Getting it Right for Every Child and Young Person in East Renfrewshire

A GIRFEC Framework and Guidance Manual for Partner Agency Practitioners

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

POLICE SCOTLAND Keeping people safe

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

Document Name	Getting It Right for Every Child and Young Person in East Renfrewshire: A GIRFEC Framework and Guidance Manual for Partner Agency Practitioners
Owner	Education and HSCP
Version Number	8 Chris Atherton / Arlene Cassidy / Siobhan McColgan / Debbie Lucas / Caragh McNamee
Date Completed	22 October 2025
Review Date	22 October 2028

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PART 1 – THE GIRFEC FRAMEWORK

1. THE POLICY AND LEGISLATIVE CONTEXT

1.1 Getting it Right for Every Child (GIRFEC) is central to our shared ambition for Scotland's children and young people; ensuring that their rights and wellbeing will be at the heart of everything we do. In East Renfrewshire, we are committed to getting it right for all of our children and young people, to ensure they can thrive and be given every opportunity to achieve their potential. We want them to grow up safe, healthy, active, nurtured, achieving, respected, responsible and included. We want them to have people in their lives that can offer them love, support and hope for the future, beginning with their families and friends, and enhanced through the relationships they develop with practitioners across integrated services for children and young people. Our GIRFEC approach is fundamental to our shared vision for East Renfrewshire as "A Place to Grow", where children and young people are supported to flourish, thrive and live well (Diagram 1).

1.2 The aim of this revised multi-agency framework and guidance is to support our practitioners to embed the values and principles of GIRFEC in all areas of their practice with confidence, so they can ensure that our children, young people, and families receive the right support at the right time. Effective partnership working and collaboration is crucial to the success of our approach, as we strive to realise this ambition for all and keep *The Promise* to our care experienced children and young people.

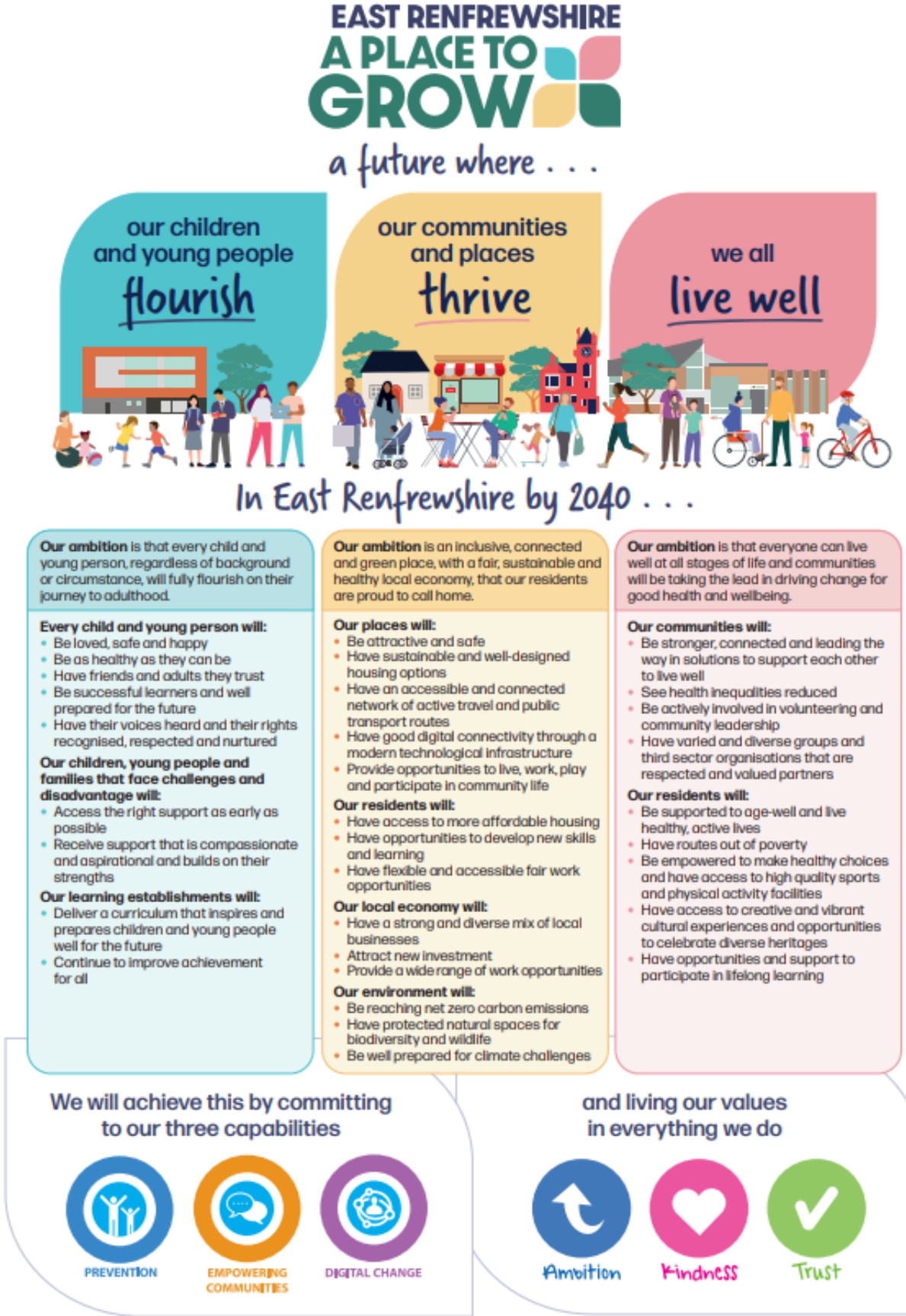
1.3 Our GIRFEC approach sits within a legislative context, specifically through:

- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024;
- The Child Poverty (Scotland) Act 2017;
- The Children and Young People (Scotland) Act 2014;
- The Children's Hearings (Scotland) Act 2011;
- The Education (Additional Support for Learning) (Scotland) Act (2004) as amended (2009); and,
- The Children (Scotland) Act 1995.

1.4 Key policy areas relating to GIRFEC and the work of integrated services for children and young people include:

- GIRFEC resources - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot);
- The Promise and Plan 24-30;
- Realising The Ambition;
- The Christie Commission;
- The ASL Review;
- National Guidance for Child Protection in Scotland (2021); and,
- The National Performance Framework (2018).

Diagram 1 - East Renfrewshire A Place to Grow



2. OVERVIEW OF KEY CHANGES

2.1 The Scottish Government revised GIRFEC Policy and Practice in 2022, and outlined key changes, which are summarised as follows:

- Use of the phrase children **and** young people;
- Greater emphasis on child-centred, rights-respecting, strengths-based practice and the inclusion of children, young people and their families at every stage of the process;
- Simpler and more positive language identified which can be used when working together with children, young people and families;
- An emphasis on working together;
- Alignment to The Promise and key policy areas such as the commitment to eradicate child poverty;
- A deeper understanding of the impact of trauma and adverse childhood experiences (ACEs) in considering the My World Triangle, and further development of the Resilience Matrix;
- Promotion of the GIRFEC approach to benefit all children and young people; and,
- Clarity through new Information Sharing Charters for children and young people, and for parents/carers.

3. VALUES AND PRINCIPLES

3.1 GIRFEC values and principles are embedded very well within the work of integrated children's services in East Renfrewshire. However, the Scottish Government refresh provides a timely platform for us to review, plan and implement necessary changes and enhancements to service delivery that will improve outcomes further for all of our children and young people.

3.2 GIRFEC is underpinned by the following values and principles:

- *Placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them;*
- *Working together with families to enable a rights-respecting, strengths-based, inclusive approach;*
- *Understanding wellbeing as being about all areas of life including family, community and society;*
- *Valuing difference and ensuring everyone is treated fairly;*
- *Considering and addressing inequalities;*
- *Providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential; and,*
- *Everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families.*

GIRFEC Policy and Practice (2022)

4. CORE COMPONENTS

4.1 The GIRFEC approach has strong foundations in its core components, and these empower practitioners to enhance wellbeing for all by providing flexible, timely support when it is needed:

- *A **named person** who is a clear point of contact for children, young people and families to go to for support and advice. A named person can also connect families to a wider network of support and services so that they get the right help, at the right time, from the right people;*
- *A **shared and holistic understanding of wellbeing** and a single model of how this can be considered and supported; and,*
- *A **single, shared and rights-based approach to planning** for children and young people's wellbeing where support across services is needed, co-ordinated by a **lead professional**.*

GIRFEC Core Components (2022)

More information on the UN Convention on the Rights of the Child can be found in Appendix One

5. GETTING IT RIGHT FOR EVERY CHILD AND YOUNG PERSON IN EAST RENFREWSHIRE

5.1 We are ambitious in our aim of delivering positive outcomes for all children and young people in East Renfrewshire by driving *cultural and systemic improvement* across practice within integrated children's services. Our local framework for practice will ensure everyone fulfils their roles and responsibilities, keeping our values of ambition, kindness and trust at the heart of our partnership approach with children, young people, and their families. Our framework involves:

- *Promoting the wellbeing of individual children and young people*: through our understanding of how they develop and thrive within their families and communities, and by meeting their needs holistically through prevention, early intervention and appropriate, proportionate support through to adulthood;
- *Promoting equity and equality*: with a particular focus on eradicating child poverty;
- *Celebrating diversity*: children and young people should feel valued in all circumstances, and practitioners should create opportunities that celebrate difference and make sure everyone has a sense of belonging;
- *Ensuring children and young people have a safe and secure base* because emotional security and physical safety is fundamental;
- *Ensuring that children, young people and families participate fully as partners* in all aspects of assessment and planning, thereby ensuring their voice is at the heart of decisions that are made for their wellbeing;
- *Supporting informed choice*, so that children, young people and families understand their rights and entitlements, the help that is available to them and what their choices may be;

- *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;
- *Building on strengths and promoting resilience:* using a child or young person's existing networks and support where possible;
- *Trauma-informed practice:* where practitioners at all levels understand that trauma and adverse childhood experiences (ACEs) can have an impact on the development and wellbeing of children and young people, and where skilled practitioners are available to offer advice and support to meet their needs;
- *Providing a Named Person for every child and young person* as policy across our universal services, with the recognition that children, young people and families have the right to opt out of this offer of support;
- *Providing a Lead Professional where there is multi-agency involvement*, with clear protocols to determine who fulfils this role in all predictable scenarios;
- *Safeguarding through a proportionate approach in the assessment of concerns and risks*, using Signs of Safety and Safe and Together approaches, rooted in our national Child Protection Guidance (2021);
- *A One Child, One Assessment, One Plan approach* so far as possible, reflecting all relevant views and assessments, streamlining processes for families, and taking account of all relevant legislation (e.g. where a statutory Coordinated Support Plan is also necessary);
- *Effective partnership working between all practitioners* that is characterised by mutual respect, integrity, solution-focused collaboration and with appropriate professional challenge and scrutiny to ensure the best outcomes are achieved for children and young people;
- *Ensuring the use of the National Practice Model; and,*
- *Empowering a skilled and confident workforce* to promote and support our children and young people's wellbeing, underpinned by the Supporting Scotland's Children – Core Knowledge and Values.

