



# Staged Intervention and Inclusive Practice Policy

#### AIMS

- To ensure that all children at Alloway Primary and EYC have their individual needs met through specific and targeted planning which meets all national and local legislation.
- To share information with all staff, parents and pupils about how we plan for meeting the needs of individuals within our school and EYC.
- To create pathways for strong agency partnerships to ensure that children receive the correct supports from both within and beyond the school.

#### INTRODUCTION

At Alloway Primary and EYC, all children and young people need support to help them benefit from school education. We are a mainstream school with embedded inclusive practices to ensure we meet the needs of all children in our school and early years centre. The main sources of support are key workers and class teachers who, through good practice, are able to meet a diverse range of needs. With good teaching and the provision of appropriately differentiated curricula, most children are able to benefit from education without the provision of any additional support. As all children are individuals, it is important to create learning environments where the widest range of individual needs can be met as a natural part of what is done on a day-to-day basis.

However, there will be some children who require additional or differing support given generally to most other children of the same age in mainstream schools in order to help them overcome a barrier to their learning, and to maximise their benefit from early years and school education. These children have Additional Support Needs, and as such they are entitled to additional support for learning to help them learn and to achieve their full potential in life.

Barriers to learning can arise from a number of factors, such as emotional, social or learning difficulties, which may result in a pupil requiring additional support. Staged intervention is a process, which involves identifying individual pupil's needs, planning, implementing and evaluating appropriate supports at each stage. It is the assessment and planning framework which aims to identify and plan interventions for pupils to ensure that they receive the earliest, most effective and least intrusive response of their needs. The responsibility for this lies with all school staff. For most pupils, their key worker/class teacher should address the difficulties they experience within the classroom or playroom.

Our policy at Alloway Primary is based on The Education (Additional Support for Learning) (Scotland) Act 2004 as amended 2017 and the updated South Ayrshire Council Management Guidance for Staged Intervention (updated May 2023).

Our Pupil Support Co-ordinator is Mrs Fiona Meney HT, supported by Mrs Lauren Miller DHT, who has responsibility for this in the EYC and Mrs Lisa Stewart who has a pupil support remit as Principal Teacher. In school children are supported by their class teacher. We also have school assistants and additional support teachers which are allocated across the school in accordance to support needs.

The role and contribution that parents/carers can make to a child's learning is of huge value. Therefore, they must be kept fully informed and their views and consent sought at appropriate stages in the process. Schools, working in partnership with other individuals and agencies should be able to identify most children and young people with additional support needs. Partners include parents/carers, the child or young person, the class

teacher and when appropriate, health staff, educational psychologist, social worker or indeed anyone who has been working with the child or young person.

#### IDENTIFYING ADDITIONAL SUPPORT NEEDS

Arrangements to identify and assess Additional Support Needs should take account of the following values and principles, which require:

- Taking a holistic view of children and young people and their circumstances and what they need to grow and develop and achieve their potential.
- Seeking, taking account of, and noting the views of children, parents and young people.
- Ensuring that parents and young people understand, and are asked to agree to, the aims of any assessment.
- Ensuring that assessment is an ongoing, integrated process of planning, providing for, and reviewing services for the individual.
- Adopting the least intrusive and most effective course of action affecting the lives of children, young people and families.
- Taking into account issues of diversity and equality, and ensuring that outcomes do not discriminate against children, young people and their families. This includes non-discrimination on the grounds of race, disability, gender, sexual orientation, language, religion or belief or age.
- Working in partnership with parents to secure education for their children, and to promote their child's development.
- Having clearly identified roles and responsibilities for staff linked to appropriate targets that are understood by all.
- Ensuring that there is effective communication, collaboration and integrated assessment and provision when other agencies are involved.

#### NATIONAL POLICIES AND DRIVERS

#### United Nations Conventions on the Rights of the Child (UNCRC)

At Alloway Primary we are a Rights Respecting School (Gold Level) and meeting children's individual needs are the heart of this. We firmly believe that children's wellbeing is firmly linked to children's rights. Children's right to an inclusive education is widely recognised in international human rights law. When a child's rights are respected, protected and fulfilled, their wellbeing improves.

#### The Promise

Scotland's Promise to care experienced and young people is that they will grow up loved, safe and respected. South Ayrshire's Parenting Promise is a plan written for those who are care experienced and details what you can expect of us as Corporate Parents. As Corporate Parents, under the Children and Young People (Scotland) Act 2014, it is our role to make sure that our attention and resources are focused on upholding the rights, safeguarding and promoting the wellbeing of South Ayrshire's 'looked after children' and 'care leavers'.

It is presumed within the Additional Support for Learning Act 2017, that such children and young people have additional support to benefit from school education, unless the authority are able to demonstrate that an individual looked after child or young person does not require additional support. At Alloway Primary we work closely with Social Work and additional agencies to ensure our care experienced young people get the best possible start in life.

#### Getting It Right For Every Child (GIRFEC)

GIRFEC seeks to realise children's rights on a day-to-day basis and is underpinned by key values and principles:

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

#### (GIRFEC) Policy Statement 2022

It is the national key driver to improve outcomes for all children and young people and is delivered through the core components of:

- A named person who is a clear point of contact for children, young people and families to go to for support and advice. A named person can also connect families to a wider network of support and services so that they get the right help, at the right time, from the right people (At Alloway Primary, Mrs Fiona Meney, HT is the named person for all primary children and within the EYC it is a child's Health Visitor);
- A shared and holistic understanding of wellbeing and a single model of how this can be considered and supported; and
- A single, shared and rights-based approach to planning for children and young people's wellbeing where support across services is needed, co-ordinated by a lead professional.

#### Wellbeing Indicators

Staff at Alloway Primary use the 8 wellbeing indicators (as detailed in the Children and Young People Scotland Act 2014) to measure children's wellbeing (SHANARRI). These are taught to children so that children can evaluate their own view of their wellbeing using these indicators.

