

Getting it Right for Every Child

Multi Agency Staff Guidance

This guidance is intended to support practitioners in applying the key principles of GIRFEC;

- Promoting the well being of individual children and young people
- Keeping children and young people safe
- Putting the child at the centre
- Taking a whole child approach
- Building on strengths and promoting resilience
- Promoting opportunities and valuing diversity
- Providing additional help that is appropriate, proportionate and timely
- Supporting informed choice
- Working in partnership with families
- Respecting confidentiality and sharing information
- Promoting the same values across all working relationships
- Making the most of bringing together each workers expertise
- Co-ordinating help
- Building a competent workforce to promote children and young people's well-being

1.3 West Lothian Overview

West Lothian has many existing structures that have provided the platform for the key principles of GIRFEC and which recognise the critical part in providing help for all children played by the universal service providers, health and education and in particular identifying at an early stage any difficulties or concerns that require additional (more specialist) help. One of the key principles of GIRFEC is based on understanding how children and young people develop within their families and in communities and addressing their needs at the earliest possible time. West Lothian is committed to Early Intervention and defines early intervention as:



Intervention that meets the needs of a child or young person early, when early means

- *Early in the life of a child*
- *Early in the life of complexity*
- *Early in the life crisis*

This is achieved within West Lothian by utilising a framework for assessment (see section 3) that has identified stages of support and intervention. At each stage there are clearly recognised professionals and there are clear routes for referral in the event that additional/enhanced support is required (see section 3.2 on involving other agencies)

In every case where a child has additional needs, there will be a child's plan. This can be a single agency plan or a multi-agency child's plan depending on the context. For any child who has two or more agencies helping them there will be a multi agency child's plan. There are also a minority of children who will need immediate protection and access to help through child protection procedures or compulsory measures from a children's hearing.

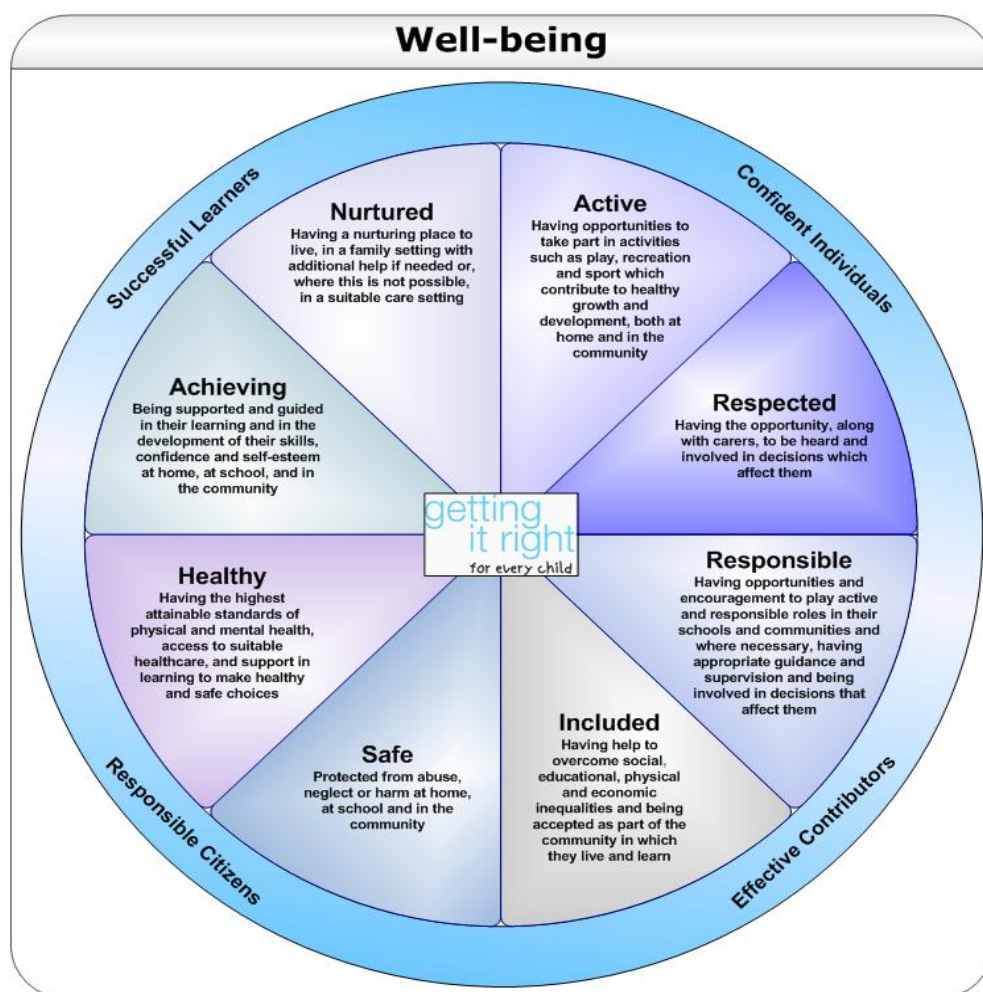
At all times help is proportionate and meets statutory requirements where these are relevant.



2.0 Practitioner Tools

The Getting It Right Approach is underpinned by a set of common values and principles, which apply across all aspects of working with children and young people. To assist practitioners in the approach a combination of tools have been developed to assist practitioners, to identify at the earliest opportunity, a child's or young person's additional needs which are not being met by universal services they are receiving, and provide timely and coordinated support to meet those needs.

