HIGHLAND CHILDRENS SERVICES

HIGHLAND PRACTICE MODEL GUIDANCE
(Getting it Right For Every Child)

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Introduction

Getting it right for every child: Integrated children’s services

**Getting it right for every child**

Everyone has a responsibility to do the right thing for each child and we must all work towards a unified approach, with less bureaucracy and more freedom to get on and respond to children.

This will mean earlier help and the child getting the right help at the right time arranged for their particular needs.

Integrating children’s services - Getting it right for every child – means that practitioners in all services for children and adults in Highland work together to meet children’s and young people’s needs. The Highland Practice Model promotes a shared approach and accountability that:

- builds solutions with and around children, young people and their families
- enables children and young people to get the help they need when they need it
- supports a positive shift in culture, systems and practice
- involves working together to ensure better outcomes for children, young people and their families.
- evaluates impact of professional involvement
- ensures that services work within the legislative framework.

Core Components

The Highland Practice Model, based on Getting it right for every child, is founded on 10 core components which are applicable to all settings.

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being

2. A common approach to gaining consent and to sharing information where appropriate

3. An integral role for children, young people and families in assessment, planning and intervention

4. A co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Well-being Indicators

5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time

6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7. A Lead Professional to co-ordinate and monitor multi agency activity where necessary.

8. Maximising the skilled workforce within universal services to address needs and risks at the earliest possible time

9. A confident and competent workforce across all services for children, young people and their families

10. The capacity to share demographic, assessment, and planning information electronically, within and across agency boundaries.

**Values and Principles**

The Highland Practice Model is underpinned by common values and principles which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the United Nations Convention on the Rights of the Child (1989) and build on the Scottish Children’s Charter (2004). They are reflected in legislation, standards, procedures and professional expertise.

- Promoting the well-being of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time
- Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection
- Putting the child at the centre: children and young people should have their views listened to and they should be involved in decisions which affect them
- Taking a whole child approach: recognising that what is going on in one part of a child or young person’s life can affect many other areas of his or her life
- Building on strengths and promoting resilience: using a child or young person’s existing networks and support where possible
- Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
- Providing additional help which is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs
- Working in partnership with families: supporting wherever possible those who know the child or young person well, know what they need, what works well for them and what may not be helpful
- Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices are
• Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people’s right to confidentiality

• Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues

• Making the most of bringing together each worker’s expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker’s competence or responsibilities

• Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to promote the best possible help

• Building a competent workforce to promote children and young people’s wellbeing: committed to contributing individual learning and development and improvement of inter-professional practice

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1 Definitions

Wellbeing
Children’s wellbeing is at the heart of Getting it right for every child. To achieve our aspirations for all Highland’s children to develop into “Confident Individuals, Effective Contributors, Successful Learners and Responsible Citizens”, every child and young person needs to be Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible, and Included. These wellbeing indicators are an important part in the national practice model.

Child
The term ‘child’ in Scotland often means those below the age of 16 although the general definition in the Children (Scotland) Act 1995 and the Protection of Children (Scotland) Act 2003 is those below the age of 18.

Highland Guidance applies to:
- unborn babies
- all children below the age of 16
- those who are ‘looked after children’ up to the age of 18
- young people aged 16 or 17 who are particularly vulnerable, for example as a result of disability
- young people, aged 16, 17 or 18 years, still enrolled in school

The terms ‘child’ and ‘young person’ are used interchangeably throughout the guidance.

Parents and relevant persons
A parent is defined as someone who is the birth or adoptive mother or father of the child.

A mother has automatic parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child’s conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child’s birth certificate.

A father may acquire parental responsibilities or rights (PRR) under the Children (Scotland) Act 1995 by entering into a formal agreement with the mother, or by making an application to the courts and being granted PRR.

A Relevant Person within the Children’s Hearing Scotland Act 2011 is defined as any person who has parental responsibilities and rights in relation to a child, or Amelia to provide *person who ordinarily has charge of, or control over a child. This may include for example a step parent or other carer.

Universal services
These are the services which all children and young people have access to throughout their childhood, namely Health and Education.
The Named Person
Every child has a named person whose job already involves working with children in Universal services.

Pre-birth to 10 days old this will be the midwife;

10 days to school age this will be the Health Visitor and

Thereafter to 18 years or when the child leaves school this will be a Head teacher, Depute Head teacher or Guidance teacher.

They will be the first point of contact for children and families and can be called upon when there is a concern about a child’s or young person’s wellbeing that is not easy to address. Good practice would expect that they are kept aware of any changes to a child/YP family’s circumstances which may have an effect on the wellbeing of the child. They will be in a position to spot concerns at an early stage and work with families and other services.

Early Intervention
Action to assess and provide support to prevent escalation or to detect deterioration in a child’s situation can mean:

• early in the life of a child or unborn child
• early in the spectrum of complexity
• early in the life of a crisis

Practitioners must know how to respond when a child needs help, know what to do if the situation is deteriorating and understand each other’s roles and responsibilities so that the right people are involved for the level of the child’s difficulties.

