

GIRFEC Components and Child's Plan Guidance



getting
it right
for every child
in Forth Valley

Foreword

This is a refresh (Version 3) of the Child's Plan (previously known as the Integrated Assessment Framework).

This has been produced on a Forth Valley wide multi-agency basis with "buy-in" from all partners at a strategic level.

I would like to acknowledge the feedback we have received from practitioners throughout this process. Your views have assisted us to make changes and to make the Child's Plan paperwork more user friendly.

There has been a reduction in repetition but all staff are reminded that the forms are intended to be modular so that practitioners can choose which of the forms are the appropriate ones to complete at which point without having to complete the whole pack. Consequently, some duplication is inevitable.

I would like to thank all of the people who have contributed to the development and launch of Version 3 of the Child's Plan, in particular all members of the Forth Valley Child's Plan Development Group (both past and present), parents and especially young people.

We all work in a culture of partnership where we support each other sharing knowledge, skills and experience. Our ethos reflects a team approach to child and young people centred practice and draws on each other's strengths when required. We're all in this together!

The guidance and paperwork will assist practitioners to focus on improved outcomes for children and young people.

Kathy McCarroll
Chair



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Section 1

Introduction

Getting it Right for Every Child (GIRFEC) Components and Child's Plan Guidance

This guidance has been developed to support practitioners and managers in their work with children, young people and families. It is aimed at those working in Child and Adult Services within the Public, Private and Third Sector Agencies across Forth Valley.

This guidance has been developed jointly by the Forth Valley Child's Plan Development Group. It is underpinned by the United Nations Convention on the Rights of the Child, GIRFEC principles and values, and reflects the requirements from the Children and Young People (Scotland) Act 2014. This guidance therefore provides practitioners and managers with:

- An operational framework to ensure that staff across services and agencies work together to promote wellbeing of children and young people;
- A link to other relevant reference documents, national and local procedures;
- Information on practice and assessment tools.

Key Principles

The approach and framework is based on several key principles:

- It applies to all children or young people;
- It serves the best interests of the child or young person;
- It seeks to identify the earliest, most effective and least intrusive response to needs;
- It includes the views of the child or young person, in line with their age and level of understanding; and the views of the family and others who are significant in a child or young person's life, ensuring they understand and agree the aims of assessment; and resulting interventions;
- It takes account of all aspects of the child or young person's life, respecting rights and diversity, recognising communication, cultural or religious needs in order to prevent discrimination; and
- It brings together the child or young person, family and practitioners to ensure that assessment and intervention focuses on strengths, needs, risks, and support networks.

This guidance replaces the previous guidance "*The Forth Valley Integrated Assessment Framework (2012)*". Information is broken down into the following sections:

Section 1	Introduction
Section 2	Information Sharing
Section 3	Child/Young Person's Plan, Forms and Guidance
Section 4	Named Person
Section 5	Team Around the Child
Section 6	Lead Professional
Section 7	Chronologies
Section 8	Assessment, Analysis and Risk

Scottish Government's aim is to ensure that recognising, respecting and promoting children and young people's rights is thread through all legislation, policy and procedures affecting children and young people across Scotland.

UN Convention on the Rights of the Child

These principles, enshrined in legislation and practice, are derived from Articles of the UN Convention on the Rights of the Child, ratified by the UK Government and endorsed by the Scottish Government. They should underpin all codes and practice. While not directly enforceable in domestic Scottish courts, it is Scottish Government policy to implement the Convention wherever possible.

The principles of the UN Convention include:

- Each child has a right to be treated as an individual;
- Every child who can form a view on matters affecting them has the right to express those views if they so wish, and those views should be given due weight in accordance with the child's age and maturity;
- Parents should normally be responsible for the upbringing of their children and should share that responsibility;
- Each child has the right to protection from all forms of abuse, neglect or exploitation;
- Insofar as is consistent with safeguarding and promoting the child's welfare, public authorities should promote the upbringing of children by their families; and
- Any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration.

The Children and Young People (Scotland) Act 2014 sets out duties on a range of public bodies to report on how they are taking forward children's rights as set out in the UN Convention. Moreover, ratified by the UK Government in 2009, the UN Convention on the Rights of Persons with Disabilities stipulates that in order for disabled children to be able to realise the rights mentioned above, they need to be provided with disability and age-appropriate assistance.

Getting it Right for Every Child (GIRFEC) Framework

GIRFEC is a consistent way for people to work with all children and young people. It's the bedrock for all children's services and can also be used by practitioners in adult services who work with parents or carers.

The approach helps practitioners focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. Getting it right for every child is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.

What Getting it Right for Every Child Means

For children, young people and their families:

- They understand what is happening and why
- They have been listened to carefully and their wishes have been heard and understood
- They will feel confident about the help they are getting
- They are appropriately involved in discussions and decisions that affect them
- They can rely on appropriate help being available as soon as possible
- They will have experienced a more streamlined and co-ordinated response from practitioners

For practitioners:

- Putting the child or young person at the centre and developing a shared understanding within and across agencies
- Using common tools, language and processes, considering the child or young person as a whole, and promoting closer working where necessary with other practitioners

For managers in children's and adult services:

- Providing leadership and strategic support to implement the changes in culture, systems and practice required within and across agencies to implement *Getting it right for every child*
- Planning for the transition as staff in agencies move from the current working processes to the new child-centred processes

Foundations of Getting it Right for Every Child

The Getting it right for every child approach is based on solid foundations. There are ten **core components** and a set of **values and principles** which bring meaning and relevance at a practice level to single-agency, multi-agency and inter-agency working across the whole of children's services. They can be applied in any setting and circumstance where people are working with children, young people and their families.

Core Components

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing
2. A common approach to the proportionate sharing of information where appropriate
3. An integral role for children, young people and families in assessment, planning and intervention
4. A co-ordinated and unified approach to identifying concerns, assessing needs, and agreeing actions and outcomes, based on the wellbeing Indicators
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time
6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7. A Named Person for every child and young person, and a Lead Professional (where necessary) to co-ordinate and monitor multi-agency activity
8. Maximising the skilled workforce within universal services to address needs and risks as early as possible
9. A confident and competent workforce across all services for children, young people and their families
10. The capacity, proportionately and appropriately, to share demographic, assessment, and planning information within and across agency boundaries

The Getting it right for every child values and principles build from the [Children's Charter](#) and reflect legislation, standards, procedures and professional expertise:

- **Promoting the wellbeing of individual children and young people**
This is based on understanding how children and young people develop in their families and communities, and addressing their needs at the earliest possible time.

- **Keeping children and young people safe**
Emotional and physical wellbeing is fundamental and goes wider than child protection
- **Putting the child at the centre**
Children and young people should have their views listened to and they should be involved in decisions that affect them
- **Taking a whole child approach**
Recognising that what is going on in one part of a child or young person's life can affect many other areas of their life and wellbeing
- **Building on strengths and promoting resilience**
Using a child or young person's existing networks and support where possible
- **Providing opportunities to celebrate diversity**
Children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
- **Providing additional help that is appropriate, proportionate and timely**
Providing help as early as possible and considering short and long-term wellbeing needs
- **Supporting informed choice**
Supporting children, young people and families in understanding what help is possible and what their choices may be
- **Working in partnership with families**
Supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what might be less helpful
- **Respecting confidentiality and sharing information**
Sharing information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
- **Promoting the same values across all working relationships**
Recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues
- **Making the most of bringing together each worker's expertise**
Respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities
- **Co-ordinating help**
Recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help
- **Building a competent workforce to promote children and young people's wellbeing**
Committed to continuing individual learning and development and improvement of inter-professional practice.

The Getting it Right for Every Child Approach

The Getting it right for every child approach is about how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary to ensure they reach their full potential. It promotes a shared approach and accountability that:

- Builds solutions with and around children, young people and families
- Enables children and young people to get the help they need when they need it
- Supports a positive shift in culture, systems and practice
- Involves working better together to improve life chances for children, young people and families

The Service Delivery Model

Getting it right for every child aims to have in place a network of support to promote wellbeing so that children and young people get the right help at the right time. This network, referred to locally as the Team Around the Child (TAC) should include family or carers and the universal Health and Education services. Most of the child or young person's needs will be met from within this network. Only when support from the family and community and the universal services can no longer meet their needs will targeted and specialist help be called upon to assist. Only when voluntary measures no longer effectively address the needs or risks will statutory measures to help the child or young person be considered.

Children and Young People (Scotland) Act 2014

The GIRFEC provisions within the Children and Young People (Scotland) Act 2014 comes fully into force in August 2016.

The Act takes forward the Getting it Right For Every Child (GIRFEC) approach to provide children and young people, from birth to 18 years old, with access to a 'Named Person'. This person would act as the key, central point of contact. The Act also takes forward the provision of a single 'Child's Plan', for those who need one, to ensure services are co-ordinated where necessary to help and support a child or young person.

Parts 4, 5 and 18 of the Act introduce the following provisions:

- All children and young people from birth to 18 years old have access to a Named Person
- Putting in place a single planning process to support those children who require it
- Placing a definition of wellbeing in legislation
- Placing duties on public bodies to co-ordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

Children and Young People (Scotland) Act 2014 - Parts 9-14

Parts 9-14 of the Act introduces a number of important changes for looked after children and care leavers in Scotland. In summary, these are:

- Corporate parenting duties for certain public bodies (Part 9).
- Extends eligibility for aftercare assistance up to the age of 25; new duty on local authorities to report on the death of a young person in receipt of aftercare services (Part 10).
- 'Continuing care', providing certain care leavers with the opportunity to continue with the accommodation and assistance they were provided with immediately before they ceased to be looked after (Part 11).
- Support for children at risk of becoming looked after (Part 12).
- Assistance for applicants and holders of a Kinship Care Order (Part 13).

- Use of Scotland's Adoption Register made a duty on all adoption agencies (Part 14).

Feedback

Feedback or comments on the guidance can be provided via the [GIRFEC Falkirk practitioner pages](#).



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Section 2

Information Sharing

Overview

Agencies must ensure that they are able to work effectively and efficiently together to guarantee that the services provided will meet the needs of each individual. This means ready access to the necessary information about those individuals and other partner agencies involved in their care, support and protection is essential. Such sharing requires to be done in a safe, secure and confidential manner in which the individual service user can have confidence.

Forth Valley partners have signed up to the [Scottish Accord](#) on the storing, recording and sharing of personal information. This framework seeks to support the exchange of information between services and increase levels of confidence and compliance.

Agencies have a duty to have regard to the views of the child or young person and relevant persons when making decisions about their wellbeing.

The Information Sharing procedure for each Local Authority/Community Health Partnerships (CHP) area aims:

- To enable practitioners from the partnership agencies to share information confidently and appropriately;
- To establish common standards for all partnership agencies sharing information;
- To identify the approach and standards which children's services have agreed to adopt when sharing information;
- To ensure that information is held safely and securely.

This assumes that where possible consent will have been sought and given. This is not intended to put barriers in the way of information sharing. A concern for confidentiality must never be used as a justification for withholding information where there may be possible 'duty of care' issues.

Legal and National Policy Framework

The key pieces of legislation, policy and guidance that are closely linked to information sharing are:

- Data Protection Act 1998: [Data Protection - Information for organisations](#)
- Human Rights Act 1998: [Human Rights Act 1998](#)
- United Nations Convention of the Rights of the Child: [United Nations Convention of the Rights of the Child](#)
- Children (Scotland) Act 1995: [Children \(Scotland\) Act 1995](#)
- Caldicott Principles: [Confidentiality Guidelines - oxfordradcliffe](#)
- The Standards in Scotland's Schools etc. Act 2000: [Standards in Scotland's Schools etc Act 2000](#)
- The Education (Additional Support for Learning) (Scotland) Act 2004: [Education \(ASL\) \(Scotland\) Act 2004](#); [Statutory Guidance - Education \(ASL\) \(Scotland\) Act 2004](#)
- Age of Legal Capacity (Scotland) Act 1991: [Age of Legal Capacity \(Scotland\) Act 1991](#)
- Sharing Information about Children at risk: A Guide to Good Practice, Scottish Executive, 2003: [Sharing Information About Children at Risk: A Guide to Good Practice](#)
- Scottish Government's strategy for a healthier Scotland – Better Health, Better Care: Action Plan – in December 2007: [Better Health, Better Care: Action Plan](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- ICO Statement: https://ico.org.uk/media/for-organisations/documents/1067/data_sharing_checklists.pdf

Key Practice Points – Information Sharing, Confidentiality and Consent

Information Sharing

- Children and young people's wellbeing is everyone's job and responsibility;
- Doing nothing is not an option;
- Ensure your focus is kept on the wellbeing of the child or young person;
- Ask yourself the following five practitioner key questions:
 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 do to help this child or young person? and
 5. What additional help, if any, may be needed from others?If the answer is no or don't know, find out.
- Adopt a common sense approach;
- Use your professional judgement, knowledge and skills;
- Act quickly – do not delay unnecessarily;
- Only share information that you consider **relevant, necessary, legitimate, appropriate** and **proportionate** to your worry or concern and, where possible, with consent.
- Seek help and support from your Manager or Supervisor;
- Share your worry or concern with the child or young person's Named Person and Lead Professional (if appointed);
- Consider the implications if the information is not shared;
- Follow your own service/agency's information sharing guidance and protocols in relation to how information is passed on eg email, verbally or by post;
- Always record your decision and the reasons for it.

If the urgency of the concern suggests a risk of harm through abuse or neglect, child protection procedures should be followed immediately.

Confidentiality

- Confidentiality does not prevent you from sharing a concern or worry about a child or young person's wellbeing where you believe, in your professional opinion, that there is a risk to a child or young person that may lead to harm, proportionate sharing of information is justified;
- Confidentiality is not an absolute right;
- Be aware of the constraints and limitations of confidentiality;
- Bear in mind your duty of care
- Acting in the public interest can be a defence to an accusation of breach of confidence but you must be able to justify this;
- The issues of confidentiality further explained, supported and endorsed by:
 - [Scottish Government GIRFEC Programme Board Letter of Advice 2013 – Information Sharing](#);
 - [Scottish Government GIRFEC Bulletin Issue 1 2013 – Information Sharing](#)

Consent

- Do not seek consent in situations where you are likely to share information anyway in relation to the wellbeing of a child or young person;
- Consent can be difficult and it should only be sought when the individual has a real choice in the matter;
- Consent should be **informed** and **explicit** – implied consent is not enough;
- Children and young people, subject to their age and developmental capacity, can provide consent if this is necessary;
- Consent must always be recorded. If you are not seeking consent to share information record that decision and the reasons for it.

Non-Disclosure Justification

In some instances practitioners may be concerned that sharing information about a child or young person either with other practitioners or with the person who holds parental rights and responsibilities, may place the child or young person or parent with caring responsibilities, at more risk. An example would be where the mother and child or young person have moved to Women's Aid accommodation and the birth father wants to know where the child or young person is. Legally he will have a right to that information but protecting the child or young person will be paramount and in these circumstances any possible risk to the child or young person needs to inform the practitioner's decision to determine whether the information should be shared. Legal advice can be accessed where there is no legal order in place.

In some circumstances other people may be deemed to be "relevant persons" or "interested parties", which would give them a legal right to have information about a specific child or young person. However, this right can be qualified by orders made by Sheriffs, Children's Reporters and Panel Members at Hearing who may require that the place at which the child or young person is to reside shall not be disclosed to any person or class of persons as specified in the relevant legal order.

In addition, where the Reporter "considers that the disclosure of the whereabouts of the child or young person or any relevant person may place that person at risk of serious harm, whether or not physical harm, he may withhold such information as is necessary to prevent such disclosure and indicate the address of the person as that of the Principal Reporter" ('Rule 9' of Children's Hearings (Scotland) Rules 1996).

If a Sheriff or Children's Hearing make a non-disclosure order, that order must be followed. Any case where a Reporter has applied Rule 9 should also be recorded. Steps should be taken to ensure that any non-disclosure case is clearly marked as such – indicating what information must not be released to which individual(s).

If it is discovered that an individual from whom information about another person is to be withheld does in fact know that information, the Sheriff, the Reporter and the Lead Professional should be advised immediately and a risk assessment should be carried out.

