



Renfrewshire Getting it Right for Every Child (GIRFEC) policy

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RENFREWSHIRE GETTING IT RIGHT FOR EVERY CHILD (GIRFEC) Policy

1. Introduction

- 1.1 The Renfrewshire *Getting it Right for Every Child* (GIRFEC) policy has been developed to provide a rationale and structure within which services for children and young people are planned, delivered and reviewed by all agencies under the direction of the Renfrewshire children and young people thematic board, Renfrewshire Children's Services Partnership (RCSP) and Renfrewshire Child Protection Committee (RCPC).
- 1.2 This document should be read in conjunction with the National Guidance for Child Protection in Scotland (2014); East of Scotland Inter agency Child Protection procedures and single agency child protection procedures.
- 1.3 The GIRFEC policy should be used by all agencies involved in providing a service to any child or young person and their families and carers in Renfrewshire.
- 1.4 Services to adults should be familiar with and follow the principles of the GIRFEC policy and approach in their work with adults who may have children or caring responsibilities.

2. Context

- 2.1 The Scottish Government introduced *Getting it Right for Every Child* (GIRFEC) as an approach to apply across all children and adult, public and voluntary sector services to improve the use of resources and achieve better outcomes for children and young people.
- 2.2 GIRFEC is the vehicle to achieve the social policy frameworks of *Equally Well*, the *Early Years Framework* and *Achieving Our Potential*. This builds on, and is reflected in a wide range of policies and strategies for all children and young people (including those who may have additional support needs). In addition, *the UN Convention on the Rights of the Child*; the *Curriculum for Excellence*, and *Better Health, Better Care* have helped shape the development of the GIRFEC approach..
- 2.3 The GIRFEC approach is incorporated into the National Guidance for Child Protection in Scotland (2014) and the National Risk Assessment Framework.
- 2.4 GIRFEC creates a single system of service planning and delivery across children's services. It is rooted in cooperation between services with the child at the centre, encourages streamlining and collaboration, and prevents services working in isolation from each other.
- 2.5 The Scottish Government's Children and Young People (Scotland) act 2014 provides a legislative basis for key elements of GIRFEC. It will enshrine in law a duty for all services and agencies to work together to meet the needs of children and young people. Services should work to support the *whole* wellbeing of a child

or young person. The act sets out an approach to welfare that puts an understanding of wellbeing based on the *GIRFEC* approach at the heart of the design and delivery of services.

The legislation will ensure that:

- all children and young people from birth up to leaving school have a Named Person;
- all relevant services cooperate with the Named Person in ensuring that a child's and young person's wellbeing is at the forefront of their actions; and
- single planning processes are in place to support those children and young people who may need the involvement of a range of services, through a single child's plan.

3. Renfrewshire Children's Services Vision

3.1 The Renfrewshire community plan for children and young people outlines the vision for children and young people in our area. Our vision states:

By 2022, we will get it right for every child and young person by ensuring that they live in a positive and inclusive environment, have the best start in life, be confident, healthy and be free from disadvantage

3.2 The vision builds on the commitment of community planning partners in Renfrewshire to embed the principles, practice and culture of the *GIRFEC* approach. Within Renfrewshire, the *GIRFEC* approach will underpin all our work with children, young people and their families.

3.3 *Reach for a Better Future*, the Renfrewshire strategy for children's services (2013-16), outlines how all partner agencies will work together to achieve better outcomes for children and young people and their families in Renfrewshire. This strategy, along with the integrated children's services plan, will deliver on the community plan vision for children and young people.

3.4 Our vision and outcomes build on our commitment to embed the principles of *Getting it Right for Every Child*. In Renfrewshire, the *GIRFEC* approach will continue to underpin all of our work with children, young people and their families to ensure that every child in Renfrewshire is supported to reach their full potential.

4. The *GIRFEC* approach and the concept of wellbeing

4.1 The *GIRFEC* approach calls for a positive shift in culture, systems and practice to ensure better outcomes for our children and young people. By modifying the way we think and act as individual professionals, as single agencies and as multi-agency groups, we can help all children grow develop and achieve their full potential.

- 4.2 The GIRFEC approach helps practitioners focus on what makes a positive difference for children and young people and on how they can act to deliver these improvements. GIRFEC is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.
- 4.3 Children’s wellbeing is important at every stage of childhood. Every child needs to be **healthy, achieving, nurtured, active, respected and responsible, and, above all, safe**. These are the eight indicators of wellbeing (SHANARRI) which we use for the purposes of identifying concerns, assessment and planning.