2.1 Well Being Indicators



There are eight indicators of well-being:

- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included
- Safe

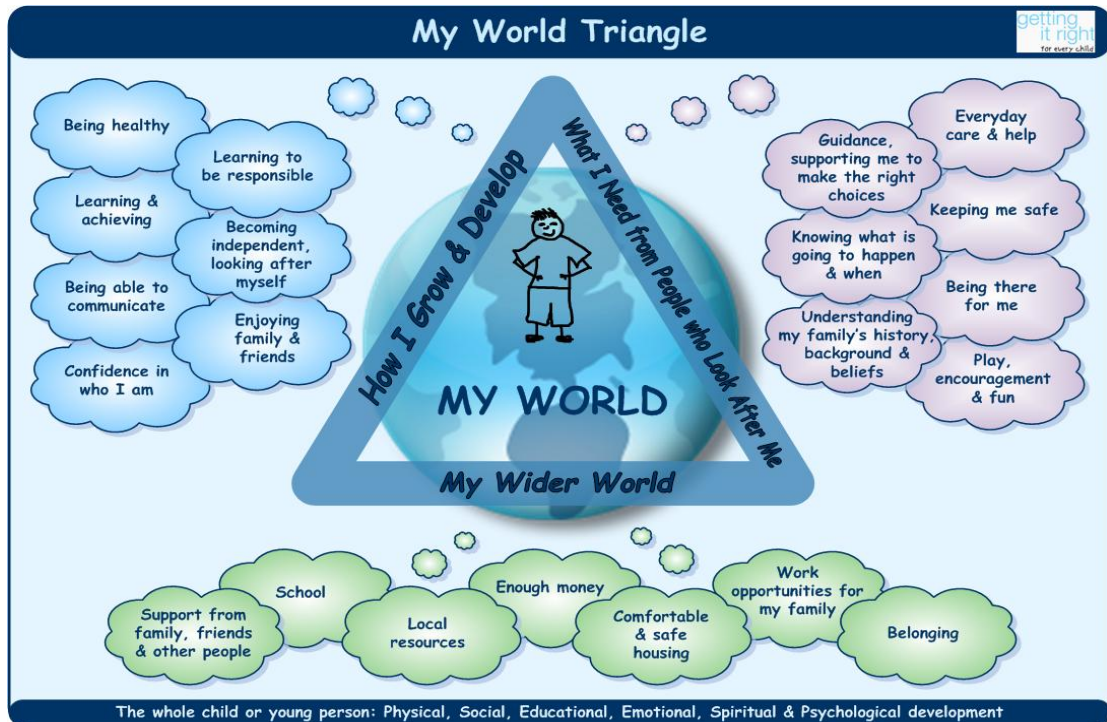
The *Well-being Indicators* are the basic requirements for all children and young people to grow and develop and reach their full potential. Children and young people will progress differently, depending on their circumstances but every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the *Well-being Indicators*. The well-being wheel also shows the connections between children and young people's well-being now, and their well-becoming in the future enabling them to become;

- Successful Learners
- Effective Contributors
- Confident Individuals
- Responsible Citizens

The *Well-being Indicators* are used in a number of ways. They can be used to structure the recording of information about a child or young person, under whichever headings are appropriate, to record their progress in universal services. In the future, this will allow relevant information to be shared more easily. In some cases, recording progress using the *Well-being Indicators* will allow practitioners to identify concerns that only become apparent from cumulative information or collated single agency or multi-agency records.



2.2 My World Triangle



When working with children and young people, the *My World Triangle* can be used at every stage to think about the child or young person's whole needs and risks.

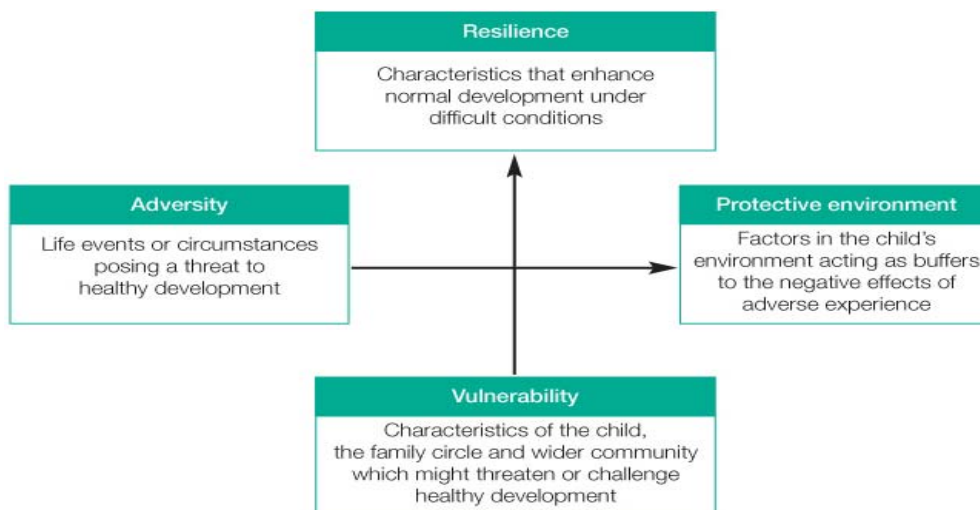
It is particularly helpful to use the *My World Triangle* to gather more information from other sources, possibly some of it specialist, to identify the strengths and pressures in the child or young person's world. This may include, for example, information about health or learning, offending behaviour or information about issues affecting parenting.

The *My World Triangle* promotes a model of practice that considers the child's and young person's needs and risks as well as the positive features in their life. Strengths and pressures are given equal consideration and can be structured around the triangle. Information gathered should be proportionate and relevant to the issues in hand. In many cases, it will not be necessary to explore every area of the triangle in detail but only look at those relevant to any presenting issue. However, it is still important to keep the child's or young person's whole world in mind and provide immediate help where necessary while continuing assessment.

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

- how the child or young person is growing and developing
- what the child or young person needs from the people who look after him or her
- the impact of the child or young person's wider world of family, friends and community.

2.3 Resilience Matrix



The concept of resilience is fundamental to the well being of children and young people and is used in assessments by practitioners from many agencies. Practitioners can use the Resilience Matrix to make sense of strengths and pressures from the My World Triangle along with any specialist assessment and to identify the areas where help should be focused. They can group the information around the four headings of resilience, vulnerability, protective environment and adversity so that the balance of strengths and needs can be judged. It is expected that the resilience matrix would be used by practitioners in more complex cases.

2.4 Circles of Resilience

Resilience can be described as the ability to ‘bounce back’, to continue to grow and develop positively despite difficult life circumstances. Research shows that this resilience is partly due to the child’s individual attributes and partly to the support given by key people in the child’s life – a protective environment. Periods of significant adversity, or chronic adverse circumstances, can at times risk overwhelming a child. However, it can also be the case that children appear to be coping in difficult circumstances, while actually feeling extremely anxious and stressed inside. Key people such as family, community, professionals need to work together, with the child’s involvement, to help them to build up their resilience.

