child and young person should receive appropriate support from the services they are in contact with to allow them to develop as fully as possible across each of the *Wellbeing Indicators*.



6.4 The My World Triangle

The main tool for assessing the current circumstances in the child’s whole world is the *My World Triangle*. Comprising of 3 domains and 21 elements it is particularly helpful to use the *My World Triangle* to gather more information from other sources, possibly some of it specialist to identify the strengths and pressures in the child’s world and their needs generally. This may include information about offending, parenting, health, or learning.

Guidance on the use of the My World Triangle is available over the following pages. Age Specific guidance to complement the use of the Triangle is available with our Getting it right resources/tools section.

6.5 The *My World Triangle* promotes a model of practice that considers the child or young person’s needs and risks as well as the positive features in their lives. Strengths and pressures are given equal consideration and can be structured around the triangle. Information gathered should be proportionate and relevant to the issues at hand.

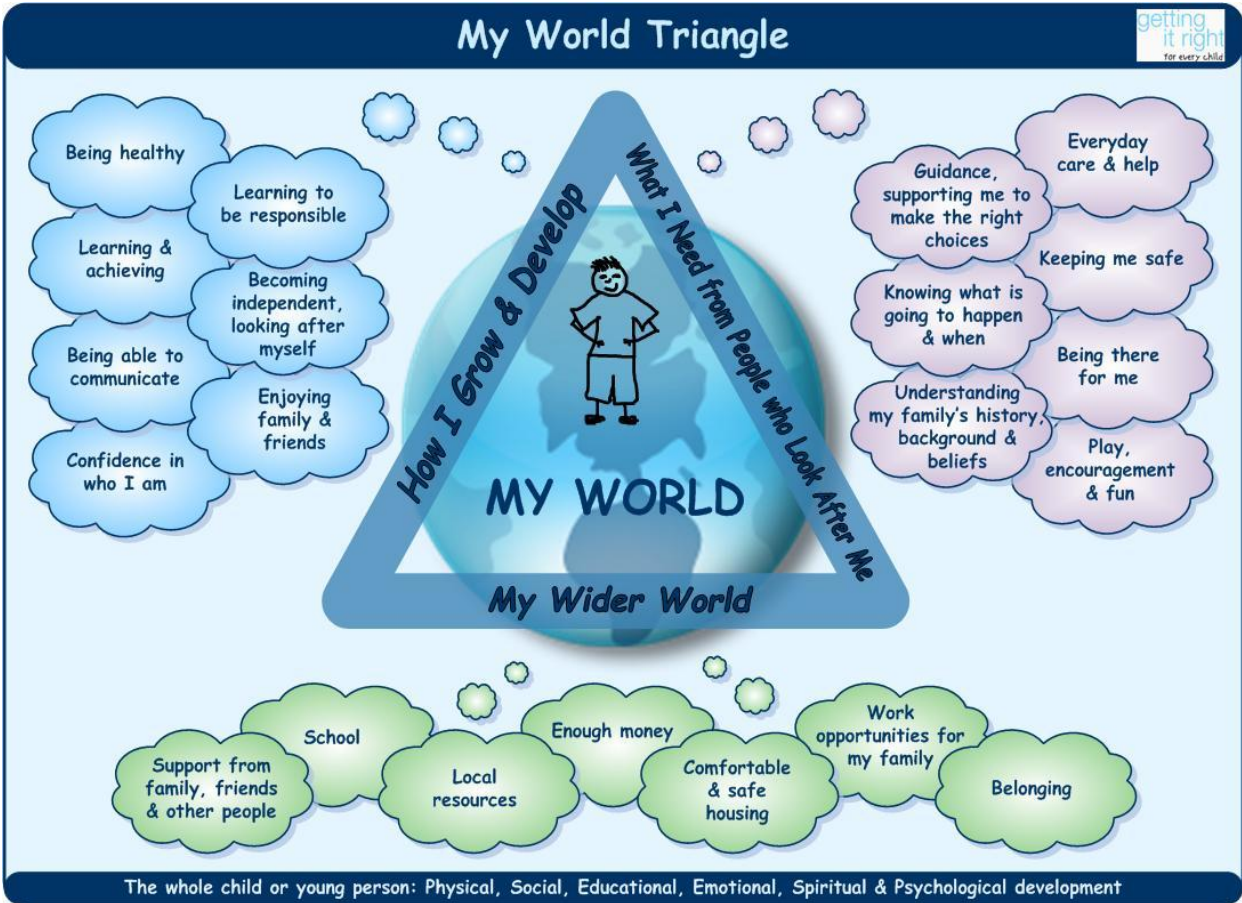
6.6 It will not be necessary to explore every area of the triangle in detail but only to look at those relevant to any presenting issue or need. However it is still important to keep the child or young person’s whole world in mind and most importantly, provide immediate help where necessary while continuing an assessment.

6.7 Using the *My World Triangle* allows practitioners to consider the 3 domains systematically:

- How the child or young person is growing and developing
- What the child needs from the people who look after him or her
- The impact of the child or young person’s wider world of family, friends, and community

6.8 These headings help practitioners to think about what is happening in a child’s whole world and emphasise the interconnections between the different aspects of a child’s development and well-being.

The Whole Child or Young Person



Domain 1: How I grow and develop

The first domain outlines factors in the child relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their life including physical growth and health needs, their progress in learning new skills and their attainment in school, their emotional well-being, confidence and increasing independence, developing social skills and relationships with other people. Confidence in who they are will include a sense of identity that includes race and culture.

Domain 2: What I need from the people who look after me

The second domain accounts for the critical influences of other people in the child's life. Clearly parents and carers will have a significant role to play here but the role of siblings, wider family, teachers, friends and community group leaders and are also important. Faith and cultural environments will need to be recognised. Looking at the inputs from people surrounding the child can give clues to where there are strong supports and where those supports are weak.

It is important to build a picture of how well parents or carers are able to support a child's development, meet their needs, provide appropriate care and protection and well-being, so that the child thrives. Families' history, circumstances and current experience can have a big impact on whether parents and carers feel confident and able to look after their children well and encourage their progress and development.

Domain 3: Wider World

The communities where children grow up can have a significant impact on the well-being of both children and families. Communities can be supportive and protective or can add pressures and increase children and families vulnerabilities. The level of support available from their wider family, social networks and within their neighbourhood can have a positive or negative effect. A child's wider world includes the environment where the family lives, the school children go to and other resources, as well as families' level of income. School can be a major source of support or stress.