6. SIGNS OF SAFETY ®

6.1 In East Renfrewshire we use the Signs of Safety model to support multi-agency assessment and planning. This is fully compatible with our GIRFEC approach. Signs of Safety® is a relationship-based practice approach, it provides a framework and tools to help promote relationships in practice. It is a strength and safety organised approach to case work that analyses detailed information for a balanced risk assessment.

6.2 Signs of Safety® integrates professional knowledge with knowledge from families and their wider networks to rigorously explore harm and complicating factors alongside existing strengths and safety. It aims to work in true partnership with families to reduce risks and increase safety by building upon the family's strengths, resources, and networks, and to change the everyday lived experience of the child through effective safety planning, so that we are confident the child is safe and well.

6.3 East Renfrewshire's implementation journey has focused on introducing the practice approach across the entire system to support the growth of relationship-based practice, and to strengthen protective networks for children, which includes family, friends and community members, alongside professionals.

6.4 Children/young people need networks that can support, care, keep them safe and help them heal from trauma and difficult experiences. East Renfrewshire has used the framework to help children remain at home with their families wherever possible, and worked to empower the voices of children, young people and their families by encouraging them to build on their own solutions. Central to this has been a shift in the way we plan with families. It is used across all our work with children and their families.

PART 2 – GIRFEC IN PRACTICE

7. PROMOTING GIRFEC AND WELLBEING WITHIN SERVICES

7.1 The values, principles and core components of GIRFEC must lie at the heart of all our work. To ensure the potential of all children and young people is realised, practitioners across integrated children's services are required to promote wellbeing and ensure that this is fundamental in service design, development, collaboration and improvement to create better outcomes for all children, young people and families. We are also required to act responsively where children and young people require individualised wellbeing assessment, support and intervention.

7.2 The wellbeing indicators are outlined as Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included, or (SHANARRI) as referred to within section 96(2) in Part 18 of the Children and Young People (Scotland) Act 2014.

- *"Safe – growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.*
- *Healthy – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.*
- *Achieving – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.*
- *Nurtured – growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.*
- *Active – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.*
- *Respected – being involved in and having their voices heard in decisions that affect their life, with support where appropriate.*
- *Responsible – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.*
- *Included – having help to overcome inequalities and being accepted as part of their family, school and community."*

Scottish Government (2022)

8. ERADICATING CHILD POVERTY

8.1 Practitioners across all services in East Renfrewshire have an important role in making sure that low-income families have access to the right support and advice to help improve their lives and those of their children.

8.2 According to national data, six family types are at higher risk of poverty; lone parent families, minority ethnic families, families with a disabled adult or child, families with a mother aged under 25, families with a child under one, and families with 3 or more children.

8.3 Through our relationships, we can make parents and carers aware of local supports and opportunities that may help them to overcome financial hardship, and make sure that their children do not miss out as a result.

8.4 Just some of the ways in which we can do this include:

- Encouraging uptake in Free School Meal and Clothing Grant entitlement;
- Ensuring young people and their families are aware if they are entitled to the Education Maintenance Allowance;
- Organising activities that can help families with the cost of living at particularly difficult times, for example through school uniform and toy recycling, and the Christmas Gift scheme;
- Understanding what local charitable organisations are offering for East Renfrewshire's most vulnerable;
- Encouraging participation in adult learning opportunities to develop employability skills;
- Raising awareness of local recruitment opportunities that offer fair, well-paid work;
- Increasing awareness and uptake of social security benefits;
- Signposting families to the Money Advice and Rights Team (MART) and Citizen's Advice Scotland; and,
- Through our relationships, our understanding of our community, and by making effective use of our local data, we should be able to identify the families that might need our support and advice.

9. TRAUMA INFORMED APPROACH TO SUPPORT AND INTERVENTION

9.1 Trauma informed practice considers the impact of trauma and makes appropriate adjustments to meet the needs of children, young people, and adults. The approach centres on relationships and aims to enable individuals to feel safe to engage with support and protection processes.

9.2 In line with the vision outlined by the National Trauma Transformation Programme (NES, 2024), East Renfrewshire Council is committed to the development of a trauma informed and responsive workforce which:

- Realises how common the experience of trauma and adversity is;
- Recognises the different ways that trauma can affect people;
- Responds by taking account of the ways that people can be affected by trauma to support recovery, and recognise and support resilience;
- Actively resists re-traumatisation; and,
- Recognises the central importance of relationships (https:/www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme).

9.3 When supporting children, young people, adults and colleagues, trauma informed practitioners give consideration to the following:

- Safety - what might individual service users need to feel physically and psychologically safe;
- Choice - where possible and appropriate service users have choice around where, when and how interventions, procedures etc. take place and who is involved;
- Collaboration - the experience of staff and service users is valued and informs service delivery;
- Trust - services explain what they are doing and why and ensure a shared understanding between staff and service users;
- Empowerment - service users are supported to make informed active decisions, they are listened to and the impact of trauma is acknowledged; and,
- Cultural background - services are able to move past cultural stereotypes and biases whilst ensuring they have an accurate understanding of the impact of previous experience on service users and respond appropriately.

(Working definition of trauma-informed practice - GOV.UK)

10. PARTICIPATION AND INVOLVEMENT

10.1 The Right Of The Child To Be Heard

Article 12 of the Convention on the Rights of the Child provides:

"1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

UNCRC

10.2 In line with The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 all children and young people have the right to participate and be involved in decision-making that will affect them. They have a right for their views to be sought and recorded, and for their voice to be heard. Appropriate ways should be identified to achieve this based on the child or young person's age and taking into account their capacity to understand and any additional support needs they may have.

10.3 Whilst the views children and young people are crucial factors in decision-making, they need to be set in the context of all available information and so are not necessarily determinative of decisions that may need to be taken by practitioners in line with their duty of care.

10.4 Parental Rights and Responsibilities

Parents have a responsibility to safeguard and promote the health, development and welfare of their children. In order to fulfil their responsibilities, they have the right:

- To have the child living with them or otherwise to regulate the child's residence;
- To control, direct or guide, in a manner appropriate to the stage of development of the child, the child's upbringing;
- If the child is not living with them, to maintain personal relations and direct contact with the child on a regular basis; and,
- To act as the child's legal representative.

Children (Scotland) Act 1995

10.5 There are a range of ways in which practitioners across services ensure the participation and involvement of children, young people and families and uphold their rights.

10.6 Education

In Education, revised single agency assessments and planning guidance places renewed emphasis on the views of children, young people and families being kept at the heart of decision making.

10.7 Child Wellbeing Plans (CWPs) are written in the first person to make them more accessible and to demonstrate that they belong to the child or young person. There are discrete sections for gathering the views of the child / young person and those of the parent / carer.However, the views of children, young people and families should inform all aspects of the plan, review process and be central partners alongside education staff and other agency practitioners. The CWP details agreed roles and responsibilities of all contributors.

10.8 The views of all children and young people should be gathered, irrespective of their age and verbal capacity or additional support needs. Practitioners can establish their views through structured observations, recording how they respond to different experiences, and by using multisensory approaches to explore their thoughts, feelings, interests and talents. This information should be included within the plan and can be written or captured using, for example, photographs, video clips or drawings.

10.9 It is the core business of all education establishments to seek feedback from children, young people and families and actively involve them in making decisions about ELC and School activities. Their participation and involvement is crucial to effective self-evaluation and continuous improvement. All establishments are expected to consider the wellbeing of children and young people in their community, and have access to effective tools to support this, for example through East Renfrewshire Schools' Be-Well Survey.

10.10 HSCP Children's Services

Practitioners within HSCP Children's Services use an interactive online tool called Viewpoint with individual children and young people to inform assessments, planning and review meetings. There are also regular events and activities to ensure wider participation, coproduction and effective self-evaluation with children, young people and families.

10.11 Practitioners use a variety of tools such as Three Houses, Wizards and Fairies etc. to help children express their views.

10.12 HSCP commission's advocacy for care experienced children, children involved in CP process and children with additional support needs. Advocacy is also available to all children who are referred to the Children's Hearing System (national contract).

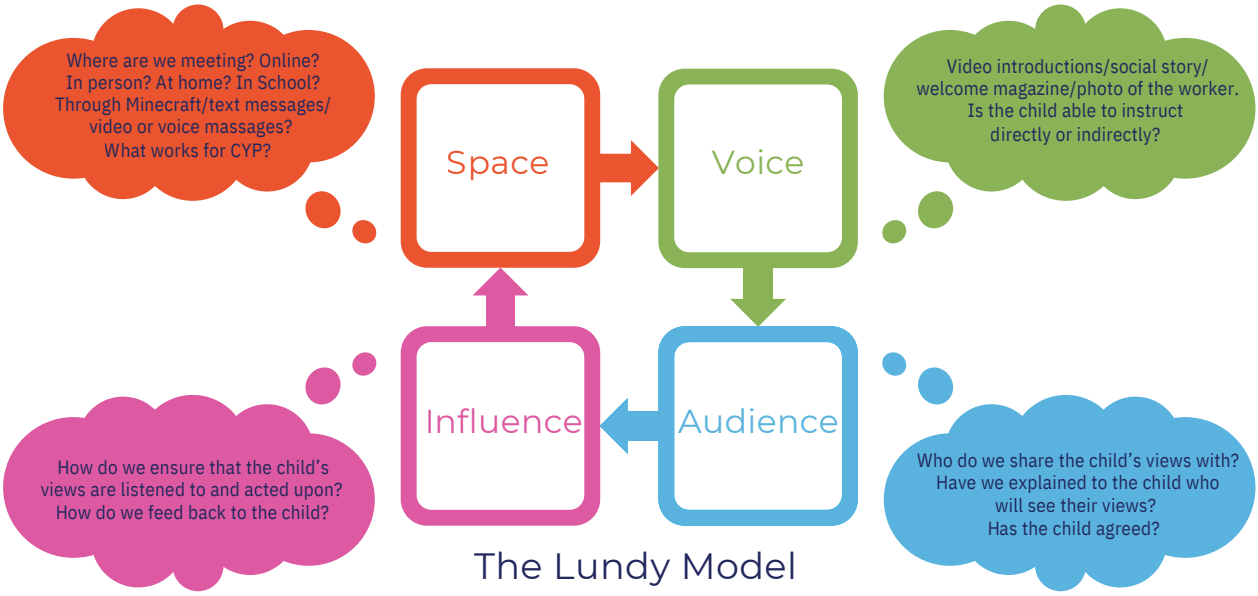
10.13 Specialist Children's Services

Specialist Children's Services use a range of methods and tools to ensure children are fully involved in their support and treatment and to gather their views on the care they have received. In Child and Adolescent Mental Health (CAMHS) for example, 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 person's goals for change;
- Strengths and Difficulties questionnaire; and,
- Asking what matters to children, young people and their families.

10.14 Principles of Effective Participation And Involvement Of Children And Young People

Practitioners should give serious consideration to how they are ensuring that children and young people are meaningfully involved in decisions that affect them. The Lundy Model of child participation offers a framework for practitioners to think about how they successfully achieve this:



My Rights, My Say (Enquire) – adapted from Lundy, L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal, 33(6), 927-942.