All integrated children’s services have personnel who work to support the early intervention process in their associated school groups.

The Child Plan
Where the child’s needs are not met within standard/core provision in health or education, the assessment and actions to meet additional needs will be recorded in a Child’s Plan. This will involve collaboration with the family and child. The group around the child is called the Core Group.

The Lead Professional
Where two or more services need to work together to meet a child’s needs, a practitioner from one of these services will become the Lead Professional. The Lead Professional will co-ordinate assessment, planning, and action; make sure everyone is clear about the different roles they have and their contributions to the Child’s Plan and ensure that all of the support provided is working well and is achieving the desired outcomes.
Child in Need

Children (Scotland) Act 1995 defines a child in need as one whose vulnerability is such that:

- he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless they are provided for him, under or by virtue of this part, services by a local authority
- his health or development is likely significantly to be impaired, or further impaired, unless such services are so provided
- he is disabled
- he is affected adversely by the disability of any other person in his family, (for example some young carers)

Looked After Child

Means a child for whom the local authority has corporate parenting responsibilities under the Children (Scotland) Act 1995;
- for whom the local authority is providing accommodation away from home or
- who is subject to a Compulsory Supervision Order (at home or away from home) from a Children’s Hearing, or
- who is the subject of a permanence order or permanence order proceedings – Adoption and Children (Scotland) Act 2007.

Corporate Parenting

This means the formal and local partnerships needed between all local authority departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people, and care leavers. (Looked After Children and Young People: We Can and Must Do Better, Scottish Executive, 2007)

Corporate parenting is not only a responsibility but a real opportunity to improve the futures of looked after children and young people; recognising that all parts of the system have a contribution to make is critical to success. Being a good corporate parent means we should:

- accept responsibility for the council’s looked after children and young people
- make their needs a priority
- seek for them the same outcomes any good parent would want for their own children

Good parents make sure their children are well looked after, making progress at school, healthy, have clear boundaries for their own and other’s safety and wellbeing and are enjoying activities and interests. As they grow older, they encourage them to become independent, and support them if they need it, to become part of the local community and access further or higher education, training or work. Corporate parents must do the same, albeit that many more individual people will be involved in the corporate family than some ordinary families.
Whether you are a teacher, a residential care worker, or work in any other capacity with looked after children and young people or care leavers, you are part of the corporate family and have an additional responsibility to those children who are in the care of your local authority. It is therefore your job to ask yourself ‘is this good enough for my child?’ and do everything you can to make sure the answer is ‘yes’. (*Core tasks for Designated Managers in educational and residential establishments in Scotland, The Scottish Government 2008*)

Further information about corporate parenting can be found in *These Are Our Bairn* a guide to community planning partnerships on being a good corporate parent (Scottish Government 2008)


**Concern**

A concern may be expressed about anything that affects or has the possibility of affecting the wellbeing and potential of the child. It may relate to a single event or observation, a series of events, or an attribute of the child or someone associated with them.

**Significant Harm**

Formal child protection processes involve multi-disciplinary planning and action with carers to reduce the risk of significant harm. The concept of significant harm relies on sound professional judgement of the child and family’s circumstances, as detailed in the guidance on the assessment of risk.

Significant harm is not of a minor, transient or superficial nature. Significant harm may result from a specific act of commission or omission, a series of actions or incidents, or as a cumulative result of concerns which have arisen over a period of time.

The evaluation of continuing risk of significant harm should consider:

- if the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; or
- using professional judgement, substantiated by the assessment in this individual case or by research evidence, is the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.
2 The Highland Practice Model

The *Highland Practice Model* builds on knowledge, theory and good practice. It provides a framework for practitioners in all agencies to gather, structure, and analyse information in a consistent way. The framework helps identify and understand the child or young person’s needs, the strengths and pressures on them and their carers and any risks. The Highland Practice Model facilitates consideration of what support is required. It promotes the participation of children, young people and families as central to assessing, planning and taking action.

The components of the practice model have been designed to ensure that assessment information about children and young people is recorded in a consistent way by all professionals. This should help to provide a shared understanding of a child or young person’s needs and identify concerns that may need to be addressed. The model and the tools which support it can be used by workers in adult and children’s services and in single or multi-agency contexts.

The main components in the Highland Practice Model are:

- The Service Delivery Model
- The Well-being Indicators
- The Five Questions
- The My World Triangle
- The Resilience Matrix
- The Child’s Plan

These components should be used proportionately to identify and meet the child or young person’s needs.