The wider world also includes the extent to which children and families feel included within their communities. Social exclusion can emanate from factors including racial and cultural discrimination.

How I grow and develop

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.

Learning and achieving

This includes cognitive development from birth, learning achievements, and the skills and 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 education or training needs and potential employment opportunities for young people moving or have moved towards semi- or full independence.

Confidence in who I am

Child or young person's temperament and characteristics. Nature and quality of early and current attachments. Emotional and behavioural development. Resilience, self esteem. Knows views are listened to. Ability to take pride in achievements. Confidence in managing challenges, opportunities, difficulties appropriate to the age and stage of development. Sense of identity which has an appreciation of ethnic and cultural background and is comfortable with gender, sexuality, religious belief. Skills in social presentation.

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 or 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 needed?

Learning to be responsible

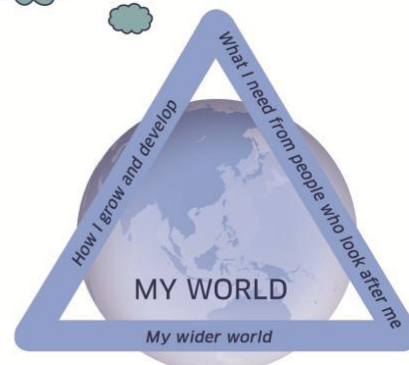
Learning appropriate social skills and behaviour. Values: sense of right and wrong; Consideration for others; Ability to understand what is expected and act on it. How does the child respond to key influences on social and emotional development at different ages and stages - e.g. collaborative play in early childhood, peer expectations at school and outside.

Becoming independent, looking after myself

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 or disability or of social circumstances and how might these be compensated for?

Enjoying family and friends

How is the child or young person responding to relationships that support, value, encourage and guide them; 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? This links and overlaps with what a child or young person needs from those who look after them and the wider environment.



What I need from people who look after me

Everyday care and help

This is about the ability to nurture which includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of 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.

Keeping me safe

Keeping the child safe at home; exercising appropriate guidance and protection outside. Practical 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 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, staying away from home. Are there identifiable risk factors? Is the young person being encouraged to find out about risks and confident about being safe? Are the child's concerns being listened to?

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 or 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 caring 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? Are there issues within a family history that impinge on the family's ability to care?

Play, encouragement, fun

Stimulation and encouragement to learn and enjoy life, responsiveness to the child or young person's unique needs and abilities. Who spends time with the child or young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child or young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child or young person's mentor and champion and listen to their wishes?

Guidance, supporting me to make the right choices

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

Knowing what is going to happen and when

Is the child or young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child or young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child or 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 or young person in matters which affect him or her? Transition issues must be fully explored for them during times of change.

Understanding my family's background and beliefs

Family and cultural history; issues of spirituality and faith. Do the child or young person's significant carers foster an 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 or young person respect and value diversity? How well does the child understand the different relationships, for example with step relationships, different partnerships etc?





School

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child or young person? Availability of study support, out of school learning and special interests. Can the school provide what is needed to meet the particular educational and social needs of the child?

Support from family, friends and other people

Networks of family and social support. Relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on? Who are the significant people in the child or young person's wider environment?

Enough money

Has the family or young person adequate income to meet the 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?

Comfortable and safe housing

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?

Work opportunities for my family

Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment. Supports for the young person's career aspirations and opportunities.

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 or young person's ability to fit in?

Local resources

Resources which the child or 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.

6.9 Understanding the meaning of the dimensions

While gathering information, there are some critical questions to bear in mind:

- Who is this child/young person? What are their strengths, talents, and vulnerabilities?
- What aspects of parenting behaviours promote the child's development and wellbeing?
- What aspects of parenting may not be helpful?
- What other factors are influencing the child's wellbeing and development?
- What other factors are influencing the parent's ability to provide the care needed to help children to meet all the eight wellbeing indicators?
- What strengths and pressures are present in every part of the child's world.

6.10 The information under any section of any of the three headings may indicate reasons why the child or young person is experiencing difficulties or finding any impairment they have more disabling than it needs to be. The information may also point to strengths or helpful factors and inputs which promote their welfare and resilience. Wider factors may be diverse and include the impact of low income, poor housing, breakdown in family relationships and social isolation or the impact of parental drug or alcohol misuse, mental illness or high levels of neighbourhood vandalism and crime.

6.11 Children's age and stage of development should have a bearing on the assessment, planning and action. Very young children, for example cannot wait for lengthy decisions to be made about where they are to live because this will have an impact on their attachment to significant adults. As young people make the transition to adulthood, their needs will change and there will be more emphasis on the supports that can be provided outwith families and within communities.

6.12 *Getting it right for every child* recognises that it is just as important to support these young people as it is to help younger children. Their needs should be seen in terms of what they require, what can be offered and who can support them. Young people themselves should be encouraged to participate in these discussions and be fully involved in any decisions made to help them.

6.13 Using the information to assess a child's needs

Health and education will routinely gather information as part of their everyday work with children and families. Some health needs, for example, will have an impact on a child's achievement at school. The important thing is that strengths and pressures are recorded. It is less important where they are recorded.

6.14 When a multi agency assessment is needed every practitioner working with a child should not feel they have to complete information in detail around the whole triangle. What is important is that they bear in mind that what is happening in one area may have a significant impact on another area.

6.15 Where a lead professional is appointed, it will be his or her job to make sure that each member of the multi agency team brings different knowledge about a child's needs that can be shared to build up a total picture and to make sense of that information and its impact on the child.

6.16 What are children's needs

Below is a brief summary of children's needs and parental responsibilities to support the process of assessment however practitioners are requested to also refer to the *My World Triangle* and the Age Specific guidance contained within our section on tools and resources.