- ✓ 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 healthcare and support in learning to make healthy, safe choices.
- Achieving being supported and guided in learning and in the development of skills confidence and self-esteem at home, in school and in the community.
- Nurtured having a nurturing place to live in a family setting, with additional help if need or, where
  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 at home in school and in the community.
- Respected having the opportunity, along with carers, to be heard and involved in decisions that affect them.
- Responsible having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.
- ✓ **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.

#### RESPONDING TO A WELLBEING CONCERN AT ALLOWAY PRIMARY/EYC

If there is a wellbeing concern, practitioners use the National GIRFEC Practice Model and ask five key questions:

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

Where a wellbeing need has been identified and passed to the Named Person (HT) (with the consent of parents/carers and children over 12 years) the named person must record the need within SEEMiS Pastoral Notes. It is essential that any related discussion with the child, parents, and any appropriate professionals asks the five key questions and takes appropriate action to improve the child's wellbeing.

The Head Teacher (named person) will only offer advice or support in response to a request from the child or parent when wellbeing need is identified. They can help the child and parent address their concerns by accessing relevant support in a timely manner and in some cases avoid further issues developing. In our Early Years centre the role of named person is undertaken by a child's Health Visitor. This staged intervention process and guidance will be followed by Early Years staff and the role of Pupil Support Coordinator will be undertaken by Mrs Miller (DHT). Staff should ensure that clear plans are in place as per this guideline for children with identified barriers to learning.

Sometimes it is necessary to identify a lead professional to co-ordinate the team around the family.

Child Protection services will continue to protect children at risk of significant harm. Where there is a child protection concern, school Child Protection procedures will be followed. Our Child Protection Coordinator is Mrs Fiona Meney, HT, with Mrs Lauren Miller, DHT being her deputy in her absence.

#### TEAM WITH THE FAMILY MODEL (Formerly Team Around the Child, TAC)

At Alloway Primary and EYC this used to be referred to as the Team Around the Child (TAC) model. We will now refer to this as Team with the Family model. It is proportionate to the needs of the child and is facilitated at different levels by the named person having a discussion with the child and family.

Engagement with the child and family is an extremely important part of the Team with the Family process at every level. Parents, carers, children and young people need to be prepared beforehand for a Team with the Family meeting and their views sought. It is very important to us to work with families and we know that coming to a meeting with a range of professionals can be overwhelming at times, so we do everything we can to put families at ease. These meetings bring together the team supporting the family so that we can review progress, discuss worries and plan next steps.

We will go onto explain the stages of intervention levels later in this policy. A child or young person will be deemed as having an additional support need where they are declared disabled and/or supported at stage 2 or above.

#### STAGE 1 – In class support

- Once a wellbeing need has been identified an initial discussion will take place with the parents and the child and recorded on our SEEMIS pastoral notes system.
- Where additional supports can be delivered through exclusive use of class-based strategies/interventions, additional School Assistant support, or other appropriate intervention(s), an Action Plan is not required.
- A Staged Intervention Information Form (Appendix 3) should be completed instead. This will highlight the areas of difficulty/support requirements and strategies to employ. It will also reflect the views of the child and their parent/carer (if available). Children and young people will be deemed to be supported at Stage 1 at this level.
- Where a child or young person is identified as more able, they should be recorded as a Stage 1 and use Staged Intervention Information Form (Appendix 3) to record the support implications and class-based strategies employed to meet their support needs. It is important to note that a range of evidence must be available to support identification of more able pupils.
- Children on the CAMHS referral/waiting list will also be a Stage 1.
- Children on the English As an Additional Language (EAL) list without regular peripatetic support will also be Stage 1.
- Pupils with a medical disorder that has no significant effect on learning ability should have a medical health plan or Medical Diet Action Plan in place rather than STINT.
- If their medical condition is a barrier to their learning and supports/adaptations are in place, STINT guidance should be followed.
- Staff will share Stage 1 plans with parents and carers when these are updated and evaluated.

#### STAGE 2 - Within school support but outwith class (formerly Stage 1b)

- Where an additional teaching resource has been allocated from within Alloway Primary, a Staged Intervention Form (Appendix 3) and Action Plan (Appendix 4) will be completed. A formal review meeting will take place a minimum of annually.
- Types of support could be
  - Nurture Groups
    - Additional Support for Learning Teacher support
    - Targeted school assistant support
    - Targeted interventions to minimise barrier to learning
    - CAMHS referral/waiting list additional supports in place
- Children and young people will be deemed to be supported at Stage 2 at this level. All staff supporting a child or young person should have opportunities to contribute to the establishment of appropriate outcome focussed targets. This input will be clearly reflected in the plan. A Child's Plan 'Team Around the Family' minute will be used for planning and recording (Appendix 6).

STAGE 3 - Additional Support from a Service which is Universally Available (formerly Stage 2)

- Once a wellbeing need has been identified that cannot be met within our own establishment the Named Person will contact the appropriate service/agency, following discussion and agreement from the parent and/or child, to discuss what universally available support may be put in place to meet the identified wellbeing need.
- Support may come from within Education and be requested through the Inclusion Monitoring Group e.g. English as an Additional Language support, it may be from Health e.g. Speech and Language Therapy or from a voluntary agency e.g. parenting support.
- Once the proposed support has been discussed and agreed with the service the named person will use the service guidance to complete the Request for Assistance Form (Appendix 1) and will send it to the service/agency.

- The requested service will respond to the named person within ten working days. All actions taken will be logged on Pastoral Notes.
- Teaching staff will complete a Staged Intervention Information Form (Appendix 3) and Action Plan (Appendix 4).
- All staff supporting a child or young person should have opportunities to contribute to the establishment of appropriate outcome focussed targets.
- A Child's Plan 'Team Around the Family' minute will be used for planning and recording (Appendix 6).