"There are barriers to successful participation that practitioners need to overcome, including:
• Barriers that are cumulative - the more barriers a child face, the further adults can inadvertently remove them from their rights
• "Complex needs" covers a wide range of intersecting barriers to communication and is not always a helpful term...
• Barriers to communication can come from factors other than non-verbality / developmental delays / physical needs
• Mental health, lack of faith in practitioners, anxiety, disassociation and frustration can be barriers as well
• The onus is on us as adults to break down those barriers - it is not on the child to facilitate participation – the barriers are ours, not the young child's"

My Rights My Say, 2024.

10.15 Once the views of children and young people are gathered, they should be analysed and considered using the SHANARRI indicators. The next step for practitioners is to consider how they implement an effective feedback loop, where children and young people can understand how their views have been taken into account, what decisions have been made as a result of these, and why.

For more information, see: *Golden Rules on gathering the views of children and young people from the CYP Commissioners Office*.

PART 3 - GIRFEC ASSESSMENT: GUIDANCE FOR PRACTITIONERS

11. GIRFEC ASSESSMENT

11.1 Prevention and early intervention are fundamental in the *Getting it right* approach. Children and young people should be given opportunities and experiences that enhance their wellbeing in a holistic way. When there are signs that a child or young person may need support in a particular area, practitioners should respond proportionately and as quickly as possible.

11.2 All children and young people will require support for their wellbeing at one time or another. Most of these needs will be met through universal supports that are available to all. However, for some, there may be concerns raised and factors within their life that require robust wellbeing assessment, at times resulting in the need for an individualised wellbeing plan and targeted or intensive support.

11.3 Several important elements underpin the GIRFEC assessment process:

- The Child or Young Person's Record;
- The Chronology;
- The Single Agency or Multi Agency Assessment; and,
- The Child or Young Person's Plan.

12. THE CHILD OR YOUNG PERSON'S RECORD

12.1 The child or young person's record details important personal and biographical data. This includes information such as their; name, date of birth, sex, ethnicity, religion, registered GP, dentist, educational establishment, and any other professionals involved in their life. It may also contain information about family members and support they are receiving if it is relevant to the well-being of the child or young person.

12.2 The record should be reviewed for accuracy and updated accordingly on a regular basis, particularly when a single agency, multi-agency assessment, or specialist assessment is required. The record should enable families to move with ease between one agency and another, allowing services to be accessed quickly, easily and with no duplication, in line with GDPR and consent protocols, and minimum data standard requirements.

13. THE CHRONOLOGY

13.1 The chronology is an important record of significant events and changes in a child or young person's life. The purpose of a chronology is to identify and record *positive* and *negative* patterns, changes or events that may impact significantly on them and/or their family. It should be historical, covering the entirety of their life, and be factually accurate indicating the source of the information.

13.2 Information recorded in a chronology should centre on key events in a child's life, and include dates and references to other people and agencies who were involved. A chronology must be kept within each agency and must be kept up to date, with the most recent event recorded last. The named person should ensure chronologies are updated within universal services.

13.3 All agencies have a responsibility to provide relevant information when chronologies are brought together for assessment and planning purposes. In accordance with guidance on information sharing and consent, a Lead Professional should bring this information together to complete a multi-agency chronology. A multi-agency chronology 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.

13.4 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 child/young person's multi-agency plan, each single agency will be required to keep their single agency chronology updated to inform the ongoing support to the child/young person and family. Updates to the single agency chronology should be shared for maintenance of the multi-agency chronology.

13.5 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.

13.6 In simple terms chronologies are a list, in date order, of all the significant events in the life of a child or young person. A chronology provides a clear summary of key events to allow for an overview and analysis.

13.7 We Use Chronologies Because They:

- Are extremely important in identifying critical events;
- Assist practitioners in decision making;
- Provide practitioners with a useful, holistic history of significant events;
- Demonstrate the effectiveness, or otherwise, of previous interventions, involvements and support;
- Can be a valuable tool to consider the immediate cumulative impact on the adult/child; and,
- Enable additional needs to be identified.

13.8 When A Chronology Must Be Opened:

- When all children or young person become known to universal services;
- At the point a social worker is allocated to an unborn baby or a child.

In addition, GIRFEC requires that a child or young person in need of a child's plan has a multi-agency chronology and/or a harm matrix.

13.9 What Are The Key Elements Of A Chronology?

Chronologies must identify:

- Significant events in the child or young person's life;
- The date of any significant events;
- The impact on the individual;
- The source of the information;
- Any action taken, including a note when there was no action; and,
- Statements of fact and verifiable reports.

Chronologies should not include opinions and long narrative reports on incidents that have occurred.

13.10 What Is A Significant Event?

A significant event is one that has a significant impact, positive or negative, on a child or young person's circumstances and welfare. Significant events need to be identified in a context, and the impact of an event needs to be highlighted.

13.11 Significant events can stand alone, or can include several incidents that, in isolation, may not constitute a significant event, but when taken together indicate a significant impact.

13.12 Events that may not seem significant to most may, depending on an individual's circumstances, be regarded as carrying more significance. The significance of an event can be exacerbated in more complex cases, if a child or young person has additional needs, or if vulnerability has increased as resilience is low.

14. ASSESSMENT

14.1 Assessment is a core function for professionals working within our integrated children's services. Services will have different types of assessment relating to the function of their agency and the different needs of the children and young people they work with. However, The National Practice Model must be evident in wellbeing assessment, and certain principles must be followed by all services to ensure the best possible outcomes.

14.2 GIRFEC Wellbeing Assessment is required when a genuine concern is raised by or communicated to a practitioner within any service. Concerns can come from any source, including children, young people, parents, families, community members and practitioners.

14.3 Principles of Assessment

In East Renfrewshire, the following principles of assessment apply:

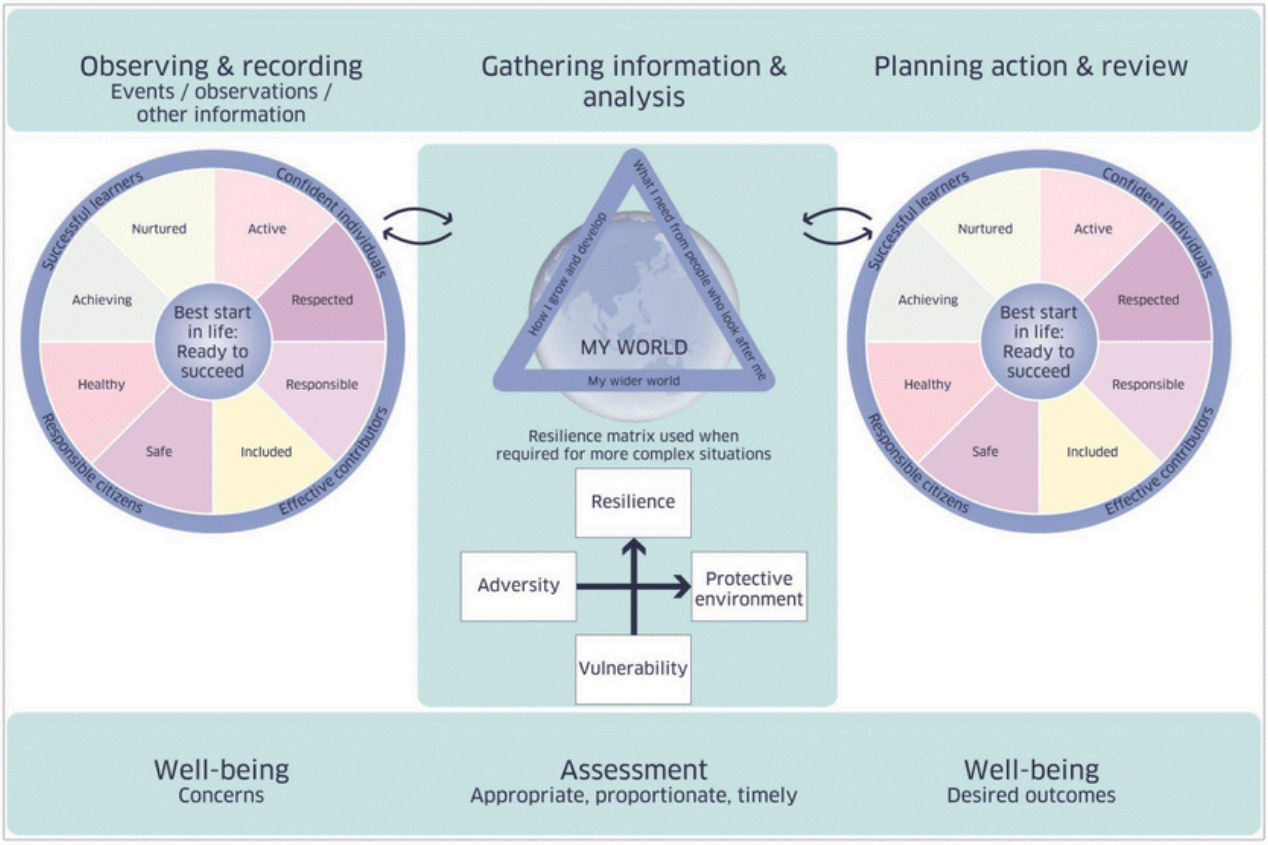
- The key purpose of assessment is to improve outcomes for children, young people and families;
- Assessment is an ongoing process, not a one-off event;
- Assessment is a dynamic process between all contributors and an equal partnership rather than a power dynamic;
- Everyone involved in assessment, including children, young people, parents/carers and practitioners understand the reason for assessment, and their role in gathering, structuring and analysing information; and,
- 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.

14.4 Assessment Qualities

A good quality assessment process will be:

- **Inclusive**: involving and empowering the child / young person and their parents/ carers, and supporting them to participate and take responsibility for their contribution to the assessment, as well as any necessary actions;
- **Solution-Focused**: supporting the child / young person, parents/carers and practitioners 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;
- **Developmental**: acquiring a good understanding of the child or young person's growth and development e.g. their journey with their family, their friends, their experience of different environments, and any additional support needs arising from developmental or neurodevelopmental differences that they may have (e.g. physical, sensory, social communication, learning differences etc.);
- **Relational**: exploring the relationships the child or young person has with and between family members, their relationships with their peers, and also the relationships they have with practitioners within the agency;
- **Interactional**: acknowledging that all factors, even those which can be considered within-child (e.g. anxiety, low mood, social communication differences) only become problematic as a result of the individuals' experience of their environment and their interactions through people, places and rules / expectations; and,
- **Targeted**: though holistic wellbeing assessment that is ecological and contextual, taking account of home, education and community factors, leading to clear targets and actions that minimise risks and maximise opportunities to improve the child or young person's wellbeing.

15. THE NATIONAL PRACTICE MODEL



Scottish Government Guidance on Using the National Practice Model

15.1 The National Practice Model provides practitioners in all services with the questions, considerations and tools they need to identify concerns, initiate an assessment, gather information, and plan to enhance children's wellbeing. The model can be used flexibly to meet the needs of all children and young people, and to guide assessments that routinely take place within our services.

15.2 Where a specific wellbeing concern or risk is identified, a single-agency or multi-agency assessment is necessary. The National Practice Model should always be used to guide these assessments. Assessment may result in targeted and on some occasions intensive support being provided for children, young people and families. This support may be provided by one or more agencies.

