

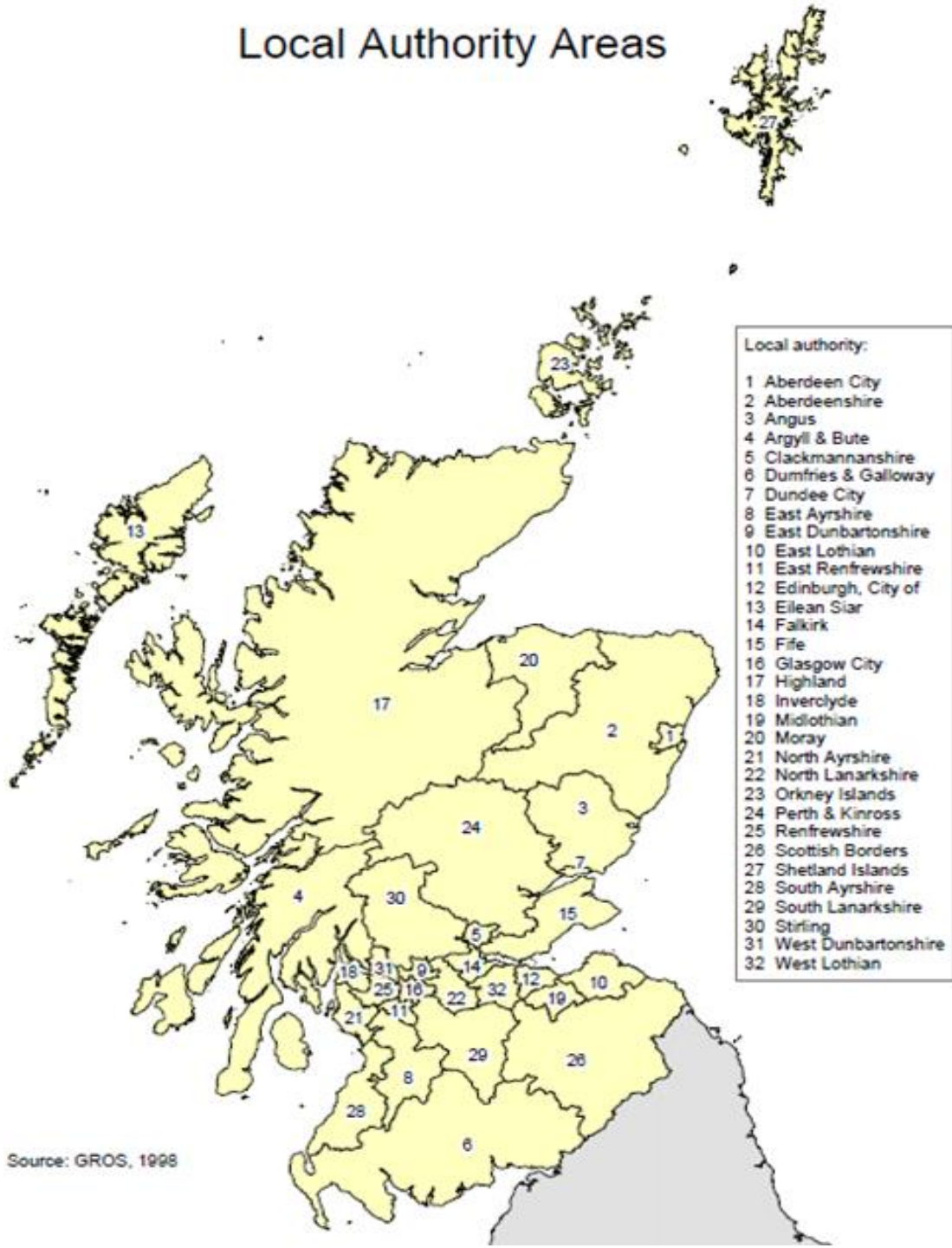
**getting  
it right**  
*for every child*

Bill Alexander  
Children in Scotland &  
Scottish Government

@BillAlexScot

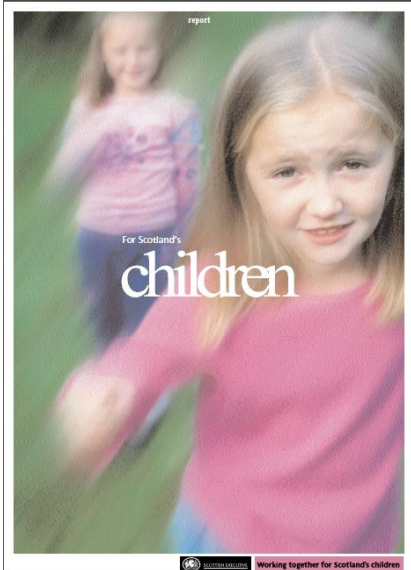
**Improving Outcomes**  
for Children and  
Young People in Scotland

# Local Authority Areas



Source: GROS, 1998

- Area: 78,772 km<sup>2</sup>
- Population: 5.4 million (2018)  
(1 million children & young people)
  - 32 Local Authorities and Community Planning Partnerships
  - 14 territorial Health Boards
  - One Police Force



For Scotland's  
Children, 2001

Many children have **poor life chances** from an early age

**System failures** in:

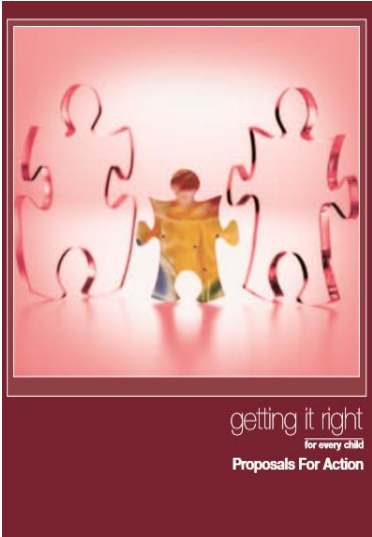
- information sharing,
- assessment
- resource allocation
- review processes

Children and families experience having to **tell their stories again and again**

Practitioners drowning in **bureaucracy**

Some children and families **excluded** from services

Too many children at **risk of harm and neglect**



- Most of the time, children get the support and help they need from their family and community, in partnership with health and education
- Where extra support is needed, the GIRFEC approach aims to make that support easy to access, with the child and family at the centre.
- GIRFEC is for all children and young people because it is impossible to predict if or when they might need extra support.