#### STAGE 4 - Specialist Support from a Multi-Agency Team

(formerly Stage 3)

- Stage 4 will be used when child's needs are met by more than one agency and there is a multi agency approach.
- Teaching staff will complete a Staged Intervention Information Form (Appendix 3) and Action Plan (Appendix 4).
- Any referrals for a new service should be discussed with the service then if appropriate a Request for Assistance (RFA) (Appendix 1) filled out.
- All staff supporting a child or young person should have opportunities to contribute to the establishment of appropriate outcome focussed targets.
- At this stage a My Plan will be completed (Appendix 8). Informed consent should be sought from the parent and child (12 years and over) to share information with the appropriate services. This will be co-ordinated by the Named Person or Lead Professional and pulled together. A My Plan will be used to submit to the Central Admissions Group (CAG) for appropriate additional resources.
- The named person will request assistance and the named person or lead professional can contact any agency from the Statutory or Voluntary sectors and make a request for attendance at a Team with the Family meeting, as potential partners to a My Plan regardless of whether or not that agency has prior knowledge of the child, young person or family.
- Team with the Family meeting will agree supports and monitor outcomes. The Named person will invite the child, parents and relevant services to attend.
- An important task for the multi-agency Team with the Family meeting is to allocate a lead professional who will construct (on their system), co-ordinate, review and communicate with all partners involved in the My Plan. It is important to note that there will only be one My Plan.
- This does not preclude other specialist assessments taking place, or where there is a Co-ordinated Support Plan in place, but these must be incorporated into the My Plan (this is a statutory requirement if a targeted intervention is agreed).
- The agreed My Plan is uploaded to AYRshare, following receipt of consent from the parent/carer or in some cases young person, and passed to the services identified to meet the planned outcomes and will be reviewed by the Team with the Family as appropriate.
- A formal record of a Team with the Family meeting or review (Appendix 6) must be taken. A note of any disagreement and actions must be recorded using the format provided. All minutes must be stored in the appropriate pupil ASN file.
- In addition to Latest Pastoral Notes all significant events for an Integrated Chronology should be recorded on AYRshare and professionals with access to AYRshare should take a copy of the Integrated Chronology to discuss at the Team with the Family meeting.
- Where the Team with the Family considers the child requires compulsory measures of care a referral should be made to the Children's Reporter from the Team with the Family by the named person or lead professional. Where a child is subject to a Compulsory Supervision Order (CSO), educational targets should be clearly identified in the My Plan. This will then be the only plan held for a child.
- If the child is under statutory intervention, current Child Protection and LAC processes are followed including Team with the Family Child Protection Case Conference Reviews and TAC/LAC Reviews. In such cases educational targets should be incorporated into the LAC or CP Plan in place.

#### STAGE 5 - Authority Specialist Placements or Outwith Authority Placements (formerly Stage 4)

- Where a child or young person is placed in a specialist authority base or outwith the local authority they will be deemed to be supported at Stage 5.
- All placements will be confirmed by the Central Admissions Group (CAG) or GIRFEC Advisory Resource Forum (GARF) following recommendations at the Team with the Family meeting with the parents/carers, professionals supporting and the child where appropriate.
- At Stage 5 children and young people are required to have a My Plan. Where the plan is held by another service all educational targets must be incorporated into this plan and a Team with the Family meeting will take place a minimum of annually or more often if appropriate. Plans held by other agencies will generally be reviewed during an appropriate multi-agency forum i.e. TAC/LAC Review.
- As at Stage 4, all children at Stage 5 will be considered to have a statutory plan due to the targeted nature of this support.

Staged Intervention Guidance is found in Appendix 5.

#### Generally Available Supports and Targeted Interventions available to Children and Young People in South Ayrshire

Stage 1 (in class)	Stage 2 (within school, outwith class)	Stage 3 (one targ Stage 4 (multi-agency targeted support provided	Stage 5	
<ul> <li>Education         <ul> <li>More able in more than one area.</li> <li>EAL without regular peripatetic support.</li> <li>Resource adaptation within classroom.</li> <li>School Assistant support.</li> <li>CAMHS referral/waiting list – in class support</li> </ul> </li> <li>Health         <ul> <li>Pupils with a medical disorder that has no significant effect on learning ability should have a medical health plan or Medical Diet Action Plan in place rather than STINT.</li> <li>If their medical condition is a barrier to their learning and supports/adaptations are in place, STINT guidance should be followed.</li> </ul> </li> </ul>	<ul> <li>Education</li> <li>Nurture Groups</li> <li>Additional Support for Learning Teacher support</li> <li>Targeted school assistant support.</li> <li>Targeted interventions to minimise barrier to learning</li> <li>CAMHS referral/waiting list – additional supports in place</li> </ul>	Education         • Education Psychological Services         • English as an Additional Language         • Hearing Impairment Support         • Visual impairment Support         • Local Authority provided Home Tuition         • Language provision –assessment block/ outreach only         • ASD Outreach         • Authority Nurture Provision         • SASkA         • Language Unit (Stage 4 as Education and SLT         Health         • Addiction South Ayrshire         • Ayrshire Council on Alcohol         • CAMHS observation         • CAMHS (one to one support)         • Rainbow House         • Hospital Education         • Occupational Therapy         • Physiotherapy         • School Nurse         • Speech and Language Therapy	Social Work         All children and young people         with care experience or CP –         Stage 4         • Children and Family Area         teams         • Children with Disability team         • Initial Response Team         • Intensive Outreach Team         • Young People's Support and Transition Team         Voluntary Sector         • Barnardos Family Support Services – Ayr and North         • Quarriers         • Young Carers         • Aberlour         • Children 1st Supporting Children and Families – Girvan and Maybole         • South Ayrshire Befriending         • South Ayrshire Women's Aid         Employment and Training         • Employability and Skills Team         • Skills Development Scotland	<ul> <li>Education</li> <li>Supported Learning Centres – QMA/Girvan</li> <li>Autism Spectrum Support – Doonfoot Communication Base</li> <li>Complex Learning Needs Support – Southcraig and Invergarven Schools</li> <li>Extended Learning Facilities -Dalmilling &amp; Girvan</li> <li>Residential Placement</li> <li>Children's Houses</li> </ul>

Please note: this list is not exhaustive or prescriptive. All <u>Stage 4 and 5</u> Children and Young People should have a My Plan.