If the order is removed or varied, the case files must be kept up to date. In the above circumstances, practitioners must ensure:

- That it is very clear what information is not to be disclosed and who it is not to be disclosed to;
- Non-disclosure cases are clearly marked as such;
- The Named Person is informed and marks their records accordingly;

- Other practitioners who are in contact with the family must also be informed and mark their records accordingly;
- When in contact with the people the information is not to be disclosed to they are vigilant about adhering to non-disclosure;
- The Reporter is informed as soon as possible if there are any changes necessary (ie to make, vary or terminate) a non-disclosure condition or a Rule 9 (Children's Hearings (Scotland) Rules 1996) application

In all these instances Non-disclosure of Information (Form 8) must be completed.

Where Co-operation Does Not Arise

There will be situations where family members do not wish to work co-operatively. This may be for a variety of reasons. In a small number of instances however resistance to co-operate can be accompanied by overtly aggressive, abusive or threatening behaviour or by more subtle underlying menace. Practitioners have a responsibility not to place themselves in situations of danger. Practitioners should follow their agency procedures and protocols in these circumstances in consultation with their Line Managers.

In these circumstances practitioners should have access to skilled, expert support or supervision available when needed, so that the nature of the threat can be understood, the implications for the child or young person and the other family members identified and strategies found for maintaining work with the family. These may include co-working and other measures. Concerns about such matters should always be taken seriously and acted upon. It may be necessary to involve the expertise of practitioners from a number of agencies to arrive at an understanding of the risks a particular individual may pose to the safety of practitioners, as well as to family members.

The ICO has produced a [data sharing checklist](#), which may be a helpful tool.



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Section 3

Child/Young Person's Plan, Forms and Guidance

What is the Child's Plan?

The Child's Plan refers to all paperwork held in respect of the child or young person in relation to responding to their specific needs. This should be held within a single planning process. The Child's Plan is known as the Child/Young Person's Plan in Forth Valley.

Consideration should be given to the practitioner key questions:

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 do to help this child or young person?
5. What additional help – if any – may be needed from others?

These questions must always be underpinned by listening carefully to what children, young people and families have to say.

Routine Operational Planning within Universal Services

While there is no identified targeted intervention children and young people will have their needs met through operational planning which is carried out by Health Visitors, Teachers and others. This should be referred to as the Universal Child/Young Person's Plan.

Statutory Child's Plan

A Statutory Child/Young Person's Plan is prepared for a child or young person (up to the age of 18 years) when there is a concern about wellbeing, which cannot be addressed through the universal services and a **targeted intervention** is therefore required.

The aim is to simplify the statutory planning process so that all services follow the same approach and children, young people, parents and carers are key partners in that process.

What should be the content of a Statutory Child's Plan?

Section 34(4) of the Act states that the basic minimum content to be included is:

- Details of the child or young person, key people such as relatives and practitioners who influence their lives;
- Dates of commencement, review and closure of the plan;
- Summary of relevant assessments and analysis including use of the National Practice Model;
- Identified needs supported by a single agency;
- A chronology, and where there are partners to the plan, an integrated chronology of events significant and proportionate to the context of the plan;
- The desired outcome(s) for the child or young person;
- A list of agreed actions which will address the need, who they are to be carried out by, why and by when;
- The views of the child or young person or family;
- A record of when the desired outcome(s) has/have been achieved;
- Any compulsory measure of care, with supporting evidence as to why they are being recommended and what has to be achieved;

- And in cases where there are additional statutory planning requirements such as the Co-ordinated Support Plan, as required by the Education (Additional Support for Learning) (Scotland) Act 2004, those requirements will be included within the plan;
- In cases involving the Children's Hearing, non-disclosure issues will be included

When should a Statutory Child's Plan be created?

Where a targeted intervention is required, it is expected that the responsible authority, through the Named Person Service, will normally prepare the Child/Young Person's Plan. The Named Person Service will also monitor and review the effectiveness of any help that is being given where they are in the coordinating role. This co-ordinating role will be held by the Lead Professional in circumstances where more than one agency is involved. Targeted interventions will be wide ranging.

What is Targeted Intervention?

A Targeted Intervention is aimed at meeting the needs of children and young people, whose needs cannot be met, or fully met, by the universal services which are provided generally.

Who will be involved in the delivery of the Child's Plan?

Those supporting the child or young person should be regarded as partners to the plan. Partners to the plan, known as the Team around the Child (TAC), will always include the Named Person and, where appropriate, the Lead Professional. The child or young person, parent or carer will be partners to the plan unless their inclusion was not considered as promoting, supporting or safeguarding the child or young person's wellbeing. When having regard to the views of the child or young person, account should be taken of the child or young person's age and maturity. Every practicable effort should be made to consult with the child or young person. The significance and weighting given to the information received will have to be considered in relation to the age and maturity of the child or young person. It will be for agencies to ensure that practitioners have the skills to do this.

The process will therefore involve a key point of contact for the child or young person and family. This person will be able to invite additional practitioners into the assessment process. The partners to the plan, with the child or young person have a responsibility to agree on approaches and tools. They must also decide how to combine the analysis of all their work into one assessment of needs and risks and to develop a single action plan. The plan or action plan should be subject to ongoing review and tailored to deal with any additional needs that are identified.

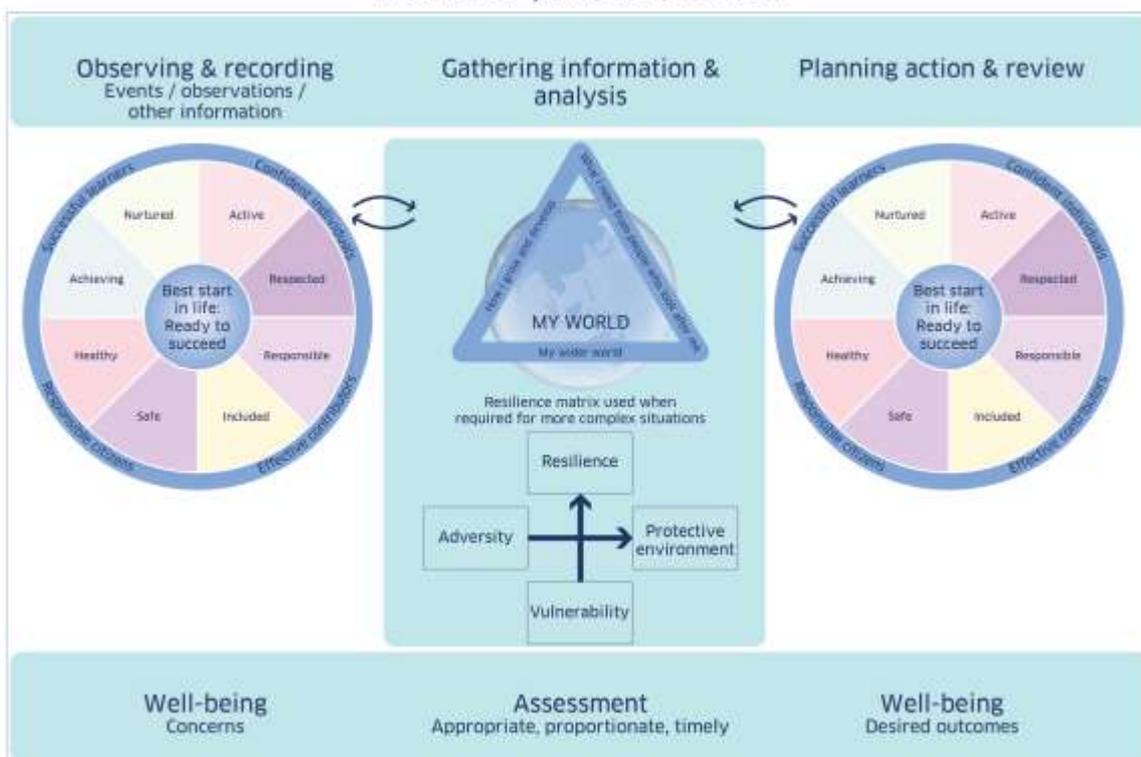
The Getting it Right for Every Child National Practice Model

When assessment, planning and action are needed, practitioners should use on the *Getting it right for every child* National Practice Model, which can be used in a single or multi-agency context, and:

- Provides a framework for practitioners and agencies to structure and analyse information consistently to understand a child or young person's needs, the strengths and pressures on them, and consider what support they might need;
- Defines needs and risks as two sides of the same coin;
- Promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action;
- Provides a shared understanding of a child or young person's needs by identifying concerns that may need to be addressed.

The National Practice Model is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or

National practice model



young people. It allows practitioners to meet the *Getting it right for every child* core values and principles by being appropriate, proportionate and timely.

It is not intended or designed to replace existing methodologies but it does contain the key elements of a single planning process that should in turn lead to a single child or young person's plan. As such, it should be used as a 'common tool' alongside and in conjunction with other processes and assessment tools. It is a way for all agencies and workers who support children, young people and their families to begin to develop a common language within a single framework, enabling more effective inter- and intra-agency working.

Information recorded in universal services' systems can be critical in understanding a child or young person's journey. This routine information may be of immense value in assessing when a child or young person needs either enhanced single-agency or multi-agency support.

Using the National Practice Model in this consistent way allows practitioners in any agency or organisation to construct an action plan and take appropriate action. It also allows for regular and consistent reviewing of the action plan.

The National Practice model has four main steps. It is not a process to be followed in every circumstance but to be used proportionately:

1. Observing and recording using the Wellbeing Indicators (sometimes referred to as the Wellbeing Wheel). This is not an assessment but a tool to gather information.
2. The My World Triangle helps practitioners to understand a child or young person's whole world. An assessment tool used to identify strengths, explore risks and needs.
3. The Resilience Matrix is a tool used to organise and analyse information and identify the need to promote the protective environment to mitigate against vulnerability and adversity.
4. Planning, action and review using the Wellbeing Wheel.

This model has been designed by practitioners for practitioners.

Definition of Assessment

To gather and analyse information in a consistent way that can be used to identify and understand needs. This is an ongoing dynamic process which continues throughout a period of intervention. Assessment has several phases:

- Acquisition of information
- Exploring facts and feelings
- Putting meaning to the situation which distinguishes the child or young person and family's perceptions from those of the practitioners.
- Reaching an understanding of what is happening, problems, strengths and difficulties, and the impact on the child or young person.
- Drawing up an analysis of the needs of the child or young person and parenting capacity as a basis for formulating an action plan.

Key Principles of Assessment

- From the outset, assessment and planning should be evidence based.
- Every practitioner working with children or young people and families will be involved in making assessments and planning as part of their day-to-day work.
- Parents or carers and children or young people are often experts on what they need, and their views should always be considered.
- Assessments will vary in complexity and scope but should always be proportionate.
- Informing families that partner agencies share information as a fundamental part of the process.
- Risk assessment and management of risk are integral parts of protecting children or young people.

Risk and Need Assessment

Children and young people's needs and emerging risks require to be considered along the continuum of their life span. Risk is not just about consideration of concern or harm it is also an inherent aspect of all healthy human development. Children and young people have to be exposed to experiences that may raise their risk potential at differing stages of their growth and development to help them develop into rounded, secure, healthy individuals. It is further an aspect of life in every area of society. Practitioners within Children's Services at every level, no matter where they work and with whom, are at some point going to be working directly and indirectly with children and young people who may be both in need and at risk.

Risk assessments cannot be seen as a discreet event but rather as part of a process and therefore will require to be continuously updated. See Section 8 Assessment, Analysis and Risk for more detail.

Using the Wellbeing Indicators

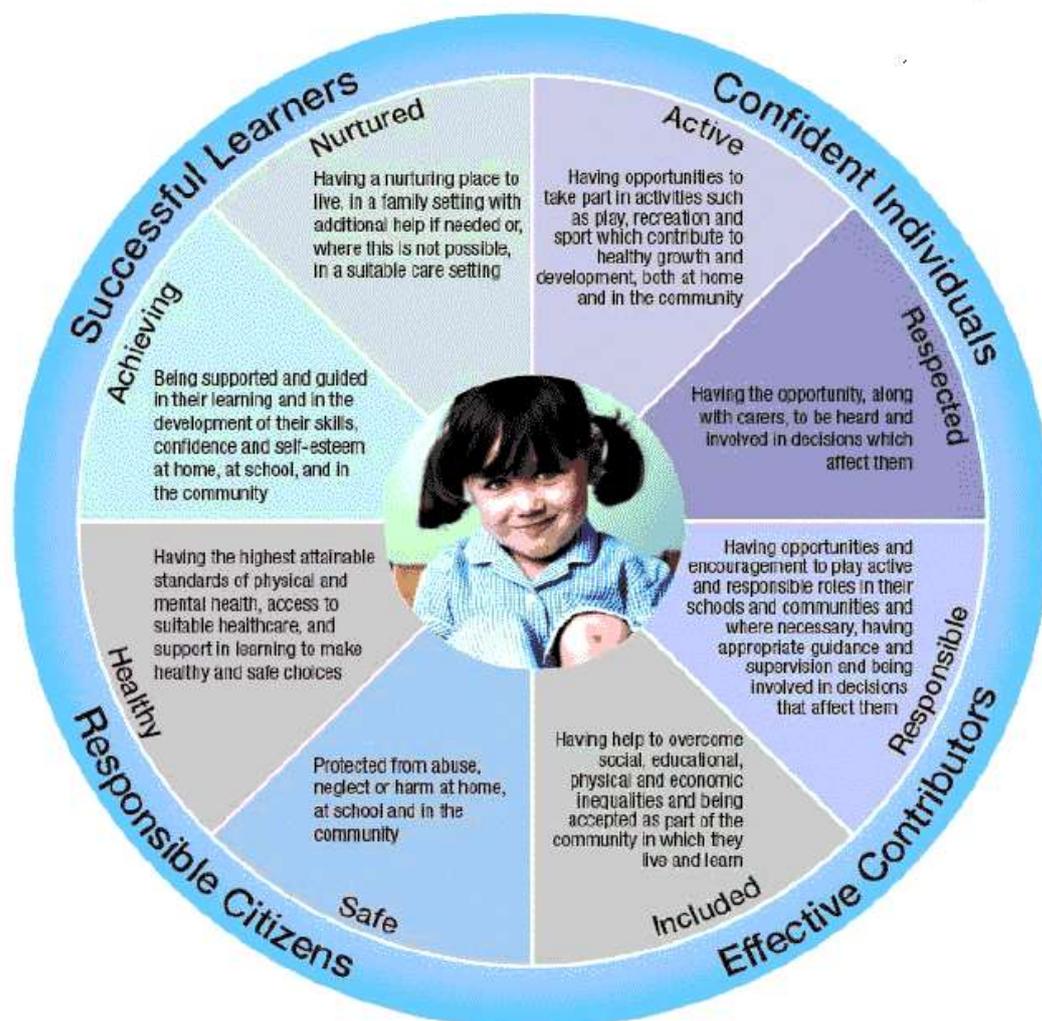


Diagram 1

The 8 indicators of wellbeing are reflected above in Diagram 1.

Practitioners are required to gather evidence, where possible, across all 8 indicators in order to undertake a holistic assessment of the child or young person's needs. Practitioners will be able to describe how well the child or young person is doing using the evidence from their observations and assessments. They will also be able to identify what is getting in the way of the child or young person's wellbeing. This forms the basis of describing the child or young person's needs and assists practitioners to focus on outcomes.

Children and Young People (Scotland) Act 2014 (Section 96 (2)) provides a definition of Wellbeing by reference to 8 indicators representing the key areas that are essential to help children or young people flourish. The 8 indicators provide a common language for practitioners across all services. Section 96 sets out what is required when assessing a child or young person's wellbeing and states it may be relevant for the individual/organisation to consider:

- The child or young person's immediate needs and how those can be met
- The child or young person's long term needs and how these needs can be met
- Proposals for promoting, supporting and safeguarding the child or young person's wellbeing
- Any other matter relating to the wellbeing of the child or young person either in the immediate or long term as appears to the individual/organisation to be relevant.