- **The GIRFEC approach:**

- is child-focused
- is based on an understanding of the wellbeing of a child
- is based on tackling needs early
- requires joined-up working

- Pathway through services
- Common language
- Engage and empower children and families
- Appropriate, proportionate information sharing
- A Named Person to provide a clear point of contact
- A Lead Professional to co-ordinate multi-agency plans
- Assessment framework, that builds from birth
- Assessment determines plan and service delivery
- Less bureaucracy and fewer meetings
- Single Child's Plan



# Getting it right for every child

This framework illustrates Ayrshire's single system of assessment, planning, action and review for children. It has been developed and agreed by East, North and South Ayrshire Councils, Health and Social Care Partnerships, NHS Ayrshire & Arran, Scottish Children's Reporter Administration and colleagues in the Third Sector. It explains each of the core components of Getting It Right For Every Child (GIRFEC). The best practice centres on the Team Around the Child (TAC) to make sure that children receive support at the right time from the right people. Our approach is based on a model of staged intervention underpinned by high quality assessment.



## Key Features:

- Discussions with children** should be a consistently included in the child's assessment. Discussions are expected to take place at every stage of assessment, planning and review.
- Children's Planning** When a multi-agency plan is required, it is developed in partnership with children's views. Children's Planning is used to ensure that children's views are heard and that the child's wellbeing is being supported. Children's views are included in the plan and the child's role is supported in achieving it.
- National Practice Model** This model assesses children's wellbeing needs of children.
- Wellbeing Indicators** There are four wellbeing indicators that support professionals to assess and measure children's wellbeing. These are used to inform the child's wellbeing plan and to monitor progress.
- My World Triangle** This is used to assess the child's wellbeing. It is a triangle with three vertices: the child, the family, and the community. It is used to assess the child's wellbeing and to identify the priority issues in the child's life and what they may need to change. It is used to inform the assessment of wellbeing and to determine the balance between adversity and protective factors.
- Single Agency Chronology** An agreed format for recording all agency involvement in a child's life. It is used to provide a clear picture of the child's history and to ensure that all agencies are working together to support the child's wellbeing.
- AYRshire Chronology** A shared format for recording all agency involvement in a child's life. It is used to provide a clear picture of the child's history and to ensure that all agencies are working together to support the child's wellbeing.
- Information Sharing Agreement** A document that allows agencies to share information in a safe and secure way. It is used to ensure that all agencies are working together to support the child's wellbeing.
- Request for Assistance** A form that is used to request support from other agencies. It is used to ensure that all agencies are working together to support the child's wellbeing.
- Targeted Interventions** These are interventions that are designed to support a child's wellbeing. They are used to ensure that all agencies are working together to support the child's wellbeing.
- Team Around the Child (TAC)** The TAC is a group of professionals who work together to support a child's wellbeing. It is used to ensure that all agencies are working together to support the child's wellbeing.
- The Child's Plan** The Child's Plan is a document that outlines the child's wellbeing needs and the support that is required. It is used to ensure that all agencies are working together to support the child's wellbeing.
- Named Person** The Named Person is a professional who is responsible for ensuring that the child's wellbeing is supported. They are used to ensure that all agencies are working together to support the child's wellbeing.
- PLEASE NOTE:** This wall planner should not be used in isolation - always consult the Practitioner Guidance for additional information.

## The family and universal services

The vast majority of children make their journey from birth to adulthood supported by their family.

The Named Person from the universal services of health or education work with the child and their family making sure that the child's wellbeing is promoted, supported and safeguarded. Universal services provision includes any service which is routinely available to support children from birth until 18 years of age. Responses to a child's wellbeing should provide help and support for the child/family in an appropriate, proportionate, inclusive and least intrusive way. As children make the transition from one universal service to the next, a discussion takes place with the child/family. The Named Person maintains a Chronology and shares any relevant and proportionate information about wellbeing with the next Named Person.

**1** The Health Visitor or Family Nurse will meet with parents/caregivers before the birth of the child and explain that he/she will become the Named Person until their child starts school. The child's wellbeing is assessed through regular home visits as part of what is called the health visiting pathway.

**2** As a transition to an early years establishment, the Named Person will, in discussion with children, share relevant and proportionate information about the child's wellbeing with early years practitioners. A member of the senior management team in the early years establishment will explain to practitioners that although the health practitioner will remain the Named Person until the child reaches school age, early years staff will also support practitioners in developing the child's wellbeing and they will communicate with the Named Person where necessary. Partnership and private early years establishments will do the same.

**3** As a transition to primary school the Named Person (Health) will, in discussion with children, share information about a child's wellbeing with the Named Person (Education) a member of the senior management team in the primary school. They will update practitioners who their Named Person is.

**4** As a transition to secondary school the Named Person in the primary school shares information regarding the child's wellbeing with the Named Person in the secondary school. Transition planning takes place up to one year prior to transfer to secondary school. The primary school will explain to the secondary school who their Named Person is.

**5** If the child is under 18 years of age and not in education, the Named Person will continue to support any wellbeing needs that they may have. Transition planning takes place up to one year prior to a young person's school leaving date. The Named Person will be provided by the local authority. After the age of 18, the young person no longer has access to the Named Person unless they are still attending school.

## Some children will need more help...

### Additional support within universal services

Some children/young people need a bit of extra help from universal services to make sure their wellbeing develops as it should.

The Named Person uses the appropriate assessment from the National Practice Model to identify the child's wellbeing needs. Assessment and planning also ensure that the child's views are heard. The Named Person will discuss the information being shared with the child's parents/family. Requests for Assistance to those who can provide support are made using the agreed format. Children's Planning and the Single Agency Chronology help track and support the actions taken to support the child's wellbeing.

**1** The Named Person is concerned that the child's wellbeing may not develop within the standard universal service provision.

**2** The Named Person and the child/family discuss the concern and seek advice from a Wellbeing Advising Assistant using the National Practice Model.

**3** The Named Person discusses any assessment with the child/family and they agree if support is needed and what that support may look like. Depending on information go to 2 or 4.

**4** When a wellbeing need is identified the child/family discuss the support needed with the Named Person. A Request for Assistance may be used. Depending on information go to 2 or 3.