#### PAPERWORK REQUIRED

ST	AGE 1	ST	AGE 2	ST	AGE 3	ST	AGE 4	ST	AGE 5
*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)
		*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)
		*	Stage 2/3 Child's Plan Team Around the Family minute (Appendix 6)	*	Stage 2/3 Child's Plan Team Around the Family minute (Appendix 6)	*	Stage 4 Team Around Family minute (Appendix 7)	*	Team Around Family minute (Appendix 7)
						*	My Plan (Appendix 9)	*	My Plan (Appendix 9)

#### WHEN DO WE CREATE AND EVALUTE PLANS?



- Action Plans and Staged Intervention Information Sheets will be reviewed a minimum of twice per school session. Good practice would indicate that Action Plans and Staged Intervention Information Sheets should be updated to reflect changes in need or impact of interventions.
- It should be noted that all plans in place should be used as working documents with clear evidence that targets, strategies and interventions are carefully considered when planning lessons or activities for children and young people. At Alloway Primary these will be shared with all staff working with the child.

#### WRITING STAGED INTERVENTION TARGETS

- At Alloway Primary we write SMART targets in order to set goals that are Specific, Measurable, Achievable, Relevant, and Time-bound.
  - 1. **Specific**: Clearly define your target. Be specific about what you want the child to achieve. *Ask yourself: What do I want them to accomplish? Why is it important?*
  - 2. **Measurable**: Establish criteria to measure the child's progress and success. Ask yourself: How will I track this progress? What are the quantifiable measures?
  - Achievable: Ensure the target is realistic and attainable. Ask yourself: Is this target within the child's reach? Do they have access to the resources and capabilities to achieve it?
  - 4. **Relevant**: Make sure the target matches aligns with your broader objectives and is relevant to the child making progress.
    - Ask yourself: Does this target make sense in the context of the child making progress?
  - 5. Time-bound: Set a deadline for the target to be achieved. Ask yourself: When do I want this child to achieve this target? What's the timeframe?

#### CO-ORDINATED SUPPORT PLANS (CSP)

- Consideration must be given annually to the need for a CSP for a child or young person with support from more than one agency. All establishments should refer to the Management Guidelines on Co-ordinated Support Plans. This will be considered at Team With The Family meetings.
- All information relating to the consideration or indeed agreement that a CSP is appropriate should be recorded in Latest Pastoral Notes and AYRshare. It is essential that all information relating to consideration of CSP's is recorded a minimum of annually.

#### INFORMATION SHARING

- Practitioners who identify a wellbeing need may share appropriate information with the child's named person with the consent of the parent/carer and child (over 12 years). This does not mean that every piece of information held about a child and their family has to be passed on to the named person but that relevant and necessary information in relation to the wellbeing need is shared.
- In seeking informed consent it is important that the child and family are made aware of the information being shared, with whom, and for what reason. If consent is withheld the named person must record their justification for sharing or not sharing in SEEMiS Pastoral Notes including reasons and detail of the area of wellbeing to be improved.

#### RECORDING ON SEEMIS

- At Alloway Primary office staff and Pupil Support Co-ordinators will ensure SEEMIS holds all correct information about children on Staged Intervention.
- The following procedure should be used to identify how children and young people with additional support needs are recorded on SEEMiS (Appendix 9)
  - 1. Where a child or young person is identified as being supported at Stage 1 without additional teaching input, they should be recorded in the Personal Tab in Click and Go as Stage 1. Persons providing additional support or student needs should not be populated in Click and Go.
  - 2. If a child or young person is supported at Stage 2 with additional teaching input e.g. from cluster staffing or additional staffing within the school, they should be recorded in the Personal Tab in Click and Go as working at Stage 2. Additional detail should be recorded in the Student Needs List section within this tab. Children and young people will be recorded as having an Other ASN Plan and details of the Persons providing support i.e. Education: Additional Specialist Teaching Support or Education: Additional Specialist Non-Teaching Support should be entered.
  - 3. At Stage 3 children and young people will be recorded in the Personal Tab as Stage 3. They should also have all information regarding persons providing support and the Student Need List completed in this tab. They will be deemed to have an Other ASN Plan. Where it has been necessary to complete a My Plan at this level this should be recorded.
  - 4. At Stage 4 children and young people will be recorded as this in the Personal Tab, they should also have all information regarding persons providing support and the Student Needs List completed. They will be deemed to have a My Plan.
  - At Stage 5 children and young people will be recorded as this in the Personal Tab, they should also have all information regarding persons providing support and the Student Needs List completed. They will be deemed to have a My Plan.
  - 6. Where a child or young person is declared or assessed disabled, this should be recorded in the Personal Tab in the Student Needs List. For example, if a child is dyslexic and requires in class support only, they would be recorded as Stage 1 without an Other ASN Plan. The level of support or intervention required should reflect the appropriate stage recorded. In this case a child would be supported at Stage 1.
  - 7. Where a CSP is agreed this must be recorded in SEEMiS. This will be recorded in the Personal Tab the Student Need List completed. They will be deemed to have a CSP.

#### CONCLUSION

Getting it right for every child is a team effort at Alloway Primary. We work hard to ensure children's needs are met. We work closely with other agencies in order to do this.

All appendices used can be found attached to this policy, including our Staged Intervention at a Glance (Appendix 2) which is used by key workers and staff in conjunction with this policy.