Physical Needs

- To have a warm and safe place to live
- To be cared for by an adult(s) who can provide them with appropriate food and clothing
- To be encouraged to look after their health and prevent illness or accidents
- To access health care when required
- To have available safe play areas and opportunities for physical activity
- To be protected from abuse or neglect

Emotional Needs

- To feel loved and secure in their relationships with the important people in their lives
- To be accepted as a person in their own right
- To understand and be proud of themselves and their own culture, race and/or religion
- To be listened to and know their feelings are taken into account

Social Needs

- To be encouraged to learn positive social behaviour
- To have contact with other adults and children and feel that they have a contribution to make in their community
- To be encouraged to make choices and take responsibility

Intellectual needs

- To be encouraged to develop their full potential through play and school work
- To be able to attend a school which offers encouragement and resources that will help them achieve their best
- To have opportunities to explore and develop creative skills and interests

Cultural/Moral needs

- To understand and practice their own religion and culture and to feel safe in doing so
- To develop an appropriate understanding of moral values
- To learn about different cultures and religions and to respect other people's way of life

6.17 What are parental responsibilities – these include:

- Protection from danger
- Provision of adequate food and shelter
- Obtaining necessary medical care
- Protection from harm and abuse
- Security of affective relationship's
- Responsiveness to child's emotional needs
- Discipline and guidance of behaviour
- Model adult behaviour
- Moral guidance/values

- Provision of new experience to encourage development of cognitive and social skills
- Providing opportunities for development of identity, trust and self-esteem
- To encourage child to be educated
- To prepare for adulthood/provide economic support

Section 7: Assessing Risk – The Resilience Matrix

7.0 What is Resilience

The concept of resilience is fundamental to the wellbeing of children and young people and is used in assessments by practitioners from many agencies and yet resilience has often been a difficult concept for practitioners to incorporate into their assessments. Indeed its use within the National Practice Model has been the most difficult to understand and for this reason it is important that practitioners are clear about the basic principles of resilience and how it fits in the Model. A well known definition of resilience is *“normal development under difficult conditions”*.

7.1 The three building blocks of resilience also offer a simple explanation of what we mean by the term:

Secure Base	
“I have...	People around me I trust and who love me no matter what
	People who set limits for me so I know when to stop before there is danger or trouble
	People who show me how to do things right by the way they do things
	People who want me to learn to do things on my own
	People who help me when I am sick, in danger, or need to learn”

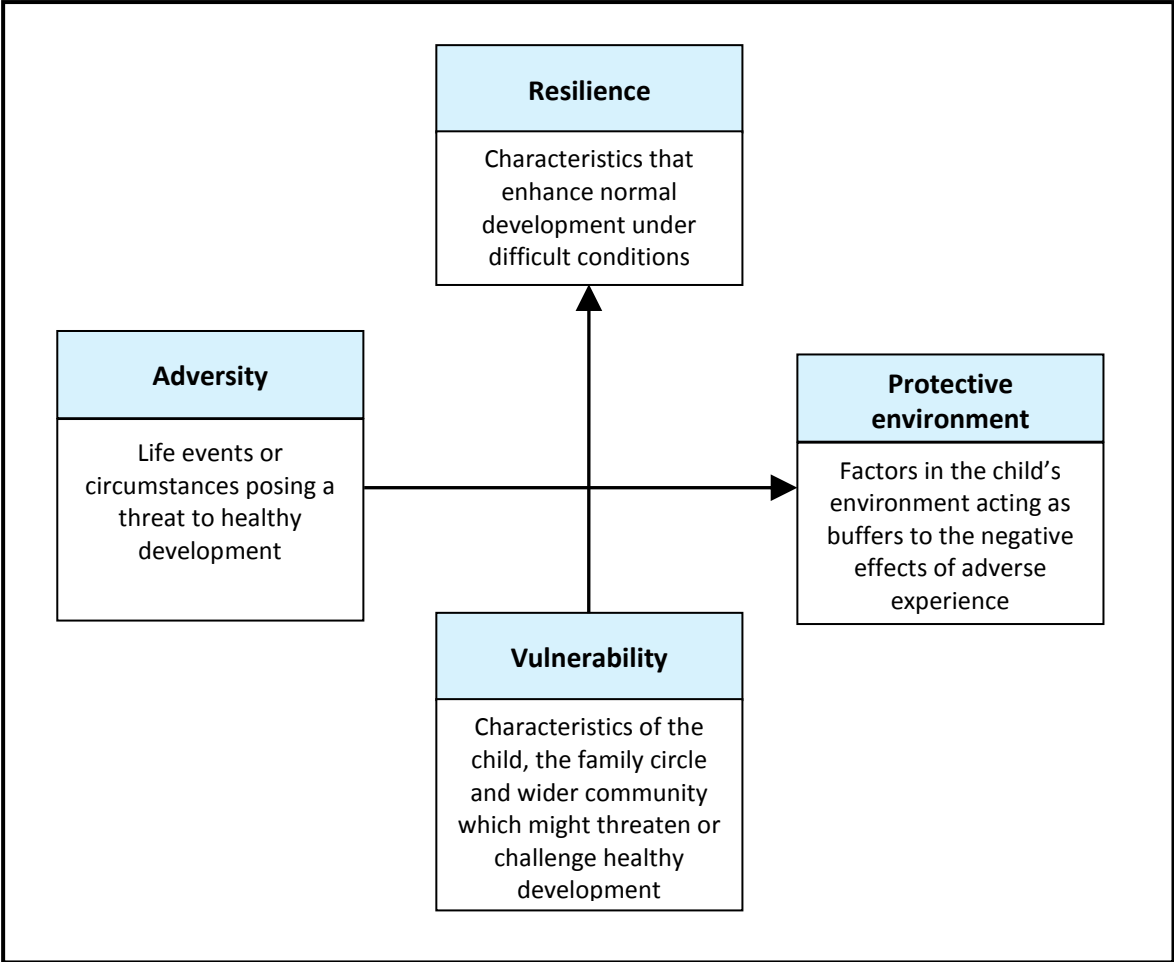
Self Esteem	
“I am...	A person other people can like and love
	A person who is happy to do nice things for others and able to show my concern
	A person who is respectful of myself and of others
	A person who is willing to be responsible for what I do
	A person who is sure that in the end things will be alright.”

Self Efficacy	
“I can...	Talk to other people about the things that frighten or bother me
	Find ways to solve the problems I might face
	Control myself when I feel like doing something that’s not right, or that’s dangerous
	Figure out when it is a good time to talk to someone, or to take action
	Find someone to help me when I need it.”

(Groteberg 1997)

7.2 Resilience Matrix

Practitioners can use the **Resilience Matrix** tool (see below) to make sense of the strengths and pressures from the *My World Triangle* along with any specialist assessments that have been carried out and to group that information within the four headings of resilience , vulnerability, protective factors and adversity. A resilience based approach fits closely with the aim of *Getting it right for every child* to build on the strengths in the child’s whole world, always drawing on what the family, community and universal services can offer.