The ‘My World Triangle’ can be used by professionals to help them consider the young person’s whole needs and risks, and it is important to gain a perspective from different adults in the child’s world. However, professionals must also try to understand the child’s view of their situation, what they would find helpful, who would be best placed to provide support etc.

In order to help children and young people to contribute their views *Circles of Resilience* (CoR) has been developed in West Lothian as a ‘user friendly’ web based tool. It is based on resilience research literature. CoR is one way of exploring, with the child, the risk factors and the protective factors in all areas of a child’s life, in order to develop an action plan for increasing the child’s resilience.

Circles of Resilience framework:

CoR has four strands:

1. The place where I live (sense of security)
2. Education / employment and training
3. Friendships, talents and interests
4. Social skills and positive values



The child is helped to name the 'key people' in their home, friends and wider family, school and community. They then consider how both their own attributes and some of the 'key people' identified, may help (or hinder) their well-being in each of the four strands – identifying protective or risk factors.

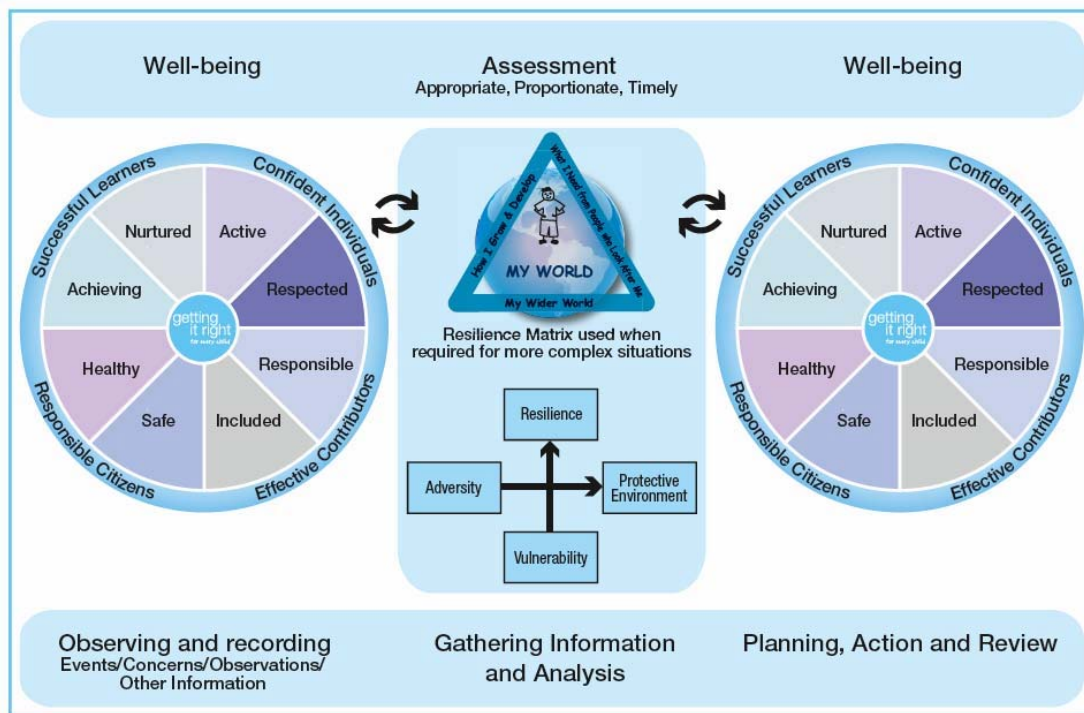
This information is transferred to the Summary Page and all those involved then devise the CoRs Action Plan, which will bring protective factors to bear on the current predominant risk factor. The Summary Page and Action Plan may be copied to give the child a record of the assessment and proposed interventions. It can also be used to provide information, from the child's perspective, to the Integrated Assessment Meeting and the Child's Plan.

CoR will be most effective when children and young people are involved in the process. However, where this is not possible, CoR can also be used by adults who work with the child, to identify protective and risk factors and ways of supporting resilience.



2.5 Practice Model

When assessment, planning and action are needed, practitioners can draw on the *Getting it right for every child* practice model which combines knowledge, theory and good practice. The tools in the model can be used in a single- or multi-agency context



The practice model:

- can be used by practitioners in **all** agencies who are working with children, young people and their families to facilitate a pathway to getting the right help they need at the right time
- provides a framework for agencies to structure and analyse information in a consistent way that can be used to understand a child or young person's needs, the strengths and pressures on them, and consider what support they might need

The model also promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action.

The components of the practice model have been designed to ensure that information about children and young people is recorded in a consistent way by all agencies. This should help in providing a shared understanding of a child or young person's needs and identifying concerns that may need to be addressed.

Therefore, in all children's services, recording of routine information needs to align with the way information is recorded in the practice model for children or young people who may need additional help. Information recorded in universal agency systems may become critical in understanding a child or young person's journey when he or she requires either enhanced single- agency or multi-agency support. This routine information may be of immense value in assessing a child's additional needs.

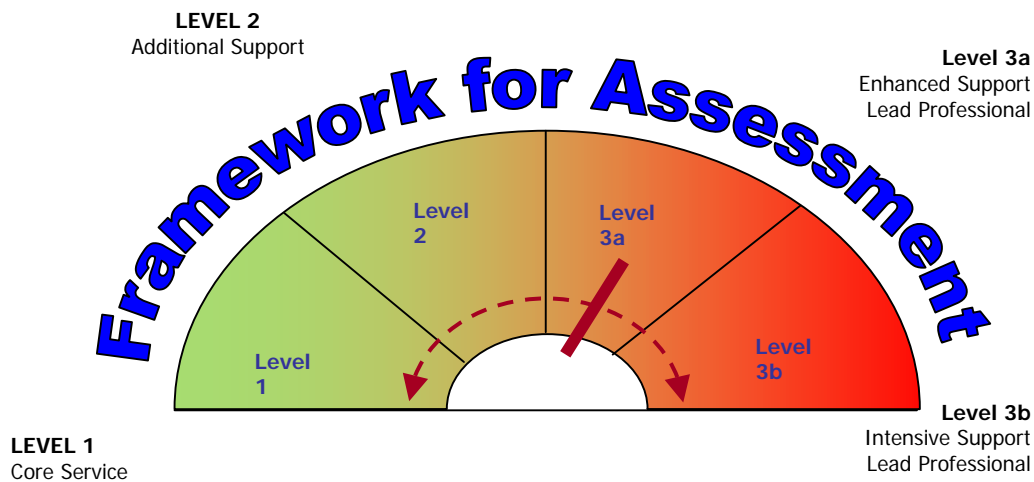
The practice model demonstrates how the tools can be used in different ways. Practitioners can combine some or all of these parts in the way that is most appropriate to the child or young persons needs:

- Using the *Well-being Indicators* to **record and share information** that may indicate a need or concern and then take action as appropriate
- Using the *My World Triangle* (and where appropriate specialist assessments) to explore this information and to **gather further information** about a child or young person's needs
- Using the resilience matrix to help organise and analyse information when necessary
- **Summarising needs** against the *Well-being Indicators*
- **Constructing a plan** and taking appropriate action
- **Reviewing the plan**



3.1 Framework For Assessment

Many children will progress through childhood receiving the help they need from universal services within health and education. However we recognise that some children will need additional support. Using the tools described in Section 2 practitioners will be able identify the level of need. The framework for assessment clearly demonstrates the identified stages in West Lothian.



There are four levels;

- Level 1: Children and families in receipt of universal services who do not require any additional support
- Level 2: Children who require additional services from a universal practitioner and/or other disciplines within that universal provider to ensure that they reach their full potential in regard to their health and development.
- Level 3a: Children who require **enhanced** support from more than one agency
- Level 3b: Children who require **intensive** support from more than one agency

LEVEL 1 – Core Service	Examples	Action Required
<ul style="list-style-type: none"> • Having been assessed by a universal service provider, children and families are determined to be functioning at a level, which optimises and/or maintains their potential. • Children and families in receipt of universal service(s) 	<ul style="list-style-type: none"> • Attends own/child health appointments and immunisations • Attending nursery/school regularly • No parental concerns/self referrals • No concerns raised by partner agencies • Attachment between carer/child 'observed' as positive and/or child makes positive attachments. 	<ul style="list-style-type: none"> • For the purpose of the Integrated Assessment no further action is required.
LEVEL 2 – Additional Support	Examples	Action Required
<ul style="list-style-type: none"> • Children who require additional services from a universal practitioner and/or other disciplines within that universal provider to ensure that they reach their full potential in regard to their health and development. • Children from households where the carer(s) is/are under stress which may adversely affect their child's health and development. • Children whose health and development may be adversely affected by any of the examples noted • Children who may require referral to other agencies for early intervention supports 	<ul style="list-style-type: none"> • Failure to attend / engage in health appointments • School age/teenage parents/first time parents • Lifestyle of carer(s) and/or child impacting on health and development • Families with a high number of children or more than two under five. • Ethnic minority parents/English as a second language • Temporary accommodation/travelling families • High mobility/frequent changes of Housing/School/GPs • Parents/carers(s) who indicate a need for support • Evidence of parental delay in seeking help, care or medical care for a child in need and lack of compliance by parents • Children with isolated, unsupported carer(s). • Children who present management problems to their parents or to education staff • Children in families where there is poor hygiene. 	<p>Refer for appropriate additional support(s) For example:</p> <ul style="list-style-type: none"> • Parenting group • Speech & language therapist • Family Centre placement • CYPT support • Consultation from educational psychologist • Education Outreach services



LEVEL 3a - Enhanced support	Examples	Action Required
<ul style="list-style-type: none"> Children whose health or development is being impaired or there is a high risk of impairment. Children with complex special needs Children who require a multi agency assessment and action plan' Children at risk of removal from home. 	<ul style="list-style-type: none"> Children or parents with mental or physical health difficulties Children in families where parents/carers or children themselves have substance dependency/misuse. Children whose parents, through extreme poverty, are unable to meet their basic needs Children with emotional/behavioural needs and/or are outwith parental control. Children starting to have unauthorised absences from school. Children with chronic ill health or terminal illness. 	<ul style="list-style-type: none"> Where numerous agencies are involved in supporting a child an integrated assessment meeting should be arranged to pull together all the agencies' assessments (i.e. produce an integrated assessment) and make a plan. Where there are still identified needs referrals for enhanced support (e.g. C&F SW, DCFP, the Children's Reporter, SORG maybe considered)
LEVEL 3b – Intensive Support	Examples	Action Required
<ul style="list-style-type: none"> Children experiencing * significant harm or where there is a likelihood of significant harm Children who require specialised educational provision. 	<ul style="list-style-type: none"> Children in households where parents/carers have all of the following problems: mental health, substance dependency and domestic abuse. Children with complex learning difficulties Children subject to legal proceedings Children on the Child Protection Register Children whose parents are unable to provide care whether for physical, intellectual, emotional or social reasons. Children whose behaviour is sufficiently extreme to place them at risk of removal from home, e.g. control issues, risk taking, dangerous behaviour, substance abuse, involvement in prostitution. Children who have started involvement in criminal activities. 	<ul style="list-style-type: none"> For the purpose of Integrated Assessment meetings no additional action is required – these children are likely to have multi-agency plans such as care plans, child protection plans or coordinated support plans, which have been devised after a multi-agency assessment.

3.2 Involving other agencies

For children who require additional support, it is essential that help is coordinated, recognising that children, young people and their families need practitioners to work together, when appropriate to provide the best possible help. Involving another agency will bring together each workers expertise and coordinate help.

Level 1 No referral required

Level 2 Referral to individual services/agencies (contact service for details)

Level 3a Integrated assessment meeting required

Level 3b Where there is statutory involvement with a child (e.g. Looked After Child), there will be a care plan in place and any review of these plans should be undertaken by the core group of professionals who have responsibility of the plan . If it is considered that a child's needs cannot be met within mainstream provision alone (refer to Collaborative Planning with a continuum of support)

3.3 Integrated Assessment Meeting

Where there are numerous agencies involved in supporting a child or the child develops more complex needs or an agency has concerns that a child may be at risk but the threshold for child protection procedures has not been reached an integrated assessment meeting should be arranged to pull together all the agencies assessments and build on or develop any existing child's plan.