Written : October 2023 (in conjunction with new SAC management guidance for Staged Intervention)

It is a requirement for the named person or the lead professional to discuss request with the receiving service prior to completion. (Please refer to guidance).



# Named Person and Lead Professional Request for Assistance Form

Name of Service(s) Requeste								
If discussion has not been he service PRIOR to the RFA be								
Please state the name of con	NI			Dete				
discussion with receiving ser	rvice:			Name:			Date:	
Is the child eligible for two ye	ear old place	<del>?</del> ?					Not app	olicable
(Refer to Eligibility criteria).				YES 🗆		NO 🗆		]
Child or Young Person's nam	ned person:							
Person completing this reque	est							
Name				Role			NP 🗆	LP 🗆
Location				Contact Nur	nber			
Email address				Designation				
Child/Young Person				ſ				
Name of Child				Address / To	own			
Gender	Find a list <u>h</u>	ere		Postcode				
Date of Birth / CHI Number (if available)				Phone Num	ber			
Age				Early Years Provider/ School				
Home Language(s)				Preferred language for communication				
Is the child on the CP	YES 🗆	N		Care Experienced Child			YES 🗆	NO 🗆
register?	_		-	(LAC/LAAC	?			
Parent/Carer (only complete	if different f	rom a	above)					
Name of Parent/Carer				Phone num				
				Address / To	own			
Email address				Postcode				
Reason for Request								
Explain your reason why this child' previously and current situation), <b>E</b> ASSESSMENT (summary of need	BACKGROUN	ID (fac	ctors which	may be contrib	uting	to situation a		tried
Please note box expands on typing Desired Outcome(s) for Child		con (	Defer to	Cood Dractica C	utcor	ma Cuida)		
	roung Per	50H (		I	1	-	-	
Safe   Healthy   Achieving   Nurtured   Active				Dec	ononoihlo II	امتنامطا		
	g 🗆 Nurtured	d 🗆	Active 🗆	Respected $\Box$	Re	sponsible 🗆	Includ	ed 🗆
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Please note box expands on typing	g							ed 🗆
Please note box expands on typing Information Sharing Has agreement been received	g			nd share relev			-	ed 🗆
Please note box expands on typing Information Sharing Has agreement been received from Parent/Carer?	g d to request							ed 🗆
Please note box expands on typing Information Sharing Has agreement been received	g d to request			nd share relev			-	ed 🗆





# **Request For Assistance Feedback Form**

Name of Servic Provider:	e									
Feedback provided by										
Name	Role/Desi	gnation	Contact No.	Email Address						
Child/Young P	erson									
Name of Child				Address						
Gender		Find a	list <b>here</b>	Town						
Date of Birth / C (if available)	CHI Number	-		Postcode						
Age				Early Years Provid School	ler/					
Phone Number										
Action Taken (provide an outline of work to be undertaken in relation to desired outcome(s) and timeframe for engagement)										
If onward sharing is required then agreement has to be sought from Parent/Carer/child (within their capacity), if appropriate.										
Date Completed	d		re to enter a late.	Date sent to named person or lead professional date.						

Ensure form is sent securely as per your service's guidance and a significant event added to the child's chronology. Please complete the Request for Assistance feedback form and return to the named person or lead professional, where possible, within 10 working days. There is a duty to provide timely feedback.

professional

#### Alloway Primary Staged Intervention at a Glance

#### STAGED INTERVENTION LEVELS

#### Generally Available Supports and Targeted Interventions available to Children and Young People in South Ayrshire

Stage 1 (in class)	Stage 2 (within school, outwith class)	Stage 3 (one targ Stage 4 (multi-agency targeted support provided	Stage 5	
<ul> <li>Education         <ul> <li>More able in more than one area.</li> <li>EAL without regular peripatetic support.</li> <li>Resource adaptation within classroom.</li> <li>School Assistant support.</li> <li>CAMHS referral/waiting list – in class support</li> </ul> </li> <li>Health         <ul> <li>Pupils with a medical disorder that has no significant effect on learning ability should have a medical health plan or Medical Diet Action Plan in place rather than STINT.</li> <li>If their medical condition is a barrier to their learning and supports/adaptations are in place, STINT guidance should be followed.</li> </ul> </li> </ul>	<ul> <li>Education</li> <li>Nurture Groups</li> <li>Additional Support for Learning Teacher support</li> <li>Targeted school assistant support.</li> <li>Targeted interventions to minimise barrier to learning</li> <li>CAMHS referral/waiting list – additional supports in place</li> </ul>	Education         • Education Psychological Services         • English as an Additional Language         • Hearing Impairment Support         • Visual impairment Support         • Local Authority provided Home Tuition         • Language provision –assessment block/ outreach only         • ASD Outreach         • Authority Nurture Provision         • SASKA         • Language Unit (Stage 4 as Education and SLT         Health         • Addiction South Ayrshire         • Ayrshire Council on Alcohol         • CAMHS medical review         • CAMHS (one to one support)         • Rainbow House         • Hospital Education         • Occupational Therapy         • Physiotherapy         • School Nurse         • Speech and Language Therapy	Social Work         All children and young people         with care experience or CP –         Stage 4         • Children and Family Area teams         • Children with Disability team         • Initial Response Team         • Intensive Outreach Team         • Young People's Support and Transition Team         Voluntary Sector         • Barnardos Family Support Services – Ayr and North         • Quarriers         • Young Carers         • Aberlour         • Children 1 <sup>st</sup> Supporting Children and Families – Girvan and Maybole         • South Ayrshire Befriending         • South Ayrshire Women's Aid         Employment and Training         • Employability and Skills Team         • Skills Development Scotland	<ul> <li>Education</li> <li>Supported Learning Centres – QMA/Girvan</li> <li>Autism Spectrum Support – Doonfoot Communication Base</li> <li>Complex Learning Needs Support – Southcraig and Invergarven Schools</li> <li>Extended Learning Facilities -Dalmilling &amp; Girvan</li> <li>Residential Placement</li> <li>Children's Houses</li> </ul>

Please note: this list is not exhaustive or prescriptive. All <u>Stage 4 and 5</u> Children and Young People should have a My Plan.