**5** When a more detailed plan is needed further Assessment or Information is completed. The child/family discuss and agree any help or support that may be needed with the Named Person. A Request for Assistance may be used. Depending on information go to 2 or 3.

**6** The desired outcomes and actions are agreed and recorded in Children's Planning. This is recorded within the Single Agency Chronology.

### The child/family and Named Person review wellbeing and decide whether more or less support is needed.

The child/family and Named Person review the child's wellbeing and decide whether more or less support is needed. This is recorded within the Single Agency Chronology.

### Specialist help from a multiagency team

A small proportion of children will need services or agencies to integrate their working practices to support the child's wellbeing. The TAC will depend on each other, regularly sharing skills, information and expertise to improve outcomes for the child.

The child/family participate in a process of gathering, reviewing and analysing wellbeing information into a multiagency assessment and a Child's Plan is developed. Single agency chronology will be integrated with AYRshire to create a multiagency chronology and further requests for assistance may be needed to broker other supports, for example involvement of CAMHS, mental health. The wellbeing needs are likely to be more complex than those at the additional support within universal services level. The multiagency wellbeing assessment will inform the Child's Plan. A lead professional will be agreed, dependent on the most appropriate lead agency.

**1** The Named Person is concerned that the child's wellbeing will not develop through universal service provision. They discuss their wellbeing concerns with the child and they agree who should be involved in the TAC.

**2** The Named Person coordinates the TAC and, through discussion and working with the Named Person, decides that the child's wellbeing needs to be supported to make sure the child's wellbeing is supported. The TAC agree who should be involved in the TAC.

**3** The Lead Professional coordinates a TAC to undertake ongoing Wellbeing Assessment and review any existing Children's Planning. The Assessment, Single Agency Chronology and Children's Planning are periodically reviewed with the TAC. The Named Person coordinates the AYRshire Chronology.

**4** The TAC agrees a multi-agency assessment. Information using the National Practice Model including the Wellbeing Indicators is completed. At this point if Targeted Interventions are required to support the child's wellbeing, a Request for Assistance is used and there are details in a statutory Children's Plan. Where a statutory CP entry, outcomes will be included in the Child's Plan. Depending on information go to 2 or 3.

**5** The Lead Professional coordinates the TAC and, through discussion and working with the Named Person, decides that the child's wellbeing needs to be supported to make sure the child's wellbeing is supported. The TAC agree who should be involved in the TAC.

**6** The Lead Professional coordinates a TAC to undertake ongoing Wellbeing Assessment and review any existing Children's Planning. The Assessment, Single Agency Chronology and Children's Planning are periodically reviewed with the TAC. The Named Person coordinates the AYRshire Chronology.

### The child's TAC review wellbeing and decide whether more or less support is needed.

The child's TAC review the child's wellbeing and decide whether more or less support is needed. This is recorded within the Single Agency Chronology.

### Enhanced multiagency working to overcome adversity and risk

This is part of multiagency working and refers to situations where there is consideration of a compulsory role for Social Work Services. This will be a very small proportion of children. It may also mean that there is consideration of Child Protection.

A child may already have a multiagency assessment, Child's Plan and TAC which identifies a possible Request for Assistance to overcome adversity and risk. The TAC agree a referral to the Children's Reporter in request. The TAC will make the referral using the National Practice Model assessment and Child's Plan. The Children's Reporter will assess the referral and make the appropriate action to overcome adversity and risk for the child.

If there is a compulsory role decided by the Children's Hearing, Social Work will take the role of Lead Professional. This includes all children who are Looked After.

If Child Protection concerns are identified for a child, Social Work will take the role of Lead Professional. Concerns will be assessed and where a child requires a Child's Plan to manage risk(s), multiagency assessment and Child's Plan will follow where it does not already exist.

**1** The TAC review the child's wellbeing and decide whether more or less support is needed. This is recorded within the Single Agency Chronology.

**2** The Lead Professional requests information from a relevant partner in the TAC to share all available information and, where necessary, the Lead Professional will use the National Practice Model and other appropriate tools.

**3** The Lead Professional has a discussion with the child/family and collates the information from relevant partners, recording their views.

**4** The Lead Professional reviews and considers all available information, updating any changes that require to be made to the Child's Plan. Using the National Practice Model and Children's Planning, the Lead Professional makes a referral and recommendations to the Children's Reporter. All relevant partners are given the opportunity to comment and their views are recorded.

**5** The Children's Reporter takes the lead in the Children's Hearing, where it is agreed that the child's wellbeing needs to be supported to make sure the child's wellbeing is supported. The TAC agree who should be involved in the TAC.

### If a Child Protection Investigation is required:

The Lead Professional has a discussion with the child/family to record their views on being in the care of the child and on the child's wellbeing and plan the child's wellbeing.

The Lead Professional gathers all information including any existing Assessment, Plans and Chronology from the existing TAC. A decision by Social Work is taken whether to proceed to an investigation or support through other multiagency working. A decision may also be taken to refer to the Reporter. Depending on information go to 2, 3 or 4.

When the decision is to proceed to a Child Protection Investigation, information is gathered and collated using the National Practice Model. The assessment may be used to plan the child's wellbeing and to make sure a Lead Professional and TAC is in place. Depending on information go to 2 or 4.

When the decision at a Child Protection Investigation is to place the child on the Child Protection Register, the TAC (as a group) and Child's Plan are put in place to manage risk.