The purpose of the meeting is for all agencies working with the child and their family to work together to provide a coordinated support package and will be the primary meeting for producing a Child's plan or its review. The child and/or their parent/carers are usually part of the Integrated Assessment meeting. This does not necessarily mean they attend but they should be fully informed and have given consent (see section 6 on Consent) prior to the meeting and fully informed as to the outcome of the meeting.



In certain circumstances it may not be appropriate to invite the child/young person or their family e.g. if the discussion is primarily to share concerns regarding the parents behaviour presenting a risk to their child. In these circumstances parents should be informed the meeting is taking place and consent to share information should be requested.

All meetings of this nature will be referred to as Integrated Assessment Meetings and the papers included in this guidance should be used.

Arranging an Integrated Assessment Meeting

Any agency or service within an agency (e.g. housing, health, police, education, social policy) can call an Integrated Assessment Meeting.

All agencies who have knowledge of the family should produce a report using the agreed template. At the meeting the integrated assessment and the child's plan will be agreed upon. The professional who arranges the meeting will be known as the **Lead Professional**. At the meeting it will be determined whether the Lead Professional needs to change. (see section 4)

Participants

Professionals who have been involved with the child/family and are able to contribute to the integrated assessment. These might include a representative from:

- Health
- Education
- Social Policy
- Early Years Services
- Educational Psychology
- Housing
- Voluntary Organisation



The parent/carer and child **should be invited** unless there are recorded reasons for not doing so.

Criteria for calling an Integrated Assessment Meeting

- Children whose health or development is being impaired or there is a high risk of impairment
- Children with complex needs
- Children who require a multi agency assessment and action plan
- Children at risk of removal from home

An Integrated Assessment meeting **should not** be arranged:

if a child has an allocated Practice Team or Youth Justice Social Worker multi-agency planning meetings may be appropriate

Integrated Assessment Meeting Standards

- *The child and/or their parent/ carers are part of the Integrated Assessment meeting*
- *Agencies working with the child and their family share information appropriately and with consent*
- *Agencies working with the child and their family work together to provide a coordinated support package.*
- *The IA meeting produces an agreed plan of action*
- *The plan of action is reviewed according to appropriate timescales*
- *The Integrated Assessment meeting will be the primary meeting for a Child's Plan or its review*



3.4 Cluster Resource Group

The CRG is a local group of professional workers who meet on a regular basis, to help meet children's needs. This group includes managers or practitioners who have delegated decision-making authority from their agencies in respect of allocation of some targeted resources and staff. This group has 3 core functions;

- *The control of devolved funding to allocate money for specific pieces of work as identified by an integrated assessment meeting i.e. parenting group work, art therapy etc*
- *Referral route to Senior Officers Review Group (SORG)*
- *Strategic role in considering trends and co-ordination of additional resources, for example*
- *a high number of young people with behavioural difficulties may suggest a need for an alternative curriculum type of provision and/or strategies to work with parents such as parenting groups;*
- *universal and targeted transition strategies*
- *significant number of looked after children could result in joint approaches by schools, social work, health and others to target new initiatives on those children*

A referral to the CRG should only be made when the integrated assessment meeting had developed a plan whereby the outcomes need to be considered by the CRG. The plan should be submitted with the referral.



4.1 All children's workers

All those involved with children have a duty to consider their well-being. If a child has an identified need or a practitioner is concerned about a child or young person they have a duty to assess the needs of that child at the earliest opportunity. Asking 5 key questions can do this;

- *What is getting in the way of this child or young person's well-being?*
- *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?*

When practitioners have sufficient information to know what needs to be done to support the child or young person, then they can ensure help is put in place without delay. This may involve providing support directly or from within their own service or may require them to ask another agency to support the child with another service. At every stage each worker should ensure that they record their assessment and plan in their own service records and that they remember to review the plan after an appropriate period.

As described in the previous section it is only where there are numerous agencies involved in supporting a child or the child develops more complex needs an integrated assessment meeting should be arranged to pull together all the agencies assessments and build on any existing child's plan



4.2 The Lead Professional

Most children achieve successful outcomes through the care of their families, plus the support of universally provided services of education, health and opportunities in the community. One of the key principles of GIRFEC is to ensure that every child who needs additional help gets that help when it is needed to improve their outcomes. Another principle is to support informed choice. In order to achieve this West Lothian has adopted the key role of Lead Professional

A Lead Professional would be needed when it has been identified that a child's needs are best met by involving two or more agencies working together.

A Lead Professional should be familiar with the remit of different agencies. Additionally, arising from the GIRFEC principle to support informed choice, the child's and family's views on who they see as the best placed to be Lead Professional should always be taken into account in the decision making process.

Choosing the Lead professional will 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 the child or family*

Over time it may be appropriate for a different practitioner to take over the role of Lead Professional depending on need.



Key Tasks of the Lead Professional

- Be the single point of contact for all practitioners who are delivering services to the child including staff in universal health and education services and community organisations, to ensure that the child continues to access this support.
- Be the single point of contact for the Children's Reporters Office.
- Co-ordinate meetings as required and communicate with all the involved agencies.
- Support the child through key transition points but, where necessary, ensure a careful and planned 'handover' takes place if it is more appropriate for someone else to be the Lead Professional.
- Work in partnership with families and professionals.
- Ensure that the views of the child and family are heard by others and support them in self-advocacy.
- Act as a point of contact between a child and family and other agencies to assist communication, assessment and /or implementation of intervention.
- Contribute to the discussion and review of any Child's Plan for the child.
- Have responsibility for ensuring that the Child's Plan remains a live working document – following up, as necessary, with relevant agencies if agreed actions haven't been implemented.
- In conjunction with a named chair, ensure that reviews are held regularly.
- Be involved, where appropriate, in offering specific direct support to the child/family.
- Ensure that information is circulated to relevant parties (including parent/ carers) within appropriate timescales (this may be done in consultation and conjunction with whoever is chairing integrated assessment meetings).
- Maintain an awareness of the child's/young person's chronology.



5.0 GIRFEC In Practice

Getting It Right For Every Child is a fundamental way of working that builds on research and practice evidence to help practitioners focus on what makes a positive difference for children and young people and act to deliver these improvements.