#### WHEN DO WE CREATE AND EVALUTE PLANS?

Plan created in	Plan evaluated in		
September with	February and	Plan evaluated in	
new targets	new targets	June	
created	created		

#### PAPERWORK REQUIRED

ST	AGE 1	ST	AGE 2	ST	AGE 3	ST	AGE 4	ST	AGE 5
*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)	*	Staged Intervention Information Form (Appendix 3)
		*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)	*	Action Plan (Appendix 4)
		*	Stage 2/3 Child's Plan Team Around the Family minute (Appendix 6)	*	Stage 2/3 Child's Plan Team Around the Family minute (Appendix 6)	*	Stage 4 Team Around Family minute (Appendix 7)	*	Team Around Family minute (Appendix 7)
						*	My Plan (Appendix 9)	*	My Plan (Appendix 9)

# Appendix 3: Staged Intervention Information Stage:



Date Plan Prepared:	Date of Review:	
Name:	Class:	
Date of Birth:	Teacher/Guidance Teacher:	

Pupil Information: Strengths/Additional Support Needs/Information						
Classroom Teachers: Main Implications For Learning And Teaching						
Views of Child/Young Person (Wellbeing Web)						
Views of Parent/Carer						
Views of others/3rd Party (as appropriate)						

Pupil Signature:	Parental	Date:	
	Signature:		

Annual Evaluation and Review	Agreed Action
	Plan No Longer Needed
	Revise Stage 3 Plan
	Maintain Stage 3 Plan
	Move to Stage 2 (With New Support Plan)

Pupil Signature:	Parental	Date:	
	Signature:		

Name: Class / Year:					Stage:				
AGREEMENT TO INFORMATION SHARING BY YOUNG PERSON AND PARENT/CARER									
AGREEMENT TO INFORMATION SHAR	Yes	No		ease give details					
Young Person			-						
Mother									
Father									
Carer/Other									
My Learning Target	S H A R	A R		O BE OMPLETED BY	SUCCESS CRIT	ERIA			
How can I achieve my target?			Evaluation						
						Achieved:	Yes	No	Partially
-									

# Appendix 5: Staged Intervention Information Stage:



# **Staged Intervention Guidance Notes**

Date Plan Prepared:		Date of R	eview:						
Name:		Class:							
Date of Birth:		Teacher/	Guidance Teacher	:					
Pupil Information: St	Pupil Information: Strengths/Additional Support Needs/Information								
Information regarding	pupil strengths e.g. inte	erests, strengths, positi	ve behaviours, inte	ractions with othe	ers etc. should be i	noted.			
Further detail on spec	ific additional support no	eeds should be include	d e.g. difficulties w	ith phonological a	wareness, dyslexia	a,			
difficulties focussing o	on task etc.								
Any additional relevar	nt information can be inc	cluded e.g. requires to	wear glasses, medi	cal needs that ma	y impact on learnii	ng			
should also be include	ed.								
Classroom Teachers:	Main Implications For L	earning And Teaching							
Detailed information	regarding specific classro	oom practice to suppor	t the learner e.g. s	upported seating a	arrangements, acc	ess to			
specific equipment or	resources etc. Furtherm	nore, this will outline st	rategies and interv	ventions in place,	specifically for Sta	ge 1			
pupils who do not req	uire an Action Plan. Wh	ere information is deta	iled in an Action P	an, available to al	I relevant staff, the	ere is			
no need to repeat info	ormation in this section.								
Views of Child/Young	Person (Wellbeing Web	<b>)</b>							
their support should b	ation informed by Wellb be detailed. Where a pup formation in this section	pil has an Action Plan th	neir views should b	e recorded on tha					
Views of Parent/Care	r								
It is important that the	ne views or parents/care	ers are sought and refl	ected in the plans	in place. Parent	s/carers should be	e given			
	ort setting and evaluatir								
	of the supports/strateg								
	Vhere a pupil has an Acti hat information in this se				on that document -	– there			
Views of others/3rd F				i ili sucii cases.					
Where appropriate (stage 3 and above) the views of partners to this plan should be recorded e.g. Barnardos, Ayrshire Befrienders, School Nurse, EAL Teacher, Educational Psychologist, CAMHS etc. Where no views are provided then this should be recorded in this box.									
Pupil Signature:		Parental Signature:		Date:					
Annual Evaluation an	d Review		Agreed	Action					
			Plan No	Plan No Longer Needed					
						16			

All plans should be reviewed a minimum of once per year. All sections should be considered as part of this review to capture any changes in support needs,	Revise Stage 1 Plan	
strategies in place, pupil strengths or views.	Maintain Stage 1 Plan	
Agreed actions should also be noted and records updated on SEEMIS i.e. Staged Intervention levels, persons providing support etc. Detailed guidance on this can be found in Section 15 of Management Guideline.	Move to Stage 2 (With New Support Plan)	

Pupil Signature:	Parental Signature:	Date:	

#### Stage 2 and 2 Child' Plan Team Around the Family Minute - Appendix 6



# (Child's Name)'s Plan:

What is the Wellbeing Goal for the child? (Link to SHANARRI Indicators – Safe, Active, Nurtured, Achieving, Respected, Responsible, Included)	What does everyone, including family, the child's wider network and professionals need to do to achieve this goal?	How will we know when the goal has been achieved? What will everyday life be like for the child?	Who has agreed to do what?	By when?
What is the specific need identified through assessment? In a child protection plan this column should identify any risks i.e. parents need support to address their substance misuse difficulties	action – clearly identify all of these. Where risks have been	Be clear about the change that is required. What will be different for the child? How will this help them?	It might be that there is more than one person responsible for an action. If there is more than one person responsible for an action, it should be clear who is going to take the lead for the action.	Specific timescales (not ongoing)

What is the Wellbeing Goal for the child? (Link to SHANARRI Indicators – Safe, Active, Nurtured, Achieving, Respected, Responsible, Included)	What does everyone, including family, the child's wider network and professionals need to do to achieve this goal?	How will we know when the goal has been achieved? What will everyday life be like for the child?	Who has agreed to do what?	By when?