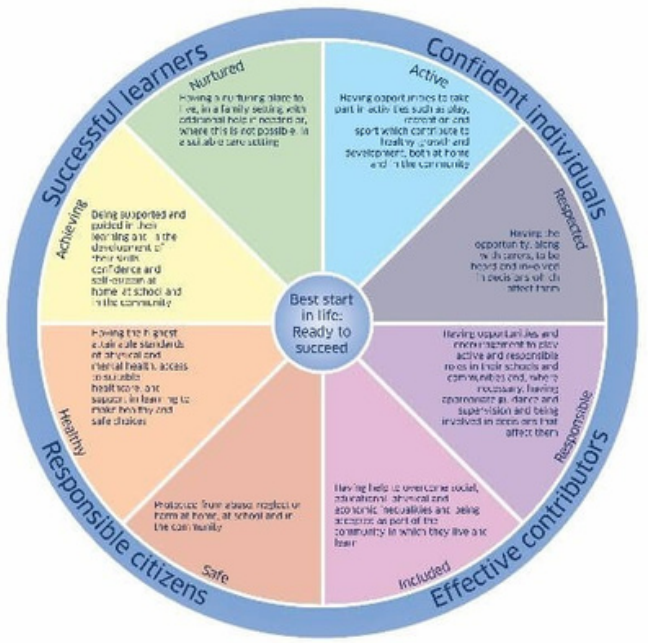
15.3 The Six Key Questions

The National Practice Model begins with us asking ourselves the following six questions when we have a concern about a child or young person:

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

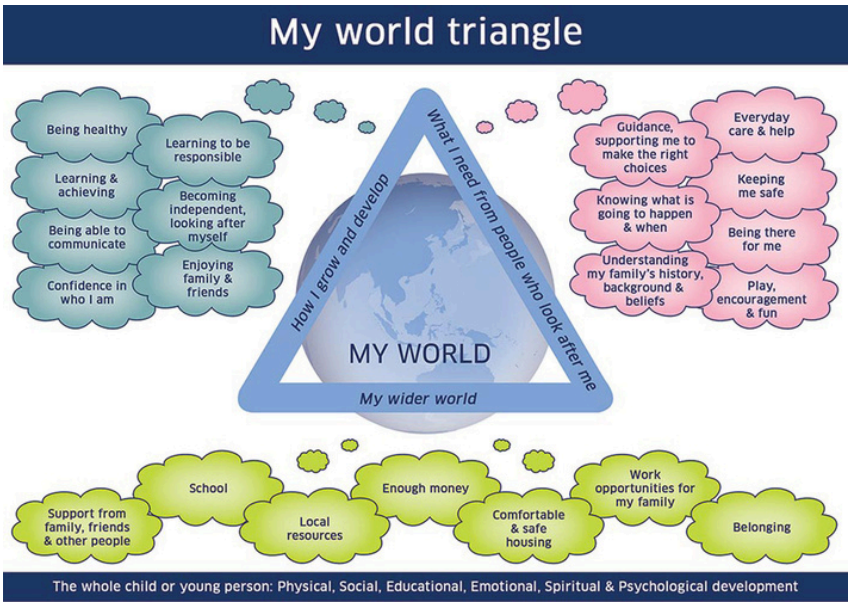
15.4 The Three Assessment Tools

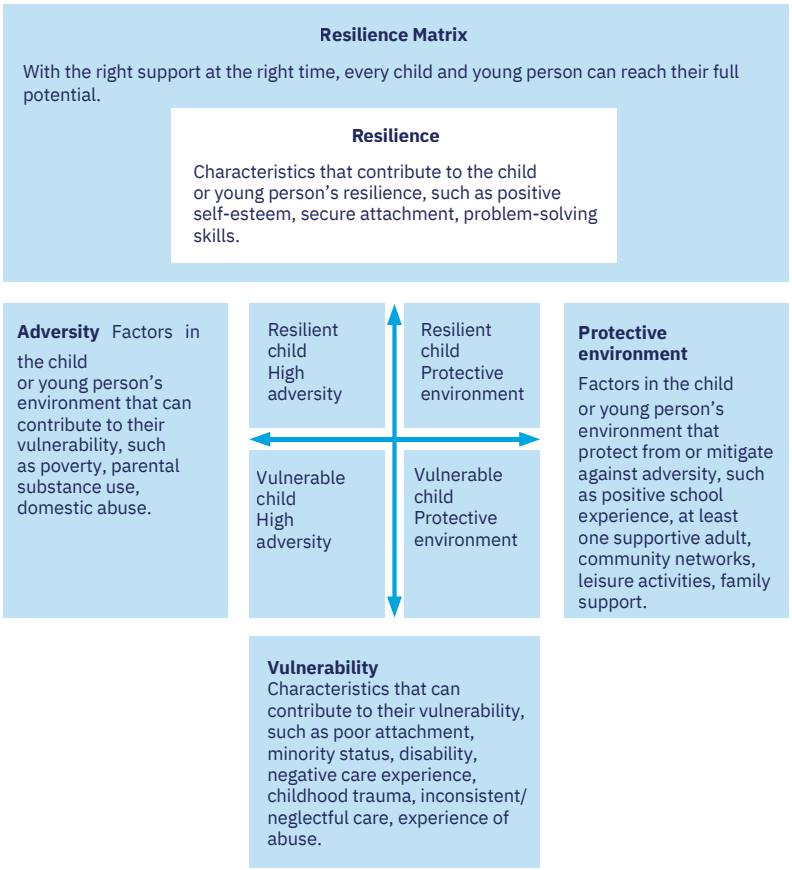
There are three components or tools in the National Practice Model that can be used throughout the process of assessment, planning, support and review:



THE WELLBEING WHEEL: Practitioners should use this in observations, assessment, the identification of concerns, the recording and sharing of information, and when requesting assistance from other agencies. It must be used throughout the planning and review stage, specifically when developing outcomes for children and young people.

THE MY WORLD TRIANGLE: Practitioners should use this to explore how a child or young person is growing and developing, what they need from the people who look after them, and the impact of their wider world, including their family, friends, and community. It helps to explore strengths, needs and risks, and how these might be interconnected.





THE RESILIENCE MATRIX: Practitioners should use this in more complex situations to analyse the risk and protective factors that are present in the lives of children and young people.

15.5 Once practitioners have considered these questions and made appropriate use of the three assessment tools, they will be in strong position to know what needs to be done to support a child or young person, enabling them to take the appropriate next steps to access the right support at the right time.

15.6 The National Practice Model encourages child-centred, rights-respecting, strengths-based practice, where inclusion of children, young people and families lies at the heart of the assessment process.

15.7 Where concerns that are more significant are identified, or where a statutory assessment is required, the National Practice Model will be supplemented by appropriate specialist assessments, for example where a Coordinated Support Plan is merited, or in circumstances of Child Protection, using Signs of Safety approach. More information can be found on the intranet here.

CHILD PROTECTION CONCERNS

IF YOU IDENTIFY CHILD PROTECTION CONCERNS, YOU MUST TAKE IMMEDIATE ACTION IN LINE WITH YOUR AGENCY CHILD PROTECTION PROCEDURES. THESE CONCERNS WILL NEED TO BE JOINTLY INVESTIGATED AND ASSESSED BY APPROPRIATELY TRAINED PRACTITIONERS BEFORE A DECISION IS MADE REGARDING NEXT STEPS. THE NATIONAL PRACTICE MODEL WILL BE USED IN THIS PROCESS, ALONGSIDE A SPECIALIST CHILD PROTECTION RISK ASSESSMENT.

16. KEY STAGES OF ASSESSMENT AND PLANNING

16.1 There are several stages involved in the GIRFEC Assessment and Planning process:

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

16.2 Each agency will have its own bespoke system and documentation for supporting practitioners through these stages, but the process of single agency and multi-agency assessment is consistent for all.

16.3 As children, young people and their families may present with differing levels of need, the type of assessment required will vary and may involve:

- Initial assessment of a wellbeing concern;
- Single Agency Assessment; and/or,
- Multi-Agency Assessment.

16.4 When A Wellbeing Concern Is Raised About A Child Or Young Person

All practitioners within universal services have a duty to identify wellbeing concerns and respond to these appropriately following East Renfrewshire's GIRFEC process. The Named Person is crucial in this, as they will often know the child or young person best, but there is a collective responsibility to ensure positive wellbeing outcomes are achieved for vulnerable children and young people, and everyone has a role to play.

16.5 Children, young people, families, community members and practitioners can all raise a wellbeing concern with a service. A concern can be an event, a series of events or attributes, which may affect the welfare, well-being, potential, or happiness of a child or young person.

16.6 If a concern is identified by a practitioner within a universal service, or a concern is brought to the attention of a universal service, the Named Person should lead the assessment of the concern using *The Wellbeing Wheel and the 6 Key Questions* as described above.

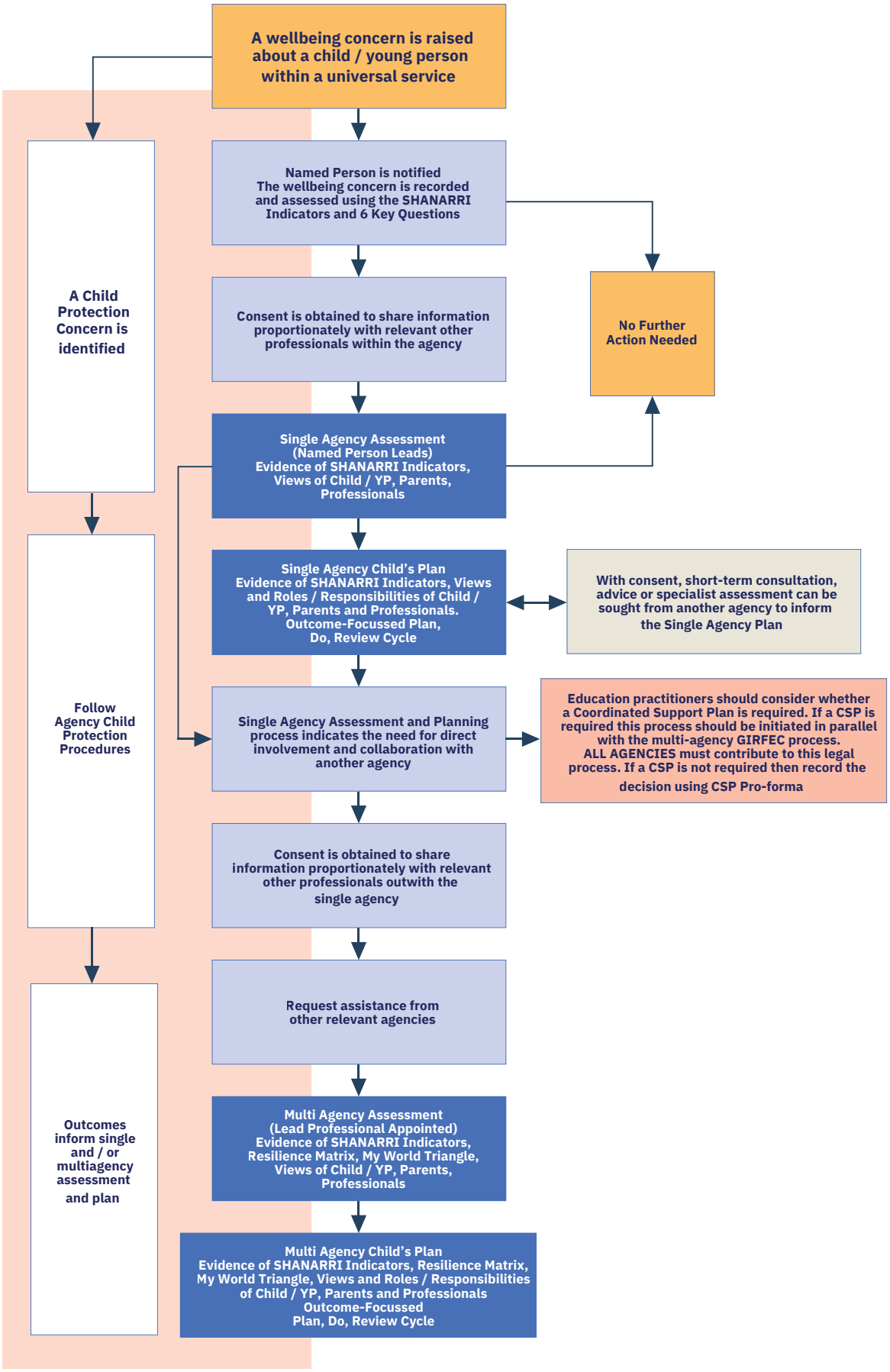
16.7 Agencies should ensure that there is evidence of the SHANARRI indicators and Key Questions having been used to assess the concern. The outcome of this preliminary assessment should be shared with the child or young person and their parents / carers unless there are child protection concerns that indicate such information sharing could exacerbate immediate risk.