Safe	The child is protected from abuse, neglect or harm at home , school and in the community
Healthy	The child has the highest attainable standards of physical and mental health, and supported to make healthy, safe choices
Achieving	The child is being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in their community
Nurtured	The child has a nurturing and stimulating place to live and grow
Active	The child has opportunities to take part in a wide range of activities such as play, recreation and sport all contributing to healthy growth and development supporting a fulfilling and happy future
Respected	The child is involved appropriately in decisions that affect their wellbeing having their voice and opinion heard
Responsible	The child is encouraged to have an active and responsible role within their family, school and community
Included	The child receives assistance and guidance to overcome social, educational, physical and economic inequalities and is accepted as full members of the community in which they live and learn

5. Principles and Values of GIRFEC

- 5.1 The underpinning principle of GIRFEC is to do everything possible to achieve the 4 capacities outlined in the *Curriculum for Excellence*. We want our children and young people to be:
- Confident individuals
 - Effective contributors
 - Successful learners
 - Responsible citizens

5.2 The GIRFEC approach is underpinned by common values and principles which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the *United Nations Convention on the Rights of the Child* (1989) and build on the *Scottish Children's Charter* (2004).

5.3 GIRFEC is founded on 10 core components which are applicable to all settings:

- a focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing;
- a common approach to gaining consent and to sharing information where appropriate;
- an integral role for children, young people and families in assessment, planning and intervention;
- a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the wellbeing Indicators;
- streamlined planning, assessment and decision-making processes that lead to the right help at the right time;
- consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland;
- a Lead Professional to co-ordinate and monitor multi agency activity where necessary;
- maximising the skilled workforce within universal services to address needs and risks at the earliest possible time;
- a confident and competent workforce across all services for children, young people and their families; and
- the capacity to share demographic, assessment, and planning information electronically, within and across agency boundaries

5.4 GIRFEC 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; and

- involves working better together to improve life chances for children, young people and families

6. GIRFEC in Renfrewshire

In Renfrewshire we will:

- promote the wellbeing of individual children and young people based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time;
- keep children and young people safe: emotional and physical safety is fundamental and is wider than child protection;
- put the child at the centre: children and young people should have their views listened to and they should be involved in decisions which affect them;
- take a whole child approach: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life;
- build on strengths and promoting resilience: using a child or young person's existing networks and support where possible ;
- promote opportunities and value diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity;
- provide additional help which is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs;
- work in partnership with families: supporting wherever possible those who know the child or young person well, know what they need, what works well for them and what may not be helpful;
- support informed choice: supporting children, young people and families in understanding what help is possible and what their choices are;
- respect confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
- promote 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 colleague;
- make 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-ordinate help: recognising that children, young people and their families need practitioners to work together, when appropriate, to promote the best possible help; and
- build a competent workforce to promote children and young people's wellbeing: committed to contributing individual learning and development and improvement of inter-professional practice

7. What the GIRFEC approach means for those involved

7.1 Children, young people and their families:

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

7.2 Practitioners:

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

7.3 Managers in children's and adult services:

- will provide leadership and strategic support to implement the changes in culture, systems and practice required within and across agencies to implement the GIRFEC approach; and
- will plan for the transition, as staff in agencies move from the current working processes to the new child-centred processes

8. The role of the Named Person in Renfrewshire

8.1 Most children and young people will get all the help and support they need from their families, education, health and the services which are available to everyone within their communities. The GIRFEC approach involves the concept of a Named Person for every child. The Named Person will be a professional in the universal services of health or education, depending on the age of the child, to act as the

first point of contact for children and families and to ensure that appropriate planning is in place to meet their needs. Through children and families knowing whom to contact, their access to help is made easier. This is an essential feature of a child centred approach to early intervention.

8.2 In most cases, the Named Person will not have to do anything more than they normally do in the course of their day-to-day work. In health, this includes the normal checks relating to children, within the aims of *Health for All Children 4*. In Education, the Named Person will be familiar with a child's progress within *the Curriculum for Excellence*. In some circumstances, it may be that a child or family wish to contact their Named Person if they are worried about something. The Named Person may have concerns about the child's wellbeing that suggest further action is needed. Other individuals or agencies may have concerns about the child's wellbeing that they will bring to the attention of the Named Person.

8.3 Once a concern has been brought to the attention of the Named Person, it is the Named Person's responsibility to take action to provide help or arrange for the right help to be provided to promote the child's development and wellbeing. In order to respond proportionately, the Named Person will ask the five questions any practitioner should ask when faced with a concern.

These questions must always be underpinned by listening carefully to what children and families have to say:

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

8.4 Once a concern has been brought to their attention the Named Person must provide help directly or arrange for help to be provided to promote the child's development and wellbeing

8.5 The duties of the Named Person are outlined in Appendix 1.

8.6 The Named Person will be:

Stage in Child's Life	Named Person
Birth to school age	Health visitor
Primary school age	Promoted member of education staff
Secondary school age	Promoted member of education staff
Young people aged 16+ but not in school	Local authority