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

7.3 In their three workbooks on assessing and promoting resilience in vulnerable children, Daniel and Wassell describe the protective factors that are associated with long term social and emotional wellbeing in the child’s whole world.¹ (Workbooks can be accessed through East Renfrewshire Council Intranet)

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

7.4 The existence of protective factors can help to explain why one child may cope better with adverse life events than another. The level of individual resilience can be seen as falling on a dimension of resilience and vulnerability. (See Figure 2)

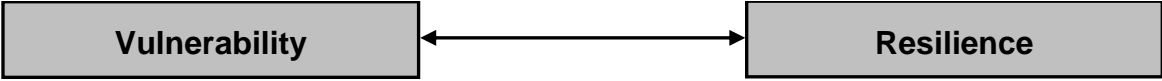


Figure 2. Dimension on which individual resilience can be located

7.5 This dimension is used to refer to intrinsic qualities of an individual. Some children are more intrinsically resilient than others because of a whole range of factors. A further dimension for the understanding of individual differences is that of protective and adverse environments; this dimension covers extrinsic factors and is therefore located in the parts of the *My World Triangle* that are concerned with wider family, school and community. Examples of protective environment might include an adult in a child’s wider world, such as a teacher or youth leader, or a grandparent (see Figure 3).

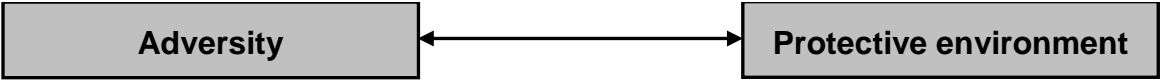


Figure 3. Dimension on which factors of resilience around the young person can be located

7.6 When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the *My World Triangle* (see Figure 1 above). The two dimensions will interact and an increase in protective factors will help to boost a child’s individual resilience.

7.7 Daniel and Wassell point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child is. Although pointers to resilience maybe present these have always to be taken in the context of an individual child’s situation. For example some children may appear on the surface to be coping well with adversity but they maybe feeling stressed internally. This is why it is important to get to know a child during the process of assessment and also why views of the child from different adults in their world are so valuable.

7.8 How to use the resilience matrix in multi agency assessment

Practitioners will have gathered information around the *My World Triangle* and may also have more specialist information about certain aspects of an individual child’s well-being. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way.

7.9 One way practitioners have found helpful to make sense of this information and identify resilience and vulnerability, as well as adversity and protective factors is to take a blank matrix and ‘plot’ on this matrix the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. Yellow ‘post-its’ are a good way of writing down and grouping the information.

7.10 Along the axis of adversity and the protective environment, all the factors that provide strengths in the environment, such as the child doing well at school should be placed from the

centre along the protective environment axis. Likewise, all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be placed from the centre along the adversity axis.

7.11 The same process can be repeated for factors with the child that are likely to promote resilience and for those which are making a child vulnerable. The multi agency assessment framework incorporates a section on assessment of risk for this purpose.

7.12 Applying the knowledge – The resilience matrix for analysing information

There are some factors which may be both protective and also suggest vulnerability or adversity. In making decisions about where to plot this information where the meanings may be not so straightforward, practitioners need to exercise judgement about how to make sense of these different aspects of information and weigh the competing influences. Judgement will be needed to weigh which factors are most important. It will also be helpful to look at the interactions between factors because this may also be a dimension that influences whether the impact is negative or positive. **Staff assessing risk should always consult with their line manager/supervisor at an early stage to ensure their analysis of the information gathered is accurate.**

7.13 Once these judgements have been made, it will be possible to see what needs to be done to help the child and family in order to strengthen protective factors and resilience, and reduce adversity and vulnerabilities. Achieving small improvements is a good way to accumulate success rather than having over ambitious aims.

7.14 Having plotted the factors on the matrix and given some thought to the child's needs and possible actions, the needs and actions can be plotted briefly against the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. Action may not be needed against every indicator and the help has to be proportionate to the issues identified.

7.15 This analysis then forms the basis for discussion with the child, family and other practitioners on what should go into the Child's Plan. This will include what needs to be done and who is going to do it. Reviewing a child's progress will be an essential part of a child's plan. In some circumstance, especially in complex cases, it may be useful to revisit the *Resilience Matrix* in reviewing the child's progress.

7.16 Factors to consider when measuring risk

Protective Factors

- Resilience factors evident in child in particular
- Easy group temperament
- Evidence child feels secure and has secure base (Quality of attachments)
- Wider supportive network
- Interest in school and learning
- Parental support of school and learning
- Friendships
- High parental expectation of behaviour
- Good self esteem
- Evidence of supported interests and talents
- Evidence of empathy and moral reasoning

- Ability to solve problems
- Evidence of secure attachment to at least one parent / carer
- Extended family support
- Community supports for child or parents
- Willingness of parent to engage with agencies
- Parents supported by partner

Adversities / Vulnerabilities - children

- Difficult temperament
- Low birth weight; premature
- History of abuse before 5 yrs; pattern of abuse
- Learning difficulties/ ADHD/ developmental delay
- Poor social engagement skills/ lack of friendships
- Lack of attachments to carers or significant adult
- Disengagement from school
- Low expectations by others/ low self esteem
- Lack of opportunity to excel in an area of activity
- Lack of community supports/ resources/ crime in local neighbourhood
- Isolation as a result of race, creed, religion, socio economic status, disability, health etc
- Bullying/ aggressive behaviour
- Involvement in drugs/ alcohol
- Association with delinquent peers
- Can be associated with more serious risk to a child

Adversities / Vulnerabilities - parents/ carers

- Significant mental/ physical illness; past or current
- Dual diagnosis (e.g. mental health & addiction issues)
- Learning difficulties
- Negative attitude towards pregnancy or birth
- 20 years or less at time of birth
- Evidence of substance abuse-particularly if pattern of use unstable
- Evidence of domestic abuse-particularly if child involved/ present
- Evidence of criminal activity
- Resistant to professional intervention/ unwilling to accept behaviour impacts on child
- Excessive or inappropriate use of health services/ or over-anxious
- Baby/child perceived as difficult by parent
- Abnormal or unrealistic expectations of baby/child
- Rough or inappropriate handling of child in household
- Intolerant, critical, belittling
- Evidence of lack of emotional attachment between either parent and child
- Frequent non-attendance at child health appointments
- Child viewed as 'extension of self'; not as individual
- BOTH parents have problems (e.g. addiction)
- Open disagreements/ family dysfunction/ repeat & threatened separations
- Seriously disturbed communication patterns in family
- History of abuse, particularly if weapons used; unusual and or escalating injuries
- Partner is non-biological parent
- Ill-treatment of animal

- Environmental stress/ socio economic problems
- Parents themselves have poor parenting experiences

7.17 Critical danger signs of possible risk - whilst assessing/ intervening

A multi agency assessment will be completed within a maximum of 28 days (SBRs and CSPs have specific timescales). Professional judgement cannot be suspended during this time in relation to the child's immediate needs. Services required immediately / action to protect should always take precedence. A child cannot wait indefinitely for good or even adequate parenting. Professionals must be alert to indications of dangerous situations and people that can result in a child suffering harm or significant harm.