16.8 The outcome of this initial assessment of a wellbeing concern may result in:

- No further action;
- Single Agency Assessment and Plan;
- Multi-Agency Assessment and Plan; or,
- Child Protection procedures being initiated.

16.9 When children and young people are identified as being at risk or in need of significant help for their wellbeing and development, the GIRFEC Assessment Process should be followed. The process, as outlined in the following flowchart, may not always be linear: services may need to initiate procedures in parallel to develop a robust multi-agency assessment and plan for intervention.

16.10 EAST RENFREWSHIRE GIRFEC ASSESSMENT PROCESS



17. SINGLE AGENCY ASSESSMENT

17.1 A Single Agency Assessment is initiated when a wellbeing concern is raised about a child or young person, and preliminary assessment of the concern using the key questions and wellbeing indicators highlights that there are factors putting their wellbeing at risk.

17.2 Each service has a responsibility to assess a child or young person's wellbeing from their own agency perspective, even if there are early indications that a multi-agency response is likely to be required. Services should use their own pro-forma and tools; however, all Single Agency Assessments must evidence use of the Six Key Questions and the Wellbeing Indicators from The National Practice Model.

All practitioners should inform the child, young person and parents / carers where there is a requirement to share information within agency and record their reasons for deciding to share information. They should seek their consent in line with information sharing and consent guidance.

17.3 **The Named Person** is responsible for leading the Single Agency Assessment and promoting the principles and qualities of assessment in East Renfrewshire. See Roles and Responsibilities of Practitioners for more information on the role of The Named Person.

17.4 In a Single Agency Assessment, the child or young person's strengths and needs must be assessed and recorded using the SHANARRI indicators from the Wellbeing Wheel. In most cases, written assessment and recording will be required only under those indicators that relate to the wellbeing concern(s) and relevant protective factors, not every indicator. In more complex cases, there may be a need to assess and record under all indicators.

17.5 The Single Agency Assessment should capture all relevant information and be guided by reference to the Resilience Matrix and My World Triangle. These tools encourage all agencies to consider the child or young person's needs and circumstances holistically, reducing the potential for the assessment to focus too narrowly on needs that can be met by a Single Agency's resources.

17.6 Through the Single Agency Assessment process, the Named Person will consult with relevant colleagues, the child or young person, and their family to address needs and identify existing or required supports from internal or external agencies. This process considers previous professional involvement, action plans, and the reasons for their success or failure.

17.7 The Single Agency Assessment should be current and align with the child or young person's age and stage of development. If the assessment indicates that other agencies should be or are already involved in proving support for the child or young person's wellbeing, the Named Person should consider whether a multi-agency assessment and plan is appropriate and liaise with relevant agencies to identify a Lead Professional.

17.8 In some instances, discrete specialist professional assessments may be required within or from other agencies. The Single Agency Assessment is best served by summarising outcomes and recommendations rather than capturing the full detail of a specialist assessment (for example neurodevelopmental assessment of Autism, ADHD, Dyslexia etc.)

17.9 The existence of a specialist assessment does not necessarily indicate the need for a single agency or multi-agency plan. Inclusive universal practices within agencies may mean that no targeted or intensive supports are required for the child or young person.

17.10 The Child's Record and Chronology should inform the Single Agency Assessment process and be updated as required through the assessment and planning process. If information needs to be shared with other staff or agencies, the Named Person will record that they are doing so and how they have established informed consent to do so.

More guidance is available in the INFORMATION SHARING AND CONSENT SECTION.

17.11 Outcome Of The Single Agency Assessment

When the single agency assessment is complete, the conclusion may be that:

- **No further action** is required, as the support that is needed is Universal and available to all;
- **That a Single Agency Child's Plan is required** (Child' Wellbeing Plan (CWP) in Education), as targeted or intensive individualised support is needed; or,
- **That a Multi-Agency Assessment and Child's Plan may be required**, as there is evidence that help and support may be needed from other agencies.

18. MULTI-AGENCY ASSESSMENT

18.1 Multi-agency assessment and planning is required in circumstances where more than one agency is involved to provide the right support at the right time for children and young people.

18.2 Multi-agency assessment enables practitioners to work across professional boundaries, develop a shared understanding of the child or young person and their family, and draw upon each professional's specialist knowledge, skill set and experience. This should lead to a clearer and more holistic picture of the child or young person's wellbeing strengths and support needs.

18.3 Effective multi-agency planning is underpinned by practitioners working in partnership with colleagues across agencies to produce coherent, holistic and complementary supports to promote the wellbeing potential of children and young people.

18.4 Multi-agency assessment and planning should evidence full use of the *National Practice Model*. The child/young person and their family will be partners in the process of assessing and identifying strengths and needs, and must be supported to participate fully and be kept informed throughout.

18.5 A key aim is for the child or young person to benefit from the one assessment and one plan approach.

18.6 A multi-agency assessment and plan must be actioned when any one of the following criteria is met:

1. There are indications at an early stage that a child or young person will require the involvement of two or more agencies;
2. After the completion of a single agency assessment it is evident the child or young person requires more specialist interventions and supports;
3. Concerns over the wellbeing of a child or young person continue after a review of single agency assessment, planning and support: the agency believes it cannot meet those wellbeing needs alone and requests for assistance from other agencies require to be actioned;
4. A multi-agency meeting such as the Joint Support Team (JST), Early Years Intervention Group (EYIG), Multi Agency Risk Assessment Conference (MARAC), Young People's Referral Group etc. highlight the need for a multi-agency assessment and planning;
5. Multi-agency assessment and planning is an identified need following a child protection investigation. (In most cases a child's multi-agency assessment and plan will be conducted using the National Practice Model to assess needs and risks, although a specialist child protection risk assessment may be used for this purpose.);
6. A Children's Panel report is requested; or,
7. A Coordinated Support Plan is required by virtue of the ASL Act.

18.7 A **Lead Professional** will be appointed from within the lead agency, holding responsibility for leading multi-agency assessment and planning, and promoting the principles and qualities of assessment in East Renfrewshire. See Roles and Responsibilities of Practitioners for more information on the role of The Lead Professional.

18.8 The Lead Professional should inform the child, young person and parents / carers where there is a requirement to share information with other agencies and record their reasons for deciding to share information. The Lead Professional should seek their consent in line with information sharing and consent guidance. The Lead Professional will notify the other key agencies and coordinate the collection of information to be included within the assessment and production of the child or young person's plan.

18.9 The Lead Professional will complete and monitor the multi-agency chronology of significant events.

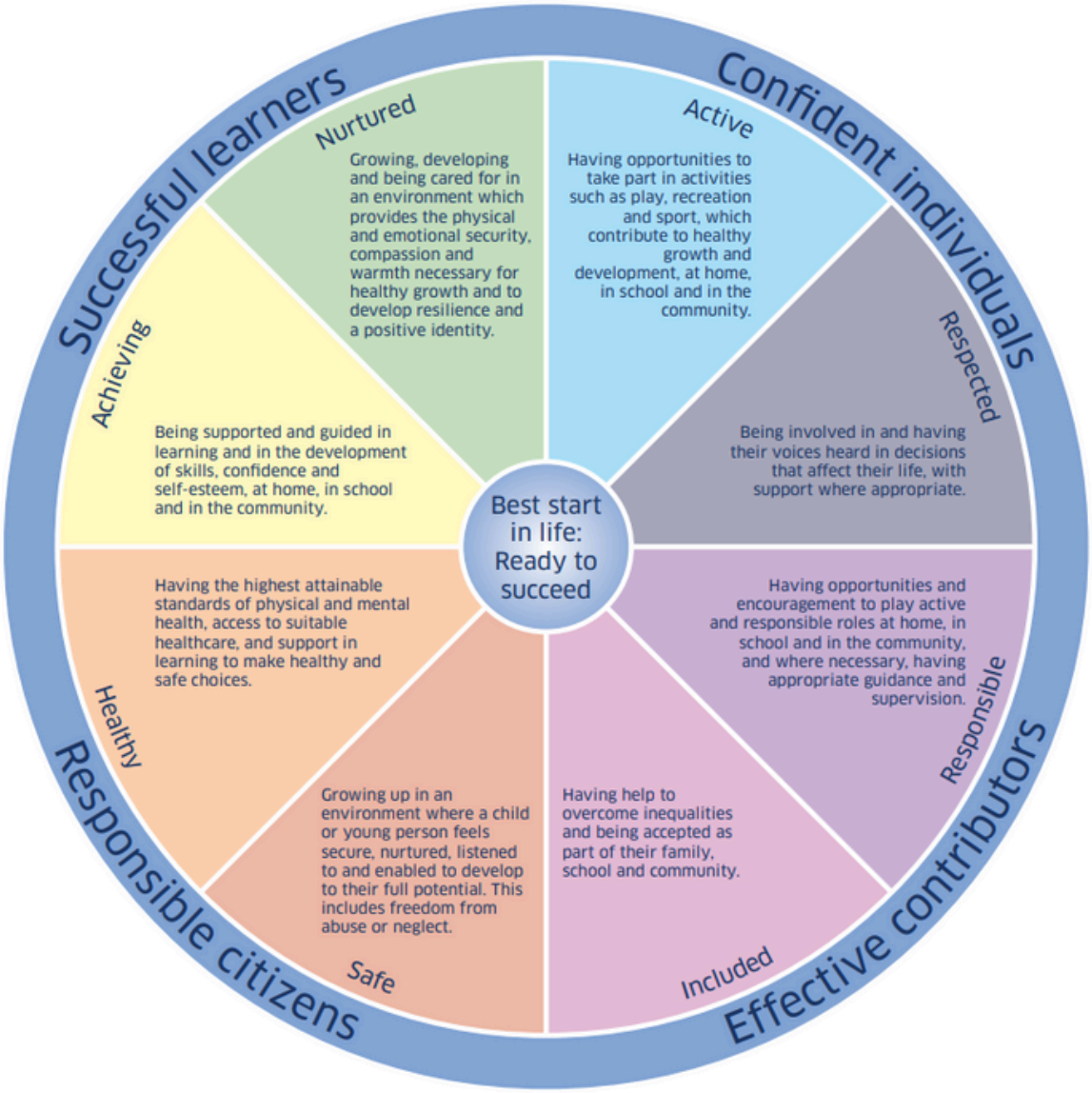
18.10 The Lead Professional will share the completed assessment and plan with the multi-agency team as appropriate, and this should be subject to an effective plan, do and review cycle in line with the needs and progress of the case, with a minimum standard of every six months being advised. If there is no time to convene a multi-agency meeting (e.g. where the child or young person requires immediate support and service provision, or a report has been requested at short notice by the Children's Reporter), the assessment and plan will be shared with the child or young person and their family, and other agency contributors, to seek agreement on its contents.