9. The Renfrewshire staged intervention approach

- 9.1 The Renfrewshire staged intervention approach (appendix 2) sets out the framework within which children's needs can be met, taking into account the GIRFEC principles and the legal context of the Additional Support for Learning (ASL) Act. The responsibility for identifying the needs of children lies with all staff working to support children and their families.
- 9.2 All children in Renfrewshire should be provided with the appropriate support using the staged intervention framework. For the majority of children in Renfrewshire their needs will be met by progression through the universal services of health and education (Stage 1).
- 9.3 Some children will have additional support needs which will mean that at some point in their lives, they will require extra help from one or more agencies.
- 9.4 All children in Renfrewshire should be provided with the appropriate support using the staged intervention framework. This framework provides 3 stages of intervention as detailed in the following sections.
- 9.5 The judgement as to where on the staged intervention a child will enter will be formed by gathering, assessing and analysing the information available using the GIRFEC national practice model (appendix 3) and will be informed by:
- research evidence;
 - practice guidance (including child protection procedures);
 - legislation and regulations;
 - practical experience;
 - training; and
 - common sense.
- 9.6 Factors which will influence the decision on how to intervene in a child's life (with particular focus on whether the child is at risk of significant harm) will include:
- age/vulnerability of the child;
 - reason for concern;
 - known history of the child/family;
 - acknowledgement of problem by parent/carer;
 - level of co-operation by parents/carer;
 - one-off incident or continuing pattern of incidents;
 - degree of injury/harm;
 - member of family responsible for harm/risk to child;
 - circumstances surrounding the incident/contributing factors;
 - identified protective factors/support networks/availability of services;
 - ability of parents/carers to effect and sustain change; and
 - engagement and compliance of parent/ carer.

9.7 Some children may enter the staged intervention framework at Stage 3 e.g. where there is significant or complex concerns such as child protection.

9.8 The Renfrewshire Child Protection Committee protocol, *Risk management framework, assessing and managing risk within the child protection setting* sets out the key principles which underpin the assessment and management of risk within child protection practice setting as it relates to children and their families. In addition the GIRFEC national practice model provides the assessment tools for risk identification and analysis.

10. The staged intervention approach in practice

10.1 Stage 1

This stage is the intervention provided by the universal services of health and education. These are the services provided to all children and families eg. health visitor/G.P/ education. Services at this level are the responsibility of a single agency.

The Named Person for every child in health or education, depending on the age of the child, will act as the first point of contact for children and families.

10.2 Stage 2

This stage involves the services within a single agency in promoting the welfare and wellbeing of all children particularly focussing on children where low level concerns arise in the delivery of universal services e.g. missed health appointments or poor school attendance. In these circumstances the wellbeing assessment is made by a single agency. Support and services are assigned to address the identified issues.

Within the single agency assessment the agency must gather as much information about the child as possible to enable appropriate available supports to be put in place. Although the agency is acting within its own resources, all relevant personnel from the agency should contribute to the assessment which should be co-ordinated by an appropriate professional within the context of the national practice model.

The single agency may at this stage consult with or alert other agencies with regard to emerging issues, however, an inter agency response to need is not required at this stage and the agency is acting alone utilising its own support systems.

There is a recognition that at stages 1 and 2 families can self refer to other agencies and voluntary organisations and that this may not always be known to universal services. There is also recognition that advice and support can be offered during the single agency assessment process by other agencies.

The Named Person for every child in health or education, depending on the age of the child, will act as the first point of contact for children and families.

10.3 Stage 3

This stage involves inter agency integrated assessment of wellbeing, information sharing and planning. The lead agency will instigate an integrated assessment where there are increased concerns in respect of a child because:

- interventions made at stage 2 by the single agency have not been successful in addressing the identified need;
- initial concerns in relation the child have increased; and/or
- concerns are being identified by more than one agency.

In most cases where a child in need has been identified as requiring supports at stage 3, the agency which identifies the initial concern becomes the lead agency and retains the responsibility for ensuring other services are contacted and involved in the assessment of need and the support plan process. The lead agency will arrange an integrated assessment meeting and a multi-agency child's plan is developed.

A Lead Professional (appendix 4) will be responsible for co-ordinating the assessment and planning for the child or young person.

Social work or health services will act as Lead Professional for those cases where there is the need to utilise specialist assessment tools to determine issues such as the impact of parental substance misuse or parental mental health. Where there is a child protection concern, or a young person is looked after at home or accommodated, these children will have a Lead Professional from social work to undertake the integrated assessment.

- 10.4 At any level, consideration can be given as to whether compulsory measures of supervision may be required and whether a referral should be made to the Scottish Children's Reporter Administration (SCRA). It should be remembered that early intervention and a compulsory supervision order are not mutually exclusive and that the threshold for when to refer to the Reporter is not the "significant harm" threshold used when considering whether a child protection referral should be made. What is important is that the right intervention is provided at the right time. The use of a compulsory supervision order at an early stage may help ensure compliance with interventions and prevent problems for escalating.

11. Single child's plan

- 11.1 GIRFEC introduces the concept of **one plan**, no matter what the child's needs, to be used by a single agency or several agencies working together to support the child. The GIRFEC principle is that each child who requires support whether from a single universal service or several agencies will have this support

coordinated and recorded within a single plan, For a child who has complex needs, The child's plan is generally discussed and reviewed in a single forum while less complex plans involving fewer people may be put together without the need for a meeting at all.