7.18 These may include:

- Failure to gain access to previously abused children or those being assessed
- A crisis in child care such as threats of separation, escalating violence between carers
- Chronically neglectful parenting in combination with a secondary risk factor, particularly when signs of deterioration evident (i.e. addiction, mental health problem)
- A child who repeatedly runs away
- Overt and covert threats of violence/neglect/abandonment of a child. It is not true that frustrations verbalised are less likely to occur. Take threats seriously
- Children suddenly becoming reluctant to communicate or co-operate
- Mounting or consistently high concern from other agencies
- The period immediately after a child/young person returns home after being "accommodated"
- Increase in stress factors, i.e. move house, birth, financial crisis
- "Closure" i.e. shutting down of a family and non-co-operation with the helping agency. This could range from absolute refusal to interact with the agency, to the "appearance" of engaging, i.e. co-operation is superficial in nature and seeks to divert the worker by re-focusing their attention onto other matters e.g. complaints about the agency, by hostility or repeatedly producing "problems" to keep the worker busy
- "In house" danger signs include workers responsible for assessments having unmanageable, complex caseloads, inadequate supervision, agency, reorganisation and case transfer.

Child Protection concerns

Where an assessor/contributor carrying out an integrated assessment identifies child protection concerns immediate action should be taken in keeping with existing agency and inter-agency child protection procedures.

After a child protection investigation has taken place a decision will be made regarding the need for a comprehensive assessment to be carried out. In most cases this comprehensive assessment will be conducted using the Practice Model to assess need and will be accompanied by a specialist child protection risk assessment.

7.19 Assessing factors relating to parental drug use - Adapted from 'Getting our Priorities Right'

Substance abuse is an invasive problem that can negatively impact on a child's well-being across a number of domains- particularly with younger children and babies who require high standard of physical care. Each situation is unique and levels of risk and standards of care will vary considerably. The following is a guide to practitioners to assist in the gathering of relevant information on the impact of parental drug use. This information will contribute to progressing an informed, balanced judgement on the child's welfare.

7.20 Information needs to be gathered regarding both children in the care of the individual parent/carer as well as children whom they are not the primary carer but have access arrangements to.

Health Risks

- Where in the household do parent(s)/carer(s) store alcohol, illicit and prescribed drugs?
- Do the children know where the drugs are kept?
- What precautions do parent(s)/carer(s) take to prevent their children getting hold of their alcohol and/or drugs? Are these adequate?
- What do parent(s)/carer(s) know about the risks of children ingesting alcohol, methadone and other harmful drugs?
- Are they in touch with local alcohol and drug support agencies that can advise on such issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?

If parent(s)/carer(s) inject drugs

- Where do they keep injecting equipment? In the family home? Are works kept securely?
- Do they share injecting equipment?
- Do they use a needle exchange scheme?
- How do they dispose of syringes?
- What do they know about the health risks if injecting or using risks?

Family and social supports

- Is there one parent(s)/carer(s) who is not involved in alcohol and/or drug use? Or are both involved in alcohol and/or drug taking?
- Do the parent(s)/carer(s) primarily associate with other problem alcohol/drug users, non-alcohol/drug users or both?
- Are other relatives aware of the parent(s)/carer(s) alcohol and/or drug use? Which relatives are they and are they supportive of the parent(s)/carer(s)/the child?
- Will parent(s)/carer(s) accept the help from relatives, friends or professional agencies?
- Is social isolation a problem for the family?
- How does the community perceive the family? Do the neighbours know about the parent(s)/carer(s) alcohol and/or drug use? Are neighbours supportive or hostile?
- Where are children when parent(s)/carer(s) are procuring their drugs?
- What arrangements are in place for children when parent(s)/carer(s) are taking their alcohol and/or drugs?

- Do the children regularly attend nursery/school – does the parent(s)/carer(s) need assistance with this?
- Is there any other assistance with child care? If yes, is this adequate or are there additional needs. If no, is this required?

Parents perception of the situation

- Do the parent(s)/carer(s) see their alcohol and/or drug use as harmful to themselves?
- Do the parent(s)/carer(s) see their alcohol and/or drug use as harmful to their children?
- Do the parent(s)/carer(s) see their alcohol and/or drug use as affecting their children?
- Do the children know about the alcohol and/or drug problem of the parent(s)/carer(s)?
- How do the children know? And, what do they know?
- Is there evidence that the parent(s)/carer(s) know what responsibilities and powers agencies have to support and protect children at risk?

Section 8: The Child’s Plan – Using the Wellbeing Wheel to develop a Child’s Plan

8.0 The overarching aim of all assessments of children and young people is to achieve one coordinated child’s plan that can be used for a variety of purposes and in a range of different settings. In the *Getting it right for every child* approach, any child or young person who requires additional help should have a plan to address their needs and improve their wellbeing. This could be a very simple single-agency plan but when two or more agencies are involved there will be a Child’s Multi Agency Plan (CMAP) co-ordinated by a *Lead Professional*. Having one plan will reduce duplication and the number of meetings that a child and family have to attend and simplify the process for everyone involved.

8.1 The child’s multi agency plan (CMAP) resulting from the assessment process will take account where relevant, of the multiplicity of services and professionals who may be involved. For a child or young person with very complex needs, the plan will need to show considerable detail to indicate the part played by all partners. Conversely, the plan may be very simple and involve just one service, or the enhancement in the delivery of a universal service.

8.2 Using the *Wellbeing Indicators* the child’s plan should also provide clarity about the purpose of intervention and anticipated outcome, rather than an overemphasis on process e.g. who, where, when and for what reason someone is visiting a child or their family is preferable rather than stating ‘the child will be visited once a week’.

8.3 Where the child is subject to compulsory measures of supervision the child’s plan should be guided by any conditions made by the Children’s Hearing.