Reason for Team Around the Child/Child's Plan (Inc. Summary of Significant Events Since Last Meeting):

#### **Summary of Assessment**

(Using Information from My World Triangle and the SHANARRI Wellbeing Indicators: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included)

#### What is Working Well for the child?

What are we worried about for the child?

What does the child think about the plan? Does the plan feel helpful?

What do the parents or significant persons think about the plan? Does the plan feel helpful?

Are There Any Disagreements About the Plan? What will happen to try to resolve these disagreements?

If this plan does not work, what will everyone do? (Contingency Plan)

Date of Meeting:	Chair of Meeting:	
Date Initial Plan Agreed:	Dates of Review Meetings:	

Team Around the Child							
Name	Agency	Relationship to Child	Invited	Attende d	Apologies	Report Submitte d	Minute of Meeting to be Given

Child's Name:	Also Known	As:	Date of Birth:		Gender:	
Childs Address:			Who Does the Child Live With? (i.e. Parent(s), Kinship, Foster Placement,			
			Residential School) Are There Any Disclosure Issues?		If Yes, Please Specify:-	
			(i.e. Address Details, Specific Relating to the Child?)	Information		
Named Person:		Designation:	Designation:			
Lead Professional:		Designation:		Address:		

Legal Status (Inc. Any Measures)/Child Protection (If Applicable):		
Coordinated Support Plan (CSP) (Circle as Appropriate):	Yes	No
Is the child person a Young Carer? (Circle as Appropriate):	Yes	No

	Signature:	Print Name and Designation:	Date:
Chairperson:			
Date/Time of Meeting:	Next		

# (Child's Name)'s Plan:







What is the Wellbeing Goal for the child? (Link to SHANARRI Indicators – Safe, Active, Nurtured, Achieving, Respected, Responsible, Included)	What does everyone, including family, the child's wider network and professionals need to do to achieve this goal?	How will we know when the goal has been achieved? What will everyday life be like for the child?	Who has agreed to do what?	By when?
What is the specific need identified through assessment? In a child protection plan this column should identify any risks i.e. parents need support to address their substance misuse difficulties	Some needs might require more than one action – clearly identify all of these. Where risks have been identified, the actions within this column should be clear about how we will address these risks.	Be clear about the change that is required. What will be different for the child? How will this help them?	It might be that there is more than one person responsible for an action. If there is more than one person responsible for an action, it should be clear who is going to take the lead for the action.	Specific timescales (not ongoing)

What is the Wellbeing Goal for the child? (Link to SHANARRI Indicators – Safe, Active, Nurtured, Achieving, Respected, Responsible, Included)	What does everyone, including family, the child's wider network and professionals need to do to achieve this goal?	How will we know when the goal has been achieved? What will everyday life be like for the child?	Who has agreed to do what?	By when?

Reason for Team Around the Child/Child's Plan (Inc. Summary of Significant Events Since Last Meeting):

#### **Summary of Assessment**

(Using Information from My World Triangle and the SHANARRI Wellbeing Indicators: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included)

What is Working Well for the child?

What are we worried about for the child?

What needs to happen for the child's situation to be better?

What does the child think about the plan? Does the plan feel helpful?

What do the parents or significant persons think about the plan? Does the plan feel helpful?

Are There Any Disagreements About the Plan? What will happen to try to resolve these disagreements?

If this plan does not work, what will everyone do? (Contingency Plan)

Date of Meeting:	Chair of Meeting:	
Date Initial Plan Agreed:	Dates of Review Meetings:	

Team Around the Child							
Name	Agency	Relationship to Child	Invited	Attende d	Apologies	Report Submitte d	Minute of Meeting to be Given

Child's Name:	Also Known As:	Date of Birth:	Gender:
Childs Address:		Who Does the Child Live With?	
		(i.e. Parent(s), Kinship, Foster Placement, Residential School)	

		Are There Any E Issues? (i.e. Address Details, Specific Relating to the Child?)		If Yes, Please Specify:-
Named Person:	Designation:	Designation:		
Lead Professional:	Designation:		Address:	
Legal Status (Inc. Any Measures)/Child Pro	otection (If Applicable):			

Coordinated Support Plan (CSP) (Circle as Appropriate):	Yes	Νο
Is the child person a Young Carer? (Circle as Appropriate):	Yes	No

	Signature:	Print Name and Designation:	Date:
Chairperson:			
Date/Time of Meeting:	Next		



CHI No	Initial Assessment (IAR)	
SQA No	Integrated Assessment (SBR)	
Child's Id No	Individual Education Plan	
FACE No	Co-ordinated Support Plan	
Restricted	LAC Review	
information	Child Protection Plan	

# My PLAN

1. Childs Details										
First Name	S	urname		Ot	Other Forenames				Known as	
Gender	D	ate of B	irth or Ex	cpec	ted Date of De	livery		Age		
Home Address	P	ostcode		Telephone/e-mail				Whose address is this		
Current or other addresses where child resides (if different from above)										
Previous Address	es (if l	known)								
Address	Pos	stcode	Telepho	ne	Whose Addre	ess is this	From	n	То	
Ethnic Group	Natio	nality	Addi	tior	nal Support N	Veeds?	1		1	
			Yes No		_					
Preferred langua	ge &	Wha	it is the c	hild	's preferred			Is	an advocate	
arrangements red	-				unication	ls an		ree	quired?	
						interpre	ter			
						required	?			