My World Triangle

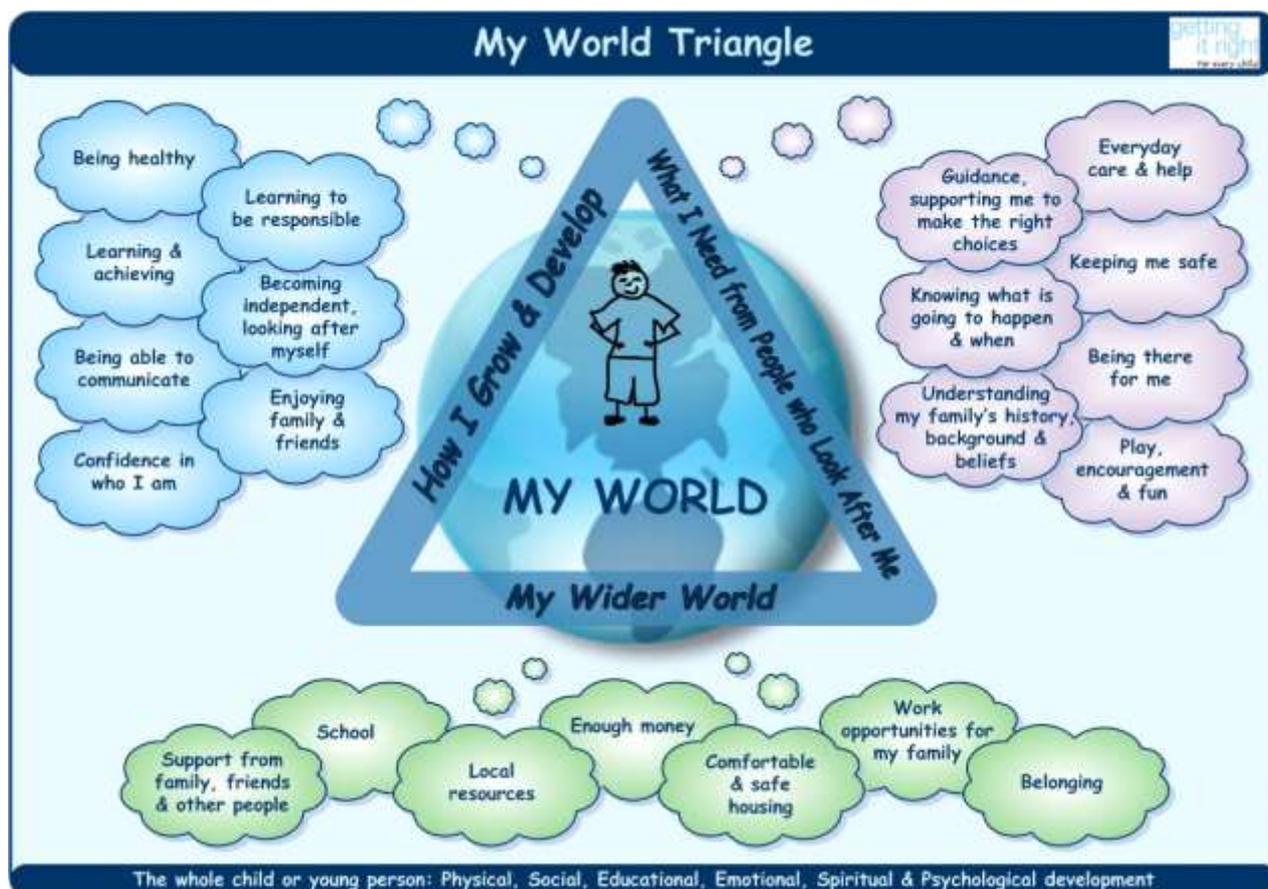


Diagram 2

Sections of the triangle above may overlap. It is not necessary to repeat information and practitioners are advised to use their discretion as to where they record information. There is no requirement for comment in every section. The assessment picture will become fuller as practitioners/agencies add further information. National consultation with parents and carers reflects that they appreciate the language used and find it easy to engage with an assessment using this tool due to its simplicity.

Descriptors for practitioners to consider when undertaking the [My World Assessment](#) are available.

Resilience Matrix

The concept of resilience is fundamental to children or young people's wellbeing and is used in assessments by practitioners from many agencies. The Resilience Matrix allows the practitioner to take the strengths and pressures identified from gathering information using 8 indicators of wellbeing, the My World Triangle, along with any specialist assessments, and to group that information within the four headings of resilience, vulnerability, protective environment and adversity. The matrix is generally used in more complex situations, in particular, to inform risk assessment and risk management. However, it is a useful tool for any practitioner to analyse available information and inform assessments and decision making.

Many children or young people who need additional help can be experiencing difficult conditions. This may relate to their health, their progress at school or what is happening in their family or community. A resilience-based approach fits closely with the aim of Getting it Right for Every Child to build on the strengths in the child or young people's whole world, always drawing on what the family, community and universal services can offer.

Diagram 3 is an illustration of the matrix, however, more detailed information can be found in Section 8.

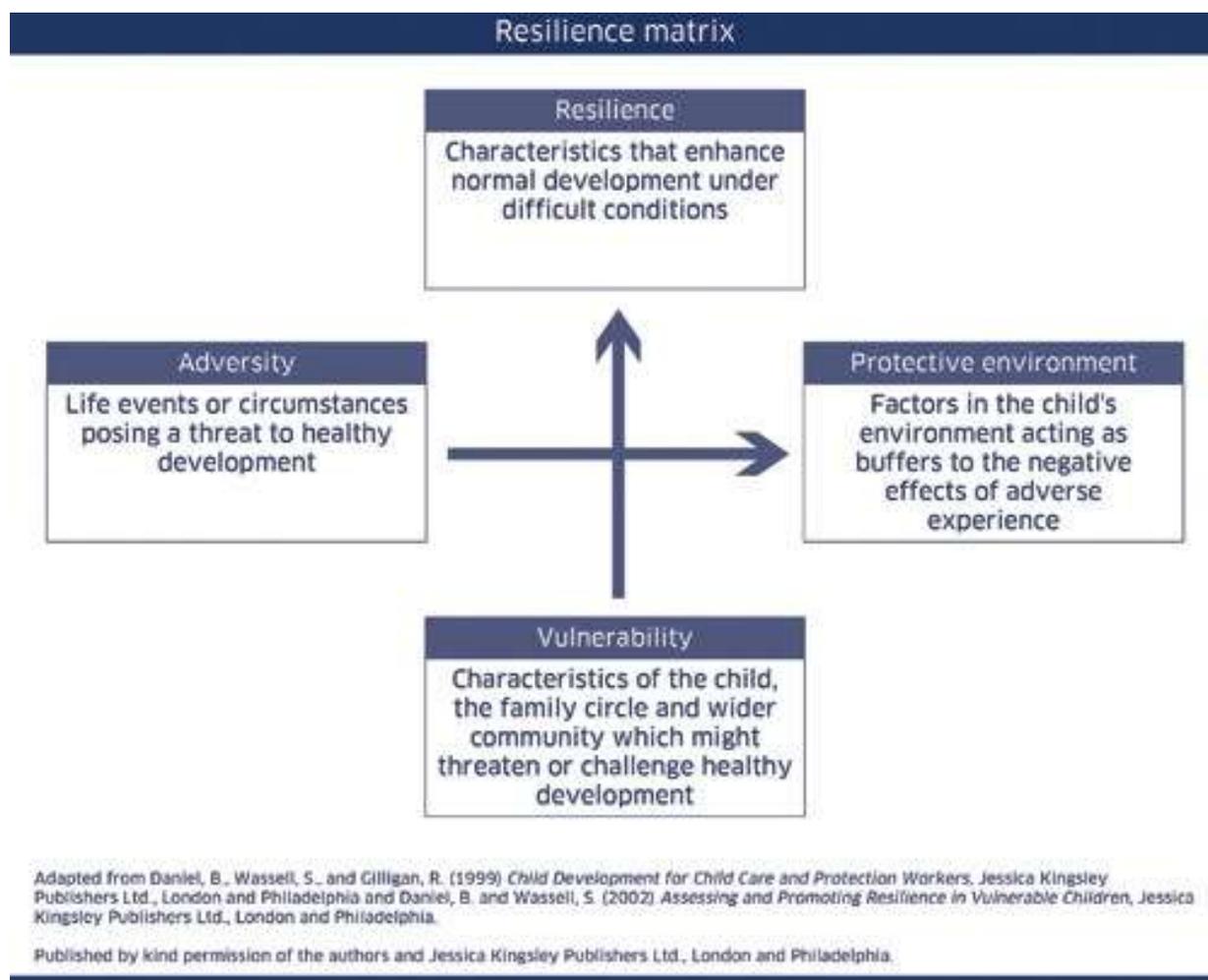


Diagram 3

Chronology

Integral to the National Practice Model is the importance of practitioners and families knowing and understanding the significance of events in a child or young person's life. A chronology is an analytical tool for recording significant events in a child or young person's life and may also provide an early indication of an emerging pattern of risk and concern. Therefore, recording a chronology is a key process for individual agencies working with children and young people in order to inform the assessment and their needs that arise. An integrated chronology will be required when two or more agencies have involvement with a child or young person. (For further information see Chronology Guidance, Section 7).

Constructing a Child/Young Person's Action Plan and Taking Appropriate Action

Any child or young person who requires additional help will have a plan to address his or her needs and improve wellbeing. This may be a single agency action plan or, where two or more agencies are working together, a multi-agency "Child/Young Person's Action Plan" will be co-ordinated by the *Lead Professional*.

A key principle of GIRFEC means that whether a child or young person is receiving support from just one or from several services he or she will have one action plan. This draws together the anticipated outcomes for him or her and the action required by practitioners, the child or young person and family to achieve them. Single agency work plans using detailed planning tools will contribute to the achievements of the outcomes in the child or young person's plan. These will provide the detail of the actions being taken by individual services towards meeting the agreed outcomes for the child/young person and should be clearly cross-referenced with the Child/Young Person's Action Plan.

The Child/Young Person's Action Plan should capture the action and intended outcomes agreed by the Team around the Child (TAC). The plan should also contain the views of the child or young person or parent or carer and include a record of their actions. The action plan is intended to support the co-ordination of service delivery and ensure that actions are appropriate, proportionate and achieved within a realistic time scale. In this respect action should be undertaken:

- To improve outcomes for the child or young person,
- To reduce risk as soon as possible,
- Based on the information available at the time
- Based on evidence of effectiveness.

In all instances contingency planning has to be evidenced.

The Child's Plan Forms

The forms have been designed to be used as templates on the computer and as typed documents. Therefore when a form is opened a new document should be created. In some sections of the forms there are drop down menus, indicated by "click to select". Practitioners are required to select options only where they are relevant.

There are sections which will allow the form completer to see relevant information by hovering the Mouse over a heading. This is termed the "Mouse Over". Where you see the icon  hover over headings in that section to see the "Mouse Overs".

There are a number of areas in which information is repeated. This is to allow the forms to be used as modular components and identify the child/young person correctly. These include Name, Date of Birth, unique identifiers such as Community Health Index (CHI) numbers and the child/young person's legal status. All sections of the forms, including tables, will expand as information is typed in.

The views of the child/young person and the parents/carers are required to be recorded throughout the Child's Plan process. As their views may change over time, there is a responsibility on the Named Person or Lead Professional to ensure that their views in relation to the current assessment or Plan are recorded. There is a need to ensure that views expressed verbally in meetings are also recorded.

If the urgency of the concern suggests a risk of harm, child protection procedures should be followed immediately using Form 2B.

Overview of how the forms should be used

Form 1: Child/Young Person and Family Core Information consists of a core record containing details of the child/young person and their family. It is anticipated that **Form 1** will be completed in respect of every child/young person and updated as/when the child/young person's details change. All boxes that apply should be completed. It will be completed at or around birth by the named person within Health – in practice the Health Visitor. When the child/young person starts school, responsibility for maintaining the profile will be passed to the Named Person within Education. **Form 1** must be updated when the Named Person wishes to raise a concern or start the process of assessment and when it forms part of the paperwork accompanying an integrated assessment or request for a specialist service. When passed to another service/agency, it must always be accompanied by an up to date chronology (Form 7).

Form 2A: Wellbeing Observations and Assessment can be used to:

- Record the child or young person's wellbeing;
- Record initial assessment for all children;
- Record assessment information for the child/young person where there are emerging issues or concerns;
- Request assistance from another agency/service;
- Statutory reporting purposes to the Children's Hearing.

Mouse Overs are available in Section 1, 2 and 6.

Form 2B: Notification of Child Protection Concern to be completed immediately if you have an urgent concern that suggests a risk of harm and after you have discussed the concerns with Social Work/Police.

Mouse Overs are available in Section 3 and 4

Form 3: My World Triangle Assessment provides the basis for the multi-agency assessment of the child/young person. Therefore the form should be completed consensually with professionals and parents/carers and the child/young person (if appropriate).

The Lead Professional has responsibility to incorporate all views about the child/young person through discussion. Any specialist single agency reports that inform this assessment, should be obtained. The assessment should be considered a collective endeavour and the Lead Professional needs to ensure that the contributors are in agreement with the integrated assessment picture. This is often best achieved through a meeting to discuss the assessment and intervention plan.

PLEASE NOTE: This form can also be used by a single agency for a complex assessment and needs to be noted as such to differentiate it from a multi-agency assessment.

Where a consensual view cannot be reached, disagreements are recorded.

Mouse Overs are available in Section 3 and 4.

Form 4: Child/Young Person's Action Plan is the document for recording intended and desired outcomes for the child/young person. It also records the agreed actions to achieve those outcomes, including what support the child/young person will receive from the team around them. The plan is crucial to the integrated assessment process, within a context of plan-do-review. It describes the objectives, and how it is known they have been achieved, for the support provided, with a clear description of the interventions and strategies to support the child/young person. The plan will consist of the agreed actions and specify which ones will be undertaken by the Team Around the Child, the parents/carers and the child/young person. The planners must also consider whether the child/young person may require a statutory Co-ordinated Support Plan under the Additional Support for Learning Act (2004, revised 2009). The Team Around the Child need to consider whether:

- The local authority is responsible for the child/young person's education;
- There are multiple or complex factors adversely affecting the school education of the child/young person;
- The child/young person's needs are likely to continue for more than one year;
- Significant external support is necessary for the achievement of *educational* objectives.

It is the fourth of these that will usually require careful judgement during a multi-agency planning meeting. "External" means anyone other the local authority exercising its duties as an **education** authority, and "significant" means that it stands out for the continuum of possible additional support. More guidance on this matter can be found in paragraphs 17-21 of [Supporting Children's Learning Code of Practice \(2010\)](#).

Mouse Overs are available for Desired Outcomes and Progress.

Form 4A: Compulsory Measures to be completed whenever compulsory measures are being recommended.

Form 4B: Child Protection Registration is only completed in relation to any child/young person placed on the Child Protection Register.

Form 4C: Throughcare and Aftercare is only completed for a young person who becomes entitled to an Aftercare service as a result of being Looked After and has an agreed date for leaving care. This will form the Pathway Plan.

In reviewing the plan with the child/young person and family, there are 5 essential questions practitioners need to ask:

- What has improved in the child/young person's circumstances?
- What if anything has got worse?
- Have the outcomes in the plan been achieved?
- If not, is there anything in the plan that needs to be changed?
- Can we continue to manage the plan within the current environment?

It should be noted that within Stirling and Clackmannanshire the Child/Young Person's Plan will replace the current IEP Planning formats.

Forms 2, 3 and 4 can be used for either single agency or multi-agency assessment and interaction.

Form 5: Report for Child/Young Person's Meeting is to be used by individual professionals who have been asked to provide a written submission to any multi-agency meetings.

It is recognised that in some cases the parents/carers' views and child/young person's views will be gathered at the multi-agency meeting, but some professionals in the course of their work will have gathered the parents/carers' and child/young person's views and will record these on Form 5 in advance of the meeting. Where there is a Team Around the Child and a Lead Professional, the Lead Professional should complete Form 5 but should reflect the multi-agency assessment.

Mouse Overs are available in Section 1, 3 and 4.

Form 6: Record of Child/Young Person's Meeting is a structure for recording all meetings about children/young people, who was there and what action was agreed. It is vital that children and young people are able to put their views, if not within the meeting itself then through one of the Team Around the Child seeking and contributing their views.

Mouse Overs are available for Designation/Role and in Section 1, 3, 4 and 5.

Form 7: Chronology is the record of the significant events in a child/young person's life and forms part of the core record. This is a crucial tool to assess risk. The document is a factual record and should contain dates of the key events, an explanation of their significance, the action taken and the source of the information. This information will be added to as any assessment progresses and will be used to inform all assessments. It needs to be kept up-to-date and in date order. It will initially be used as a single agency chronology. As other professionals become involved, and particularly when a multi-agency assessment is undertaken, an integrated chronology requires to be developed. The Lead

Professional has responsibility for including the relevant information in the chronology and updating as necessary.