- Use the Well-being indicators to identify a concern, record, share information and take appropriate action
- Ask yourself the five questions
- Use the My World Triangle, and where appropriate specialist assessments to explore known information, and where necessary gather more information about the strengths and pressures in the child’s world
- Analyse the information, using the Resilience Matrix to aid clarity where required.
- Summarise needs against the Well-being indicators
- Agree goals and the steps required to reach these goals
- Construct a plan and take appropriate action
- Review the plan
3 The Service Delivery Model

The Highland Service Delivery Model represented in the diagram below, emphasises the critical part played by health and education services in supporting the development of all children. Difficulties or concerns are identified at an early stage and steps taken to ensure that additional help is available when needed. Help is given as quickly as possible and in consultation with children and their families.

The majority of children have their needs met by their carers and within the universal services provided by health and education. These core services are represented by the broad base of the pyramid.

Responding to children’s needs

The routine records maintained by health and education staff about all children contain essential information about a child’s history, circumstances and development. This information will be of immense value in assessing a child or young person’s additional needs.

In all children’s services in Highland, the recording of information in respect of children or young people who may be in need of additional help will reflect the common language of The Highland Practice Model.

- A concern about a child may relate to a single issue or a series of events or attributes that may adversely affect the well-being or safety of a child.
- A concern may arise from the child themselves, for example not doing as well as expected, or from someone associated with the child that might make them vulnerable, for example parental substance misuse, domestic abuse or mental ill health.
The concern may be identified by the child or their family, by someone in the community, by the Named Person, or by a practitioner in another agency, including adult services. Concerns can point to patterns of behaviour or needs and risks. Information that is routinely and properly recorded will form the basis of understanding what help children might need should difficulties emerge at any time.

By recording systematically, using a common language, information can be quickly shared should a child need a multi-agency plan. Help should be appropriate, proportionate and timely to the individual circumstances. In many cases the practitioner will be able to act quickly to provide what is needed. In other cases, the Named Person or other practitioner will need to ensure children and families are linked with the service that can best address their needs.

Children and their families should feel able to talk to practitioners in order to make sense of their worries and do something about them. This will demand sensitivity and awareness by practitioners of any cultural or other issues that might influence children’s and families’ perspectives. Often the Named Person will be the first point of contact. Children and families should know that, no matter who they approach, action will be taken and help provided if required.

For a child requiring multi-agency support, further information may be available from police, health and social care or other agencies. It is the responsibility of the Lead Professional to ensure that all key information is available and considered when the Child’s Plan is drawn up.

Police may identify, in their day to day activities, additional needs in respect of the child or young person, their parents or carers, which increase concerns regarding the vulnerability of the child. Conversely, there may be family or community supports identified which contribute to steps to address any concerns. Such circumstances, accurately recorded, contribute to the assessment of strengths and pressures for a child and their parents or care

Some children need additional or targeted help from within health and education. Others need coordinated help from more than one professional discipline, especially those with complex health and disability needs or those whose safety and well-being is at risk. A minority of children need immediate protection and access to help via child protection processes; others will require their plan to be enforced by compulsory measures.

Support provided by universal services continues even when targeted support is required. When targeted help is no longer needed, universal services again become the main source of support for the child.
The Well-being Indicators

Seven indicators of well-being have been identified as areas in which children and young people need to progress in order to do well, now and in the future. These well-being indicators are illustrated and defined in the well-being diagram below.

The well-being indicators are an important part of the practice model and are used at three points during the assessment and planning process.

1. To provide a context for identifying and recording concerns.

2. As a framework for
   • analysis of further information gathered around the My World Triangle;
   • setting goals
   • identifying the actions to be taken to bring about the desired outcomes.

3. To provide clear objectives against which the plan can be reviewed
The five questions

1. What is getting in the way of this child’s well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from other agencies?

The My World Triangle

Many factors shape children's development throughout childhood, adolescence and beyond. Some factors are inherent such as ability or temperament whilst others are external such as family influences, or social, economic and environmental factors. Race and culture will be important in shaping children’s views about the world in which they live. Secure attachments to significant adults are a protective factor throughout life. Traumatic events and experiences, such as illness, early separation from parents or carers, or abuse or neglect can lead to disruption or delay in a child’s growth or development and affect their well-being. Later experiences can either reduce or increase the effect of early damaging experiences.
Based on evidence from research, the My World Triangle provides a map that helps practitioners, children and families think about what is happening in a child’s whole world and the likely impact on their well-being and development.

**How I grow and develop** outlines factors in the child relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their life. This includes for example, physical growth and health, progress in learning new skills, attainment in school, emotional well-being, confidence, identity, and increasing independence, developing social skills and relationships with other people. The current or possible future impact of the child’s history on their health and development should always be considered.

**What I need from the people who look after me** considers the roles of significant other people in meeting the child’s needs. Clearly parents and carers have a major part to play in meeting these needs, but the roles of grandparents, siblings, other family members and friends are also important. Looking at the contributions from people surrounding the child can give clues to where there are strong supports and where those supports are weak. It is important to build a picture of how well parents or carers are able to adapt to changing needs, consistently provide appropriate care and protection and use support from extended family and friends. Family background, relationships and functioning may impact on parenting capacity and the ability to access and benefit from available community supports.