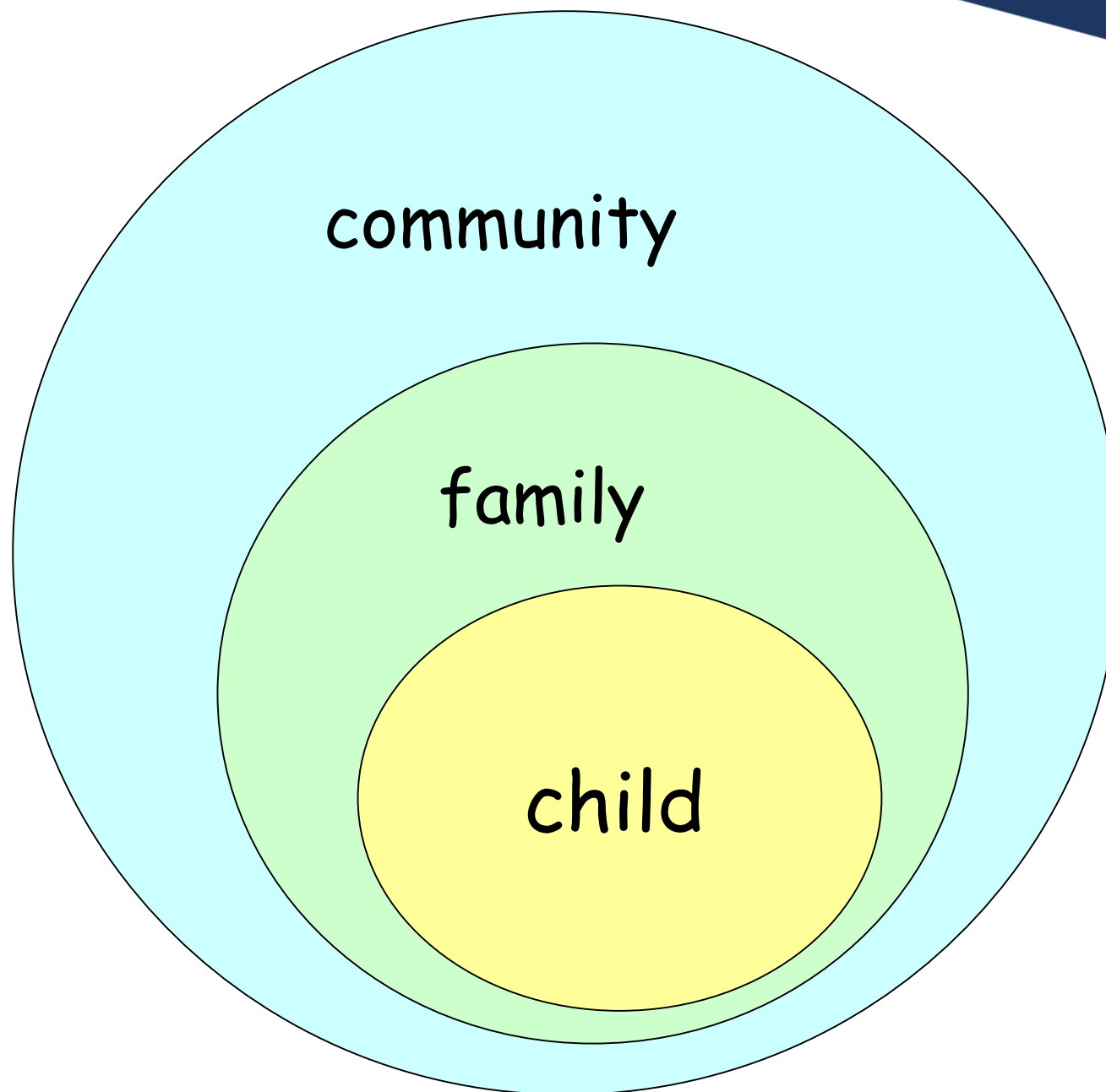
# GETTING IT RIGHT FOR EVERY CHILD

in AYRSHIRE

PRACTITIONER GUIDE

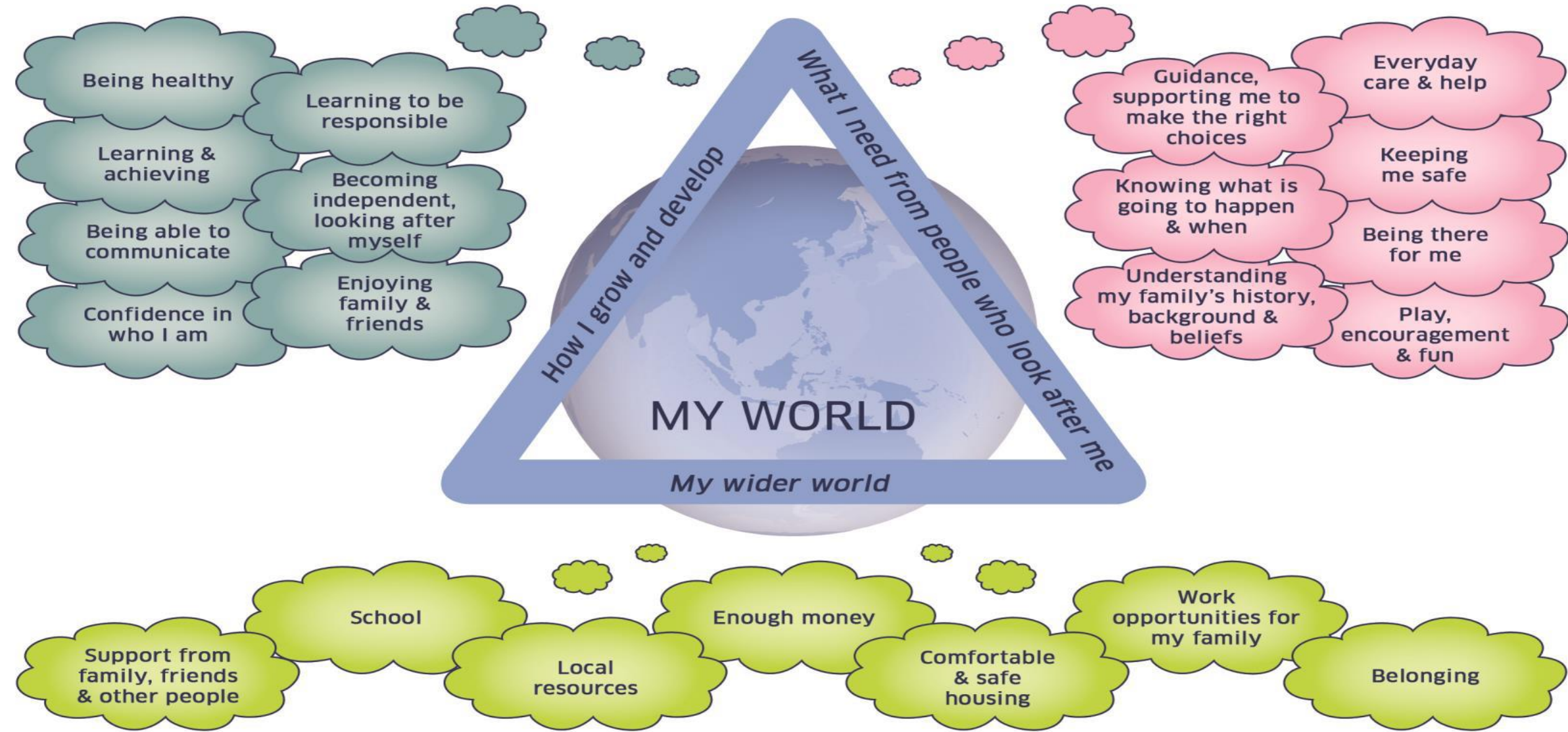
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Version 2