	Yes	Yes	
	No	No	
Has a financial check been requested /	Yes	No	
undertaken			

Date assessment completed		
Purpose of the assessment		
	Start Date	Review Date
Legal Status		neview bute
Recommendations from the assessment		

2. Family Details							
Name	Known as	DOB	Relationship to Child	Parental Responsibilities / Rights (Y/N)		Residing at same address as child	
Other Significan	t People						
Name	DOB	Address			Relationshi	p to Child	

# **3. Child Protection / Looked After Episodes**

### **Current Registration**

Current Enquiry/Investigation	Start Date	Contact Details of Lead Officer	Date of Registration

# Previous Child Protection Investigation

Local Authority Area	Lead Officer	Start Date	End Date	Outcome

#### **Previous Child Protection Registration**

Registration Category (If applicable)	Start Date	End Date	Outcome of Registration

#### **Children's Hearing Involvement**

Children's Hearing Involve	ement			
	Yes	No		
Current Legislation				
Previous Involvement				
Date of Next Hearing				
Name of Reporter				

#### Looked After or Accommodated Episodes

Establishment	Address	Date From	Date To	Other details/reason

4. Education							
Current Establishment	Address		Tel No	Start Date	Stage		
Child's Educational Named		Addres	S	Tel No	E-Mail Address		
Person							

### Previous Educational Establishments (if known)

Name	Address	Start Date	End Date	Stage (e.g. primary)

### Have there been additional education support needs identified?

Yes	No	Date Identified	Any special requirements

5. Health						
Child's Named Nurse	Address	Tel No	E-Mail Address			
GP Name	Address	Tel No	E-Mail Address			

6. Named Person, Lead Professional, Assessment Team & Contributors to the Assessment						
Role	Name & Designation	Agency	Address	Initial Contact Date	Tel No & E-Mail	

7. Other agencies currently involved with the child and family					
Agency/Profession	Name Address Tel/E-mail				

8. Identified Gaps in Information sought			
Agency	Information Requested	Date Requested	Reason for gap

9. Chronology of Significant Events				
Date of Entry	Date of event	Event	Action	Entered By

# 10. Agreement to Information Sharing by Young Person and Parent/Carer

		No	If no please give details
	Yes		
Young Person			
Mother			
Father			
Carer			
Other			

11. Child Affected by:				
	Yes	No	Self	Others
Disability				
Alcohol and Drug Misuse				
Domestic Abuse				
Mental Health Problems				
Other (see guidance)				
Further Detail		1		

# **12. Family Circumstances**

Historical

#### Current

# **13.** Current Interventions/Involvement

# 14. Assessment of Child

This assessment report is based on the 'My World Assessment Triangle'. The level of detail should be proportionate to concerns or needs identified. Education should include factors giving rise to additional support needs (refer to CSP guidance within the Support Manual).

#### How I grow and develop – Analysis of child developmental needs

(Include strengths and pressures within each domain )

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

# What I need from people who look after me – Analysis of the impact on the child and the parents / carers ability to meet their needs

(Include strengths and pressures within each domain )

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

My Wider World – Analysis of the impact on the child – environmental		
The much work Analysis of the impact of the child Charlentar		
(Include strengths and pressures within each domain )		
Support from family, friends and other people	Comfortable & Safe Housing	
School	Work opportunities for my family	
Local Resources	Belonging	
Enough Money		

# 15.Risk, Protection and Resilience (see guidance notes on resilience matrix)

	Resilience
	Characteristics that enhance normal development under difficult conditions
Advorsity	Protective environment
Adversity Life events or circumstances threat to healthy developr	posing a Factors in the child's environment
	Vulnerability
	Characteristics of the child, the family circle and wider community which might threaten or challenge healthy development
Summarise Identified	Risk Factors and Protective Factors.
	ngs are detailed within Section 17.
Risk Factors	Protective Factors

# **16. Views of Child and Carer**

Informed Views of Child/Young Person (including response to any grounds of referral)

Informed views of Parent/Carer (including response to any grounds of referral)

# **17. Identified Risks and Needs**

Where risks have been identified, details should be given on what may trigger harmful behaviour or increase risks to the child/young person or to others by the child/young person and the circumstances in which risks are most likely to occur

Safe	
Healthy	
Active	
Nurtured	
Achieving	
Respected	
Responsible	
Included	

# **18. Proposed ACTION PLAN**

Lead Professional	Agency	Address	Tel No & E-mail	Last Updated Date
Planned Outcomes	Action required	Supports proposed	Time Scale	Person / Agency Responsible
Contingency Plan				

19. Individual Education Plan				
CURRICULAR AREA:				
Planned Outcome:				

My Short Term Targets:	Teaching Strategies / Pupil Activities	Resources	Evidence Based Success Criteria	Evaluative Comment	I achieved this on

20. Areas of Disagreement				
Disagreement by (Name & Relationship to child)	Reason for Disagreement	Action Taken to Resolve Disagreement and Outcome		

<b>21. I Agree with the Action Plan/IEP/CSP/LAC Review/CPP</b> (circle as appropriate)					
This assessment has been discussed with the ChildYesNo					
This assessment has been discussed with the Parent / Carer	Yes	No			
A carers assessment has been considered	Yes	No			
Detail					

	Name	Signature	Date
Child/Young Person			
Parent/Carer			
Parent/Carer			
Lead Professional			
Line Manager			
Review co-ordinator			

22. Review	
Date of Next Review	

# 23. Distribution of Childs Assessment and Plan

Reason child over 12 years or any person with parental responsibilities is <u>NOT</u> to receive a full copy of completed assessment report and any action taken

#### Child/Young Person, their family members, agencies and other significant people

Name	Address	Date Sent	(F)ull/ (P)artial	Method of Distribution

SEEMIS Recording Process for Staged Intervention All data is recorded in the Personal tab