**My Wider World** Communities can have a significant influence on the well-being of children and families. They can be supportive and protective or can add pressures and increase children and families’ vulnerabilities. The level of support available from the wider family, social networks, the community, universal, targeted and specialist services, coupled with the child and family’s ability to access this support, can have a positive or negative effect. A child’s wider world includes the environment where the family lives, the school the child attends and other resources including relative poverty. Faith and cultural environments should be recognised. School can be a major source of support or stress. The wider world also includes the extent to which children and families feel included within their communities. Social exclusion can emanate from many factors including racial and cultural discrimination.

**Using the My World Triangle to assess the child’s needs**

Whilst it is important to keep the child or young person’s whole world in mind, information gathered should be proportionate and relevant to the issues in hand.

Some of the evidence required to inform the My World Triangle assessment is routinely noted by practitioners in universal services as part of their everyday work and on-going assessment. A health visitor will for example measure whether the child is meeting his or her developmental milestones. A class teacher will monitor attendance, development, educational progress and be aware of a child’s relationships with their peers. The Named Person will be aware of any previous concerns, the responses of the parents and practitioners to these concerns and the efficacy of any actions taken.
The child, parents, carers and, where appropriate, extended family, have vital information to contribute to any assessment and subsequent plan. Practitioners should use the headings in the three areas of the My World Triangle to consider the following questions:

- What information have I got?
- Is this enough to assess the child’s needs and make a plan?
- If not, what extra information do I need?
- From where that might be gathered?

Examples may include information about health to be sought from the school nurse, assessment of offending behaviour from the Youth Action Team, or information about issues affecting parenting from an adult service.

**Practitioners must help each other make sense of the information being provided and the likely impact on the child.**

It is important to keep in mind that what is happening in one area of a child’s life may have a significant impact on another area. Just as no single practitioner working with the child will be able to provide information in respect of every domain around the triangle, there will be overlap between the different dimensions. (For example some health issues will have an impact on a child’s achievement at school). In these circumstances practitioners should avoid repetition and opt for whichever domain seems most relevant, ensuring that strengths and pressures are recorded. Where issues are interconnected practitioners should refer to this in the analysis.

Further information on using the My World Triangle, including hints as to what information might be considered when looking at the different dimensions of each domain can be found in **appendix i**.

**Specialist Assessments**

Professionals may find it helpful to seek additional assistance from other colleagues in making sense of the impacts of the child’s circumstances.

This could include for example, further assessments of a child’s development or behaviour, parenting behaviour, specific learning difficulties, autism, parental ill health, substance misuse or offending behaviour.

Whilst it may be necessary in some circumstances to append a specialist assessment to a Child’s Plan, relevant information gained from specialist assessments must be integrated into the Child’s Plan by the Lead Professional in the same way as other contributions received from partners to the plan.

Practitioners who have carried out specialist assessments should interpret the information in terms of the impact on the child’s safety, growth and development, clarifying:

- What this means for the child
- What impact the difficulty is likely to have on their growth and development
• What they need their parents or carers to do

• What they need their community, their school and the wider professional network to do

Analysis

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

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

• think and debate about what is important and identify needs or difficulties

• explain why these have happened

• understand the impact of strengths and pressures on this individual child

• reach an understanding with the partners to the plan about what needs to be improved

• identify the principle aims and goals in terms of improving the child’s well-being

• agree desired outcomes

• generate possible ways of achieving these outcomes

• decide which ways are preferable/possible and

• construct and record the Child’s Plan

• It is the responsibility of the Lead Professional to ensure that relevant assessment information, outcomes and actions are integrated into the Child’s Plan and that what is recorded is agreed by the contributing parties.
Risk

• In considering how to respond to concerns and needs, practitioners must take into account not only immediate safety factors, but must also consider the impact of risk on other aspects of children’s development, as part of the Highland practice model for risk assessment and management.

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

• If a child or young person is considered to be at risk of harm the concern and other relevant information must be shared with the social work service following the Highland Child Protection Policy Guidelines May 2011 Section 4 Responding to children’s needs.

• Therefore in thinking about analysis of information, including risk evaluation, the resilience matrix provides a framework for making sense of the impact on the child and others.
The Resilience Matrix

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

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

The concept of resilience is fundamental to children’s well-being. A resilience-based approach builds on the strengths in the child’s whole world, drawing on what the family, community and universal services can offer.
Consider the available information in the following domains that either promote or inhibit the child’s safety, well-being and development.

- Resilience promoters: characteristics of the child and their relationships that positively support development under difficult situations

- Protective elements: factors in the environment acting as a buffer to the effects of adverse experiences

- Adversities: life events or circumstances that have or could harm the child’s healthy development and safety.