8.4 The Child’s Plan whether it is single or multi-agency, should include and record the following:

- reasons for the plan
- partners to the plan
- the named person’s details
- the views of the child or young person and their parents/carers
- a summary of the child or young person’s needs against the Wellbeing Indicators
- what is to be done to improve a child or young person’s circumstances
- details of action to be taken

- what outcomes will be achieved
- what needs to be done and by whom
- resources to be provided
- timescales for action and for change
- contingency plans
- arrangements for monitoring and reviewing the plan
- *Lead Professional* arrangements where they are appropriate
- details of any compulsory measures if required.

8.5 The Child's Plan Meeting

The term Child's Plan Meeting is used to describe the face to face exchange to which each member of the child's current network of support is invited to discuss, agree, and plan in a way forward which helps the child. The aim is to reduce the number of meetings particularly those taking place in multiple settings across services, and create a streamlined opportunity for interested parties to meet and discuss all issues in the child's life which need to be addressed and recorded in a formal plan. The Child's Plan Meeting should not be confused with the routine face to face discussions that take place between individual professionals and families.

8.6 In less complex cases it may be unnecessary to hold a Child's Plan Meeting to put a plan in place. However for more complex situations a meeting should take place in order for specific decisions to be made and recorded. It is good practice to ensure that children and families are prepared for the Child's Plan Meeting and the expectation is that in the vast majority of cases if not all, the child and parents/carers should be present. The Lead Professional and Named Person will be responsible for organising the meeting and ensuring that children and families can participate fully if that is considered appropriate in all cases.

8.7 The purpose of the Child's Plan Meeting

The purpose of creating a Child's Plan Meeting is to:

- Streamline the different forums used to discuss and plan for children
- Simplify the structures and processes for children and their families
- De-stigmatise the processes used and reduce anxiety amongst children and families
- Maximise the use of resources by reducing duplication
- Support practitioners by freeing more time to help children and families
- Improve the culture and quality of decision making

8.8 Monitoring and Reviewing the Child's Multi Agency Plan (CMAP)

When action is taken or practitioners provide services for a child and family as part of any plan it is essential to know how well the child is doing. This includes whether practitioners and family members have done what they set out to do, whether outcomes have been achieved. The monitoring and reviewing arrangements will have been set out and agreed during the writing of the child's plan. The Named Person or Lead Professional depending on the nature of the CMAP, will be responsible for monitoring it's progress. Arrangements for monitoring should be proportionate but in most cases no more than six months should go by without a full formal comprehensive review taking place.

The review may show one of three options:

1. The child's circumstances have improved and the plan is no longer required
2. The child's circumstances have improved but the plan needs to continue to ensure all outcomes are achieved
3. Concerns have increased and the plan is no longer working and so a review needs to take place to reconsider the support

8.9 Changes in Circumstances

It is the responsibility of all partners in the children's planning and reviewing process to highlight changes in the child or family's situation, or their own agency's arrangements that may impact on the CMAP. It may be necessary to review the original plan in light of new information.

Section 9: Roles and Responsibilities of Practitioners

9.0 The Named Person

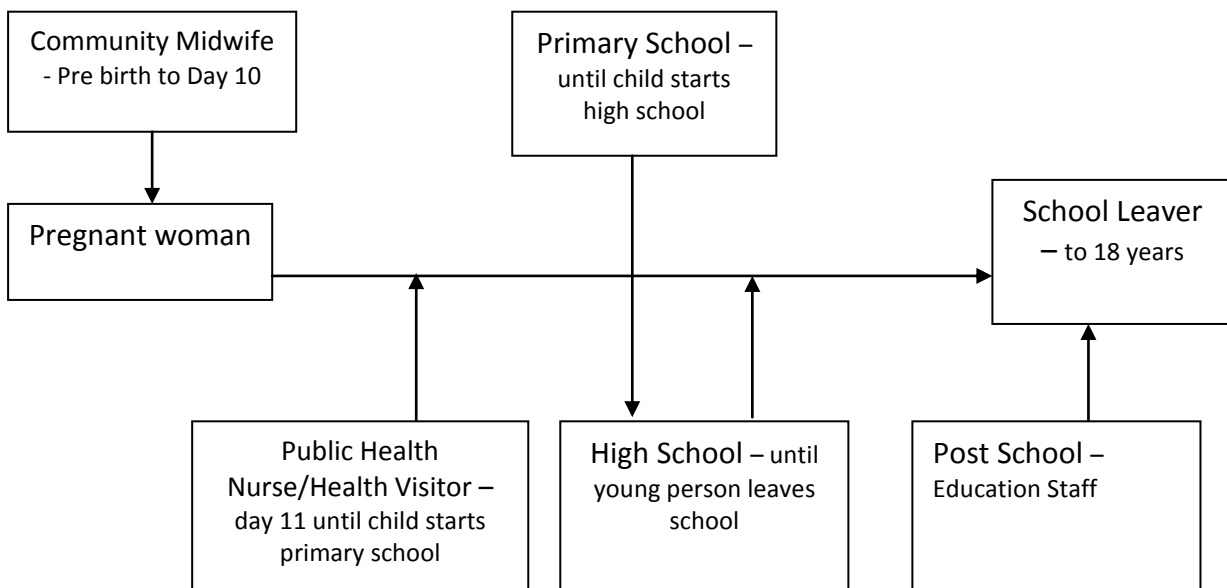
Most children and young people will get all the help and support they need from their families and the provision available within their neighbourhoods and communities. However, at various times in their childhood and adolescence, children and young people may need some extra help and this will be provided by universal services. The individual within the universal services of maternity, public health nursing, and education who will coordinate this help is known as the *Named Person*. (The Named Person's interface with the Lead Professional is detailed further on in this section.)

9.1 The Named Person at each stage of childhood

Although the Named Person role is crucial to the coordination of help when it is needed, it is important to stress that ALL children and young people will have an identified Named Person whether a need has been identified or not, and who this will be will depend on a child's age and stage of development as outlined in the table below.

Age/Stage	Named Person	Service Type	Agency
Pre birth to day 10	Midwife	Universal Service	NHSGGC
Day 11 to child starts primary school	Health Visitor	Universal Service	ER CHCP
Primary School years	School to nominate promoted member of staff	Universal Service	ERC Education
High School years	Principal Teacher Pupil Support	Universal Service	ERC Education
School leaver until 18 years old	Education Services	Universal Service	ERC Education

Named Person Transition



6 Key Questions

Referring to the 8 SHANARRI wellbeing indicators the Named Person will need to ask the following:

1. What is getting in the way of this child/young person's wellbeing?
2. Do I have all the information I need to help this child/young person?
3. What can I do now to help this child/young person?
4. What can my agency do to help this child/young person?
5. What additional help – if any – may be needed from others?
6. What is the view of the child and the family?