- 11.12 As GIRFEC is being implemented in Renfrewshire we are streamlining the functions of existing forums, such as looked after children reviews, child protection case conferences, reviews of children's health and co-ordinated support plan reviews.
- 11.13 The format and attendees at these meetings will reflect the complexity of the child's needs and circumstances. The child's plan is recorded and co-ordinated by a lead professional.
- 11.14 Plans are underpinned by assessment The plan describes the child's needs, based on an assessment guided by the GIRFEC national practice model. The plan must include the views of the child and family be proportionate to the child's needs and include reference to long term, medium and short term goals. It will be constructed from the analysis of information gathered in assessment. In a single agency plan, it may be enough to construct a plan from assessing concerns about a child's wellbeing, keeping in mind the whole of a child's world from the My World Triangle.
- 11.15 Where there is a multi-agency plan, it is likely that this will have involved the gathering of more complex information, using the My World Triangle and incorporating any specialist assessments from different professionals and agencies.
- 11.16 GIRFEC looks to practitioners to work in accordance with legislation and guidance. Agencies should think beyond their immediate remit, drawing on the skills and knowledge of others as necessary in a broad, holistic way.
- 11.17 It is the role of the Lead Professional to make sense of all the inputs into the assessment from the child, the family and practitioners. The Lead Professional analyses the information in terms of the impact of needs and risks on the child. The lead professional, with all the partners to the plan, will then make a summary of the assessment, making sure all the relevant strengths and pressures have been recorded. Out of this summary will emerge the child's plan, which can be structured under headings of the appropriate wellbeing (SHANARRI) Indicators, detailing what needs to change. This will be brought to the meeting and actions designed to improve the child's outcomes will be agreed.

12. National GIRFEC practice model

- 12.1 When assessment, planning and action are needed, practitioners should use the GIRFEC national practice model (appendix 3), which can be used in a single or multi-agency context.
- 12.2 The national practice model:

- 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. 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.
- 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 *GIRFEC* core values and principles by being appropriate, proportionate and timely.

12.3 The national practice model can 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- agency working.

12.4 Using the national practice model allows practitioners in any agency or organisation to gather information, analyse the information, assess needs and risk, construct a plan and take appropriate action. It also allows for regular and consistent reviewing of the plan.

12.5 The National Risk Assessment Framework to support the assessment of children and young people (2012) provides guidance on a consistent approach to assessment or risk and need within the *GIRFEC* approach.

13. Information Sharing and consent

13.1 The *GIRFEC* approach promotes engagement with the child and family at all stages during which practitioners will want to keep them informed and seek their views. obtaining consent to the disclosure of information as appropriate. But where circumstances exist such that consent may not be appropriate or required, the Data Protection Act 1998 provides conditions to allow processing to proceed.

13.2 In March 2013, the Information Commissioner's Office (ICO) issued guidance for staff in relation to information sharing between services in respect of children and young people (appendix 6). This guidance states that the Data Protection Act 1998:

promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.

13.3 The Renfrewshire *Children and Young People (GIRFEC) practitioners's guide to information sharing (2014)* sets out guidance about when and how information should be shared. Sharing information that is *relevant* and *proportionate* about

children who are at risk of harm is fundamental to keeping children safe. As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis.

- 13.4 GIRFEC introduced eight indicators of wellbeing. In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed. As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis. In the GIRFEC approach, a child's Named Person may have concerns about the child's wellbeing, or other individuals or agencies may have concerns that they wish to share with the Named Person. While it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm.
- 13.5 Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the data protection act in such circumstances.
- 13.6 Where circumstances exist such that consent may not be appropriate, for example where an assessment under the SHANARRI principles raises concerns, the act provides conditions to allow sharing of this information, such as 'for the exercise of any other functions of a public nature exercised in the public interest by any person' or 'in the legitimate interests of the data controller or the third party to whom the data are disclosed so long as it is not prejudicial to the child', and procedures should be clear about those circumstances which may necessitate processing without consent.
- 13.7 If there is any doubt about the wellbeing of the child and the decision is to share, the data protection act should not be viewed as a barrier to proportionate sharing.
- 13.8 Consent is not required when there is statutory authority to share information, e.g. there is statutory authority to share information with the Reporter to allow a decision to be made as to whether a compulsory supervision order might be necessary and therefore consent need not be sought to make a referral to the Reporter, or when responding to a request from the reporter for information about a child.
- 13.9 Agencies should tell children and young people and their parents about the kinds of situation in which they may have to share information. This will always be predicated on the assumption that, by sharing information the child and young person and their parents will receive a better, supportive and comprehensive service. Agencies and services will agree why and with whom they need to share information at the earliest stage of the assessment process and seek the consent of the child/young person and parent to do so.
- 13.10 Good practice indicates that where possible consent will be sought for the sharing of information and, parents, carers and young people will be given an explanation about the concerns the agency has and information about the duties and

responsibilities of agencies towards children in need. The Renfrewshire consent process is outlined in appendix 7.