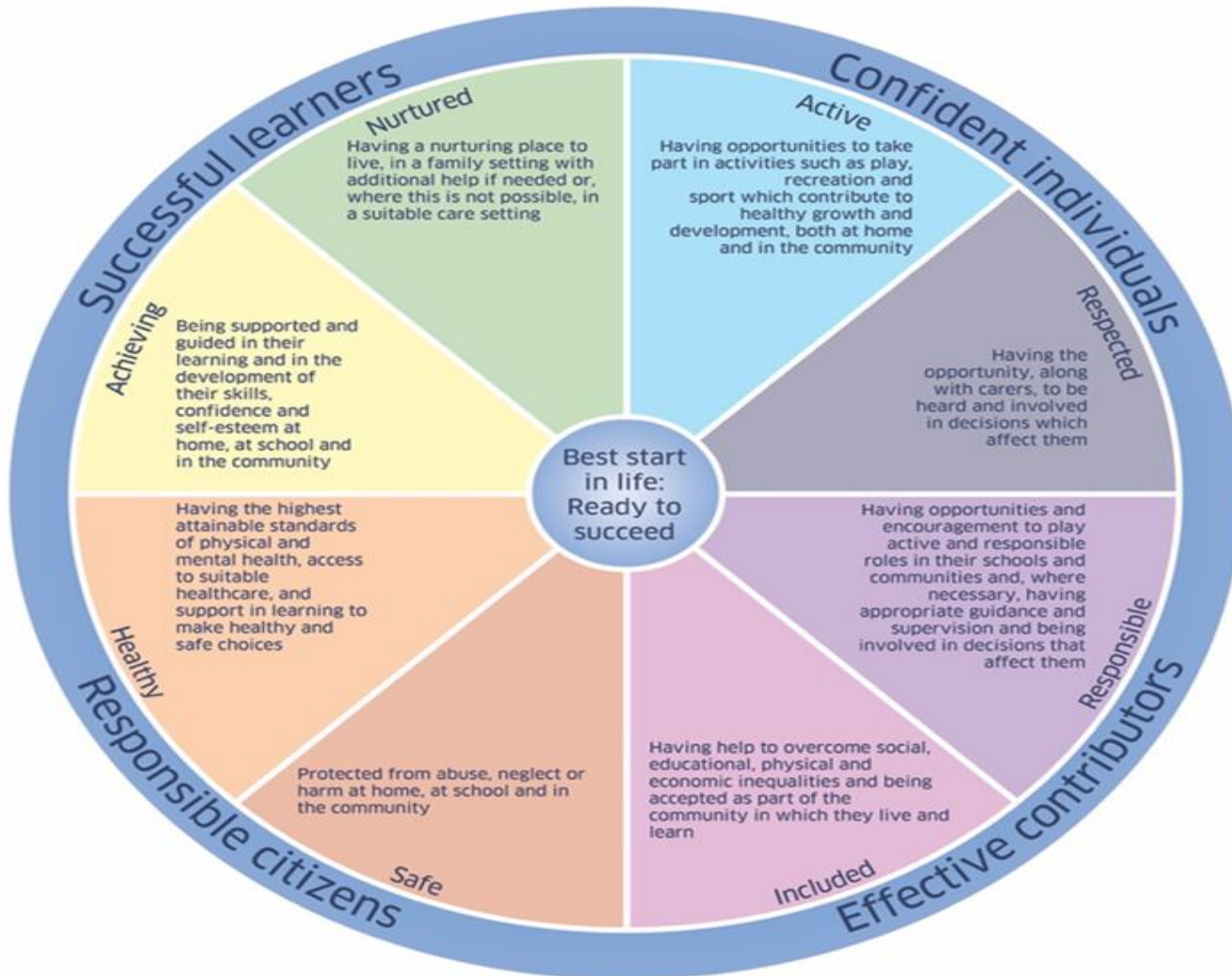
# My world triangle



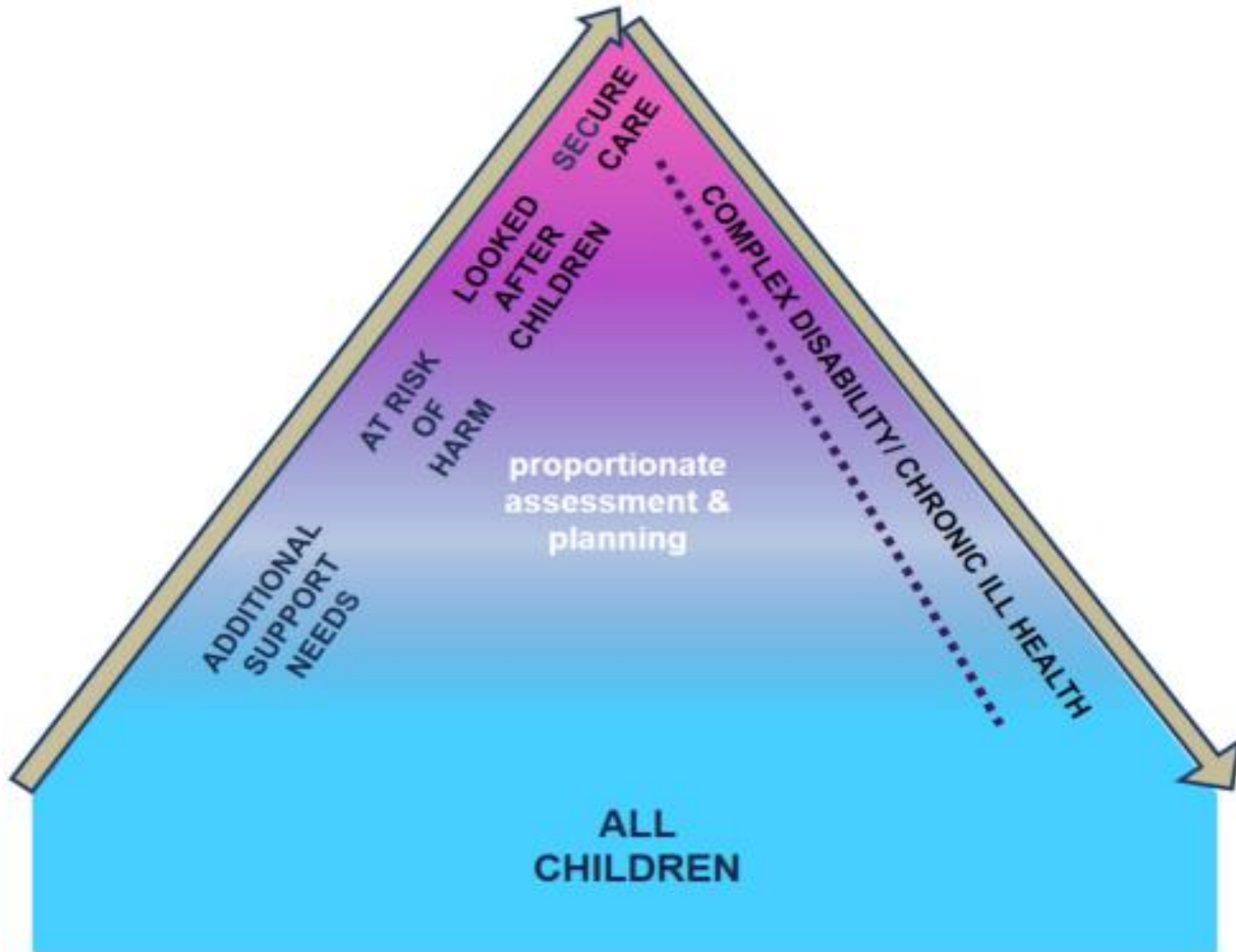
The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