The Integrated Assessment process is an ongoing process and should not be considered as static. It is a process of collecting information about what is happening to children and their families and making sense of that information, in order to assess need/risk and inform decisions about the actions necessary to best meet those needs and/or reduce risk. Assessment continues throughout any intervention with children and families to measure whether the actions have met the identified need and/or reduced risk. The standard assessment format (section 7) may be used for any purpose or meeting (whether initial or review) including referral to both CRG and SORG. By following the standard assessment format all agencies involved will be able to contribute to the integrated assessment. Not all agencies will be able to complete every part of the assessment.

Getting It Right for every child means putting the child or young person at the centre and developing a shared understanding within and across agencies.

It is recognised that agencies have specialist assessments and the following is not intended to replace these specialism's but as a guide to using common tools and processes, considering the child or young person as a whole, and promoting closer working where necessary with other practitioners.



- *Strengths and pressures in relation to the child's development, his home and care and the communities in which he lives.*
- *Identification of needs and risks*
- *Level of parental/carer acknowledgement of the problem*
- *Areas of concern child/parent/carer/siblings*
- *Impact of disability on the family*
- *Any of the child's needs not being met in relation to health, education, identity, emotional and behavioural development, family and social relationships, social presentation and self-care skills.*

You should consider:-

- *Parent's response to the assessment or any concerns that have been raised;*
- *Parent's/carer's ability and/or willingness to take advantage of the support that is on offer;*
- *Parent's/carer's level of agreement with the assessment;*
- *Parent's/carer's level of recognition of agency concerns and the need to change behaviour;*
- *Parent's/carer's capacity to change behaviour.*

Including the views of children and their parent(s)/ carer(s)

The child's/young person's views should include:

- *Observations of behaviour, interactions and relationships. Although relevant for all children/young people, it will be especially applicable to very young children and babies.*
- *Who has had contact with the child/young person, where and when? How were the child's/young person's views obtained?*
- *If the child/young person was spoken to alone.*
- *The child's/young person's understanding of the purpose and process of assessment?*
- *The child's/young person's views on the situation leading to the assessment including whether they are in agreement with the need for the assessment.*



- *What the child/young person would like to happen next*
- *What the child/young person thinks would help*
- *Worries/concerns/optimism about the future*
- *Views about information about them being shared on an integrated basis*

The views of parents/carers should include:

- *Who has discussed with the parent/carer the need for the assessment? Where and when? Where the parent has communication needs how these were met.*
- *Parents/carers understanding of the need for and the process of assessment.*
- *Parents/carers views on the situation leading to the assessment including whether they are in agreement with the need for the assessment.*
- *What the parents/carers think would help.*
- *What the parents/carers views are about the future and what should happen next.*
- *Areas of disagreement/differences of opinion and issues about levels of co-operation. Any disagreements should be noted in detail including whom the disagreement is with and what it is about.*
- *Their views about information being shared about their children on an integrated basis.*

Incorporating information from previous assessments into current assessments

Where it is known that previous assessment has taken place, professionals conducting a new assessment must consider the following:

- *How did the envisaged plan work out?*
- *What was the outcome?*
- *Has anything changed?*
- *How far were objectives achieved?*
- *Have all the tasks been completed?*
- *Why were previous offers of help/support rejected?*
- *What are the outcomes of the child/young person?*



5.2 Chronology

A chronology is an important record of significant events and relevant issues in a child's life. The chronology should be factually based and it should be clear what the source of the information is. It should be historical, covering the entirety of the child's life and record the most recent event last.

It serves the following functions:

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

A chronology is produced by the ongoing review and analysis of the child's notes and recording the significant events [e.g. frequent attendance at A& E], relevant issues [e.g. substance abusing parent] and positive achievements and protective factors [e.g. progress in school work] together in chronological order.

The chronology should be used by practitioners as a tool to help them to understand the **impact**, both immediate and cumulative, of needs, events and changes on the child's/young person's well being and to identify patterns suggestive of potential risk of harm. It is important for the professional to be aware of changes in the family circumstances that may have an impact on the child. All changes should be recognised : particularly those relating to the child's behaviour or appearance



Key elements for a Chronology are :-

- It should be factual
- It should be clear what the source of the information is.
- It should be historical, covering the entirety of the child's life
- It should record the most recent event last.
- It must be kept up to date to ensure that no important information is lost.

It does not replace existing records, but provides a summarised account of events that can support and evidence the assessment of need or risk.

All single agency practitioners should establish a chronology within their agency records. These chronologies will form the basis of the integrated chronology that is part of the integrated assessment framework. They also form the basis of the integrated chronology held within the C-Me system (see Section 6).

Information that should be recorded in the chronology is detailed below but it is emphasised that it is for the professional to judge what should be included and no example list is exhaustive.



General

- Changes in family/care structure e.g. through separation/divorce/ bereavement/custodial sentence etc
- Changes in family circumstances e.g. homelessness/birth of sibling
- Expressions of concerns by any relevant person

Education

- Start and end dates of Nursery/ Primary School/ Secondary School
- Referral e.g. Psychological Services and other agency
- Requests for a Co-ordinated Support Plan
- Attendance
- Attainment
- Achievements
- Exclusion from school
- Significant periods of absence e.g. illness, pregnancy etc
- Incidents of bullying

Health

- Referral e.g. hospital paediatrician, therapy service, other agency
- Attendances at Accident and Emergency, Out of Hours and NHS 24
- Hospital admissions
- Suspicious Injuries / illnesses
- Childhood illnesses
- Childhood disability
- Missed appointments for immunisations, child health surveillance, hospital appointments
- Dates of immunisations and screening
- Formal health assessments e.g. developmental, Looked After and Accommodated



Social Policy

- Referral e.g. additional support, other agency
- Dates of Social Work Services involvement & reason
- Aggressive or abusive behaviour
- Dates of Child Protection enquiries
- Dates of Child Protection related meetings e.g. case conferences, core groups
- Dates and categories of previous Child Protection registrations
- Dates and reason for child being looked after and accommodated
- Legal basis for Social Work Services involvement

5.3 Child's/young person's plan

A key principle of GIRFEC is any child or young person who requires additional help should have a Plan to address their needs and improve their well-being. In many cases this may be a single agency plan. When two or more agencies are involved there will be a multi-agency Child's Plan co-ordinated by a *Lead Professional*. It is the Lead Professional who would be the contact for the Children's Reporters Office and there would be circumstances whereby the plan would be requested by the Children's Reporter. This request may be for the purposes of investigation or as a requirement for a Hearing.