- Vulnerabilities: characteristics of the child, family and wider community that might threaten or challenge the child’s healthy development and safety.

Be very alert to any gaps in knowledge about the child and the actions needed to obtain additional information.

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

In relation to risk, then consider:

- WHAT is it that might happen?

- IN WHAT CIRCUMSTANCES might it happen?

- HOW LIKELY is it to happen?

- HOW BAD would it be if it happened—and for who?

- IN WHAT ORDER OF PRIORITY would you place the multiple risks?

Then:

Generate all potential options for action—including no intervention.

Describe potential benefits and deficits of each option.

Describe most preferred option and why

Articulate what needs to be in place if a less preferred option is the only one available.

More detailed information on resilience and guidance on how to use the matrix are provided in appendix ii.

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4 Key Roles and Responsibilities

The Named Person

Every child has a Named Person, i.e. a practitioner or manager who has responsibility for ensuring that the child’s needs are addressed in universal services. This responsibility lies within the health service in the early years, and passes to the education service when the child moves into primary school.

Children, young people, parents and carers should have clear information about who a child’s Named Person is. In the early years, this is recorded in the child’s personal health record (red book). On entry into primary or secondary education, school information to parents and their child should introduce the Named Person and their responsibilities.

Pre-birth: the Named Person will be the community midwife

Pre-school: The Named Person will be the health visitor. The handover of the Named Person role from the community midwife to health visitor will be in accordance with NHS Highland Procedures.

Primary school: The Named Person will be the Head Teacher or a Depute in larger schools, of the school at which the child is enrolled. This responsibility is not affected by the child’s non-attendance.

Secondary school: The Named Person will be the Depute Head Teacher or a Principal Teacher of Support or Guidance for the school at which the child is enrolled. This responsibility is not affected by the child’s non-attendance.

Note Each school makes its own arrangement for appointing a Named Person for every child. This means that schools are able to make arrangements which best suit them, taking account of their skills and experience, size and location.

Home educated children and those in private education: The Area Education Manager will nominate the Named Person.

Gypsy /Traveller Families: The Named Person will be the Gypsy Traveller Development Officer.

Responsibilities of the Named Person

The Named Person role reflects the core responsibilities of public health practitioners, and head teachers and senior staff in schools. For public health practitioners this includes the core checks which midwives and health visitors carry out in relation to children’s development and health.

In education, arrangements may vary according to the size and structure of schools, but the Named Person will be familiar with a child’s progress within Curriculum for Excellence.

All professionals involved with any child must take responsibility for ensuring that the Named Person is informed without delay of any significant new information about the child especially changes in circumstances which might impact on their wellbeing.
If concerns are identified about a child’s wellbeing the Named Person will take action to help the child, or arrange for someone else to do so. His or her role is an important one, to make sure that when problems or worries first arise a child and family receive a helpful response quickly. The Named Person will ensure that children and families are fully involved and informed about what is happening.

When Named Person responsibility changes for any reason, for example when a child starts primary school, or moves school or house, it is the responsibility of the outgoing Named Person to ensure that all relevant information about the child is passed to the new Named Person without delay.

**Management of the single agency Child’s Plan:**

If a child needs additional help the Named Person has responsibilities for helping the child within his or her own agency and will;

- usually be the first point of contact, for the child and his or her parents/carers seeking information or advice, and for any professionals wishing to discuss a concern about the child

- ensure that core information held about the child in the Named Person’s agency is accurate and up to date and that concerns are recorded in line with agency procedures

- receive information from other agencies and individuals, consider any concerns in light of the child’s history and current circumstances and seek further information and or take action as required

- prepare a single agency plan if the child has additional support needs, where necessary in consultation with others (see chapter 8 and appendix iii a-c)

- co-ordinate action to ensure that the plan is carried out and kept under review

- lead on planning for the child at key transition points

Where a Named Person’s assessment is that a child needs help or resources from another service/agency as part of early intervention this should be organised without delay through direct discussion with the people involved, including the Integrated Services Officer if appropriate. In these circumstances, the single agency plan, with the addition of demographic details and the contributions of others involved, becomes the multi-agency Child’s Plan; (see chapter 8 and appendix iii a-c) and the Named Person becomes the Lead Professional unless the partners to the plan agree that another professional should assume that role.
The Integrated Services Officer
All locality Children & Families social work teams have an Integrated Services Officer who works to support the early intervention process in their associated school groups. They do not take on the role of Lead Professional, and are not normally involved in direct work with children and their families.

Integrated Services Officers are experienced Social Workers who will have knowledge of the full spectrum of all relevant services and resources in the local area. They can provide advice, guidance and support to practitioners across services about how a child’s additional needs might be met. Integrated Services Officers will generally be the first contact point of practitioners seeking to discuss which services might be appropriate for a child.