These questions will help the Named Person identify the level of assistance that is appropriate and proportionate for the child/young person.

9.2 Other staff/practitioners and the Named Person

Any practitioner who identifies wellbeing issues for a child or young person should also ask the 6 key questions and share this information with the Named Person in order that the child's needs can be addressed in a coordinated way.

9.3 The role of the Named Person – duties and responsibilities

- First point of contact for the child, family, or other professionals when concerns are raised
- If concerns are raised about a child/young person ask the 6 key questions and take action to coordinate any help needed
- Maintain accurate and up to date information within the child's core record, chronology, and plan about the child and any related adults and record decisions and actions taken
- When a child needs extra help prepare a Wellbeing Assessment and Shanarri Plan and take a lead on implementing and reviewing.

- The plan should identify which of the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included needs to be addressed.
- The Named Person will review other knowledge held within their agency and analyse information needed to identify what is causing the problems, bearing in mind the 3 domains of the *My World Triangle*.
- Initiate and coordinate any help a child needs from within their own agency/service
- Seek assistance from other agencies when it is appropriate and proportionate to do so
- Act as a point of contact for other agencies and respond to requests for information sharing
- Encourage parents to understand and contribute towards their child's wellbeing
- Develop and maintain positive relationships with the child and family
- Ensure that the views of children and families are sought at every stage
- Ensure that children and families are fully involved in decisions that affect them
- When sharing information with others ensure the child and family understand why this is happening and record the decision to do so.
- Facilitate positive transitions for the child to the new Named Person

9.4 The Midwife as Named Person

From the point a pregnancy is registered with maternity services and up to 10 days after the baby is born the named midwife is the Named Person. The midwife will carry out their normal duties and also work in partnership with the parents to develop their capacity to support the unborn/newborn infant's wellbeing. They will use the wellbeing indicators to record their observations as necessary and access additional support if required.

9.5 The Health Visitor as Named Person

From the age of 11 days old until the point the child attends primary school an identified health visitor will take over the role of Named Person to support and monitor the child's growth and development. The health visitor will introduce themselves to the parents as the child's Named Person and in line with their normal duties and responsibilities will at the point of transfer from midwifery, conduct an assessment of the child's needs using the universal health assessment.

9.6 As a consequence of the assessment they will allocate one of two categories of Health Plan Indicator (HPI) "Core" or "Additional" dependent on whether core support is sufficient or additional input is required for the child and their family. If a child is categorised as "Core" and no other concerns are raised by the parents or other agencies they will not be assessed again until the formal 24/30 month assessment. However parents will be able to contact the health visitor as their named person at any time for advice and support and other agencies such as nurseries will also be able to communicate with the health visitor in their named person role if they have a concern that they believe needs to be addressed.

9.7 The health visitor as Named Person will inform the child and family of the transfer of the role to education when the child begins to attend school. The health visitor will then liaise with the appropriate primary school to ensure the transition is seamless.

9.8 The Named Person in Education

At the point of entry to primary school, education will take over the Named Person role and assume responsibility as key point of contact for the child's wellbeing. In the primary school setting the Named Person will be a promoted member of staff nominated by the Head Teacher and each school will ensure that children and parents are aware of the staff member who will fulfil this role.

In high schools the role will be undertaken by the Principal Teacher Pupil Support. The Named Person will ensure the child's wellbeing is assessed and monitored regularly in line with the staged intervention process (stint).

9.9 The Named Person Post School

Education will provide this role post school and the expectation is that this will mainly focus on MCMC issues, training/employment and signposting young people to the most appropriate sources of support and help.

9.10 Other Circumstances

Home Educated Children – if the child was enrolled as a school pupil prior to being home educated, the school will continue to be the child's Named Person. If the child was not enrolled the school will still be named person (this relies on parent or health notifying Education).

Gypsy/Traveller Children – Education will always be named person whether the child or young person is enrolled at school or not (this relies on parent or health notifying Education).

Independent sector – independent school will take on the role of the Named Person

9.11 A Key Role at Transition Points

The Named Person will contribute towards the planning for children who need extra help at the key transfer points between midwifery, health visiting, primary school, high school and post school. They will ensure effective transfer of information about the child/young person to the new Named Person in the agency assuming responsibility for the child.

9.12 Interface between Named Person and Lead Professional

If the child's needs require help from more than two agencies or are assessed as more complex and require considerable help from targeted or specialist services a lead professional will be identified who will initiate an multi agency assessment and complete a child's plan.

9.13 When a Lead Professional is required

There are occasions where children's needs require two or more agencies to work together and ensure effective delivery of services to the child and family. In all such cases, a lead professional should be identified.

The role of the lead professional is to coordinate a multi agency assessment, produce a child's plan known as a CMAP, and lead on the implementation of the plan.

9.14 Identifying the most appropriate Lead Professional

Selection of the lead professional is influenced by:

- The kind of help which the child or family needs
- Previous contact and relationship with the child or young person
- Any statutory responsibility to co-ordinate work with the child or family e.g. involvement with children's hearing; requires a coordinated support plan
- In some cases, to make sure the child and family get the best possible help, because the child has identifiable complex needs, or there is a statutory obligation defined in law towards a child, the lead professional will need to come from a particular agency.
- Examples where statutory requirements need to be accounted for are:
 - Where a child needs an education Co-ordinated Support Plan for additional support for learning
 - A child is formally *looked after* which includes the child being subject to a requirement from a children's hearing or where a child is voluntarily looked after and accommodated

There will also be other administrative categories where compliance with procedures will help ensure a child's safety, for example, for a child whose name is on the child protection register.

9.15 How a Lead Professional will be appointed

When the decision is taken that a multi agency assessment is necessary for a child or young person, agreement must be reached on the lead agency for the assessment and which professional will undertake the role of the lead professional.

Needs/Concerns Identified (non statutory)

- Where those working with the child and family in the universal services of health or education have concerns significant enough to suggest a plan involving two or more agencies will be necessary, then a multi agency assessment should be carried out and a child's plan known as a CMAP should be drawn up. The need for a multi agency assessment and a CMAP plan may have arisen from growing concern over a period of time and this may be noted in the universal service's record of the child or chronology. Alternatively the need for a more comprehensive assessment and plan may be related to a particular event or incident. Indeed the need for a multi agency assessment may be prompted by a practitioner or the named person asking the six key questions – see above.
- Similarly should a child's needs be complex but unlikely to warrant statutory intervention a practitioner from the universal services will become the lead professional. This could be, for example, a practitioner who can co-ordinate an assessment and a CMAP for a child with complex health needs with the help of other services.