18.11 Key Steps In Completing a Multi-Agency Assessment and Plan:

1. Appoint a lead agency and, from that agency, a lead professional;
2. Explain the multi-agency process and purpose to the child or young person and their parent/carer, obtaining consent from all as appropriate and in line with information sharing and consent guidance;
3. Identify the relevant agencies and professionals for involvement, ensuring everyone is aware of relevant timescales;
4. Gather and analyse information, including existing records and risk factors, using The Three Assessment Tools from the National Practice Model, alongside Signs of Safety® and National Risk Framework Tools as applicable;
5. Summarise findings and discuss with the child or young person and their family;
6. Convene a meeting to finalise and approve the child or young person's plan; and,
7. Assign responsibilities to a lead professional to implement and review the plan within six months.

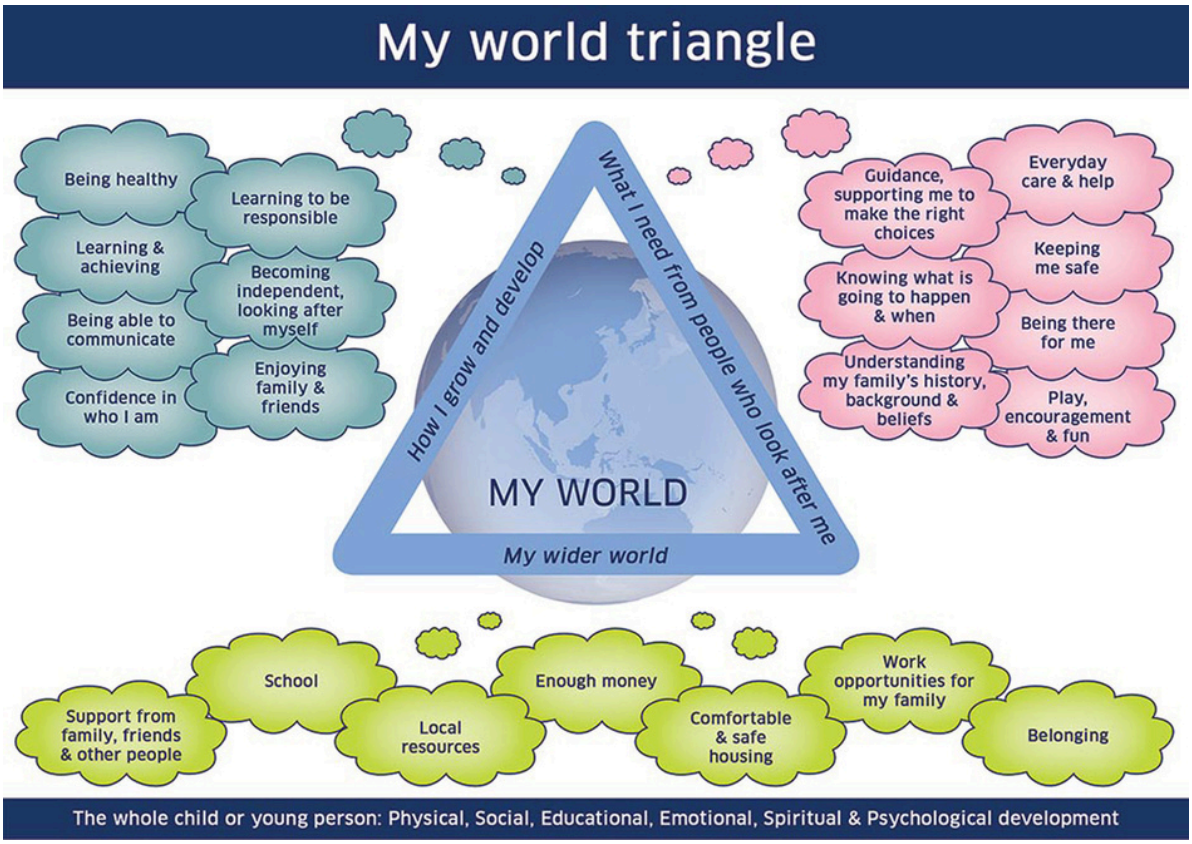
18.12 Multi Agency Assessment and Planning Using the National Practice Model

The Wellbeing Wheel



18.13 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.

18.14 The My World Triangle



18.15 The ***My World Triangle*** supports effective assessment as it encourages practitioners to consider the child or young person's world holistically. Practitioners can then assess how these factors may be interacting to the benefit or detriment of the child or young person's wellbeing.

18.16 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 around these areas should be proportionate and relevant to the issues at hand.

18.17 Assessment should capture information that is directly 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 it is needed.

18.18 Using the *My World Triangle* allows practitioners to consider 3 key areas systematically:

1. Is the child or young person growing and developing in line with their full potential?
2. What does the child need from the people who look after them?
3. What is happening in their wider world that may impact on their wellbeing?

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 chid'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?

My wider world

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 oportunities for my family

Are there local opportunties 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.

18.19 Understanding How Wider World Factors Interact And Have Impact

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

- Who is the child or young person? What are their strengths, needs, talents, and vulnerabilities?
- Have they got positive relationships with those who looks after them that promote their development and wellbeing and help them to reach their potential?
- What factors are protective and might positively impact on their wellbeing and development?
- What factors present risk or pressure and might negatively impact on their wellbeing and development?
- What strengths and pressures are present in every part of the child's world?
- Are there factors impacting on the capacity of those who look after them that require agency intervention and or support?

18.20 Resilience and the Resilience Matrix

18.21 What is Resilience?

Resilience is fundamental to the wellbeing of children and young people. All children and young people will experience challenge and adversity throughout their life. Their resilience is their capacity to overcome or get through periods of adversity without being seriously impacted by long-term negative consequences.

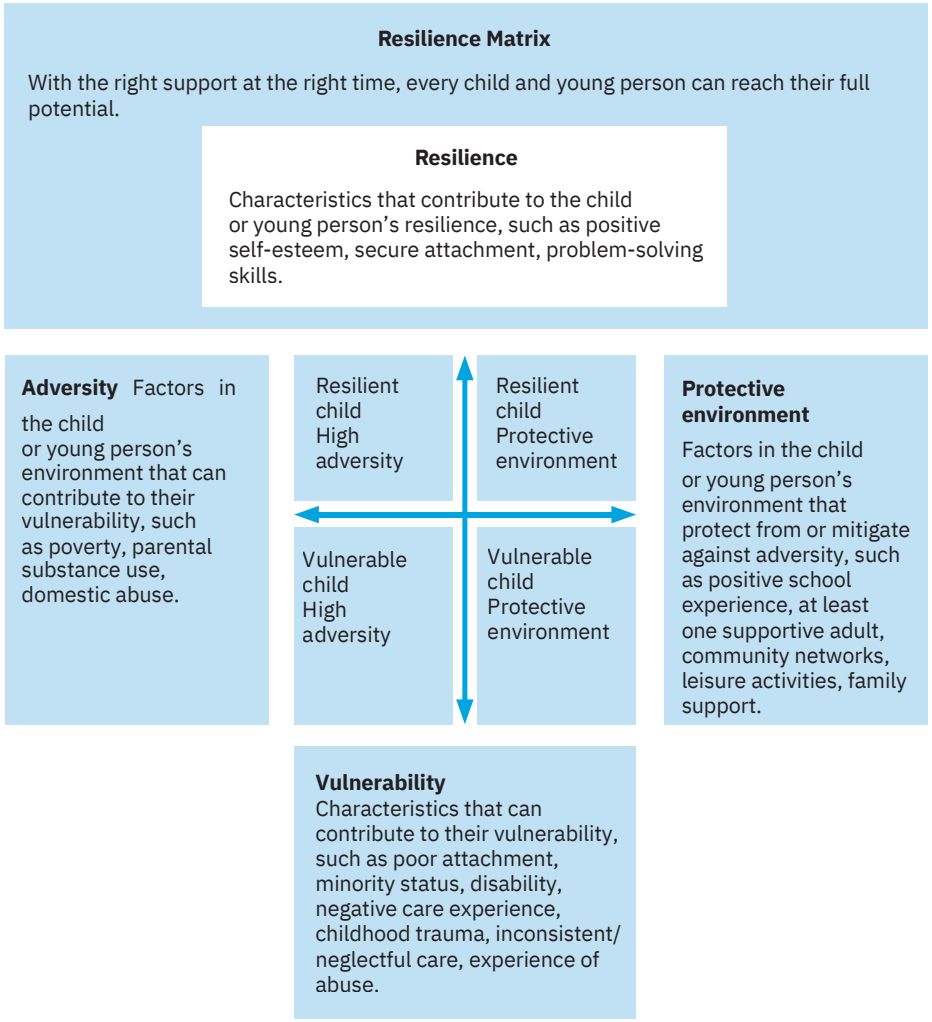
18.22 Assessing Risk

As the impact of life's challenges and adverse childhood experiences are not absolutely determinative, resilience can be tricky to assess. It is highly individualised, so practitioners need to consider and balance a range of factors and characteristics when assessing the presence or absence of resilience and how this is likely to be influenced over the short, medium and long term.

18.23 The Resilience Matrix

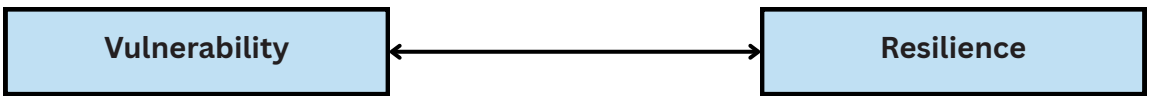
Practitioners can use the *Resilience Matrix* tool (see below) to make sense of the strengths and pressures from the *My World Triangle* along with any specialist assessments that have been carried out, and to group that information within the four headings of resilience, vulnerability, protective factors and adversity.

18.24 A strengths based approach is fundamental to *Getting It Right For Every Child and Young Person*, and consistent with the Signs of Safety model. Therefore, practitioners should draw on what the family, community and universal services can offer to promote resilience, whilst acknowledging adversity and points of vulnerability and planning support from appropriate sources to address these.