The Integrated Services Officer co-ordinates early intervention resources and ensures that they are made available when required. Where an assessment and plan indicates that a child needs help from a children’s service worker or from a commissioned partner agency, the Named Person or Lead Professional should arrange directly for that support to be provided. Prior agreement of the Integrated Services Officer is not necessary although the Named Person should share the Child’s Plan without delay to ensure that the Integrated Services Officer can provide appropriate support to the Children’s Services Worker, effectively manage resources and ensure that appropriate information is accurately recorded on CareFirst.

The Integrated Services Officer is responsible for arranging and facilitating Liaison Meetings. Integrated Services Officers will also advise and support but not arrange Solution Focussed Meetings.

Youth Action and Children’s Disabilities teams have access to Integrated Service Officers where necessary.

The Lead Professional
Where two or more agencies or services need to work together to meet a child’s needs, a practitioner from one of these agencies will become the Lead Professional. The Lead Professional will co-ordinate assessment, planning, and action; make sure everyone is clear about the different roles they have and their contributions to the Child’s Plan and ensure that all of the support provided is working well and is achieving the desired outcomes. The Lead Professional will not do all the work with the child and family; neither does he or she replace other staff who have specific roles or who are carrying out direct work or specialist assessments.

Who fulfils the role of Lead Professional for a particular child will be influenced by;

- the kind of help the child or family needs
- the complexity of the child’s circumstances and plan
- previous contact or a good relationship with the child
- statutory responsibilities to co-ordinate work with the child or family

A Registered Social Worker will always be the lead professional for;

- children who have multi agency child protection plans
• looked after children
• looked after and accommodated children

There will be some circumstances which will warrant the immediate involvement of a Social Worker. This could be where a child protection inquiry is to be carried out or where the child may need to become accommodated unexpectedly, or where there has been a sudden crisis in the family. The Named Person or Lead Professional should discuss the child’s circumstances with appropriate colleagues and managers and agree the immediate way forward.

**Responsibilities of the Lead Professional**

Whatever the level of complexity, the Lead Professional is the person who makes sure that all of the support is working well, and progress is being made towards achieving the outcomes specified in the Child’s Plan. The Lead Professional provides confident leadership and should be familiar with the working practices of different disciplines. The Lead Professional will;

• be the point of contact with the child and family, or ensure that someone more appropriate takes on this role

• record the multi-agency Child’s Plan (including chronology) integrating contributions from the child, family, and other partners involved (see chapter 8)

• be the main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or to raise other issues.

• monitor the effectiveness of the plan, reviewing progress and concerns as necessary;

• update the Child’s Plan (including chronology) in accordance with relevant recording procedures

• make sure the child is supported through key transition points.

• make sure there is a smooth ending when a multi-agency Child’s Plan is no longer required, including informing all partners to the plan. Where the child has a Lead Professional from social work, this decision will made at a formal Child’s Plan meeting

• if a child’s needs are reducing and it is recommended that the plan could once again be managed within universal services and if agreement cannot be reached at the formal child’s plan meeting, advise the Liaison Meeting

• Changes of Lead Professional must be recorded in the Child’s Plan chronology
Partners to the Plan

Partners will include the child or young person, their parent(s) / carers and their Named Person. Other professionals may be involved as appropriate. Each partner will be responsible for carrying out one or more actions or tasks which contribute to the desired outcomes and goals identified in the plan and for sharing information regarding progress and concerns with the lead professional as agreed in the Child’s Plan.

Section 11 of the ASN Manual gives an outline of some of the roles of professionals who may at some time be involved in supporting a child with additional support needs and therefore may become a partner to a plan. You can access the manual by clicking on the link below.

Username    asnhighland password  1bpDks6b

http://www.supportmanual.co.uk/wp-content/assets/manuals/ASN-Highland/index.html

Responding to Escalating needs

• If the concerns are escalating or the early intervention plan is not working well the partners to the plan may decide that help may need to be co-ordinated by a practitioner from a targeted service.

• The Lead Professional should arrange for the Child’s Plan to be discussed at a Liaison Meeting and:

• provide a copy of the Child’s Plan and any other relevant information to the Liaison Meeting and to any new Lead Professional to ensure a smooth transition

• advise the Liaison Meeting where compulsory measures of supervision may be required, providing evidence in regard to why this action needs to be taken.

• where the Liaison Meeting considers that compulsory measures may be necessary, a Lead Professional will be appointed from social work.

• contribute to the further assessment of risk and need where a child may be in need of protection

• work closely with the new Lead Professional and contribute to the assessment, action plan and review of progress

Quality Assurance and Reviewing Officers (QARO)

Quality Assurance and Reviewing Officers undertake quality assurance processes of children’s plans. They chair the Child’s Plan Meetings of those children who are in need of protection and children who are looked after. The QARO may also review the plans of children with high level needs or particularly complex plans.
Services Managers Group

The Integrated Children’s Services Managers Group is made up of area managers in police, health, education and social work, the children’s reporter and the area housing manager attend in relevant circumstances.