Child/Young Person Subject to Statutory Intervention

Additional Support for Learning

- Where a child meets the criteria for a coordinated support plan the lead professional will be selected from Education Services. The exception to this maybe where there are additional concerns around the child's home circumstances such as neglect or protection

concerns. In these circumstances Education and Social Work will discuss and agree the most appropriate lead agency and professional.

Children’s Hearing or Child Protection Investigation

- There will be circumstances where neglect or a child’s safety is the primary issue, or there is a statutory requirement for a lead professional, such as where a child is looked after at home or away from home, or there is a need for a multi agency assessment *after* a child protection investigation has taken place. In such cases a practitioner from a social work team will be required to lead.

Please note existing agency and interagency child protection procedures must be initiated by practitioners if they identify a child protection concern during a multi agency assessment process.

The circumstances when a lead professional will be required and the agency that will provide this service are summarised in the table below:

9.16 Appointment of Lead Professional and Agency

Needs/Circumstances of Child/Young Person	Lead Professional and Agency
Child/young person is looked after at home or away from home	Social Worker (CHCP)
Child/young person is subject to a report requested by the Children’s Reporter	Social Worker (CHCP)
Child/young person is working on a voluntary basis with CHCP Children and Families	Social Worker (CHCP)
Child/young person is subject to child protection investigation, registration, or general activity	Social Worker (CHCP)
Child/young person will be subject to an assessment leading to a coordinated support plan, or already has a coordinated support plan	Education Services
Child/young person has complex health needs	Educational Psychologist/Specialist Health Services

9.17 The Key Responsibilities of the Lead Professional

These are the following:

- Using the National Practice Model the Lead Professional will coordinate the multi agency assessment and lead on the construction of the CMAP
- Notify appropriate agencies of the need for a multi agency assessment/plan
- Arrange for other professionals to contribute towards a multi agency assessment
- Ensure all agencies co-operate fully in the assessment process and provide accurate, up to date and coherent information
- Create a multi agency chronology of significant events, keep this updated and ensure other agencies are aware of their responsibility for this process
- Gather and analyse the assessment information provided by the other agencies using the *My World Triangle* and the *Resilience Matrix*, draw conclusions and make recommendations

- Ensure participation of child/young person and family throughout process and ensure their views are heard and considered
- Be a main point of contact with the child and family for the purpose of discussing the plan and its progress
- Organise if needed the appropriate multi agency meeting
- With partners agree an outcome focused plan to improve the child's situation
- Ensure a review process is set and 6 month time scales for review is understood
- Ensure a date is set for the plan to be reviewed, arrange the review meeting and circulate any necessary papers/documents for this to take place effectively
- Monitor and evaluate how well the plan is working and determine whether interventions are achieving the outcomes set for the child
- Following the review, seek agreement on any changes required to the plan
- The lead professional will be the key contact for the child / family for the purpose of discussing the content of the assessment and plan
- Support the child and family to make the best use of services offered
- All agencies will link directly with the lead professional to report on changes, updates or new information including the named person
- Overall provide confident leadership and be familiar with the remit's of different agencies

THE LEAD PROFESSIONAL DOES NOT DO ALL THE WORK WITH THE CHILD AND FAMILY. NOR ARE THEY RESPONSIBLE FOR THE ACTIONS OF OTHER PRACTITIONERS OR SERVICES.

9.18 The Role of Contributors

The Practice Model and in particular the My World Triangle is used to ensure that each agency contributes all evidence they have about every aspect of the child / young person's life circumstances. The triangle has 3 dimensions - How I Grow and Develop; My Wider World: What I Need from People who Look After Me; and each dimension has 7 elements to consider, although practitioners will only comment on areas where they have knowledge, information and evidence. The Practice Model tool has been developed to assist practitioners to consider every element of a child's life. Relevant information is based on evidence and fact such as personal observation, awareness and experience rather than subjective opinion gained from others.

As the Practice Model develops, it is expected that practitioners will use the Chronology as a means of noting evidence about their knowledge of the child's development in relation to the Wellbeing Indicators and the My World Triangle.

The assessment and the child's plan is completed in partnership with parents/carers and young people and demonstrates their involvement in the process. This is recorded in the assessment form, and includes any aspects of disagreement/differences of opinion and levels of co-operation. The decision to share information with other agencies should always be recorded.

Section 10: Participation and Involvement

10.0 There are a range of methods currently being used by practitioners in all services to increase the participation and involvement of children, young people and parent/carers. In CHCP Children and Families Viewpoint the interactive online consultancy tool is used with children who are:-

- looked after at home or away from home
- on the child protection register
- in receipt of a service from the Transition Team
- attend the inclusive support holiday programme
- use WAM Service
- due a foster care annual review

The information the child provides through this method is then used to inform the child's assessment, plan and review.

10.1 Within Education Staged Intervention (STINT) has been designed to allow school staff, partners, pupils and parents to be active participants in the plan, do, and review process. The STINT plan details the negotiated and agreed roles and responsibilities of all contributors.

Views of the child: These *must be* sought and recorded on the plan and where possible the child or young person should be encouraged to talk about :

- his/her strengths (I am good at...)
- likes (calming influences, people, subjects)
- dislikes (triggers for behaviour, subjects)
- personal targets (I would like to be better at...)

Creative solutions should be found to seek the views of children and young people who are non-verbal e.g. photocopies of drawings, scanned stories or written account. Very young children can communicate their views, for example, through drawings, captions, photographs. This information should be attached to the plan.

Views of parents The views of parents/carers must be sought and should, where possible, give insight into their child's:

- strengths (he/she is good at...)
- likes (calming influences, people, subjects)
- dislikes (triggers for behaviour, subjects)
- personal targets (he/she could be better at...)

10.2 Specialist Children's Services rely on a range of methods and tools to ensure children are consulted about their treatment/care and also their view of the services they have received.

In Child and Adolescent Mental Health (CAMHS) the following tools are utilised at the appropriate times:-

- Experience of Service Questionnaire - at 6 months and end of contact if later
- Goals based outcome measure - can be used at each session - measures the young persons goals for change
- Strengths and Difficulties questionnaire

Speech and Language Therapy (SLT) use exit questionnaires to gather views and comments from children and families. In addition Episode of Care paperwork makes provision for inclusion of child/family view / joint decision making in the care plan.