- 13.11 Steps taken to seek consent and the outcome of this must be recorded in the child's file and integrated assessment document. Where consent has not been sought or granted, the reasons for this must be recorded in the child's file.

Appendix 1

The Role of the Named Person

Most children and young people will get all the help and support they need from their families, the universal services of education and health, and the provision available to everyone within their neighbourhoods and communities. Even so, at various times in their childhood and adolescence, many children and young people will need some extra help that can be provided from universal services.

The GIRFEC approach involves the concept of a Named Person for every child. The Named Person will be a member of staff in health or education, depending on the age of the child, to act as the first point of contact for children and families.

The Named Person will be there for each child and the role will be part of day-to-day work. It may be that a child or family wish to contact their Named Person if they are worried about something. The Named Person may have concerns about the child's wellbeing that suggest further action is needed. Other individuals or agencies may have concerns about the child's wellbeing that they wish to bring to the attention of the Named Person.

Once a concern has been brought to the attention of the Named Person, it is the Named Person's responsibility to take action to provide help or arrange for the right help to be provided to promote the child's development and wellbeing.

In order to respond proportionately, the *Named Person* will ask the five questions any practitioner should ask when faced with a concern.

If there are concerns about the way a child is progressing, the Named Person will take action to help the child, or arrange for someone else to do so. This will be recorded in a single-agency plan.

Once a concern has been brought to their attention the Named Person must provide help directly or arrange for help to be provided to promote the child's development and wellbeing.

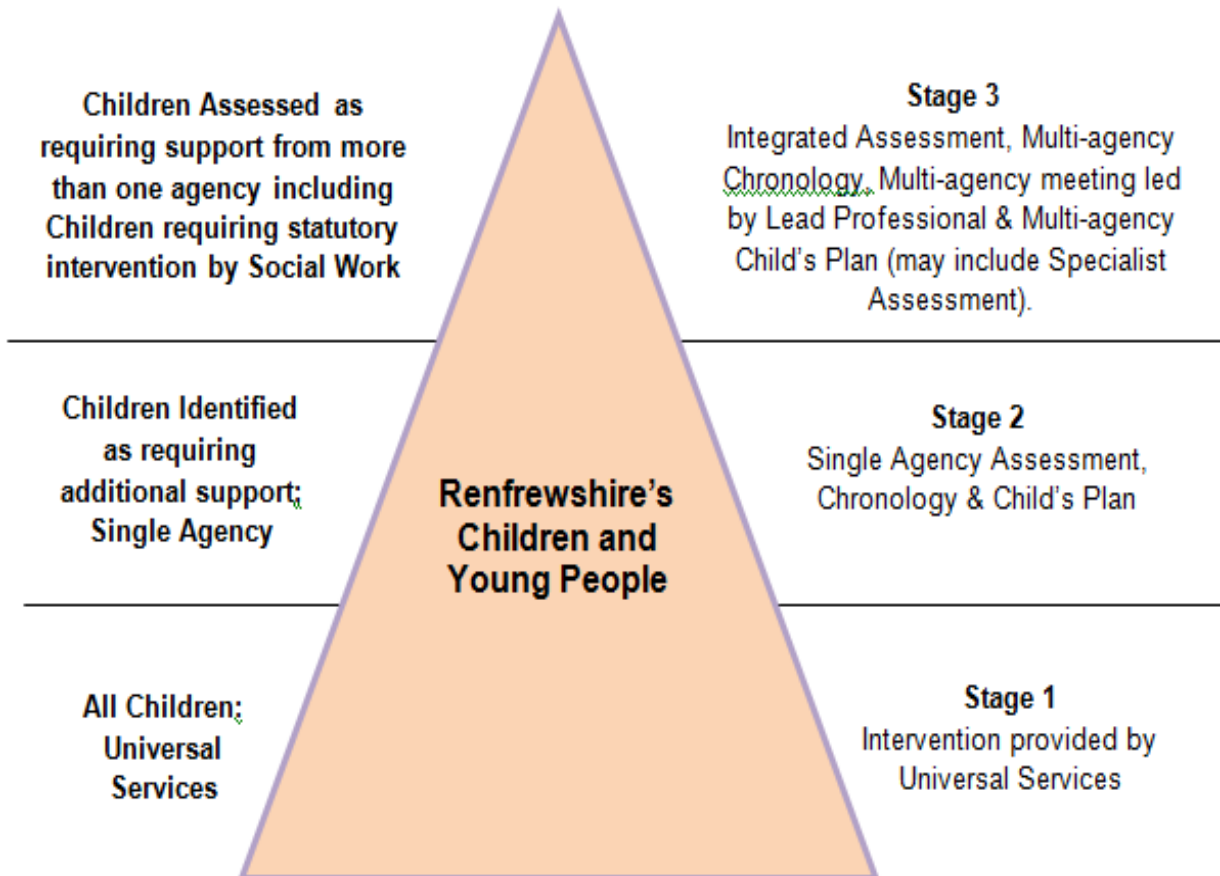
The Named Person will:

- Be the first point of contact for the child and the parents/carers when they are seeking information or advice, and for practitioners wishing to discuss a worry about the child;
- Ensure that the views of children and families are sought and recorded at every stage;
- Ensure that children and families are fully involved in decisions that affect them;ⁱ
- Make sure, when information needs to be shared, that children and families know why this information should be shared and that consent has been given and recorded, unless, in exceptional circumstances, there is good reason not to;
- Ensure that core information about the child is up to date and accurate;
- Record any concerns that children, families, or practitioners in their own or other agencies bring to them about a child's wellbeing;

- Consider any concerns in the light of the child's history and current circumstances and assess if anything needs to be done and any extra help needs to be provided.;
- Record decisions or actions taken, including what immediate help is in place;
- When child needs extra help prepare a plan for the child. This plan should identify which of the eight wellbeing indicators need to be addressed;
- Review any other knowledge held within their agency, gather and analyse any other information needed to identify what might be causing the problems;
- Be aware of risks and needs and identify concerns that suggest a child may be at risk of significant harm, arising from observations or information received and use appropriate child protection procedures to report these;
- Lead on implementing and keeping under review the outcome and effectiveness of the single agency plan;
- Ensure that they are accessible to the parent, child or young person and be seen as someone they can talk to about any worries or problems affecting the child;
- Contribute to planning for children who need extra help at key transition points, for example, between pre-school and primary education; and
- Ensure effective transfer of information about the child to the new Named Person in the agency assuming responsibility for the child. This should include details of any help the child and family have been or are receiving.

Appendix 2

The Renfrewshire Staged Intervention Approach



Appendix 4

The role of the Lead Professional

There are some circumstances where children's needs involve two or more agencies working together delivering services to the child and family. Where this happens, in all cases, a Lead Professional will be needed. The Lead Professional becomes the person within the network of practitioners supporting the child and family who will make sure that the different agencies act as a team and the help they are all offering fits together seamlessly to provide appropriate support for the child and family.

Different ways of establishing the need for a Lead Professional

There are three ways in which the need for a Lead Professional may arise:

1. Where those working with the child and family in the universal services of health and education have evidence through a wellbeing assessment that targeted intervention is required over and above what can be provided through universal services, then a Child's Plan should be drawn up. This could be very short and straightforward. The need for a Child's Plan may have arisen out of a growing concern over time, noted in the universal record of the child or it may have been triggered by a particular change in the child or an event or behaviour of the child or family. If it is at all possible and appropriate, the practitioner in the universal services who has been working with the child will co-ordinate help. This supports the GIRFEC principles of help being provided in a way that avoids children and families being passed from one agency to another. Agencies will have their own mechanisms for triggering and co-ordinating action. In some cases, a plan and action may be taken without a formal meeting. Allowing for a more informal co-ordination of assistance between agencies without formal meetings supports the principle of timely and proportionate help. In many cases, health and education practitioners are already co-ordinating help for children as part of their day-to-day practice. The Lead Professional role in GIRFEC reinforces what is already happening.
2. In some circumstances, it becomes clear that the child needs more complex and specialist help but still primarily from the universal services. However, in such cases, it may be more appropriate for another, perhaps more specialist,

practitioner from the universal services to become the Lead Professional. This could be, for example, a practitioner who can co-ordinate a plan for a child with complex health needs with the help of other services. IA Child's Plan should be developed involving the appropriate servicest

3. There will be cases where children's safety is the primary issue, or there is a statutory requirement for a Lead Professional, such as where a child is looked after. In such cases, co-ordinating help from the universal services may not be appropriate. A worker from another agency will need to take the lead. In many cases this is likely to be social work. If a practitioner from another agency outwith health and education is to take on the role of lead professional, it is more likely that this would happen through a formal meeting, but this will depend on the individual circumstances. It is important that children and families are fully involved in any decisions about who is to be the Lead Professional and they understand why this person is the best practitioner to co-ordinate help for them. It is also important that help is not delayed while arrangements are being put in place.

When the Child's Plan has been agreed, the Lead Professional will:

- usually be the point of contact with the child and family for the purpose of discussing the plan and how it is working, as well as any changes in circumstances that may affect the plan;
- be a main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or raise any issues;
- make sure that the help provided is consistent with the child's plan, that services are not duplicated;
- work with the child and family and the practitioner network to make sure that the child and family's views and wishes are heard and properly taken into account and, when necessary, link the child and family with specialist advocacy;
- support the child and family to make use of help from practitioners and agencies;
- monitor how well the Child's Plan is working and whether it is improving the child's situation;

- co-ordinate the provision of other help or specialist assessments which may be needed, with advice from other practitioners where necessary, and make arrangements for these to take place;
- arrange for the agencies to review together their involvement and amend the child's plan when necessary;
- make sure the child is supported through key transition points and ensure a careful and planned transfer of responsibility for these roles when another practitioner becomes the lead professional, for example if the child's needs change or the family moves away, or the Named Person resumes responsibility for the child when a multi-agency child's plan is no longer needed.