Form 8: Non-disclosure of Information should be completed when a practitioner may be concerned that sharing information about a child/young person or family members with other professionals or with the person who holds parental rights and responsibilities may place the child/young person or parent/carer at more risk. This form should also be used in circumstances where the Children's Hearing or the Sheriff have issued a legal order preventing certain information about the child/young person or parent/carer from being disclosed.

Forms 9A Placement Arrangement and 9B Placement Agreement replace the Looked After Children materials. These forms should only be completed by Social Work Services.

Form 9A: Placement Arrangement

This form should be completed when a child becomes looked after away from home. It is information specifically relating to the child/young person's care needs to assist the foster carer or residential keyworker to meet these needs.

Form 9B: Placement Agreement

This form is completed in conjunction with the foster carer/residential keyworker to outline the expectations of what will happen in the placement. It includes roles, responsibilities and sanctions.

Police Concern Report

The Police Concern Report has been amended to include the wellbeing indicators and contains the same information as Form 2A. Police Scotland will continue to use the Police Concern Report as an alternative to Form 2A.

Referral to Child and Adolescent Mental Health Service (CAMHS)

CAMHS have revised their referral pathway which now includes a Request for Assistance pathway from Named Persons and non-health Professionals. Guidance has been published on the NHS Forth Valley website describing who can refer to the service and the referral criteria. Further information and guidance on referring can be accessed via the website: <http://nhsforthvalley.com/health-services/az-of-services/childrens-services/child-and-adolescent-mental-health/>.

Referrals or requests for assistance need to be based on assessment, usually by the Team Around the Child, and following appropriate staged intervention. The referral should use the Child's Plan forms, in particular Forms 1, 7 and 8 alongside the assessment which should be captured in Form 2A, 3 or 5. Referrals in the main should be for children over the age of 5 years. The child's GP must be informed and consent must be obtained from the parent or child following a full discussion with them.

How to Complete the Forms

Form 1: Child/Young Person and Family Profile

NB: If any information is to be withheld please complete Form 8.

Element on Form	What to input
Estimated Date of Delivery (EDD)	If the child is unborn the estimated date of delivery should be noted here. The actual date of birth should be noted in the date of birth box once the child has been born.
CHI (Community Health Index) Number	The CHI (Community Health Index) number is created by Health. It is the date of birth along with a 4 figure number. If the CHI number is unknown, leave blank, but ensure date of birth box is completed.
Unique Pupil/SCN	A Scottish Candidate Number (SCN) is allocated by Education Services when a child starts Primary 1. If this number is unknown leave blank.
Date Information Updated	This box should be filled in when the form is initially completed and thereafter updated when any changes have been made.
1. Personal Details	
First name(s) Surname Other name(s) Known as	Insert legal name, as per birth certificate or other legal document defining the child/young person's name. At " known as " the current name that the child/young person is known as should be identified. It would also be helpful to include any previous names used in the section for Other Names .
Gender	Click on appropriate box to put check in it.
Ethnicity	This is mandatory and should be identified by the family and then recorded in the space provided.
Nationality	As identified by the individual/family.
Language Spoken at home	This is to indicate whether or not English is the child/young person's first language.
Place of Birth	Town or city (and country if not UK).
Religion	As identified by the individual/family.
Current Address	This should record where the child/young person is living at present.
Telephone/Email	In relation to telephone/email, please log as many numbers or contact details as known because a range can be useful.
Whose Address is This?	It is important to identify whose home the child/young person is currently living in. Please select from the list: <i>Parental home</i> <i>Foster placement</i> <i>Residential school</i> <i>Residential care</i> <i>With relatives</i> <i>Other (please specify)</i>
Emergency Contact Person	At least one emergency contact person should be listed. It is important to complete all the contact details available for the emergency contact person and define their relationship to the child.
Previous Address	Most recent first
Whose Address is This?	It is important to identify whose home the child/young person previously lived in. Please select from the list:

	Parental home Foster placement Residential school Residential care With relatives Other (please specify)
Parents' Details	It is important to record who holds parental rights and whether they have contact with the child/young person, if this information is known. If the parent does not hold parental rights it is important to ensure the identity of the person who holds parental rights is recorded.
2. Members of the Child/Young Person's Household	This should include details of all persons living in the same house as the child whether related to the child/young person or not.
3. Other Relevant People	If known, it is often particularly valuable to include the names and contact details of grandparents, other relatives, childminders or supportive friends. In fact, any adult who is a significant person in the child/young person's life.
4. Named Person	Please complete all contact details.
5. Health Details	Contact details of relevant health professionals to be inserted. Please record any communication requirements.
6. Accessibility and Communication requirements	This section should include details of requirements for engaging with professionals such as an interpreter/language, accessible rooms, Braille or translated documents.
7. Education Details	Complete where applicable information is known.
Additional Support Needs	This section is very specifically designed to be completed where Additional Support Needs within Education are recognised through a formal process and measures have been put in place in line with the Additional Support for Learning Act 2004, 2009.
Previous educational establishments	Add details with most recent establishment first.
8. Other Professional and Agencies/Services involved with Child/Young Person and Family	This section refers to all professionals involved with the child/young person and other family members. Please include those involved with the child/young person first.
9. Child Protection Registration	Check box. Additional details should be included in chronology (Form 7) indicating what significant incident led to registration.
10 Asylum Status	Please complete all details known about the child/young person's and their main carer's asylum status.
11. Legal Orders	Please provide details of any legal orders in place in relation to or affecting the child/young person.
12. Name and Contact details of person(s) completing form	Please complete all details.
13. Signature	Please sign and date.

Form 2A: Wellbeing Observations and Assessment

If the urgency of the concern suggests a risk of harm, you should follow your agency's child protection procedures immediately and complete Form 2B: Notification of a Child Protection Concern.

Element on Form	What to input
Named Person	Please complete all contact details.
Reason for completion	<p>Please note that you can only select one purpose. If necessary, click "other" which will allow you to type in more than one or to insert another alternative that is not already listed. List is:</p> <p><i>Single agency initial assessment</i> <i>Request assistance</i> <i>Information sharing</i> <i>Placing Requests</i> <i>Transition Planning</i> <i>Pre-Five Community Assessment Team</i> <i>Public Health Nurse routine assessment</i> <i>Report for SCRA</i> <i>Family Support Planning Meeting</i> <i>Caledonian System Review</i> <i>Looked After at Home (please specify)</i> <i>Looked After Away from Home (please specify)</i> <i>Team Around the Child Meeting (please specify)</i> <i>Prebirth Planning</i> <i>Other (please specify)</i></p> <p>Where it says Team around the Child (TAC) please specify whether this is under Early and Effective Intervention (EEI) or Co-ordinated Children's Services (CCS) or relevant other.</p>
Additional Information	This box should be used when a request for assistance is being made and all the necessary information is not available at the time of completion of the form.
Name and Contact Details of person(s) completing the form	Enter designation and include agency based with.
1. Description of Child/Young Person's Wellbeing	<p>Complete as far as possible. Please comment on the following wellbeing indicators:</p> <p>Safe – Protected from abuse, neglect or harm at home, at school and in the community. Healthy – Having the highest attainable standards of physical and mental health, access to suitable health care, 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, at school and in the community. Nurtured – Having a nurturing place to live, in a family setting with additional help if needed, or where this is not possible in a suitable care setting. Active – Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, both at home and in the community.</p>

	<p>Respected – Having the opportunity, along with carers, to be heard and involved in decisions which affect them.</p> <p>Responsible – Having opportunities and encouragement to play active and responsible roles in their school and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.</p> <p>Included – Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.</p> <p>If you do not have any information in relation to certain areas, please write in summary box that you do not know information.</p>
2. Risk and Protective Factors and Analysis	It is important to use the Resilience Matrix and Toolkit. There is a Mouse Over for this section which provides more detail. These should be used in conjunction with Form 7: Chronology to ascertain Risk and level of Risk. It is important to offer an analysis of the information provided.
3. The following discussions/actions have taken place to date	Consider what interventions have been tried already and what impact these have had on the child/young person.
4. The Child/Young Person has the following views about this assessment	Please record the child/young person's views of their current situation. Where there are disagreements or differences of view, these should be recorded. It is important to find a way to ascertain their views and if the child is young then it helpful to observe their interactions with their caregivers.
5. The Parents/Carers have the following views about this assessment	Please record the parent(s)/carer(s)'s views of their child's and their own situation. Where there are disagreements or differences of view, these should be recorded.
6. Desired Outcomes Identified with the family	Outcomes are measurable, things that we can influence and are intrinsic to the child. These should not be confused with outputs, actions or service provision. The desired outcomes should be based on the wellbeing indicators.
7. Next Steps/ Recommendations	It is essential that next steps or recommendations are specified, these may be in form of action points. If further support is required then a recommendation is made for further support on the basis of the child/young person's needs. This section also allows for recommendations to be made to the Reporter.
8. Contributors to Assessment	With the exception of the child/young person and the parents/carers, please list all professionals who were involved in contributing to the assessment, their designation and contact details.
9. Forwarded to	Please note who the form has been forwarded to. If necessary, insert additional rows when forwarded to more than one person.
10. Signature	Please sign and date.

Form 2B: Notification of a Child Protection Concern

Element on Form	What to input
1. Members of Household	This should include details of all persons living in the same house as the child whether related to the child/young person or not.
2. Name and Contact Details of person(s) completing Form	<p>Please provide the names of all professionals involved in completing this form and provide designation, date and full contact details.</p> <p>This section requires name and details of the Named Person (if different from the person completing the form) and who the referral was given to in Social Work or Police. It is important to also record the date and time the initial conversation with Social Work or Police took place.</p>
3. Child Protection Concern	Describe the concerns. There is a mouse over available to assist in providing details.
4. Wellbeing concerns	Please add any concerns you may have about the child/young person's wellbeing. A mouse over is available to assist in providing detail.
5. Views	Where possible the child/young person should be aware that information is required to be passed on, and, where appropriate, the parents and carers. However it may be making them aware of contact with Social Work or Police increases the risk to the child or young person. Please indicate if this is the case, in this section.
6. Actions	This is a record of what actions have been agreed at the point of the discussion with Social Work or Police.
7. Signature	Please sign, date and send via a secure link as detailed.

Form 3: My World Assessment

Element on Form	What to input
Named Person	Please complete all contact details.
Reason for completion	<p>Please note that you can only select one from list. If necessary, click “other” which will allow you to type in more than one purpose or to insert another alternative that is not already listed. List is:</p> <p><i>Single Agency Assessment of Complex Need</i> <i>Multi-agency Assessment</i> <i>Referral to Community Resource Group</i> <i>Referral to Resource Allocation Group</i> <i>Referral to ASN Outreach</i> <i>Aftercare Review</i> <i>Family Support Planning Meeting</i> <i>Report for Reporter</i> <i>Child Protection (please specify)</i> <i>Looked After at Home (please specify)</i> <i>Looked After Away from Home (please specify)</i> <i>Team Around the Child Meeting (please specify)</i> <i>Other (please specify)</i></p>
Name and Contact Details of person(s) completing the form.	Please insert the details of the person(s) completing the form. If they are Lead Professional this should be noted in “Designation”.
1. Summary of Concerns Leading to Assessment	Describe the basis for completion of the My World Triangle. This may be particularly relevant where the initial assessment requires updating and where other participants in the multi-agency assessment have additional information. An example of a summary of initial concerns could be:- “Child/young person lives with parents/carers. Domestic abuse and substance misuse are day-to-day occurrences. The child/young person therefore has unmet needs in relation to being kept safe, healthy and nurtured.”
2. Relevant Family History	Record significant events from the relevant period. These will also be recorded in the Chronology.
3. My World	This section has a mouse over for each key area. The assessment and views of the professionals involved and parents/carers should contribute to an assessment picture which identifies domains of strength and concern across the 3 key areas.
How child/young person is growing and developing:	<p>Mouse over provides the prompts for the areas to complete in this section:</p> <ul style="list-style-type: none"> • Being healthy, • Learning and Achieving, • being able to communicate, • confidence in self-identity, • learning to be responsible, • becoming independent, • enjoying family and friends
What does this child/young person need from those who look after him/her?	<p>Mouse over provides the prompts for the areas to complete in this section:</p> <ul style="list-style-type: none"> • Being kept safe • Being there • Play

	<ul style="list-style-type: none"> • Encouragement and fun • Guidance and support to make the right choices • Knowing what is going to happen and when • Understanding of family's background and beliefs
The impact of the child/young person's wider world	<p>Mouse over provides the prompts for the areas to complete in this section:</p> <ul style="list-style-type: none"> • support from family, friends and other people • school • local resources • enough money • comfortable and safe housing • work opportunities for the family • belonging
4. Risk and Protective Factors and Analysis	<p>List any identified risk factors, whom the risk concerns ie child/young person or other and any actions to be highlighted in Child/Young Person's Plan to manage risk. It is important to offer an analysis of the information provided. Describe the interpretation from the assessment information and the needs of the child/young person arising from that. Please refer to mouse over and detailed guidance in Section 8 for further information. It is essential that you record when the child was last seen, by whom, where and who else was present.</p>
5. Views of Child/Young about this assessment	<p>Please record the child/young person's views of their current situation. Where there are disagreements or differences of view, these should be recorded. It is important to find a way to ascertain their views and if the child is young then it helpful to observe their interactions with their caregivers</p>
6. Views of Parent(s)/Carer(s)	<p>Please record the parent(s)/carer(s)'s views of their child's and their own situation. Where there are disagreements or differences of view, these should be recorded.</p>
7. Desired Outcomes Identified with Family	<p>It is helpful to identify the Desired Outcomes with the child/young person and their parent/carer that will have a direct impact and meaning for the child.</p>
8. Actions and Recommendations to meet the desired outcomes	<p>It is essential that next steps or recommendations are specified, these may be in form of action points. If further support is required then a recommendation is made for further support on the basis of the child/young person's needs. This section also allows for recommendations to be made to the Reporter.</p>
9. Contributors to Assessment	<p>This is important to complete in order that accountability is clear. With the exception of the child/young person and the parents/carers, please list all professionals who were involved in contributing to the assessment, their designation and contact details. Specify who the Lead Professional is.</p>
10. Forwarded to	<p>Please note who the form has been forwarded to. If necessary, insert additional rows when forwarded to more than one person.</p>
11. Signature	<p>Please sign and date</p>

Form 4: Child/Young Person's Action Plan

Element on Form	What to input
Date Plan Updated	It is important to record the date the document was updated as this will indicate the most recent plan.
Reason for completion	<p>Please note that you can only select one purpose. If necessary, click "other" which will allow you to type in more than one purpose or to insert another alternative that is not already listed.</p> <p>List is:</p> <p><i>PREFCAT/CEAT</i> <i>IAR for Reporter</i> <i>Staged Intervention</i> <i>Child Protection (please specify)</i> <i>Looked After at Home (please specify)</i> <i>Looked After Away from Home (please specify)</i> <i>Aftercare</i> <i>Looked After Review of Respite</i> <i>Caledonian System</i> <i>Family Support</i> <i>Pre-birth</i> <i>Risk Management</i> <i>Single Agency Plan</i> <i>Other (please specify)</i></p> <p>From the above list, where you are given the option to "please specify" this would provide the opportunity to detail whether any of the plans are in relation to pre-birth, initial reviews, respite reviews etc.</p>
Date of meeting	The date the plan was agreed.
Does the child/young person require a Co-ordinated Support Plan	If the child/young person already has a Co-ordinated Support Plan, choose <i>Yes</i> . If the Team Around the Child believes there are no grounds to consider the requirements for a Co-ordinated Support Plan, choose <i>No</i> . If the Team Around the Child believes the child/young person <i>may</i> require a Co-ordinated Support Plan, leave the answer <i>blank</i> and the Named Person should discuss the matter with their link Educational Psychologist.
Summary of Strengths, Issues and Concerns	A brief summary of strengths issues and concerns, which can be cut and pasted from the most up to date assessment.
Desired Outcomes	<p>Outcomes are measurable things that we can influence and are intrinsic to the child. These should not be confused with outputs, actions or service provision. The desired outcomes should be based on the wellbeing indicators. The following are some examples of outcomes:</p> <ul style="list-style-type: none"> ▪ the child/young person will be safely cared for in a nurturing environment; ▪ the child/young person will achieve their best health; ▪ the child/young person will achieve their full developmental/learning potential; ▪ the child/young person will have safe and meaningful contact with family and friends; ▪ the child/young person will behave responsibly;

	<ul style="list-style-type: none"> ▪ the child will be included in meaningful family life.
How will we know this has been achieved	This should describe targets for success.
Actions required	Detail all specific actions to be undertaken, not only by the professionals involved but also by the child/young person and the family.
By whom	This should specify the individual who has been assigned the responsibility for each specific task/action.
Frequency/ Timescale	This column should be completed, where possible, indicating the frequency of the action/task and the proposed end point. However, it is noted that some actions and tasks will be ongoing.
Progress	It is not expected that this column will be completed for an initial or proposed Child/Young Person's Action Plan is being drawn up. If the outcome framework is being used to measure progress the score should be included in this column.
Contingency Plan	An alternative set of actions if the main plan cannot be implemented or the situation changes dramatically.
Views of the child/young person regarding the proposed plan	Specific comments from the child/young person on the plan, which if reported by a member of the team should be noted as such. Include areas of disagreement.
Views of the parents/carers regarding the proposed plan	Specific comments from the parents/carers on the plan, which if reported by a member of the team should be noted as such. Include areas of disagreement.
Named Person	The Named Person should be identified in this section of the plan.
Lead Professional	The Lead Professional should be identified in the plan in this section. However, it is noted that when a plan is being used by a single agency there may not necessarily be a Lead Professional.
Plan completed by	Although it is the Lead Professional's role to ensure the plan is completed it may not always be the Lead Professional who undertakes this task, therefore this should highlight who has completed the plan and their designation.
Copy given to (please list):	Details of the distribution list of the plan, e.g. the contributors/those involved, parents/carers and child/young person.
Review arrangements	Insert date of the next review if applicable
Signed	The Named Person or the Lead Professional or the Chairperson of the Review should sign off the plan, as appropriate.
Date Plan Closed	Insert date the plan was closed.
Reason for Plan Closure	A brief note of why the plan has been closed should be recorded.