The Services Managers Group is collectively responsible for ensuring the effective operation of assessment, planning and intervention processes within each area, and considering the needs of individual children in specific circumstances.

The Services Managers Group will be involved;
• where the requirements of the plan cannot be achieved from within area resources, or where external or specialist resources are needed
• where allocation of a significant resource needs to be sanctioned
• where use of high tariff statutory orders restricting behaviour and movements e.g. tagging
• monitoring persistent offenders
• where disagreement between professionals or agencies cannot be resolved locally

Residential Placement Group

The Residential Placement Group is made up of senior managers from health and social care and education who act on behalf of service directors. RPG considers recommendations from Services Managers Group in relation to; out of authority placements. It also considers movement restrictions and parenting orders. Power to make such orders rests with Children’s Panel.

Chief Officer’s Group

The Chief Officer’s Group is made up of Directors and other senior managers from health and social care, education, police, Scottish Children’s Reporters Administration along with a representative of each Services Managers Group. Chief Officer’s Group holds responsibility overall for the management and implementation of multi-agency services, and for the resolution of inter-agency disagreements.

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5 Information sharing

Effective integrated practice which helps children develop to their potential requires timely, proportionate and appropriate information sharing. Practitioners should identify, act on, record and share concerns at an early stage.

When a child or family first comes into contact with any agency the practitioner should explain the way that services work together in Highland to meet children’s needs. Discussion should include what this means in terms of confidentiality, consent, and the appropriate sharing of relevant information.

The Highland Data Sharing Partnership, comprising Highland Council, Argyll and Bute Council, Police Scotland and NHS Highland has produced guidance: Data Sharing across the Highland Data sharing Partnership- Procedures for Practitioners. March 2013

The procedures are applicable to all practitioners involved in sharing information with another agency within the Data Sharing Partnership area. The document provides a brief description of relevant legislation, clarifies questions about consent, lays down minimum standards regarding methods of sharing information, sets out the mechanisms for resolving disputes, and provides a leaflet – "Information Sharing within Integrated Services for Children & Young People - A guide for Parents and Carers".

The procedures state;

• in most cases using legislation to assess whether to share information will only be relevant where consent for sharing has not been given.
• where consent has been given and there is a need to know, information may be shared.
• where consent has not been given, but there is a need to know, legislation assists the practitioner to decide whether sharing should take place. If information is to be shared to prevent harm, to prevent or detect crime, to improve the well-being of individuals or groups, or for public protection, and if the information to be shared is relevant and proportionate, then it should be shared.
• If a child is considered to be at risk of harm, relevant information must be shared.

Information sharing where there is a Concern about a Child’s Safety

When a Named Person or other practitioner has concerns that a child is not safe, four questions need to be considered:-

1. Why do I think this child is not safe?
2. What is getting in the way of this child being safe?
3. What have I observed, heard or identified from the child’s history that causes concern?
4. Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?
If the child or young person is considered to be at risk of harm, relevant information must be shared between services to enable an assessment to be undertaken to decide whether actions are required to protect the child. In such circumstances consent to share information from the child or parent is not required.

The concern and other relevant information must be shared with the local Children and Families team following the “Highland Child Protection Policy Guidelines” May 2009 updated April 2011 Section 4 Responding to children’s needs.

http://www.forhighlandschildren.org/2-childprotection/publications.htm

Good recording of relevant information, strengths as well as risks and pressures, and the sharing of this information with the professionals allocated to undertake the assessment of risk and needs will support any subsequent measures to protect the child.
Is there a need-to-know?

YES

Is a living person identified?

YES

Has consent to share been given?

NO

Is the purpose of sharing to protect the welfare of a child?

YES

Data may be shared

Is the purpose of sharing to protect a human right?

NO

Conditions of Schedule 2 of DPA met?

YES

Is this sensitive personal data?

NO

Conditions of Schedule 3 of DPA met?

YES

Data may not be shared

Does an exemption apply?

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

NO

Data may be shared

Reference

Data Protection Act 1998


Concerns about other aspects of a child’s well-being

When a practitioner who is not the Named Person or Lead Professional has concerns about a child’s well-being which indicate that whilst the child is not in need of protection he/she may be in need of additional support, these concerns and relevant information should be shared with the child’s Named Person or Lead Professional.

When such a concern comes to the attention of a practitioner they must

- engage with the child and parents to consider the 5 Questions:
  1. What is getting in the way of this child’s well-being?
  2. Do I have all the information I need to help this child?
  3. What can I do now to help this child?
  4. What can my agency do to help this child?
  5. What additional help, if any, may be needed from other agencies?

- Seek consent to share the concern and relevant information with the child’s Named Person or Lead professional.

- Where the informed consent of the child or parent has been given, the practitioner will, share the concern and relevant information via discussion with the child’s Named Person or Lead Professional so that coordinated help can be offered to the child if needed.