The Lead Professional will be responsible for ensuring an agreed multi-agency Child's Plan is produced. The plan will be based on an assessment of needs and will incorporate any current single agency plans. The plan will identify when a review is needed and the Lead Professional will arrange for the production of materials for the review if this is to take place at a meeting. Materials will be circulated to everyone involved, including children and families.

The Lead Professional will not do all the work with the child 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, fits with involvement of other practitioners and agencies and is achieving the outcomes specified in the child's plan.

Everyone involved in the Child's Plan has a responsibility to inform the Lead Professional of progress or changes in circumstances

Pointers to choosing the most appropriate Lead Professional

The Lead Professionals should be the person best placed to co-ordinate the help agreed in the Child's Plan. A Lead Professional should be able to provide confident leadership and should be familiar with the remit of different agencies. In all cases, the child's and family's views on who they would see as best placed to be Lead Professional should be taken onto account in the decision-making processes.

Choosing the Lead Professional will also be influenced by:

- the kind of help which the child or family needs;
- previous contact or a good relationship with the child;
- any statutory responsibility to co-ordinate work with the child or family.

In some cases, to make sure the child and family get the best possible help, because the child has identifiable complex needs, or there is a statutory obligation defined in law towards a child, the Lead Professional will need to come from a particular agency.

Child's Plan

GIRFEC introduces the concept of one plan, no matter what the child's needs, to be used by a single agency or several agencies working together to support the child. The GIRFEC principle is that each child who requires support whether from a single universal service or several agencies will have this support coordinated and recorded within a single plan. For a child who has complex needs, The child's plan is generally discussed and reviewed in a single forum while less complex plans involving fewer people may be put together without the need for a meeting at all.

As GIRFEC is being implemented in Renfrewshire we are streamlining the functions of existing forums, such as looked after children reviews, child protection case conferences, reviews of children's health and co-ordinated support plan reviews.

The format and attendees at these meetings will reflect the complexity of the child's needs and circumstances. The Child's Plan is recorded and co-ordinated by a lead professional.

Plans are underpinned by assessment

The plan describes the child's needs, based on an assessment guided by the national practice model. The plan must include the views of the child and family be proportionate to the child's needs and include reference to long term, medium and short term goals. It will be constructed from the analysis of information gathered in assessment. In a single agency plan, it may be enough to construct a plan from assessing concerns about a child's wellbeing, keeping in mind the whole of a child's world from the My World Triangle.

Where there is a multi-agency plan, it is likely that this will have involved the gathering of more complex information, using the My World Triangle and incorporating any specialist assessments from different professionals and agencies.

GIRFEC looks to practitioners to work in accordance with legislation and guidance. Agencies should think beyond their immediate remit, drawing on the skills and knowledge of others as necessary in a broad, holistic way.

It is the role of the Lead Professional to make sense of all the inputs into the assessment from the child, the family and practitioners. The lead professional analyses the information in terms of the impact of needs and risks on the child.

The Lead Professional, with all the partners to the plan, will then make a summary of the assessment, making sure all the relevant strengths and pressures have been recorded.

Out of this summary will emerge the child's plan, which can be structured under headings of the appropriate wellbeing (SHANARRI) Indicators, detailing what needs to change.

This will be brought to the meeting and actions designed to improve the child's outcomes will be agreed.

28 March 2013

Information Sharing Between Services in Respect of Children and Young People

The Information Commissioner's Office (ICO) is contacted regularly by practitioners seeking advice and guidance on whether they can share professional concerns about their clients/patients and, if so, what level of information may be shared. Often, the Data Protection Act 1998 (the Act) is viewed as preventing such sharing and it can be fear of non-compliance that becomes a barrier, even though there may be a concern about a child's or young person's wellbeing. While it is acknowledged that practitioners need to be sure their actions comply with all legal and professional obligations, fear that sharing genuine concerns about a child's or young person's wellbeing will breach the Act is misplaced. Rather, the Act promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.

Most practitioners are confident about appropriate and necessary sharing where there is a child protection risk. The problem can be where the circumstances do not yet reach the child protection trigger yet professional concerns exist, albeit at a lower level. GIRFEC introduced eight indicators of wellbeing: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed. As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis. In the GIRFEC approach, a child's Named Person may have concerns about the child's wellbeing, or other individuals or agencies may have concerns that they wish to share with the Named Person. While it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm.

Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances.

The Act requires that an individual's data be processed fairly and lawfully and that specific conditions/justifications for processing are met. The Act provides

several conditions/justifications for processing, only the first of which rely on consent and, where required, it should be fully informed and freely given. However, the issue of obtaining consent can be difficult and it should only be sought when the individual has real choice over the matter. Where circumstances exist such that consent may not be appropriate, for example where an assessment under the SHANARRI principles raises concerns, the Act provides conditions to allow sharing of this information, such as 'for the exercise of any other functions of a public nature exercised in the public interest by any person' or 'in the legitimate interests of the data controller or the third party to whom the data are disclosed so long as it is not prejudicial to the child', and procedures should be clear about those circumstances which may necessitate processing without consent.