Form 4A: Compulsory Measures

Element on Form	What to input
1. WHY is the recommendation that compulsory measures are required? What is the EVIDENCE that the Action Plan cannot be achieved on a voluntary basis?	This section should only be completed when Compulsory Measures are being recommended.
2. Measures sought in any Order made by Children's Hearing	Tick all applicable boxes
3. State reason for each measure recommended	If boxes 9 or 10 have been ticked in question 2 specify here what the recommended measure or duty is.
4. Are you recommending the child/young person should be excused from the Hearing	If yes, it is important to specify why the recommendation is being made with reference to the Children's Hearing Guidance
5. Is there anyone who requires to be considered as a relevant person	If yes, detail who needs to be considered as a relevant person and the reasons for this.
6. Signature of Lead Professional	This section should be signed and details completed
Statement by Report Writer	This should accompany Form 4A when submitting the recommendation to the Reporter

Form 4B: Child Protection Registration

Element on Form	What to input
Child Protection	This section should only be completed when a child/young person's name is placed on the Child Protection Register to indicate categories of concern.

Form 4C: Throughcare and Aftercare

Element on Form	What to input
Throughcare/Aftercare	<p>This section should only be completed when a young person is receiving a throughcare service. It includes the following components:</p> <ul style="list-style-type: none">LifestyleFamily and FriendsHealth and WellbeingLearning and WorkingAccommodationIncome/FinanceRights and Legal Issues <p>and should be used as the Pathway Plan.</p>

Form 5: Report for Child/Young Person's Meeting

Element on Form	What to input
Meeting details	Date, venue and date of previous meeting
Named Person	Please complete all contact details.
Name and Contact Details of person(s) completing the form	Enter designation and include agency based with.
Reason for completion	<p>The author of the report should select the type of review meeting to be attended. Please note that you can only select one from list. If necessary, click "other" which will allow you to type in more than one purpose or to insert another alternative that is not already listed.</p> <p>List is: <i>PREFCAT/CEAT</i> <i>Aftercare Review</i> <i>Pupil Support meeting</i> <i>Individualised Educational Programme meeting</i> <i>Transition Planning meeting</i> <i>Pre-Birth Planning meeting</i> <i>Pre-Birth Protection Planning meeting</i> <i>Core Group Review</i> <i>Family Support Planning meeting</i> <i>Family Support Closure</i> <i>Caledonian System Review</i> <i>Staged Intervention meeting</i> <i>IAR for Reporter</i> <i>Child Protection (please specify)</i> <i>Looked After at Home (please specify)</i> <i>Looked After Away from Home (please specify)</i> <i>Team Around the Child Meeting (please specify)</i> <i>Other (please specify)</i></p> <p>Please note this is not a definitive list. Single Agency meetings, Multi-Agency meetings, EEI meetings should all be included under "Other".</p>
Legal Status	<p>The child/young person's legal status should be noted from the list.</p> <p>The list is: <i>Section 11 (Residence Order)</i> <i>Section 22 Children (Scotland) Act 1995</i> <i>Section 25 Children (Scotland) Act 1995</i> <i>Section 29 Children (Scotland) Act 1995</i> <i>s37 Children's Hearings (Scotland) Act 2011</i> <i>s43 Children's Hearings (Scotland) Act 2011</i> <i>s60 Children's Hearings (Scotland) Act 2011</i> <i>s64 Children's Hearings (Scotland) Act 2011</i> <i>s67 Children's Hearings (Scotland) Act 2011</i> <i>s71 Children's Hearings (Scotland) Act 2011</i> <i>s73(3) Children's Hearings (Scotland) Act 2011</i> <i>S80 Permanence Order</i> <i>S83 Permanence Order with Authority to Adopt</i> <i>s83(1) Children's Hearings (Scotland) Act 2011</i> <i>s83(2) Children's Hearings (Scotland) Act 2011</i> <i>s83(4) Children's Hearings (Scotland) Act 2011</i></p>

	<p>s83(5) <i>Children's Hearings (Scotland) Act 2011</i> s86 <i>Children's Hearings (Scotland) Act 2011</i> s87 <i>Children's Hearings (Scotland) Act 2011</i> s122 <i>Children's Hearings (Scotland) Act 2011</i> s151 <i>Children's Hearings (Scotland) Act 2011</i> s152 <i>Children's Hearings (Scotland) Act 2011</i> Other (please specify) None</p>
1. Assessment including updated risk assessment	An update on the child/young person's wellbeing should be provided here, including a risk assessment. In particular the child/young person's safety, health and education (including attendance and attainment details) should be outlined here alongside any care and/or contact arrangements.
2. Significant events since last review	Significant events need to match with what is in the Chronology and the information included here should also be updated on the chronology (Form 7). However, the report should only include the significant events which have taken place since the last meeting whilst the chronology should be a much more substantial document. Please note that it is important to also assess and outline the impact of these significant events on the child/young person and the family/carer.
3. Child/young person's views	Highlight any disagreement. Views may be sought at the meeting.
4. Parent/Carer's Views	Highlight any disagreement. Views may be sought at the meeting.
5. Recommended actions for next plan	Where next steps are known these should be included, and may be in the form of action points. This section should be completed in relation to the child/young person's needs and action required to support those needs. Where further support is required, this should be recommended/stipulated and action identified, for example referral to local resource panels.
6. Contributors to Assessment	With the exception of the child/young person and the parents/carers, please list all professionals who were involved in contributing to the assessment, their designation and contact details.
7. Signature	Please sign and date.

Form 6: Record of Child/Young Person's Meeting

Element on Form	What to input
Meeting details	Date and venue
Named Person	Please complete all contact details.
Purpose	<p>The lead professional should select the type of review meeting. Please note that you can only select one from list. If necessary, click "other" which will allow you to type in more than one purpose or to insert another alternative that is not already listed.</p> <p>List is: <i>PREFCAT/CEAT</i> <i>Aftercare Review</i> <i>Pupil Support meeting</i> <i>Individualised Educational Programme meeting</i> <i>Transition Planning meeting</i> <i>Pre-Birth Planning meeting</i> <i>Pre-Birth Protection Planning meeting</i> <i>Core Group Review</i> <i>Family Support Planning meeting</i> <i>Caledonian System Review</i> <i>Staged Intervention meeting</i> <i>IAR for Reporter</i> <i>Child Protection (please specify)</i> <i>Looked After at Home (please specify)</i> <i>Looked After Away from Home (please specify)</i> <i>Team Around the Child Meeting (please specify)</i> <i>Other (please specify)</i></p> <p>Please note this is not a definitive list. Single Agency meetings, Multi-Agency meetings, EEI meetings should all be included under "Other".</p>
Legal Status	<p>The child/young person's legal status should be noted from the list.</p> <p>The list is: <i>Section 11 (Residence Order)</i> <i>Section 22 Children (Scotland) Act 1995</i> <i>Section 25 Children (Scotland) Act 1995</i> <i>Section 29 Children (Scotland) Act 1995</i> <i>s37 Children's Hearings (Scotland) Act 2011</i> <i>s43 Children's Hearings (Scotland) Act 2011</i> <i>s60 Children's Hearings (Scotland) Act 2011</i> <i>s64 Children's Hearings (Scotland) Act 2011</i> <i>s67 Children's Hearings (Scotland) Act 2011</i> <i>s71 Children's Hearings (Scotland) Act 2011</i> <i>s73(3) Children's Hearings (Scotland) Act 2011</i> <i>S80 Permanence Order</i> <i>S83 Permanence Order with Authority to Adopt</i> <i>s83(1) Children's Hearings (Scotland) Act 2011</i> <i>s83(2) Children's Hearings (Scotland) Act 2011</i> <i>s83(4) Children's Hearings (Scotland) Act 2011</i> <i>s83(5) Children's Hearings (Scotland) Act 2011</i> <i>s86 Children's Hearings (Scotland) Act 2011</i> <i>s87 Children's Hearings (Scotland) Act 2011</i></p>

	<p><i>s122 Children's Hearings (Scotland) Act 2011</i> <i>s151 Children's Hearings (Scotland) Act 2011</i> <i>s152 Children's Hearings (Scotland) Act 2011</i> <i>Other (please specify)</i> <i>None</i></p>
People invited to the meeting	Include the details of those at the meeting and any other who were invited but not in attendance and note in column their apologies and whether or not they submitted a report. In relation to Designation/Role, when recording Role identify who is the Lead Professional, Named Person, Keyworker and who are members of the Team Around the Child.
1. Integrated Summary of Progress and Impact on Child/Young Person	This should be a summary of the discussion in relation to the progress or otherwise for the child/young person and family/carers.
2. Key Points from Discussion (including any significant events)	Summarise the key points of the discussion.
3. Views of the Child/Young Person on Progress	Child/young person's views as contributed within the meeting. Please specify areas of disagreement.
4. Views of Parent/Carer on Progress	Parent/carers' views as contributed within the meeting. Please specify areas of disagreement.
5. Decisions	<p>The consensus of the meeting needs to establish whether the objectives have been met, partially met or not met and what needs to happen as a result. Where a further plan is required then this would be noted and the key objectives requiring support. Some examples of potential recommendations are as follows:</p> <ul style="list-style-type: none"> • Return to universal programme • New plan prepared • Recommendation to continue legal order • Recommendation to vary legal order • Place on CP Register • Remove from CP register • Remain on stage of intervention • Move to stage of intervention
6. Is everyone in agreement with the decisions	Please specify areas of disagreement.
Signature	Chairperson's where the chair is not the lead professional, otherwise the lead professional signature and details.
Date, Time & Venue of next meeting	Insert details of next meeting.
Additional Distribution List	All those in attendance and who provided apologies will be given a copy of the minute. Details of those not in attendance or providing apologies that are to be sent a copy of the minute to be added here, and any other relevant parties (eg Adoption Panel Administrator; Named Person; Reporter)

Form 7: Chronology

The chronology should be in date order with the most recent entry coming at the end of the chronology. Use of acronyms and abbreviations should be avoided.

Element on Form	What to input
Date Chronology Last Reviewed and Analysed	The date entered here should be the date the form was reviewed and analysed which may be different from the date information was last recorded
Named Person	Please complete all contact details.
Date/Time of Event	The date and time the significant event occurred. Recording the time can help contextualise the concerns held and reason(s) for intervention eg making sense of some delays in follow up actions or timing of the significant events in relation to ability to keep appointments or child or young person's arrival time at school.
Date/Time Event Recorded	The date and time the significant event was recorded as part of the chronology (this is likely to be different from the date/time of the event).
Key Event and Brief Explanation of Significance Where Relevant (including category)	A brief description of the event and a brief explanation of its significance where relevant. Positive improvements and events should be recorded in circumstances where this contributes to the ongoing assessment and to decision making. There is a box in each row under this section where the letter of the category which best describes the type of significant event should be added.
Action and Outcomes	Describe what happened as a result of this event eg in most circumstances it would be important to note the child or young person was seen (where relevant on their own) to establish the impact upon them. This should include specific actions taken by which agency. Where appropriate there should be signposting to case records for further information.
Source Agency and Agency Contact	The agency who first noted the event and the staff member the information came from. If the information came directly from the parent they should be recorded as the source. Roles and positions should be clearly recorded when known.

Please note that the rows can be added for more events and the document can continue on to several pages. See [Detailed Chronology Guidance](#) for additional guidance.

Form 8: Non-disclosure of Information (See Section 2 for additional guidance)

This form should be completed in all circumstances where a decision is taken not to share information with a person who has parental rights and responsibilities in order to safeguard either the child/young person or another adult in the situation. This can be an informal decision or a formal order. In these situations it should be made very clear to all agencies what the justification is for non-disclosure and to ensure that those other agencies keep the information confidential.

Form 9A: Placement Arrangement

Element on Form	What to input
Named Person	Please complete all contact details.
1. Placement	Insert details of the proposed carer. If the child/young person is to be placed in a residential setting the Keyworker's name should be provided along with contact details.
Start date	Date placement is required from/agreed start date
Placement type/purpose	<p>Placement type should be one of the following:</p> <p><i>With friends/relatives</i> <i>With foster carers</i> <i>With prospective adopters</i> <i>With kinship carers</i> <i>Clackmannanshire Council care establishment</i> <i>Falkirk Council care establishment</i> <i>Stirling Council care establishment</i> <i>Other local authority care establishment – specify which</i> <i>Voluntary care establishment</i> <i>Private care establishment</i> <i>Residential school</i> <i>Secure accommodation</i> <i>Other community – specify what this is</i> <i>Other residential – specify what this is</i></p> <p>Placement purpose should be, for example:</p> <p><i>Short-term assessment</i> <i>Respite or short-break</i> <i>Long-term or permanent placement</i> <i>Adoption etc</i></p>
Reason for placement	Short description of why a placement is being sought for the child/young person
Child/Young Person's Understanding of Reason for Placement	This should be completed if the child/young person has an understanding of why placement is being sought and should be at an age appropriate level
Parent/Person with Parental Responsibilities' Understanding of Reason for Placement	This should reflect the parent/person with parental responsibilities' <u>understanding</u> of the reason for placement, not the information shared with them about the reasons for placement.
Has the child/young person been looked after away from home previously	Brief details of why a previous placement broke down may help to prevent this being repeated. Information available may also inform a carer/keyworker about triggers for behaviours, strategies that work and why a child/young person is behaving in a particular manner.
Previous placement breakdown	
2. Routines	The following should be noted in this section - child/young person's day to day care routine, any specific care needs around routines and behaviours they are known to display/what triggers this (if known)/how they can be diverted from this.
3. Physical Description of Child/Young Person	This should include identifying features, for example: eye colour; height; scars or distinguishing features. Clearly this section will require to be updated as the child/young person grows.

4. Health	This section should note any health conditions, treatments and/or medication that the child/young person requires. It should also record any training needed for the carer/keyworker to allow them to administer treatment/medication or to meet specific health care needs.
5. Education	This section should only include any arrangements that need to be put in place <u>as a matter of urgency</u> in order to facilitate the child/young person's attendance at school once they are placed. If the child/young person is out of school the care arrangements for them during school hours should be included in this section.
6. Contact	All immediate contact considerations should be recorded and updated as necessary.
7. Child/Young Person's Social and Identity Needs	The child/young person's and the parent/person with parental responsibilities' views should be taken into account and recorded in relation to the child/young person's needs.
8. Consent	The parent/person with parental responsibilities should express their views/wishes in relation to what they would consent to the Local Authority taking forward while the child/young person is looked after away from home. If the parent/person with parental responsibilities does not want to give consent to particular areas they can outline the reasons for this.
9. Section 25 Agreement	For parent/person with parental responsibilities to sign indicating agreement with the child/young person being looked after away from home. If appropriate, the child/young person's agreement should also be recorded.