The child's plan is not a static document. It is a living, dynamic document, which layers details, information and responses to a child's concerns over time. This includes the assessment, which is updated during the involvement with the child/young person and the agreed actions and desired outcomes for the child.



Where necessary plans developed by different agencies should be integrated and co-ordinated plans. The principles of GIRFEC require practitioners to work in accordance with legislation and guidance and also expect agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. For example, a Health Care Plan, or an Individualised Education Plan should be incorporated within the Child's Plan where the child or young person's circumstances require this.

When developing the child's plan consideration needs to be given to the following:

- *Plans need to be clear and specific.*
- *Children/young people and their families need to know what is expected of them.*
- *Children/young people and their families should be encouraged to contribute to their plan.*
- *Plans are unique.*
- *Actions should be clear and reasonable and timescales not too short or unachievable. This is relevant for both professionals and for children/young people and their families.*
- *Realistic consideration needs to be given to what resources are available to meet the needs of a child.*
- *Progress and effectiveness of services should be reviewed as a continuous process of the work with children/young people and their families.*



An effective Child's/Young Person's Plan will clearly state:

- *The name of the Lead Professional and date of the assessment*
- *Actions that are necessary to meet the needs of the child/young person*
- *Actions necessary to reduce concerns/risk factors*
- *Detailed actions for the child/young person and parents as well as for professionals*
- *Timescales for actions*
- *Expected outcomes*
- *A clear statement about when and how it will be reviewed*
- *A contingency plan*

The child's plan forms part of the integrated assessment. As with the assessment process it is a living document that should be reviewed on a regular basis.



6.1 Information Sharing

Sharing of information amongst practitioners working with children and their families is essential. In many cases, it is only when information from a range of sources is brought together that it can be identified whether a child has additional needs or is at risk of harm.

Practitioners are expected to record information using shared language, structured around the GIRFEC practice model, and to share key relevant information. It can be very frustrating for children and families to constantly repeat their story to different practitioners and agencies: they expect that information is shared to assist with the support that they need. Effective decisions depend on good information.

The Pan Lothian *General Protocol for sharing Information* * provides detailed guidance in respect of data sharing and is aimed at assisting practitioners to share information confidently. Practitioners should always consider the following:

- There must always be a clear purpose to the sharing of the information
- The information can only be shared with those with a legitimate reason to receive it.
- The information shared must be relevant and proportionate to the purpose and accurate and processed fairly and lawfully.



6.2 Consent

Consent to share information should be obtained from the parents, guardian or person with parental responsibility and /or the young person if over 12 years and with sufficient capacity to understand and make their own decisions

The consent to share information should be sought at the earliest opportunity and generally should be when a professional first makes contact with the child and family.

The consent sought must be informed [DPA 1998] i.e. the purpose of sharing information, what will be shared and the recipients of the information should be clearly stated as well as the possible implications if information was not shared.

It must also be made clear that an individual is able to refuse to consent to the sharing of personal information about them or their child and prevent disclosure of identifiable information about themselves.

If a parent or young person does refuse to consent then, unless there is evidence in relation to the capacity of the individual to make that decision, this must be accepted and appropriately recorded. The practitioner must make clear the possible consequences in terms of delay in and appropriateness of support that may arise from the decision.

If there is any perceived risk of significant harm or abuse to the child or young person then overriding consent refusal must be considered. .

If information is disclosed without consent the full details must be recorded about the information disclosed , the reasons why the decision to disclose was taken, the person who authorised the disclosure and the person to whom it was disclosed. This should be recorded in the agencies records.



6.3 C-Me

Getting it right for every child is promoting a positive shift in culture, systems and practice for all practitioners working with children/ young people and their families to improve outcomes and help all children grow, develop and reach their full potential.

A significant development is the focus on supporting electronic sharing of information about children and young people to facilitate the provision of the right support at the right time and to protect the vulnerable child.

C-Me has been developed through a partnership between West Lothian Council, Scottish Government and partners such as NHS Lothian. The aim of the system is improve the delivery of services to the children and young people of West Lothian, in particular by allowing information to be shared electronically with other agencies. It enables authorised professionals in West Lothian to work together electronically to provide an integrated package of support and care around the child by performing assessments, preparing for child protection meetings, and viewing concerns/ risks/ alerts relating to a child or young person. C-Me services are now available in every school, health centre, hospital and social work centre in West Lothian, with professionals specifically trained in its use at each site.

C-Me is a secure system that holds information about children and young people in West Lothian as well as contact details of professionals across the statutory sector that provide care and support for these children. When required, the system provides automatic alert notifications between NHS, education, social work and police. Key professionals in these agencies can use the system to contact each other securely and instantly. In child protection cases the system allows interagency referral discussions (IRDs) electronically between services.

C-Me facilitates the production of an integrated chronology by “pulling” specified events from hosts systems [Swift, Seemis, EMS, CIS] and displaying these within the system.