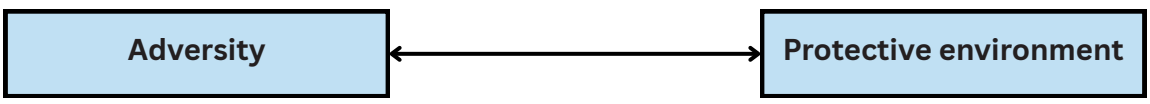


Resilience/Vulnerability Matrix is taken from *The Child's World: Assessing Children in Need, Training and Development Pack* (Department of Health, NSPCC and University of Sheffield (2000)

18.25 As they are not constant states, it can be helpful to view Resilience and Vulnerability at opposite ends of a continuum (See below). An individual will move between these points through life as they experience risk and protective factors. The presence or absence of these factors can help to explain why one child or young person may cope better with similar adverse life events than another, or why they might cope better or worse at different points in their life.



18.26 The second consideration within the resilience matrix is whether the child or young persons' environment carries with it adversity or offers protection. Practitioners therefore need to assess the likely impact on resilience of factors that have been established through a robust *My World Triangle* assessment, particularly focussing on family, school and community experiences.



18.27 The Resilience Matrix is a helpful assessment framework that will assist in practitioner assessment of risk, and where to target support effectively to promote a child or young person's resilience.

18.28 Resilience is a complex issue and nothing can be taken for granted when assessing how resilient a child or young person is (Daniel and Wassell, 2002). Some children and young people may appear on the surface to be coping well with adversity but may still be struggling. Assessment must be ongoing where risks are present.

18.29 Assessing and Promoting Resilience in Vulnerable Children (Daniel and Wassel, 2002)[1] can provide more information for practitioners and is available through the East Renfrewshire Council Intranet.

18.30 Applying the knowledge – The resilience matrix for analysing information

Resilience tends to develop through incremental exposure to adversity and risk. As a result it can be difficult for practitioners to determine whether factors present in a child or young persons' life are risk factors or protective factors. Sometimes they can be both, and it is about the cumulative effects of what is happening to an individual in that moment in time.

18.31 Practitioners must use professional judgement to interpret complex information, weigh competing influences, and determine which factors are most important. Considering interactions between factors can help assess whether impacts are positive or negative. Staff assessing risk should regularly consult their supervisor to ensure accurate analysis.

18.32 Practitioners across all agencies should be offered regular supervision to reflect on assessment and analysis of risk, associated planning and decision making.

18.33 Once these judgements have been made, practitioners will be better placed to analyse the case and decide on actions that will help strengthen the protective factors that will promote resilience in the child or young person, and those which will minimise the impact of adversity by addressing their vulnerabilities.

18.34 This analysis should form the basis for discussion with the child or young person, their family and other relevant practitioners, and inform the detail of the Multi Agency Plan. This will include what needs to be done and who is going to do it. Agreed actions should form the basis of a wellbeing focussed child or young person's plan, with smart outcomes organised under the wellbeing indicators.

18.35 Reviewing progress is an essential part of the assessment and planning process and it will be necessary to revisit the Resilience Matrix in some cases.

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

19. PRINCIPLES OF WRITING A SINGLE or MULTI-AGENCY CHILD/YOUNG PERSON'S PLAN

19.1 The Child / Young Person's Plan

Where a Child / Young Person's Plan is developed, SMART outcomes should be clear and written in the first person for the child or young person to understand. SMART outcomes are defined as:

- Specific
- Measurable
- Achievable
- Realistic
- Time-Bound

19.2 For all plans, outcomes must be detailed under the relevant SHANNARI indicators, and there should be clear links to the detail of the single or multi-agency assessment. The core record, assessment and plan should form one document alongside the chronology. Individual agencies are responsible for making their own templates.

19.3 Plans should clearly capture the views of the child or young person, the parents and all professionals involved in the plan's delivery. Children and Young People should be directly involved, considering age and capacity, in the plan, and review process.

19.4 Actions should be clear and concise and illustrate the targeted or intensive nature of the support needed and who is directly responsible for providing it. Clear timelines for implementation, evaluation and review should be captured, with a minimum standard of every six months being advised. Plans should be formatted in ways that are child or young person friendly, as the plan belongs to them.

19.5 A Child or Young Person requires a plan:

- If they are highlighted as having a wellbeing need as assessed by the wellbeing indicators; and/or,
- To identify what support is necessary to meet the identified need.

19.6 The Purpose of the Child's Plan Meeting

The Child's Plan Meeting aims to streamline and simplify planning processes, reduce duplication and provide clarity for children, families and practitioners. It focuses on efficient use of resources, reducing anxiety, supporting better decision making, and improving outcomes for children and young people.

19.7 Plans should be strength-based and focussed on the desired outcomes for the child/young person. They should be specific to each wellbeing indicator, the difficulties identified in the assessment and relate to the child or young person's individual circumstances. Outcomes and the stated impact because of help received should have an associated time frame. Outcomes should be written in the first person.

19.8 The child's multi-agency plan will consider the range of services and professionals involved. For children with complex needs, the plan will detail each partner's role, while simpler cases may involve just one service or enhanced universal provision. A statutory plan is required if needs cannot be fully met without targeted intervention (i.e. beyond that which is generally available). The plan streamlines co-ordination across services to meet the child's specific needs.

19.9 The child's multi-agency plan 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. The child's multi-agency plan is a tool to support and streamline planning for children, who require support from multiple services, to ensure this is coordinated to meet the specific needs and circumstances of individual children.

19.10 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 the 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'.

19.11 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.

19.12 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.

19.13 The Child's Plan Meeting should not be confused with the routine face to face discussions that take place between individual professionals and families.

19.14 The child and their family should attend the Child's Plan Meeting. They should be supported to prepare for and contribute to the Child's Plan.

19.15 The Lead Professional and Named Person or Named Pastoral Support 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. The plan should be reviewed every 6 months.

19.16 Monitoring and Reviewing the Child's Plan

The Lead professional oversees the plan's progress and ensures regular reviews, ideally every six months. Reviews determine if the plan is still needed, needs adjustment, or requires changes based on improvement circumstances or increased concerns.

19.17 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 as they become aware of it, or their own agency's arrangements that may impact on the child's multi-agency plan. It may be necessary to review the original plan considering new information.

20. ROLES AND RESPONSIBILITIES OF PRACTITIONERS

20.1 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, communities and universal services. However, at various times in their childhood and adolescence, children and young people may need some extra help, and this could be provided by universal and targeted 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* or *Named Pastoral Support Person*. (The Named Person or Named Pastoral Support Person's interface with the Lead Professional is detailed further on in this section.)

20.2 The Named Person at each stage of childhood

A Named Person will be available to all children and children and young people across Scotland from birth to 18 years or beyond if still in school.

20.3 Access to a named person is part of the GIRFEC approach to promote support and safeguard the wellbeing of children and young people. The named person will normally be a health visitor (or Family Nurse Practitioner (FNP) for preschool children and promoted teacher e.g. guidance teacher or headmaster for a school age child.

Age/Stage	Named Person	Service Type	Agency
Pre-Birth to Day 10	Named Midwife (Check with health)	Universal Service	NHSGGC
From Birth to School Entry	Health Visitor Family Nurse Practitioner (0-2 years)	Universal Service	ER HSCP
Primary School Years	School to nominate promoted member of staff: Head Teacher, Depute Head or Principal Teacher	Universal Service	ERC Education
High School Years	Principal Teacher Pastoral Support	Universal Service	ERC Education
School Leaver Until 18 Years Old	Registered Secondary School / Education Services	Universal Service	ERC Education
Home Educated Children and Young People	Registered School / Education Services	Universal Service	ERC Education
School Aged Travelling Children	Registered School / Education Services	Universal Service	ERC Education

20.4 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 to ensure the child's needs can be addressed in a coordinated way.

20.5 The Role Of The Named Person – Duties And Responsibilities

- First point of contact for the child/young person, 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/young person's record, the Chronology, and The Child or Young Person's Plan 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;

- 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/young person 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/young person and their family;
- Ensure that the views of children/young people and families are sought at every stage;
- Ensure that children/young people and families are fully involved in decisions that affect them;
- When sharing information with others ensure the child/young person and family understand why this is happening and record the decision to do so; and,
- Facilitate positive transitions for the child/young person to the new Named Person.

20.6 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 will work collaboratively with the unborn child's prospective health visitor to ensure timely access to support where needs are identified. The midwife will carry out their normal duties and also work in partnership with the parents to develop their capacity to support the unborn/new-born infant's wellbeing. They will use the wellbeing indicators to record their observations as necessary and access additional support if required.

20.7 The Health Visitor as Named Person

From birth until the point the child attends primary school an identified health visitor will provide the role of Named Person to promote support and safeguard the child's wellbeing. 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, assess the child's needs using the universal health assessment.

20.8 Because of the assessment, they will allocate one of two categories of the Health Plan Indicator (HPI) "Core" or "Additional" dependent on whether universal support is sufficient or additional input is required to meet the needs of the child and their family. If a child is categorised as "Core" they will be offered support as per the Universal Health Visiting Pathway (Scotland) which is offered to all families by Health Visitors as a minimum standard. 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 the child requires additional support to address identified needs.

20.9 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.

20.10 Where a child's entry to education is delayed or deferred, the health visitor remains as the Named Person.

20.11 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.

20.12 In high schools the role will be undertaken by a Principal Teacher of Pastoral Support. The Named Person will ensure the child/young person's wellbeing is assessed and monitored regularly in line with the staged intervention process (STINT).

20.13 The Named Person Post School

The young persons registered school will provide this role post school, and the expectation is that this will mainly focus on ensuring young people reach positive destinations through training or employment and signposting young people to the most appropriate sources of support and help.