Form 9B: Placement Agreement

Element on Form	What to input
Named Person	Please complete all contact details.
1. Placement	Foster Carer/Residential Keyworker's name and contact details
2. Timekeeping	Parent/person with parental responsibilities and the child/young person's views should be discussed and taken into account alongside the house/placement rules.
3. Browsing, Watching and Mobile Phone Use	Consideration should be given to all parties' views as well as safety issues around internet access. Appropriate contact levels via internet access/mobile phones should also be reflected.
4. House Rules, Boundaries and Sanctions	Should outline day to day house rules/expectations, boundaries that would normally be around in placement and any that would be beneficial to the child/young person. This section should also reflect what strategies may be helpful and any sanctions that will be used when dealing with the child/young person's behaviour.
5. Roles and Responsibilities	Clarifies who is primarily responsible for certain aspects of the child/young person's care while they are in placement. This should also identify the plan (when, where and how often) the child/young person's Social Worker will see the child/young person and their carer (not necessarily at the same time).
6. Agreements	Confirmation that discussion has been undertaken with the parent/person with parental responsibilities, the carer/keyworker and, if appropriate, the child/young person. This section should also outline Social Work Services' views. If there are any aspects of the placement that the parent/person with parental responsibilities and/or the child/young person does not agree with the areas of disagreement should be recorded in this section.

Police Concern Form

The following information is required to be collated by Officers in respect of raising a concern for a child/young person:

- Full name of child/young person (if the child is unborn, use the mother's surname and use 0 (zero) in the age box and write the expected date of delivery in the grounds for concern)
- Date of birth
- Gender
- Ethnicity code
- Place of birth
- Home address including post code
- Contact numbers (home/mobile)
- Other persons living at home including siblings and significant adults
- Current school
- GP/Health Visitor and practice
- Any previous Social Work involvement
- Is the child/young person presently subject to supervision

- Details of care placement is applicable
- Condition of home if visited
- Type of incident
 - Child at Risk
 - Child Offender
 - Child Offender – Formal Warning
 - Combination Child Offender/At Risk
 - Adult at Risk (Children)
 - Domestic Abuse – Children in Relationship
 - Young Runaways
- Brief circumstances around the concern
- Location at incident – present/not present
- If not present, details of where child/young person was
- Any associated risk factors – ie: alcohol, pregnant, mental health issues
- Views of child/young person, parent or carer
- Child/young person, parent or carer made aware that information may be shared with partner agencies
- Officer's recommendations

You should provide the young person/parent/carer with your contact details and tell them that the information you have obtained MAY be shared with other partner agencies with a view to ensuring that any support and subsequent intervention is appropriate, proportionate and timely. They should be asked to sign your notebook to acknowledge that they understand this.



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Section 4

Named Person

A Named Person for Every Child or Young Person

The role of the Named Person is a key part of the Children and Young People (Scotland) Act (2014), which sets out the duty to make available the 'Named Person Service' to every child and young person in Scotland up to the age of 18. The Act formalises what should happen in the GIRFEC approach.

The Named Person will ensure that any support provided will be co-ordinated, child-centred, efficient and responsive. This means that the child or young person and their family have a single point of contact who can work with them to sort out any help, advice or support if they need it.

The introduction of the Named Person Service will enable emerging signs of potential concern to be picked up and support to be offered earlier and more effectively.

Under the GIRFEC approach, the Named Person role will be undertaken by an individual in universal services, ie health or education. Their role will be to act as the point of contact for children or young people and families, and for other practitioners or members of the public. They will have a responsibility to promote, support and safeguard children or young people's wellbeing. The role will continue to form part of their day-to-day work, and most children or young people will get all the help and support they need from their families, universal services, and their community. At various times, however, during childhood and adolescence, many children and young people will need some extra help. The Named Person should be in a position to provide or access information, advice and support to children and young people from within their own service, and when necessary to request support from other services or agencies.

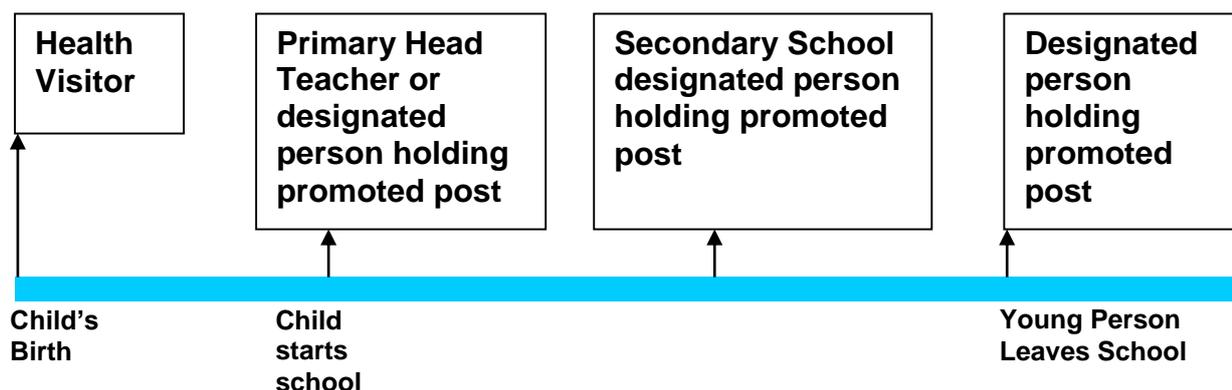
Practitioners in the universal services of health and education are key to promoting, supporting and safeguarding the wellbeing of all children or young people, and they do that through their day to day activities and engagement with children or young people and families. The principle is that it is everyone's job to prevent problems occurring, or to intervene to offer help to the child or young person or parent at the earliest opportunity. Practitioners, working with children or young people and parents or carers, have the best chance to take early and effective action. The Named Person in health or education is key to ensuring the right help is available at the right time for the child or young people and family.

Who provides the Named Person Service?

Local authorities and Health Boards will be the main organisations that will have a legal duty to make sure there is a Named Person available for every child or young person. Some other organisations, like independent or grant-aided schools will also have a legal requirement to make a Named Person available to the children and young people in their care. In the situation where a young person aged between 16 and 18 years is detained or serving a custodial sentence, the Named Person will be provided by a promoted member of Scottish Prison Service staff.

The Health Visitor will open a health record on each child at birth, and will be responsible for keeping core information and the chronology of significant events up to date. If a child or young person and family need targeted intervention, the Child/Young Person's Plan creates a vehicle for working jointly with families, other practitioners and agencies. The Named Person will use the National Practice Model as a starting point when they have particular concerns about a child or young person and when some families may need extra help.

The Health Visitor, as the Named Person, will also be responsible for passing relevant information to the Education Named Person when the child commences formal education.



Named Person Service in Forth Valley

Every child and young person in Forth Valley will have a Named Person who will be responsible for making sure that they have the right help in place to support their development and wellbeing. For children under school age the Named Person will normally be the allocated Health Visitor and they will work closely with Midwifery or Early Years services where the need for targeted intervention has been identified. The Health Visitor will remain the child's Named Person until the child starts formal Education. Here, the Named Person will be the Head teacher or another designated, promoted member of staff. For children and young people in the following circumstances the provision of the Named Person role has yet to be confirmed:

- Children and young people from the gypsy, travelling community
- Children and young people who are home schooled or have reached their school leaving age but remain in the care of the Local Authority
- Young person leaving school at 16 to 18 years who may or may not have a post-school destination.

Most children and young people get all the help and support they need from their families, from teachers and health practitioners, and from their wider communities – the Named Person does not change these roles. In Health, this includes the normal assessments relating to children, within the aims of *Health For All Children*. In Education the Named Person will be familiar with a child or young person's progress through ongoing assessments and planning across the four contexts for learning described in the *Curriculum for Excellence*.

If a concern has been raised or identified, the Named Person will consider the need to take action, help, or arrange for the right help in order to promote, support, and safeguard the child or young person's development and wellbeing. The Named Person's response to any wellbeing concern should be proportionate, informed by the child or young person's view and should reflect the nature of their need for additional support. **If the urgency of the concern suggests a risk of harm, child protection procedures should be followed immediately.**

Referring to the [8 wellbeing indicators](#), they will need to ask these practitioner key questions:

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 do to help this child or young person?
5. What additional help – if any – may be needed from others?

The Named Person will also help children, young people and families feel confident they can raise concerns and talk about their worries to people who will listen and respect their point of view and work with them to sort things out. Above all, they will ensure that the child or young person's views are listened to and that the family, where appropriate, is kept informed.

Where there is more than one Named Person involved with a family, careful planning and good communication is vital to identify any unmet needs.

Guidance on transfers within the Named Person service, from one service to another and from one authority to another authority and in relation to lack of engagement/conflict with families and between services has not yet been completed. Further information will be provided once available.

The Named Person's decision not to share information should be properly recorded, in hard copy case files or in an electronic file, for future reference.



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Section 5

Team Around the

Child

Definition

The Team around the Child (TAC) provides a consistent approach for practitioners and families working with children or young people who may need extra help. Any Child Protection concerns should follow the established protocols and procedures eg a TAC in this situation would be referred to as a Core Group.

Principles

The underlying principles are:

- The child's or young person's needs must come first;
- The child or young person's wellbeing is everyone's responsibility;
- All organisations must work together for the benefit of the child or young person;
- Children or young people's rights should underpin this process;
- Parents or carers' rights must be considered and inform the process;
- All agencies involved in a TAC should work effectively together to ensure needs are met in a timely, proportionate and appropriate manner;
- The TAC approach should facilitate positive working with children, young people and their families.

Why have a Team Around the Child Meeting?

The Named Person (or an appropriately designated person) should convene a TAC when:

- There is a need to co-ordinate supports and services for a child or young person to ensure that the family does not have to keep repeating themselves and a meeting would better serve this purpose rather than by other means of contact eg phone, email;
- As the result of an assessment, to identify and plan how identified needs will be best met. This may be through a universal service or by requesting assistance from a specific service.

When should you have a TAC?

Using the practitioner key questions and an assessment of wellbeing should help identify when there is a need for a TAC. It is important to take all necessary steps to ensure that the parents or carers or children and young people are involved and that steps have been taken to obtain their views in preparation for the meeting and in particular if they are not going to attend. If it is considered that a child or young person's attendance at a TAC meeting would not be in their interests, or is likely to be counterproductive, then alternative methods of placing them at the centre of interventions and decision making should be sought. Consideration should be given to the availability of representatives from key services. However, this should not get in the way of TACs being held timeously.

NB: Consideration should always be given to whether there is a need for a meeting or if a phone call would achieve the same outcome.

Where should you have a TAC?

When deciding to have a TAC meeting consideration should always be given to the needs and views of the children, young people and families eg practicalities of transport, child care, and accessibility.

In circumstances where it is considered important to have the participation of key individuals eg GP or Consultant, the hospital or GP practice may be the best place to hold the meeting.

Who should attend the TAC?

The initial assessment should guide who should be invited. Children, young people and families should be consulted as part of this process.

When thinking about who to invite, consideration should always be given to the appropriateness of information sharing and be proportionate to the needs of the child or young person.

What happens if there is more than one child or young person in the family who requires targeted intervention?

Regardless of the number of children or young people in the family, where they have unmet needs, each child or young person should their own action plan. Points to consider:

- Separate TAC meetings for each child or young person should be arranged if this is considered to be the best approach
- One meeting should be convened where each child or young person's needs are considered separately, if considered to be the best approach
- In some situations there may be more than one Named Person. Careful planning and good communication will be necessary between the Named Persons to identify the best way forward in relation to meeting the child or young person's needs

What is the role of the Lead Professional in the TAC?

The Lead Professional should be identified when there is more than one agency working with the child, young person and family. This identification of the Lead Professional role should be an agenda item of the meeting. For all future multi-agency TACs the Lead Professional will be expected to lead this process and work closely with the Named Person.

Why is it sometimes necessary to have a Practitioners meeting as well as a TAC?

In the absence of shared electronic systems, from time to time practitioners will require to meet and exchange Child/Young Person's Plan information. This could be before, after a TAC or a separate meeting.

There may also be on occasion when clarity of roles or conflict resolution is required in the absence of children, young people and families.

Children, young people, parents and carers should be made aware of any practitioners' meetings and know what is being discussed unless in circumstances where there are clear grounds for withholding this information.

What if children, young people and families don't attend?

The group must consider how best to engage them in the process. Consideration may be given to:

- Agreeing a plan of engagement
- Who will lead this
- How this will be monitored
- When the TAC meeting should be reconvened
- What action can be put in place in the meantime to mitigate any concerns

If concerns are increased by parents or carers' non-engagement eg unmet needs become Child Protection concerns, then Child Protection procedures must be followed.

What if agencies don't attend?

The Named Person or Lead Professional requires to establish if there are any practical reasons for an agency's non-attendance and should endeavour to take this into consideration when planning and coordinating TAC meetings. If non-engagement persists the identified Lead Professional should raise these concerns with the relevant manager in the service.

NB: It is not the Named Person or Lead Professional's responsibility to manage the work of other services. Their role is to co-ordinate the Child/Young Person's Plan.

Review

A date for the review should be considered at the end of every TAC meeting. The timescale involved should be determined by the needs of the child or young person and the identified timescales for the actions outlined in the action plan.

At the review meeting the following should be considered:

- Whether the services outlined in the initial action plan have met the child or young person's needs
- Whether they need to continue
- Whether new needs have been identified and additional supports may be required
- This will be recorded on a Record of Child/Young Person's Meeting and reflected in an updated action plan

Recording

The purpose of the detailed action plan is for agencies to have a consistent method of recording and reviewing interventions and outcomes for children and young people. It also allows families to:

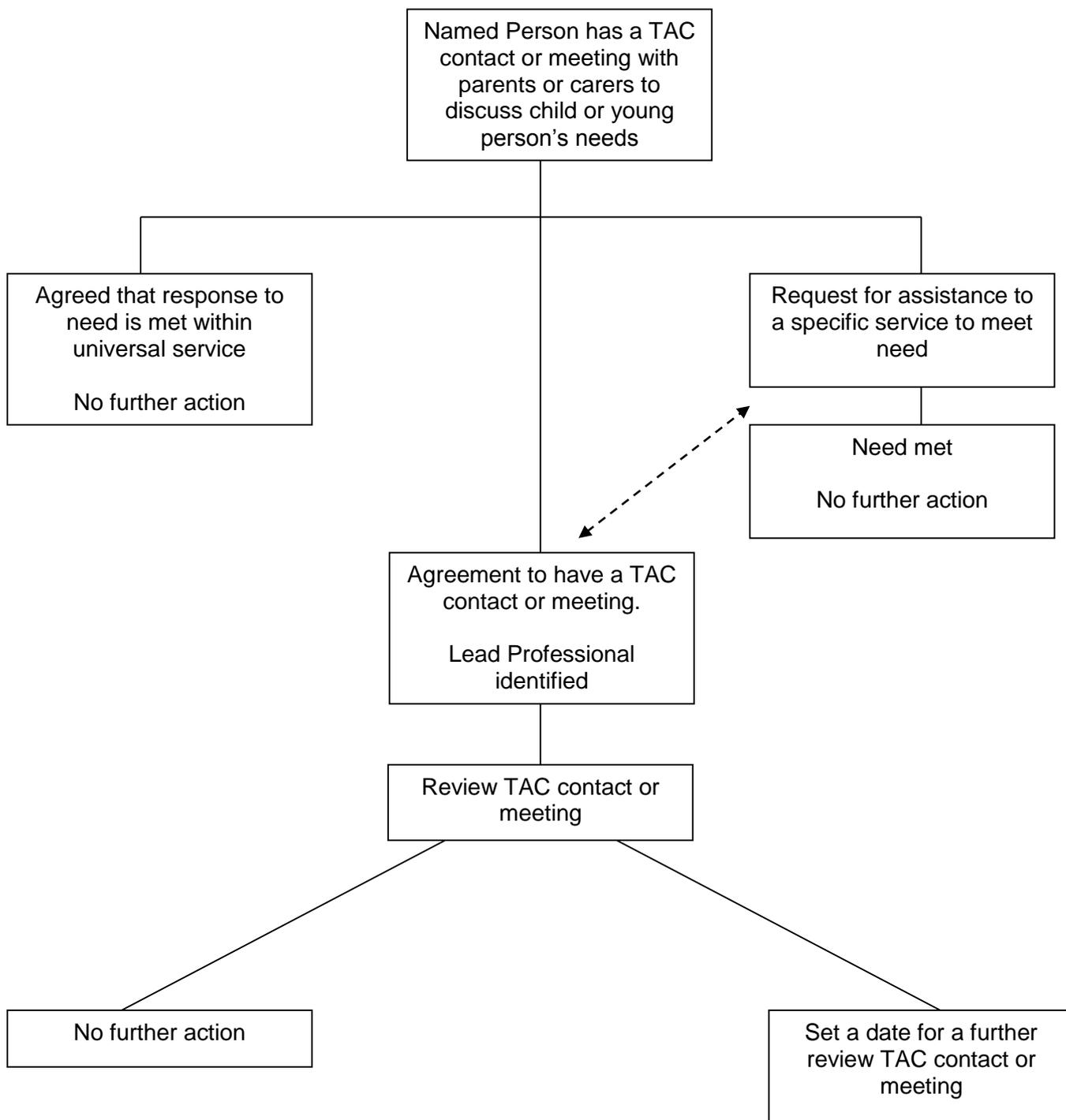
- Have a clear understanding of the agencies involved with their child or young person and their roles and responsibilities
- A clear understanding of the actions required of parents and carers
- A clear understanding of the actions required of children and young people.