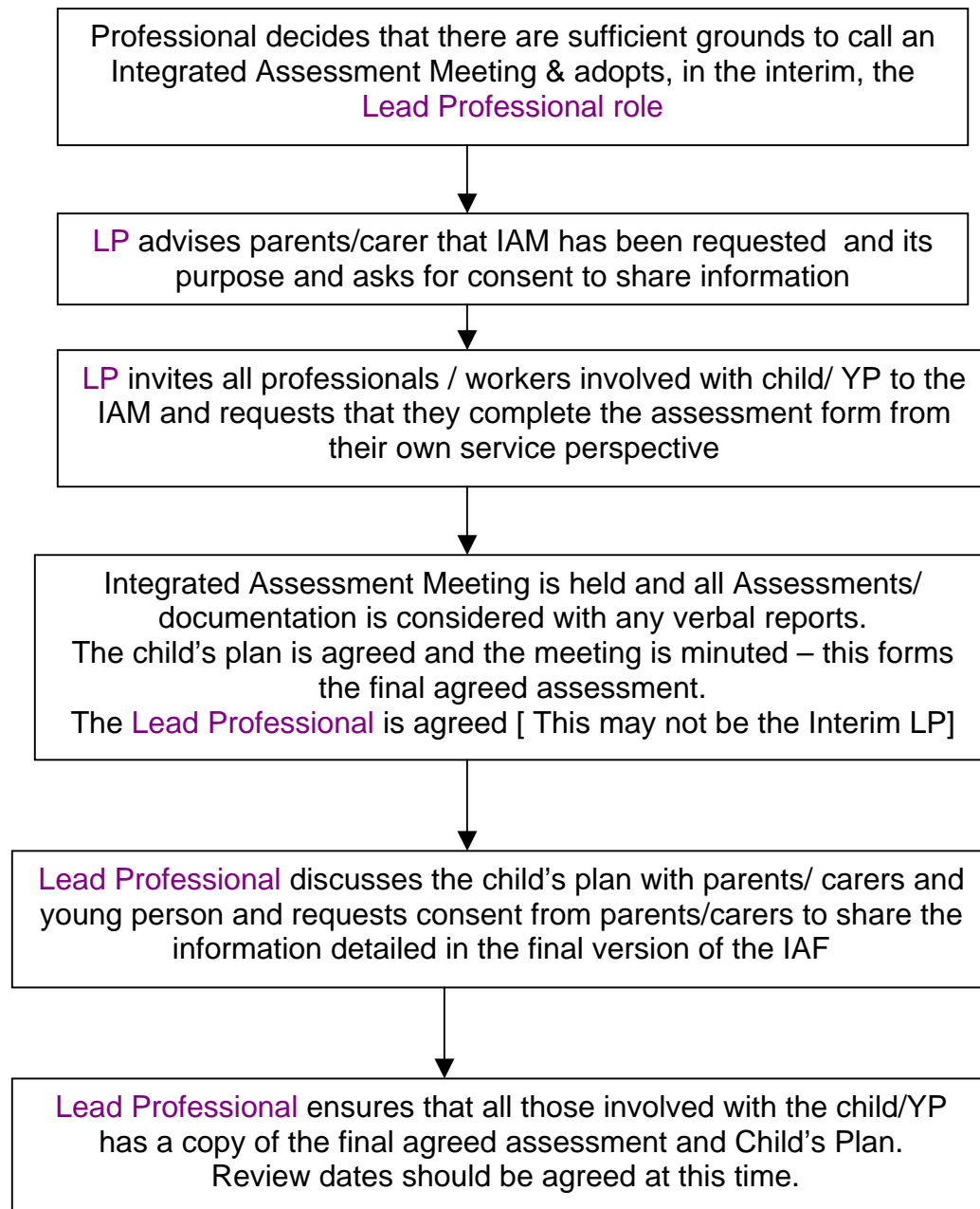
There is also the ability within C-Me to undertake an integrated assessment electronically. The final assessment will be placed on the system as part of the child's record so that all those involved with the child can view it.

Again ensuring that there is the appropriate consent to share the information included in the assessment is imperative.



Assessment	Ongoing process of gathering and considering information to inform any actions and plans.
C&F	Children & Families
Child's Plan	A component of the GIRFEC Integrated Assessment Framework; this is a multi –agency structured and dynamic plan that agrees methods of giving support for a child with timescales and responsibilities
Circles of resilience[CoR]	A web-based tool to facilitate a child's involvement with identifying risk factors and building protective factors.
CHCP	Community Health & Care Partnership
Chronology	A summarized record that identifies the significant events, relevant issues and positive achievements in a child' life
C-Me	West Lothian electronic Children's Information Sharing system
CPR	Child Protection Register
CRG	Cluster Resource Group
CSP	Co-ordinated Support Plan
DNA	Did not attend
DCFP	
DSP	Data Sharing Partnership
EWO	Educational Welfare Officer
GIRFEC	Getting it right for every child
HV	Health Visitor
IAF	Integrated Assessment Framework
IAM	Integrated Assessment Meeting
IEP	Individualized Education Plan
IRDs	Interagency referral Discussions
JLO	Juvenile Liaison Officer
LAC	Looked after or Looked after at home child
Lead Professional [LP]	The designate person who will ensure that the Child's Plan is produced and implemented. The key contact for child and family and other professionals.
Multi Agency [MA]	When professionals from more than one agency work together
Multi Disciplinary	When professionals from one agency but in different roles work together
OT	Occupational Therapist
PSW	Pupil Support Worker
SCRA	Scottish Children's Reporter Administration
SG	Scottish Government
SLT	Speech & Language Therapy
SORG	Senior Officers Review Group
SW	Social Worker
Wellbeing Indicators [SHANARRI]	Safe, Healthy, Achieving, Nurtured, Active, Respected Responsible , Included
Universal Services	Services that all children have access to throughout their childhood ie Health and Education services

INTEGRATED ASSESSMENT PROCESS FLOWCHART





ASSESSMENT OF CHILD'S CIRCUMSTANCES - CHILD'S WORLD

7.1 "How I grow and develop" - Consider vulnerabilities, resilience factors, behaviour at home; school and in the community, relationships with family and others, educational attainment, health etc.

7.2 "What I need from people who look after me" - Consider vulnerabilities, resilience factors, relationships with family and others, behaviour of parents/carers, parenting capacity etc. (consider each parent/carer)

7.3 "My whole world" – Consider family's circumstances (housing, poverty etc.), community resources, support networks, friends, environment etc.

8. CHILD'S VIEW – view of circumstances and level of cooperation

9. PARENTS'/CARERS' VIEW – view of circumstances and level of cooperation

10. SIGNIFICANT EVENTS

11. SUMMARY OF CURRENT SUPPORTS

12. SUMMARY OF IDENTIFIED NEEDS

13. LEVEL OF NEED & RISK (please tick)

1		2		3a		3b	
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ACTION PLAN

14. Name of Lead Professional		AGENCY	
ADDRESS		TEL. NO.	

Action/support required to address unmet needs (Detail tasks to be done)	What is the action expected to achieve? (Anticipated outcome for child)	Person Responsible	Timescale

15 CONTINGENCY PLAN (What will happen if the plan is not adhered to or anticipated outcomes are not achieved)

16. LONG TERM GOALS (What outcomes will successful implementation of the plan provide for the child?)

17. DATE OF REVIEW		TIME		VENUE	
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18. Chairperson's signature			
Name (Capitals)			
Agency		Date	

19. RESTRICTED INFORMATION