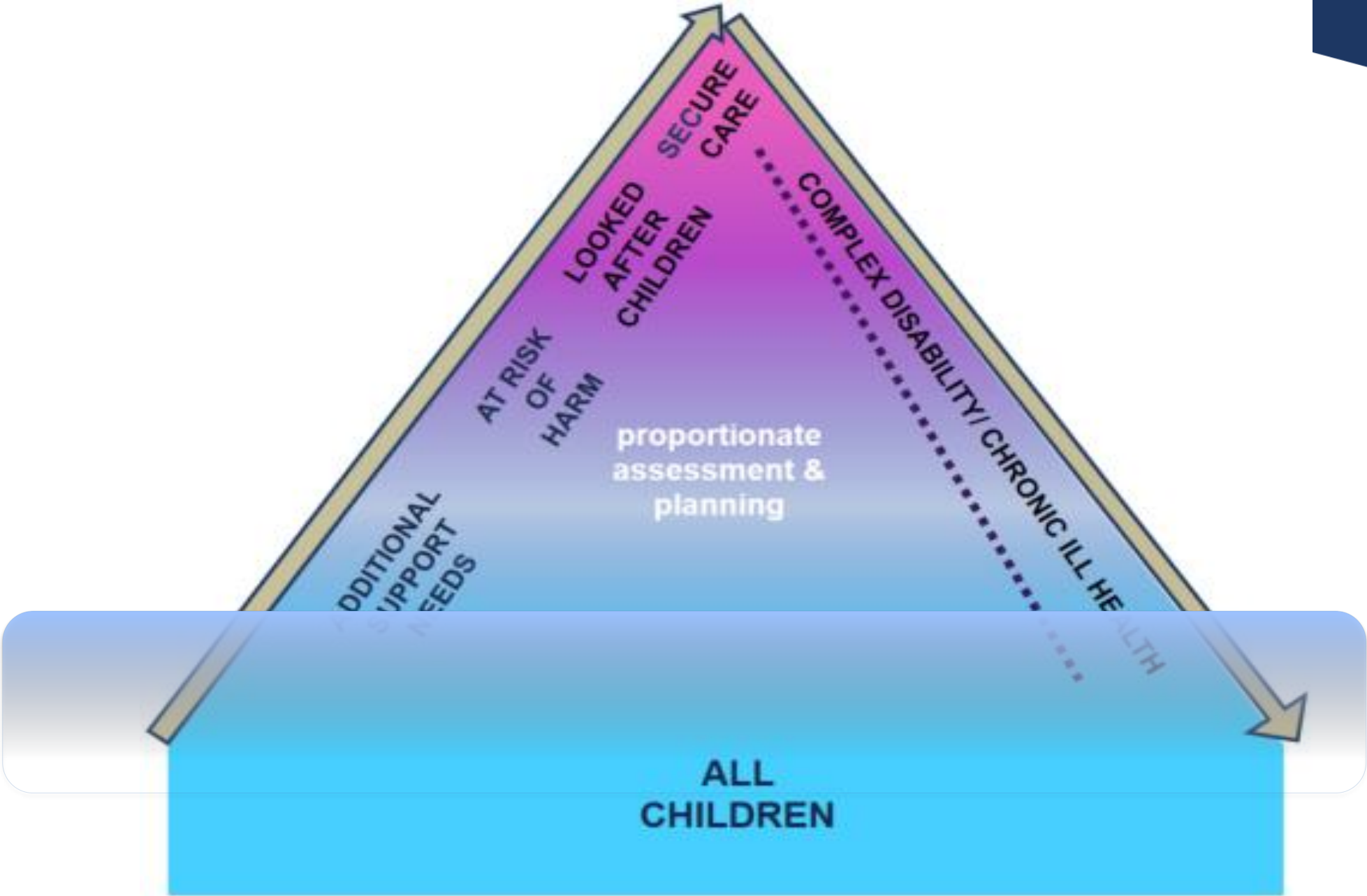


# Wellbeing Indicators

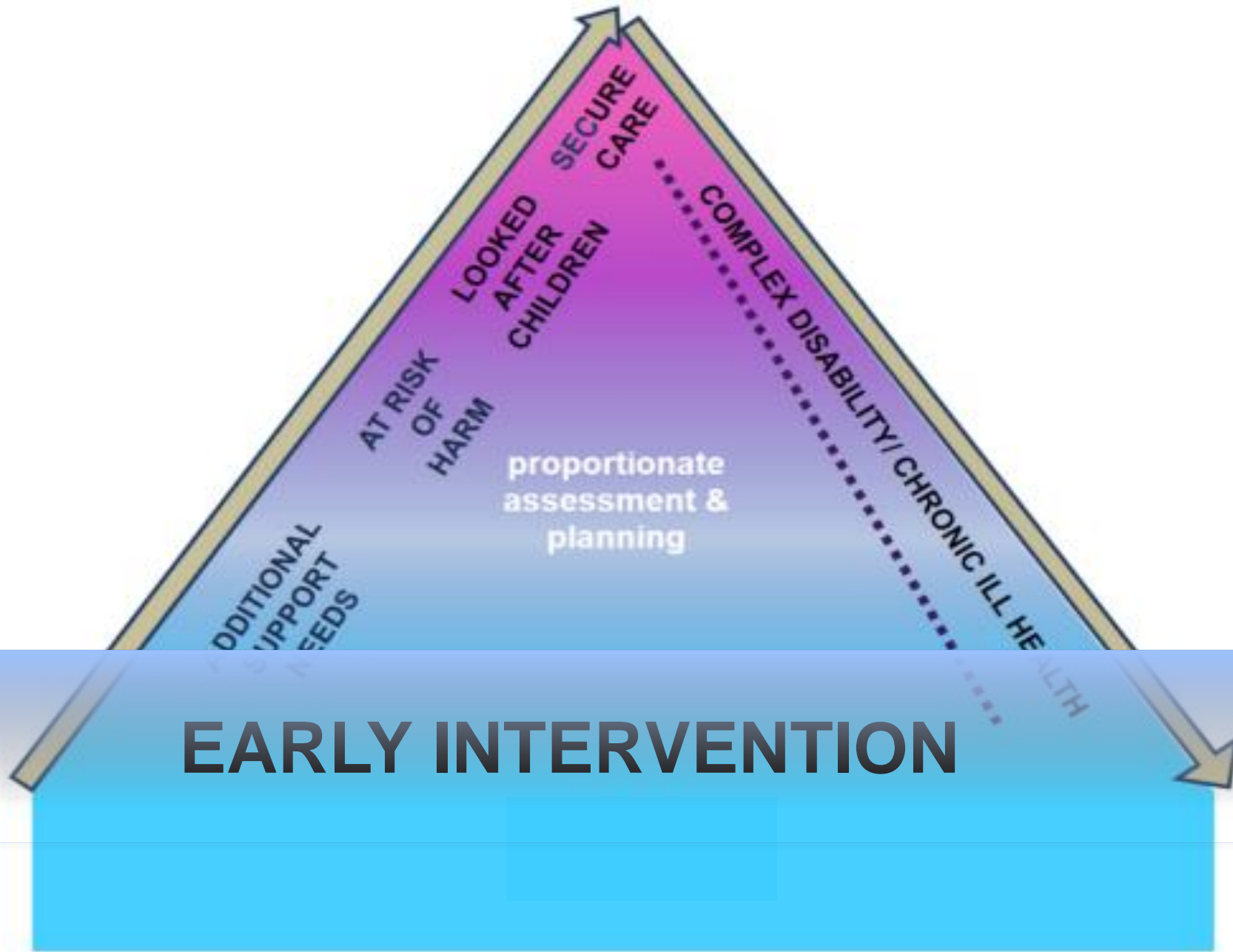


**SAFE**  
**HEALTHY**  
**ACHIEVING**  
**NURTURED**  
**ACTIVE**  
**RESPECTED**  
**RESPONSIBLE**  
**INCLUDED**

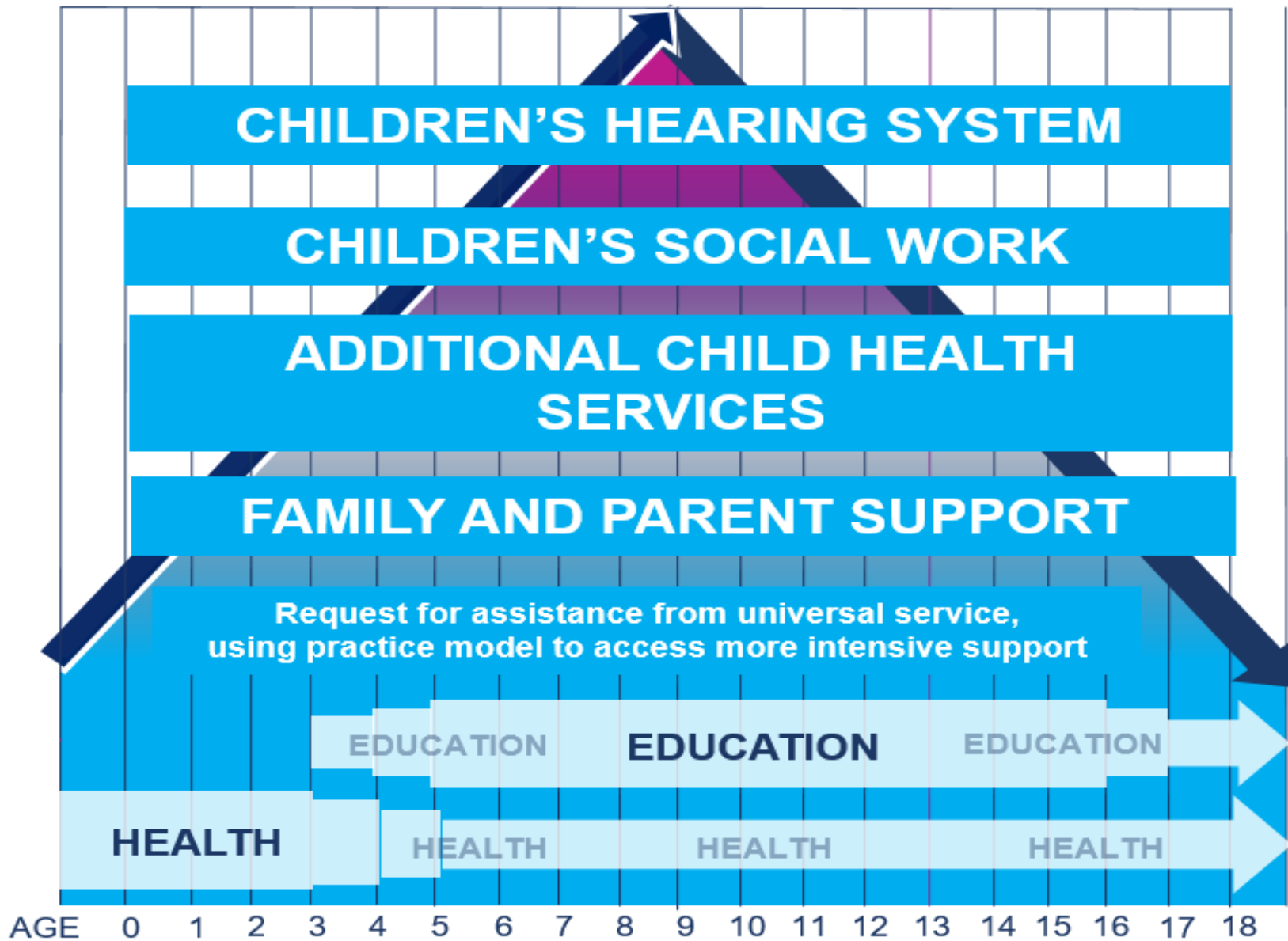


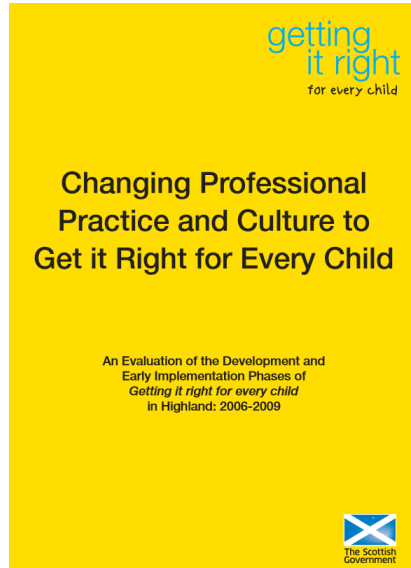






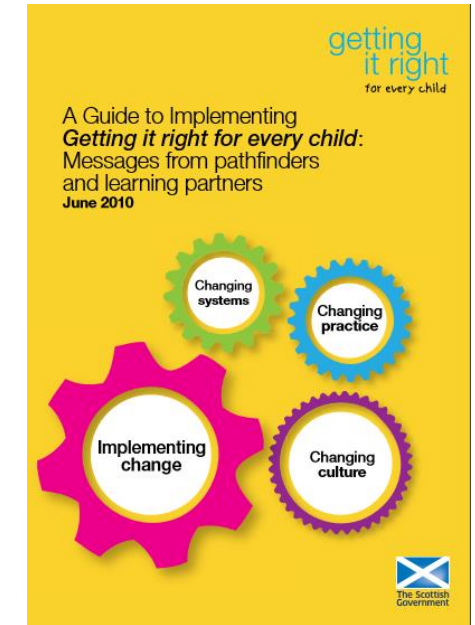
SECURE CARE  
LOOKED AFTER CHILDREN  
AT RISK OF HARM  
ADDITIONAL SUPPORT NEEDS  
ALL CHILDREN





Evaluation of Highland  
Pathfinder, 2009

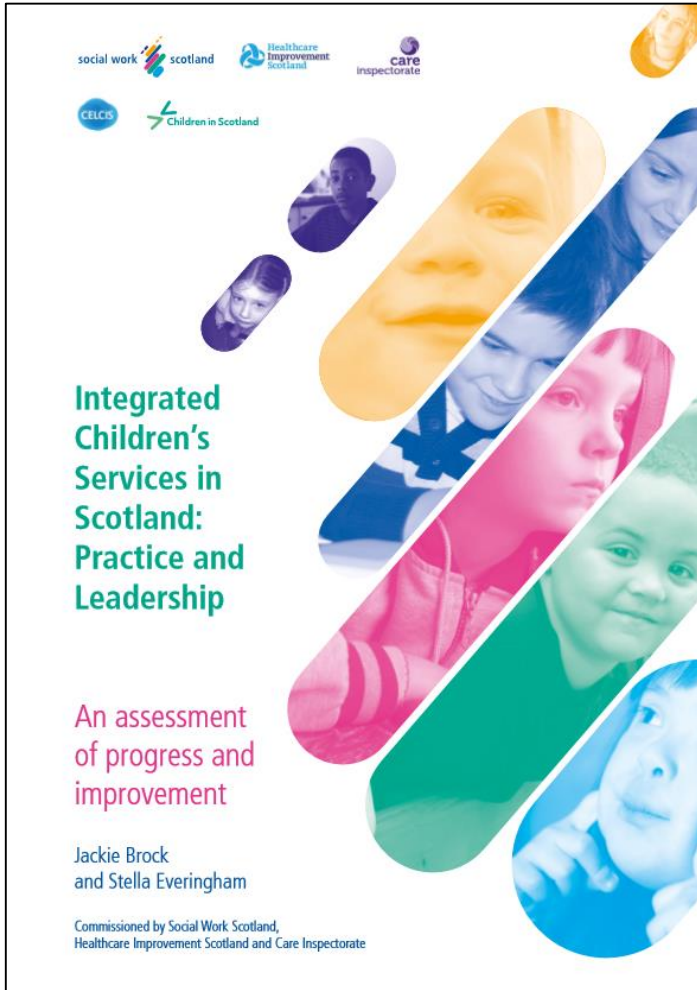
- **greater clarity** for families about who they can go to for help – so more children, getting earlier support
- **reduced time in meetings and bureaucracy** for professionals, and for parents, children and young people
- **caseload reductions** for social workers
- agencies and third sector partners able to **focus resources** on those children who need support most
- **support provided earlier** - before problems turned into crises
- **fewer children** requiring compulsory state intervention



Messages from pathfinders and  
learning partners, 2010



getting  
it right  
for every child



*“A common theme arising from the qualitative research was that Getting it Right for Every Child (GIRFEC) ‘has been a godsend’ and ‘a saving grace’”.*

*It was valued for providing*

- a unifying practice framework,*
- shared language and*
- an integrated approach to working together to manage risk and address prevention and early intervention, across a multi-disciplinary team and operational and strategic contexts.*



- Many services were providing **help and support at an earlier stage**
- **Joined up processes and common terminology**, resulting in children and young people's needs being identified and addressed, including with regard to keeping children safe and diverting young people from offending
- Many staff told us how GIRFEC had helped to **improve working relationships**