20.14 Other Circumstances

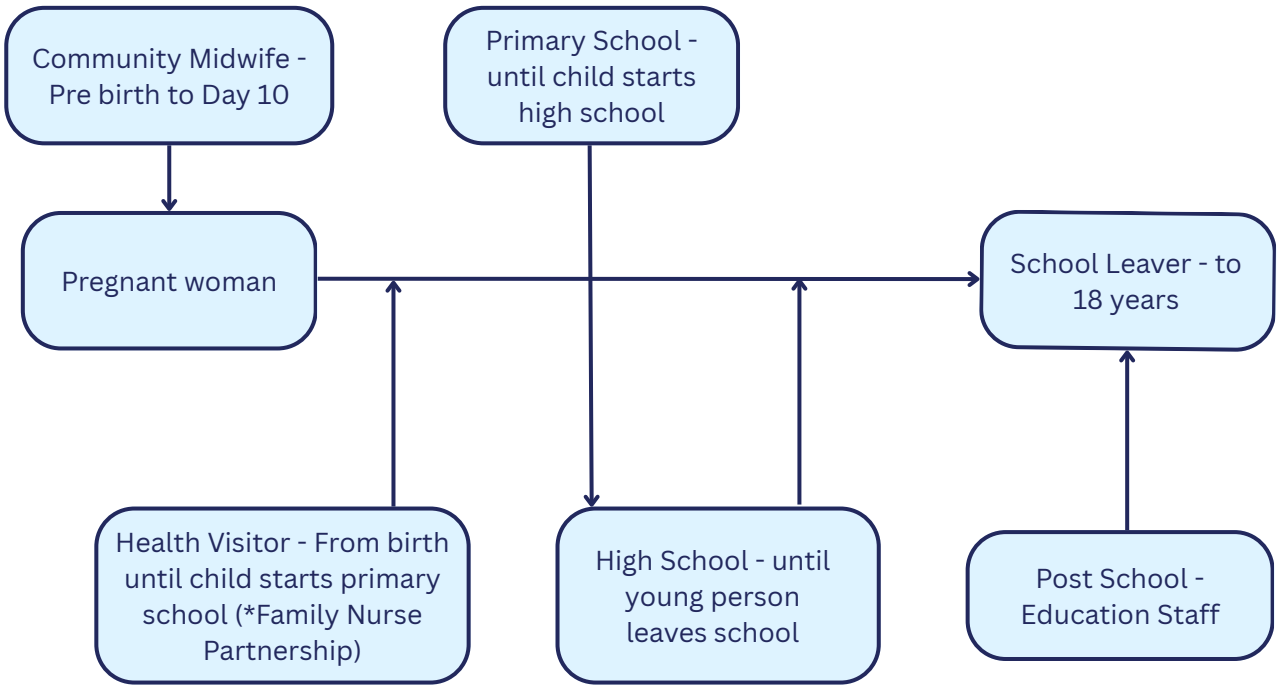
Home Educated Children – if the child or young person was enrolled at a school prior to being home educated, the school will continue to provide a Named Person service and will be the point of contact for future parental enquiries, including proposed return to local authority education. If the child/young person was not enrolled, Education can still provide a Named Person service, but this relies on the parent or health notifying Education of the desire to receive this service.

20.15 For traveller/Roma children, Health will provide the Named Person service for pre-five children. For children over five, Education will provide the named person service for those enrolled at school, and for those who are not where the parent or health has notified Education of the desire to receive this service. The Named Person will notify other regional partners to assume responsibility for the Named Person service where it is known that a child or young person has moved out-with East Renfrewshire.

20.16 Independent sector – the independent school should provide the Named Person service.

20.17 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.



20.18 Identifying The Most Appropriate Lead Professional

Selection of the lead professional is influenced by:

- The kind of help which the child/young person or family needs;
- Previous contact and relationship with the child or young person;
- Any statutory responsibility to co-ordinate work with the child/young person or family e.g. involvement with children's hearing; requires a coordinated support plan; and,
- In some cases, to make sure the child/young person and family get the best possible help, because the child/young person has identifiable complex needs, or there is a statutory obligation defined in law towards a child/young person, the lead professional will need to come from a particular agency.

Examples where statutory requirements need to be accounted for are:

- Where a child or child / young person requires a Coordinated Support Plan (CSP) under the Additional Support for Learning (Education) (Scotland) Act, rev. 2009, and or;
- A child/young person is currently *looked after* which includes the child/young person being subject to a requirement from a children's hearing or where a child/young person is voluntarily looked after and accommodated.

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

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

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

20.22 Appointment of Lead Professional and Agency

Needs/Circumstances of Child/Young Person	Lead Professional and Agency
Child/young person is formally looked after at home or away from home	Social Worker (HSCP)
Child/young person is subject to a report requested by the Children's Reporter	Social Worker (HSCP)
Child/young person is working on a voluntary basis with HSCP Children and Families	Social Worker (HSCP)
Child/young person is subject to child protection investigation, registration, or general activity	Social Worker (HSCP)
Child/young person will be subject to an assessment leading to a coordinated support plan, or already has a coordinated support plan	Education Services
Where a child / young person meets the criteria for a coordinated support plan and there are significant concerns around their home circumstances / environment being a risk to their wellbeing.	Social Work (HSCP) (With Education leading on the CSP)
Child/young person has complex health needs	Specialist Health Services

20.23 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 formally 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.

20.24 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.

20.25 The Key Responsibilities of the Lead Professional

- Using the National Practice Model, the Lead Professional will coordinate the multi-agency assessment and lead on the construction of the child/young person's multi-agency plan;
- 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/young person 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/young person'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/young person;
- Following the review, seek agreement on any changes required to the plan;
- The lead professional will be the key contact for the child/young person and family for the purpose of discussing the content of the assessment and plan;
- Support the child/young person 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; and,
- Provide confident leadership and be familiar with the remits of different agencies.

20.26 The Role Of Contributors

The Practice Model and 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/young person's life. Relevant information is based on evidence and fact such as personal observation, awareness and experience rather than subjective opinion gained from others.

21. INFORMATION SHARING AND CONSENT

Within East Renfrewshire we work with a number of partners including East Renfrewshire Council's HSCP, Education, Housing, Police Scotland, Fire and Rescue Service, Scottish Children's Reporter Administration and the Voluntary Sector. Whilst all of our partners have different functions and responsibilities, we need to share information between and among ourselves at different times.

21.1 Practitioners should share information proportionately, and informed consent should be obtained and recorded from the child / young person and or parent to share information with relevant others. This includes sharing within the agency (e.g. in education, this could be consent to refer to the Joint Support Team) and with external services and agencies.

21.2 The child/young person's right to privacy is central to any decisions that are made about them. Where the child/young person is able to consent, they should be asked to do so before any information is shared about them. If the child/young person is unable to consent then the parents should be asked to do so on their behalf.

21.3 The sharing of information without consent should take place only where clearly justified in the circumstances of an individual case, and not as a matter of routine. Information should be shared without consent where there are concerns that a child/young person is at risk of future harm, abuse or threat to life. If there is considered to be an imminent danger, child protection procedures should be instigated. Consent should only be sought where an individual has real choice over the matter.

21.4 Who can consent to the sharing of personal information?

a) Children are presumed from the age of twelve to understand what it means to give consent to the processing or sharing of their personal information. Children under the age of 12 may be deemed to have that capacity depending on their level of understanding and level of maturity.

b) Children/young people 12 - 15 years are presumed to have a sufficient level of understanding of the nature of consent and its consequences. Staff should be clear that they believe the child/young person has the capacity to consent, and they should not be treated as unable to make a decision until all practicable steps to help them have been taken. When assessing a child/young person's understanding, staff should explain the issues using the child/young person's preferred mode of communication, and use language in a way that is suitable to the child's age and stage of development. If staff are unsure whether the child/young person has the capacity to consent, then they should consult their manager or another professional adviser. The child/young person's parent or carer, another professional working with them, or an advocate may be able to provide relevant information or advice. If the child/young person does not have the capacity to consent then consent should be sought from the parent or person with legal authority to act on behalf of the child/young person.

c) Parental rights and responsibilities largely cease when the child/young person is age 16. The exception to this is a parent's responsibility to continue to provide guidance to their child/young person from age 16-18. So practitioners should seek to keep parents/guardians involved in issues affecting their children/young people, but only to the extent that this is compatible with the rights and autonomous choices of the child/young person.

d) If we disclose any information about a child/young person, who has the requisite mental capacity, to their parent or guardian without that child/young person's consent, we require to justify this in the same way as any other disclosure of information without consent.

e) For children/young people over the age of 16, we should seek consent from the individual themselves, in line with the rights of other adults.

f) In circumstances where there may be a question about the capacity of a child/young person over the age of 16 to give consent to sharing personal information, we should consider their understanding of the issues. If we believe that the person is not able to do this, we should make reference to other relevant persons and the context around the need to share the information.

21.5 To comply with GDPR, consent for sharing personal information must be fully informed, with individuals understanding who will hold their data, the purpose of sharing, and their right to withdraw consent. The Named Person must ensure that the person giving consent has been fully informed, and that the seven key principles of data sharing are observed:

1. Lawfulness, fairness and transparency;
2. Purpose limitation;
3. Data minimisation;
4. Accuracy;
5. Storage limitation;
6. Integrity and confidentiality (security); and,
7. Accountability.

21.6 Consent should be recorded in written form, however in exceptional circumstances verbal permission to share is acceptable. However, we should follow this up by obtaining written consent or, if this is not possible, we should advise the individual in writing that their verbal consent has been recorded as given. We should record in the individual's case notes:

- What information is being shared;
- With whom the information is being shared; and,
- That consent has been given.

21.7 In some cases, the individual may refuse to give consent. If a child/young person withholds consent against parental agreement, then the wishes of the child/young person should be considered as paramount, in so far as this does not adversely affect the care of the child/young person or place the child/young person in any danger.

21.8 If an individual refuses to give their consent to their information or that of their child/young person being shared, we must explain the consequences of our not sharing information to them or their carer. The professional should explain that the person may have to provide the same information to several professionals and delays in service may occur as a result. For example a service from Social Services cannot be provided, on request from a health practitioner unless information is shared between the two agencies so that social work staff understand the person's needs and how to meet these.

21.9 Equally, we need to record a decision not to share information with other agencies if permission to share is refused. The practitioner needs to discuss this decision with their line manager and have it endorsed. It is important that the basis for not sharing is recorded and noted in the case notes and the service user is informed of the decision.

21.10 NOTE: Irrespective of any refusal of consent, if there are concerns that a child/young person is suffering significant harm or will do so in the future, then immediate action should be taken and child protection procedures should be instigated.

21.11 If a service user/parent/carer withdraws consent, the practitioner needs to fully explain the consequences of this action, advise their line manager, and record the decision in the case notes. The practitioner should advise the agency receiving the information that consent has been withdrawn and that they should cease processing and sharing the information from that point onwards.

21.12 If the perceived risk to a child/young person has not reached child protection levels, but there are concerns surrounding the child/young person's wellbeing and risk of harm, any practitioner making a considered assessment on sharing information about such a child/young person without their consent should take into account:

- Is the child/young person at risk of harm?
- Would sharing the information protect the child/young person from harm?
- Would the risk of harm to the child/young person be increased by not sharing the information?
- Is the sharing of information necessary and proportionate?

21.13 It is vitally important in such circumstances, that staff record why the decision was made, what information is being shared, with whom and who was involved in the decision. This should include notification to the receiving partner of the decision to share information without consent.

- Where sharing information is necessary in order to prevent serious crime or other seriously improper conduct and/or to support the detection, investigation and/or punishment of serious crime;
- Where sharing information is necessary in order to comply with an instruction or order issued by a court; and,
- Where sharing information is necessary to comply with a statutory requirement e.g. where the information is required by a Children's Reporter as part of their investigation of a child/young person referred to them.

In all such cases, the decision making process should be recorded and retained.

21.14 More information on consent and information sharing can be found through the Information Commissioner's Office, through our local information sharing and consent guidance, and through our Getting it Right for Every Child Information Sharing Guidance.

APPENDIX ONE: UN CONVENTION ON THE RIGHTS OF THE CHILD

Source: Children and Young People's Commissioner Scotland (2024)

Getting To Know GIRFEC modules:
https://www.youtube.com/watch?v=gOpeHIaDys4&list=PLDgTzLd2QrJHJ4EpV08NZdwF7KdnhHAvA&index=1

Resilience Matrix Video:
https://www.youtube.com/watch?v=nbRIMeAWY_Y