Children, young people and their families should have access to all relevant TAC paperwork (unless otherwise agreed with an individual eg a young person who does not wish to have information shared with parents or carers).

The Named Person and, where appropriate, the Lead Professional should retain all relevant and up-to-date TAC paperwork and ensure that this is shared appropriately.

A [TAC Pack](#) is available to assist with arranging and chairing a TAC meeting.

Team Around the Child (TAC)



Timescale for meetings should be determined by needs of the child or young person.



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Section 6

Lead Professional

What is a Lead Professional?

The role and duties of the Lead Professional is not outlined within legislation but will be made clear in strategic guidance which will explain how this relates to the management and co-ordination of the Child/Young Person's Plan. Unlike the role of a Named Person, which flows from the functions of the universal service of health and education, the Lead Professional is expected to be the person best placed to support the child or young person's needs and address any risk or concerns. This will not automatically fall to any one agency but will vary depending on the individual circumstances of the child or young person and their network of support. The Scottish Government has required public bodies to establish the arrangements that suit them best, advising that this is an area where guidance is more appropriate alongside legislation.

Why is a Lead Professional needed?

When two or more agencies need to work together to help a child or young person and family, there will be a Lead Professional to co-ordinate that help. A Lead Professional is someone who takes the lead to co-ordinate provision and be a single point of contact for a child or young person and their family, when a range of services are involved with the child or young person or family and an integrated response is required.

Who is the Lead Professional?

The Lead Professional may be drawn from any of the services or agencies who are partners to the Child/Young Person's Plan (ie those services or agencies who are providing a targeted intervention to address the child' or young person's wellbeing needs). The choice of Lead Professional will be dependent on the needs of the child or young person and the interventions and outcomes identified within the Child/Young Person's Plan eg if there were child protection concerns in relation to the child or young person that led to their name being placed on the Child Protection Register and they have a Child Protection Plan; in most circumstances the Lead Professional would be a Social Worker. Children and young people who are *Looked After at Home* or *Looked After Away from Home* and therefore subject to statutory requirements will in most circumstances have a Lead Professional Social Worker. However, if the main concerns relate to the child or young person's health consideration should be given to identifying a Health Lead Professional

Therefore, the decision about who is best placed to be the Lead Professional is informed by:

- Statutory responsibility,
- The kind of help required,
- Relationship of individual practitioners with the child or young person and families.

The Named Person could take on the role of Lead Professional.

What does a Lead Professional do?

The Lead Professional is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective integrated support. These functions are to:

- Work closely with the child or young person's Named Person in circumstances where the Named Person and Lead Professional are not the same practitioner;

- Act as the main point of contact with the child or young person and family to discuss the action plan, how it is working and any changes in circumstances that may affect the action plan;
- Be a main point of contact for all practitioners who are delivering services to the child or young person;
- Make sure that the help provided is consistent with the Child/Young Person's Action Plan and that services are not duplicated;
- Work with the child or young person, their family and relevant practitioners to make sure that the child or young person's and family's views and wishes are heard and properly taken into account and, when necessary, to link the child or young person and family with specialist advocacy eg Children's Rights Officer;
- Support the child or young person and family to make use of help from practitioners and agencies;
- In conjunction with other services and the child or young person and their family, monitor how well the Child/Young Person's Plan is working and whether it is achieving better outcomes as identified in the Action Plan;
- Co-ordinate the provision of other help or specialist assessments as needed, with advice from other practitioners where necessary, and make arrangements for these to take place;
- Arrange for relevant agencies to review together their involvement and amend the Child/Young Person's Plan when necessary eg review and update the integrated chronology;
- Make sure the child or young person is supported through key transition points; and
- Ensure a careful and planned transfer of responsibility when another practitioner becomes the Lead Professional, for example if the child or young person's needs change, the family moves away or the Lead Professional leaves.

The Lead Professional will not do all the work with the child or young person and family; neither does he or she replace other practitioners who have specific roles or who are carrying out direct work or specialist assessments. The Lead Professional's primary task is to make sure that all the support provided is working well, links with involvement of other practitioners and agencies and is achieving the outcomes specified in the child or young person's Action Plan.

What is the relationship between the Lead Professional and the Child/Young Person's Plan?

The Child/Young Person's Plan should include a single action plan and be managed and reviewed through a single meeting structure, even if the child or young person is involved in several processes; for example, being looked after or having a co-ordinated support plan. The Lead Professional should ensure that the expertise of those involved is properly integrated along with evidence gathered through specialist assessments in order to give the fullest possible picture of the child or young person's needs and how best they can be met. The Lead Professional is also responsible for co-ordinating any actions taken to improve the outcomes for the child or young person.

The Lead Professional will be responsible for ensuring the production of an agreed multi-agency Child/Young Person's Action Plan, based on an assessment of needs and with a particular focus on the risks to the child or young person and the interventions needed to reduce these risks.



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Section 7

Chronologies

Definition of a Single Agency Chronology

A single agency chronology provides a factual record of significant events in a child or young person's life to date, drawing on the knowledge and information held by an agency or service involved with the child or young person and family. **An event can be anything that has a significantly positive or negative impact on the child or young person.** It does not have to happen to the child or young person, but could result in a change of their circumstances, which has positive or negative consequences for them. It should provide key dates with a brief description and summarised account of significant events and include any actions and outcomes in relation to these events in date order, starting with the most recent entry first.

Concerns such as domestic abuse, problematic substance use, and other concerns impacting on the wellbeing of the child or young person and eg child protection referrals or referrals to the Children's Report should also be recorded. In most circumstances the child or young person's chronology will start with their birth, however, in some cases, it will be relevant to start the chronology pre-birth. This will show any emerging patterns of risk before the baby is born.

A chronology is an analytical tool to assist in the understanding of the impact of life events and to inform decision making. A chronology can provide an early indication of an emerging pattern of risk and concern. This may be evident by gradual and persistent withdrawal from protective factors such as non-attendance or avoidance of health appointments and non-attendance at nursery/school alongside a frequent attendance at A&E or GP on-call service.

What should be taken into account when producing a chronology?

Evidence gathered from practitioners and research shows chronologies to be a very effective tool, however they can also be complex. For example, a single incident, no matter how significant or insignificant it may appear itself can take a greater importance in the life of a child or young person when placed in the context of a time-lined chronology that can be shared. Further, information may come to the attention of practitioners whilst the impact on the child or young person is yet to be established. For example, there could be changes to the family composition, new adults in the child or young person's life, a move to another area or school etc which may or may not be a significant event and it may be unknown in terms of whether it will have a positive, negative or neutral impact on the child or young person's wellbeing. Here the use of hindsight will be important and practitioners will require to review case records, Child Health records or pastoral notes and subsequently add information to the chronology if later found to be significant.

It is important to note that what might be a key event in one child or young person's life, such as a period in hospital or a period of good health, or good attendance after a long period of absence or exclusion, will not be relevant to another child or young person. In this respect agencies are asked to use their professional judgement in completing or contributing to a chronology

A chronology is designed to make sure that important information about children and young people is gathered systematically in a consistent format and used to assist practitioners and the children, young people and families they work with in decision making wherever possible. It keeps track of what has happened and is happening and allows children, young people, families and practitioners to understand how the unique circumstances and experiences of each child and young person impact on their wellbeing.

Definition of an Integrated Chronology

An integrated chronology is a gathering together of single agency significant events; incidents, milestones and circumstances in a child or young person's life, which are considered to be *significant* by members of the multi-agency team. These can be past or present; and may be interpreted as strengths or concerns or as having a positive or negative impact.

An integrated chronology should only include what could be described as the *headline messages*, which clearly signpost to where more detailed information is held by single agencies – and should be recorded within the agency's own single agency chronology record. To be useful, it must be kept up to date through the contributions of all relevant agencies to inform risk assessment, review and decision making.

An integrated chronology is produced as part of a specific multi agency intervention and will include only information extracted from single agency chronologies that is relevant and proportionate to support that intervention. Integrated chronologies may be critical to decision making in the legal process and should include significant statutory steps eg referrals to the Reporter; Reporters' decisions, Children's Hearings' decisions.

Professional judgement will be required when assessing relevance to the purpose for which the integrated chronology is required. In particular, care should be taken not to produce unmanageable lists of events that make it impossible to identify risks or patterns of behaviour. To reduce the risk of chronologies becoming unmanageable it is important to regularly review their content to ensure quality. Such reviews could be incorporated into the Team Around the Child process and there may be occasions when discussions should take place with supervisory staff in relation to what should be included. In some cases there will be a need to summarise events eg where a chronology covers a significant time period or where there is a large number or accumulation of significant events being collated.

A single agency or integrated chronology is not a record of an agency's involvement with a child or young person, it is a record of significant events in that child or young person's life.

What would be examples of positive and negative significant events?

Traditionally, chronologies have been used as a tool for practitioners to record and monitor risks, particularly in relation to child protection. *The Child/Young Person's Plan* chronology should be used in partnership with children, young people, families and practitioners to promote understanding of the child or young person's wellbeing, including understanding of risk. Chronologies can be used to explain the impact of family circumstances on a child or young person, for example changes in the family make up due to illness, absence or bereavement may affect the child or young person and present as uncharacteristic behaviour or a drop in performance at school. A period of homelessness will unsettle a child or young person and their confusion may show in different ways. Post-natal depression might affect the mother's capacity to provide regular routines and structure and may affect the baby's sense of security which could result in disrupted sleeping patterns. These examples may be seen in the context of significant changes to the child or young person's wellbeing.

However, just as families have a right to understand what is concerning enough to practitioners to be recorded in a chronology, it is also critical that everyone acknowledges and records positive improvements or signs of resilience in the child or young person. Examples might be marked improvements in attendance or achievement, sustained contact with specialist health practitioners which are positively impacting on health. One of the most

important principles of GIRFEC is to build from strengths and to develop the capacity of families to manage as independently as possible. One way to ensure that this principle is evident in practice is to record both positive and negative significant events in the chronology.

How can a chronology contribute to assessment and analysis?

To help understand the patterns and trends of the events in a child or young person's life, agreement has been reached within Forth Valley to break down significant events into the categories listed below. Practitioners should categorise each event as it is entered in the chronology. This will support practitioners and families to view the chronology in different ways, ie by viewing each of the categories independently if required.

Categories of significant events

- A. Significant changes in child or young person's wellbeing
- B. Significant changes in parent or carer's wellbeing (which impact on the child or young person)
- C. Significant changes in family, household, housing circumstances
- D. Legislative changes (in legal status of child, young person or parents or carers)
- E. Patterns of failure to attend, eg appointments, school, school exclusion and refused entry to family/household
- F. Child protection
- G. Requests for Assistance or referrals
- H. Significant changes in professional staff or services.

See appendix 1 for examples of significant events.

How can a Chronology Contribute to Improving Outcomes for Children and Young People?

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

A chronology contributes by:

- Providing a brief, factually based summary of events which is short, concise and to the point, and which clearly identifies the source of information. It does not replace existing case notes or records which will include much more detailed and sensitive information
- Assisting children, young people, families and practitioners to identify and record positive and negative patterns, changes or events which impact on a child or young person to inform decisions about appropriate, proportionate and timely help
- Helping to identify at a glance evidence of resilience and the child or young person or family or carer's potential to support needs or progress with minimal intervention
- Providing cumulative evidence of emerging needs and risk and highlighting when a different response might be necessary, or when a reduction in intervention might be in the best interests of the child or young person
- Providing a record of key dates of when significant events occurred and the actions taken and outcomes where known
- Providing the child or young person with useful information and milestones at key transition points to ensure information is not lost

- Supporting reflection on past and current developments by regularly updating the chronology
- Providing a common format in every agency which allows chronologies to be integrated, shared and viewed where this is in the best interest of the child or young person.

Who holds a Key Role in respect of Chronologies?

The Named Person is responsible for creating and maintaining a chronology.

In relation to the single agency chronology there is a key role for the Named Person at transition points. They must ensure that all shareable relevant information appropriate to the needs of the child or young person is passed to the next Named Person who may be in a different agency. Upon receiving a concern from another agency relating to the wellbeing of the child or young person, the Named Person will record that information has been received. If perceived to be a significant event they will add information to the chronology, include the source of the information and what action has been taken and any known outcomes.

The Lead Professional is responsible for collating and maintaining the integrated chronology and all agencies involved in the integrated assessment are expected to contribute to the chronology.

The process will work best when there is a shared sense of responsibility by all for gathering, recording, and passing the information to the Lead Professional who will in consultation with the other partners to the Child/Young Person's Plan take overall responsibility for coordinating, collating and distributing the integrated chronology.

Children or Young People and their Families

Parents, carers, children and young people are entitled to a copy of the integrated chronology, providing this does not place the child or young person at risk or further risk and any restricted information is removed.

It is good practice to record that child, young person or family have had sight of the chronology, agree with the content or where not record and consider what the disagreement centres on.

The Role of the Practitioner in Implementing Chronologies

All practitioners are expected to support the use of single agency and integrated chronologies in the following way:

- To use a chronology to enter all positive and negative significant events on the agreed common format and in line with agency definitions of significant events
- To involve children, young people and families as much as possible in discussions and decisions including sharing chronology information with other practitioners where it is in the best interests of the child or young person
- To share a chronology without consent only in circumstances where concerns are such that it is intended that information will be shared anyway. Children, young people and families should still be informed of information sharing
- To regularly update children, young people and families on the content of the chronology.

What types of significant events do agencies record?

There are some types of significant events that will be appropriate for all services engaged with children, young people and families to record on a chronology, where relevant. There are also some significant events which would be service specific eg necessary for Health, Education, Social Work or Police to record.

Examples of significant events can be found in Appendix 1. Please note however that these are neither a prescriptive nor exhaustive list. Further guidance should be sought from line managers or supervisors in circumstances where practitioners seek clarity.



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Section 8 Assessment, Analysis and Risk

What is Assessment?

An assessment is an ongoing process that aims to understand what is happening in a child or young person's life, taking account of a child or young person's developmental needs, the parenting capacity to respond to those needs, and the wider family and environmental factors that influence the child or young person's world. An assessment involves gathering information, considering observations and striving to understand how all these factors have a direct impact on the current and long term wellbeing of a child or young person.

The child or young person, their family, other agencies and practitioners in the child or young person's life will have equally valid information and experience of the child or young person. Therefore it is important to engage in collaborative assessments in order to check out what we know and understand about the child or young person, before any objective and accurate conclusions can be reached.

Assessment is an ongoing process therefore it is equally important to identify and re-evaluate the child or young person's changing circumstances to ensure that the child or young person's needs are being met. A child or young person's needs may need to be met during the initial or ongoing process and practitioners should not await the outcome of an assessment in order to respond.