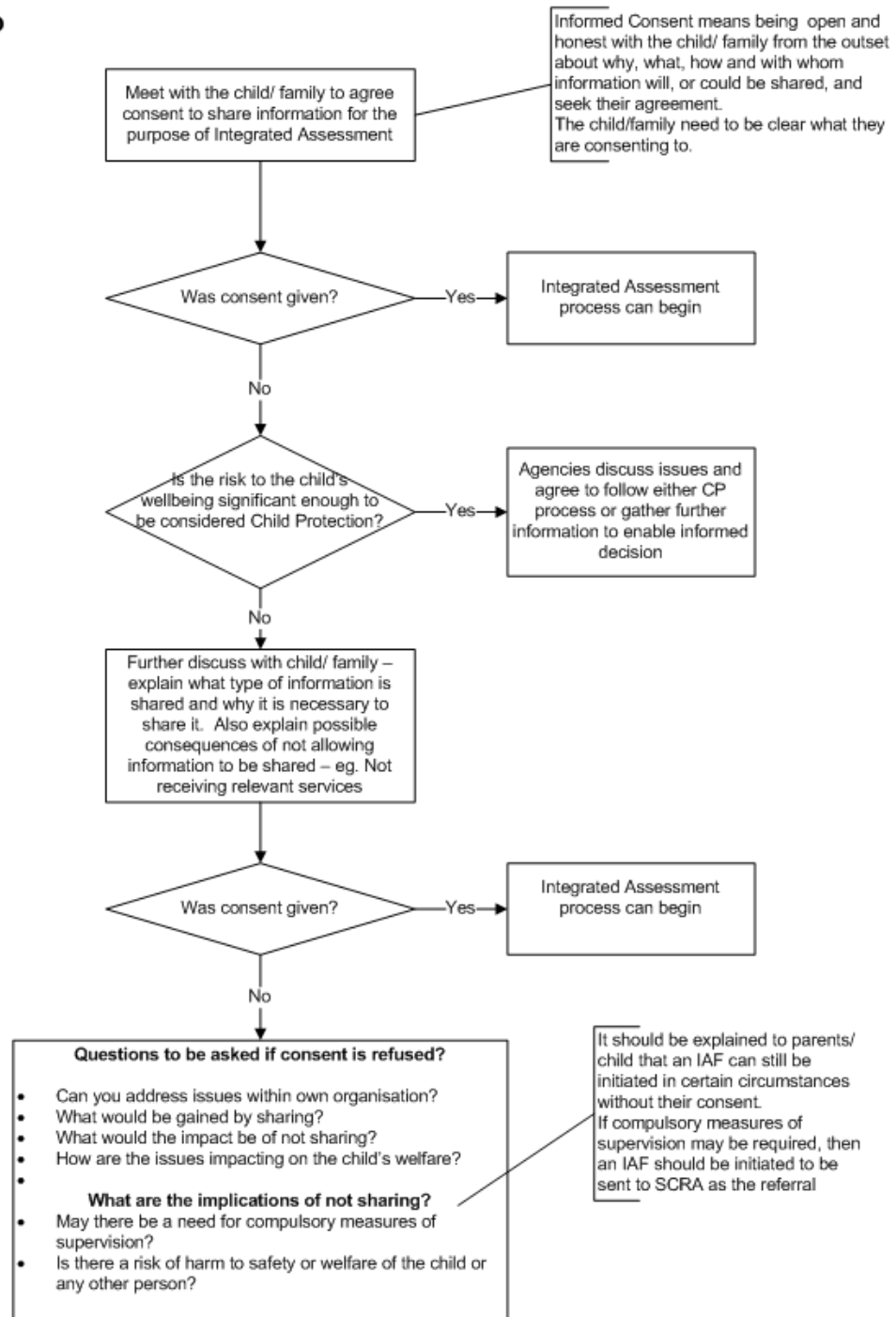
It is vital that data controllers put appropriate and relevant protocols in place and that they are conveyed to practitioners to provide them with a support mechanism for the decision making process. It is also vital that a recording process is included in the protocol so that the decision – including the rationale behind making it – is formally recorded. Such protocols will assist in providing confidence to practitioners in the event the decision is challenged.

It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the case. If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.

**Dr Ken Macdonald
Assistant Commissioner Scotland & Northern Ireland
Information Commissioner's Office**

Appendix 7: Renfrewshire Consent proces

Informed consent to share information



When considering sharing information without consent, practitioners should balance the service users right to privacy against their protection (or protection of others) from harm.

If there is reasonable professional concern that a child or young person may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All service providers have a responsibility to act to make sure that a child or young person whose safety or welfare may be at risk is protected from harm. Parents, children and young people should always be told this.

If there is a risk to any individual and sharing information is the only way of minimising that risk, the information must be shared. Any action taken without consent must be proportionate to the potential risk.