Assessment frameworks provide a systematic way of analysing, understanding and recording what is happening to a child or young person and support clear professional judgements. Frameworks will help you organise how you undertake an assessment. They will generally focus on five stages:

- Preparing for the task;
- Collecting data (including views);
- Applying professional knowledge (analysis and understanding);
- Making professional judgements (on needs and risks);
- Deciding on required actions or recommendations (what are the desired outcomes; who and how are these to be achieved and by when).

What is Analysis?

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

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

- Think and debate about what is important and identify needs or difficulties;
- Explaining why these have happened, helps evidence 'your workings out';
- Understand the impact of strengths and pressures on this individual child or young person;
- Reach an understanding with the partners to the plan about what needs to be improved;
- Identify the principle aims and goals in terms of improving the child or young person's wellbeing;
- Agree desired outcomes;

- Generate possible ways of achieving these outcomes;
- Decide which ways are preferable/possible and construct and record the Child/Young Person's Action Plan.

Where there is targeted intervention it is the responsibility of the Named Person or, where appropriate Lead Professional, to ensure that relevant assessments, outcomes and actions are integrated into the Child/Young Person's Plan and that what is recorded is agreed by the Team around the Child.

Risk Assessment

"Needs and risk are the two sides of the same coin" (Aldgate and Rose 2006).

It is important to be clear about the purpose of the assessment, whilst remaining alert to both risk and need. In considering how to respond, practitioners must take into account not only immediate safety factors, but must consider the impact of risk on other aspects of a child or young person's development. A holistic assessment of child or young people's needs and risks will be achieved through the use of the My World Triangle assessment. Practitioners may also require to utilise specialist risk assessment tools:

- [Risk Assessment Toolkit](#)
- [National Risk Framework](#) – establishes a common language and culture of practice around considerations of risk as well as an extensive toolkit of materials for application and use.

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

If a child or young person is considered to be at risk of harm this child protection concern and other relevant information must be shared with the police or social work service following [Forth Valley Child Protection Guidelines](#).

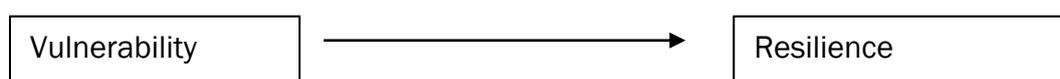
What is the Resilience Matrix?

The Resilience Matrix is a tool for analysis, which brings together the two dimensions of vulnerability and resilience, and adversity and protective environment. It provides a framework to help the analysis of the strengths and pressures in the child or young person's world.

The two dimensions interact. Strengthening or undermining factors boost or compromise the child or young person's resilience and protection.

Resilience and vulnerability are internal characteristics which are shaped by the child or young person's own genetic, nature and nurture factors, along with their own character and how they perceive and respond to situations.

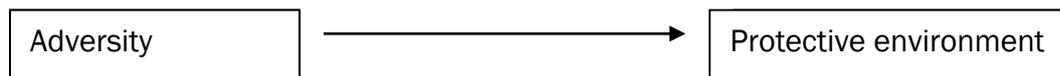
Internal characteristics



Assessing resilience is important because it is associated with better long-term outcomes for children or young people, therefore it can be used to guide planning for children or young people whose lives have been disrupted by abuse or neglect and who might require to be looked after away from home (Gilligan, 1997).

It cannot be looked at in isolation, as the extrinsic factors of protective and adverse environments will interact with the internal model of the child or young person.

External characteristics



Adversity and protective factors come from outside the child or young person, in the behaviour of adults, the resources available in the community and the ability of the child or young person and family to make use of these.

The [Resilience Matrix](#) has been developed to support practitioners to understand the interaction between the factors and gain some sense of the risks of impairment to the child or young person's health and development and plan interventions.

What is resilience?

Resilience is a key factor in protecting and promoting good mental health. It is the quality of being able to deal with the ups and downs of life, and is based on 3 fundamental building blocks – a secure base (sense of belonging and security), good self-esteem (internal sense of worth and competence) and a sense of self efficacy (sense of mastery and control along with an accurate understanding of personal strengths and limitations). Attention to different domains of children and young people's lives – secure attachment relationships, talents and interests, positive values and social competencies – can help practitioners to appraise and identify ways to strengthen these building blocks.

Resilience is built upon the complex interaction and operation of risk and protective factors at individual, family and community levels. **It is important to understand resilience as a process rather than a particular character trait.**

Understanding a child or young person's resilience factors are crucial when planning to intervene effectively. Plans need to take into account both the external and internal characteristics. These should then be understood in the context of adversity and protective factors within the child or young person's family, friends, community and environment.

Further information can be found in the [Resilience: concept, factors and models for practice briefing](#).

Resilience looks different for each age and stage of development although some factors are common no matter what age. Even though there are common and known factors for children and young people, what is not known is how each will interplay with the other to affect the individual child or young person.

Cultural Factors should also be considered:

- Affiliation with a religious organisation;

- Tolerance for different ideologies and beliefs;
- Adequate management of cultural dislocation and a change or shift in values;
- Cultural or spiritual identification.

How do you use the Resilience Matrix to Analyse Risk and Resilience Factors?

By placing the child or young person at the centre of the risk and the resilience matrix and working from their individual characteristics and experiences, you can ensure a tighter focus on their needs. Adult needs are less likely to drive the planning if the focus remains on the child or young person's experience, their understanding of that experience and the corresponding child or young person's actions and interactions.

On a [Resilience Matrix template](#) either plot along the axis or place within the relevant quadrants factors you consider to be associated with the child or young person's vulnerability, resilience, protective factors and adversity. This is not an exact science but is a means in which to give you a better sense of the balance of factors impacting on a child or young person's wellbeing.

NB: Using this tool children or young people should never be contained and identified as being in any one quadrant.

Consider the available information gathered in each of the quadrants that either promote or inhibit the child or young person's safety, wellbeing and development. Be very alert to any gaps in knowledge about the child or young person and the actions needed to obtain additional information. Check out the quality of information known by using the [Evidence Matrix](#).

In all of this process, pay attention to what is known about the child or young person, the caregivers, the environment and the professional systems/institutions.

In relation to risk analysis, consider:

- WHAT is it that might happen?
- IN WHAT CIRCUMSTANCES might it happen?
- HOW LIKELY is it to happen?
- HOW BAD would it be if it happened-and for whom?
- IN WHAT ORDER OF PRIORITY would you place any multiple risks?

Once Risks and Needs are Identified

- Generate all potential options for action, including no intervention;
- Describe the potential benefits and deficits of each option;
- Describe the most preferred option and why;
- Articulate what needs to be in place if a less preferred option is the only one available.

GIRFEC Glossary of Terms

Capacity to Consent: this is defined as the ability to understand, retain and communicate information about the decision to give consent and its implications.

Chronology: A chronology should provide a clear account of significant events in a child or young person's life, drawing on the knowledge and information held by an agency or service's involvement with a child or young person and their family. Events can be positive, negative or the impact unknown. A chronology may provide an indication of an emerging pattern of concern or risk. It should be used as an analytical tool to assist in the understanding of the impact of significant life events and to inform decision making. Integration of single agency chronologies can establish a wider context from the agencies involved with a child or young person. In most circumstances, a chronology will start with a child's birth, however in some cases, it will be relevant to start pre-birth to reflect emerging patterns of risk before the child is born.

Communication: In order to ensure understanding anyone requiring language or other interpretation or communication aids must be provided e.g. signing, interpretation assistance, etc.

Concerns: Concerns about a child or young person may be generated by children or young people themselves or by parents, carers, members of the public or from a wide range of services or agencies. They could come from any service that has contact with children or young people, or services that have contact with adults whose behaviour or lifestyle could impact upon children and young people.

Where a child is at risk of harm, child protection procedures should be followed: For all other concerns to be dealt with appropriately, proportionately and timely, a national system has been created involving a single point of contact. Concerns should be directed to the child or young person's Named Person. This should enable early and effective intervention, avoid duplication of service provision or delay and where relevant achieve a coordinated response.

Child's Plan: The Child's Plan sits within a single planning process and is aimed at addressing the issues that may be adversely affecting the child's or young person's wellbeing as a whole. This will include all the paperwork held in respect of the child or young person in relation to responding to their specific needs at any one time.

The Child's Plan will set out the child's and young person's needs, the actions taken to meet these needs, who will undertake those actions and the anticipated outcome. Children/young people and their parents/carers will be involved in the development of the plan which will include their views on the assessment and the plan to improve outcomes.

The GIRFEC approach ensures that a Child's Plan is prepared for a child (up to age 18) when there is a concern about wellbeing which cannot be addressed through the universal services generally available for children, and a targeted intervention is therefore required. The aim is to simplify the statutory planning process so that all services follow the same approach and children, young people and parents are key partners in that process.

Children and young people will continue to have their needs identified and met through the routine operational planning which is carried out by health visitors, teachers, and others but where more specialist and coordinated support is required either from within one of the universal services, or through multi-agency working, then the Named Person will consider whether a Child's or young person's Plan is necessary.

Child or Young Person's Action Plan: This is recorded on IAF paperwork (Child's Plan Guidance) Form 4. This plan is used when agencies or services work together to promote a child or young person's wellbeing. It follows on from a single or integrated assessment and specifies the desired outcomes or positive changes and the actions necessary to achieve them. It details exactly what will be done, by whom and by when to promote a child or young person's wellbeing.

Child or Young Person's Pathway: This diagram maps the journey children and young people make from birth to adulthood, outlining the needs that can be met by universal health and education services. The Pathway also details what happens when a child or young person has additional needs and requires targeted intervention from universal services or involving other agencies or services to address unmet need. There should be a Pathway poster on display within your workplace if you work with children, young people and families.

GIRFEC: Getting It Right for Every Child is a national approach and key policy driver to improve outcomes for all children and young people. It overarches all other policies for children, young people and families and is important for everyone who works with children, young people and their families as well as those who work with adults who look after children.

It has its roots in the United Nations Convention on the Rights of the Child but it is also informed by evidence and builds on the experience of practitioners, children, young people and families.

Information Sharing: A key part of identifying a child or young person's needs is gathering and sharing relevant information with agencies and services. Information sharing can however be a complex and sometimes confusing legal environment for practitioners. Sharing appropriate information at the right time improves outcomes for children and their families and can help prevent situations escalating into tragedies.

The Children and Young People (Scotland) Act 2014 provides that information should be shared between services and the Named Person if it is likely to be relevant to promote, support or safeguard the wellbeing of the child.

Practitioners should not wait until a situation has reached crisis point before sharing information. They should also share when there are smaller changes. This allows patterns to emerge – and these can often point to more serious concerns, allowing appropriate help to be offered at an early stage.

By following these 'golden rules' of information sharing, practitioners can work with families and other professionals to ensure that children and young people have the best outcomes possible:

- Adhere to the principles of the Data Protection Act 1998
- Share information that is necessary, relevant and proportionate
- Record your rationale for sharing or not sharing information
- Make the child or family aware of why you are sharing
- Seek consent but only where appropriate and not if you intend to share anyway

Integrated Assessment Framework (Child's Plan Guidance): This is the guidance and paperwork that all agencies and services working in and across the Forth Valley area are expected to use or be incrementally embedding into their systems and processes.

Lead Professional: When two or more agencies or services need to work together to help a child or young person, a Lead Professional is agreed and a single Child's Plan should be formed and actioned by partners to the plan (referred to as the Team Around The child –TAC), coordinated by the Lead Professional.

Looked After Children: Looked After Children are defined in the Children (Scotland) Act 1995. They are defined as those in the care of their local authority. The majority will come into one of these categories:

- **Looked After at home:** Where the child (or young person) has been through the Children's Hearings system and is subject to a Supervision Order (regular contact with social services) with *no condition of residence*. The child or young person then continues to live in their regular place of residence (i.e., the family home).
- **Looked After away from home:** Where the child or young person has either been through the Children's Hearings system and:
 - is subject to a Supervision Order *with a condition of residence*,
 - is subject to an order made or authorisation or warrant,
 - is being provided with accommodation under Section 25 (a voluntary agreement);
 - or is placed by a local authority which has made a permanence order under Section 80 of the Adoption and Children Act 2007.

In these cases the child is cared for away from their normal place of residence, by foster or kinship carers, prospective adopters, in residential care homes, residential schools or secure units.

My World Triangle: The My World Triangle provides a common structure for assessment; to think about the child's or young person's whole world when services or agencies need a detailed picture of a child or young person's life. It is used to gather and structure relevant information. An integrated assessment is achieved when agencies work together to produce a shared assessment.

Named Person: The Named Person role is quite distinct from the parenting role. Parents have the rights and responsibility to bring up their children. The Named Person is a professional in the universal services of health or education, most often known to the child and parents or carers, and available to support children, young people and families when there is a need, and to act as a point of contact for other practitioners who may have a concern about the child or young person. This approach means that a network of support can be developed efficiently and quickly around the child, young person and family if extra support is needed.

National Practice Model: The National Practice Model is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people. It allows practitioners to meet the *Getting it right for every child* core values and principles by being **appropriate, proportionate** and **timely**.

When assessment, planning and action are needed, practitioners can draw on the National Practice Model, which can be used in a single or multi-agency context, and:

- provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person's needs, the strengths and pressures on them, and consider what support they might need
- defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action

- provides a shared understanding of a child or young person's needs by identifying concerns that may need to be addressed.

Outcomes: The Integrated Assessment Framework assists practitioners to measure improvements in the child or young person's wellbeing. These should not be confused with outputs, actions or service provision.

Outcomes must be:

- intrinsic to the child or young person
- measurable
- things that we can influence.

Requesting Assistance: This is the term used when a service identifies that the child, young person and/or family are requiring the support and intervention of an additional service(s). The additional service(s) will therefore receive a request for assistance from the Named Person or the Lead Professional.

Resilience Matrix: The concept of resilience is fundamental to children and young people's wellbeing.

The Resilience Matrix, brings together the two dimensions of vulnerability and resilience, and adversity and protective environment and provides a framework to help analysis of the strengths and pressures in the child or young person's world.

The two dimensions interact. Strengthening or undermining factors boost or compromise the child or young person's resilience and protection. By placing the child or young person at the centre of the risk and resilience matrix and working from their individual characteristics and experiences, ensures a tighter focus on their needs and informs decision making and actions required in the child or young person's plan.

Significant event: A significant event is something that has a positive or negative impact on a child or young person. It does not have to happen to the child or young person, but could result in a change of their circumstances. Significant events are recorded in date order in the child or young person's chronology, which is a tool used to analysis the impact of those events upon the child or young person.

Statutory Requirements: Something that is required by [law](#). A duty placed upon specific person's or for example, the Local Authority, the Health Board or Police.

Team Around the Child: This is the term used to describe the group of people who are contributing to improving a child or young person's wellbeing. It should include the parents and carers and relevant practitioners. A Team Around the Child meeting should also include the child or young person where appropriate. It could be a large group of people meeting and working together or it could simply involve the Named Person and parent and carer.

Universal Services: The universal services are those that everyone is entitled to access and are provided by the NHS and Local Authority Education Service, such as GP, Health Visitor, primary and secondary education.

Wellbeing and Wellbeing Indicators: The wellbeing of children and young people is at the heart of *Getting it right for every child*. The approach uses eight areas of wellbeing in which children and young people need to progress in order to do well now and in the future. These are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (Sometimes referred to as SHANARRI using the first letter of each indicator). These are the basic requirements for all children and young people to grow and develop and reach their full potential.

The wellbeing Indicators are used to record observations, events and concerns and as an aid in putting together a child's plan. They form part of the National Practice Model and when located together are called the Wellbeing Wheel.

Vulnerable Person Database (VPD)/Police Concern Report: When Police Officers respond to a call or attend an incident where children or young people are considered to be vulnerable, or they deal with circumstances where parents or carers' behaviour and actions is thought likely to have an impact upon children or young people; even when they may not have been present at the time, results in a police concern report being produced. This report is logged on the Vulnerable Person Database and a copy of the report is shared with the child or young person's Named Person and with Social Work Services, when relevant. The police concern report will contain relevant information in relation to the child or young person's wellbeing when this is known.

Glossary contains information adapted from: <http://www.gov.scot/Topics/People/Young-People/gettingitright>

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