- Where a parent is reluctant to agree, the practitioner will work with and encourage parents to consider the relevance of sharing information. The practitioner will monitor the situation and make a judgement as to whether it becomes necessary to share. The Named Person or Lead Professional may have need to know about the concern and relevant information in order to improve the child’s well-being or the well-being of others. In such circumstances relevant and proportionate information should be shared. It is good practice to inform the child and parents of intended actions, unless this could place the child or others at risk or compromise any investigative enquiry.

- Information shared and subsequent actions taken must be recorded in accordance with agency guidance. Following discussion with the Named Person or Lead Professional and where requested, significant information may be recorded on the standard Child Concern Form (appendix iv) which is forwarded to the Named Person or Lead Professional. (See pages 19 to 21)

The process of escalation of concern is illustrated in the chart on the following page;
I have concerns about meeting the needs of a child

There are immediate concerns that a child is at risk of significant harm

Discuss assessment with family and relevant professionals
Consider use of Solution Focused Approaches and if family requires early intervention and support-

Agree assessment with family
Child's plan completed, including analysis, actions required and desired outcomes.

If there are concerns that child is at risk of harm at any point during process follow Child Protection procedures

Child has complex medical needs – professionals and family to agree on who is lead professional

Deploy early intervention service
Agree review period (6 monthly or more frequent)

If agreement cannot be reached in terms of the response to the concern the case to be discussed with relevant Children's Service Manager

Discussion with closest available appropriate Practice Lead for Care and Protection

If plan is not progressing consider discussion with relevant Practice Lead re need for Liaison Meeting (either scheduled or if immediate, virtual).

Social Worker to be allocated to co-ordinate child protection assessment if appropriate

If there are concerns that child is at risk of harm at any point during process follow Child Protection procedures

Multi-disciplinary Child Protection Plan (mandatory review schedule)

Case to be referred to the Service Managers Group if additional resources are required which are not available within local resources or when there is disagreement between professionals.
6 Identifying and responding to concerns - the Named Person or Lead Professional:

The Named Person or Lead Professional’s response to any concern will depend on the nature of the issues, their impact or likely impact on the child and the supports currently in place.

The Named Person or Lead Professional will:

- Consider the concern and other information shared with them in light of what is already known about the child and their circumstances.

- Using the child’s record and the Wellbeing Indicators, take account of the child’s history, age and stage of development, developmental progress and environment in order to determine whether any subsequent actions are required such as completing a My World Triangle assessment.

- Seek the views of the child and parents as appropriate to consider what help might be necessary and involve them in drawing up a plan or reviewing a plan which is already in place.

- Ensure a record of the concern and subsequent actions are placed in the child’s record and/or chronology in accordance with agency guidance, and co-ordinate any further action required.

The Named Person is responsible for taking account of the new information in light of what is already known about the child and family. If this raises further concerns for the Named Person or where a suspicion of abuse or neglect is identified due to an emerging pattern of concerns, the named person/Lead Professional should follow Child Protection procedures.

Concerns that come to the attention of Police Scotland

Unless an immediate response is necessary, police will share concerns and information about children with the Named Person, Lead Professional and appropriate others which may include other information relevant to the concern, gathered from police information sources.

During contact with the police, the child where appropriate and their parents/ carers are informed that information will be shared with the Named Person and/or Lead Professional.

This will be achieved by communication between the police Public Protection Unit and local Health and Social Care team to agree appropriate actions. Every Child Concern Form must also be sent without delay to the child’s Named Person or Lead Professional to ensure they can take appropriate action, and update the child’s record in accordance with agency guidance.
Concerns communicated by hospital based staff

Concerns about the well-being and safety of children should normally be managed by the relevant professionals in the local community team. Whilst Named Persons should be easily identifiable by virtue of the child’s age or school attended, hospital staff may not be able to immediately identify the appropriate team and so the following arrangements have been made:

In those cases where hospital staff need to share a concern about a child and where there is not clarity about who is the Named Person or Lead Professional, the social work team based in Morven House, Raigmore Hospital, Telephone 01463 701376 provide a contact point that will facilitate speedy and effective transmission of the relevant details to the appropriate team.

In such cases, the person reporting the concern must follow up the discussion with a completed standard Child Concern Form, (appendix iv) which they should send to the identified Named Person / Lead Professional/Team.

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Concerns about unborn children and newborn babies

Unborn children and newborn babies are vulnerable by virtue of their age and stage of development. Ante-natal care is provided by community midwives who hand over to health visitors when new born babies are 2 weeks old. As Named Persons, community midwives and health visitors are at the forefront in identification and assessment of additional needs or risks.

Concerns arising from complex social needs in relation to expectant mothers or infants should be shared and assessed in line with this guidance. In addition, Domestic Abuse Guidance and Pregnancy & Substance Misuse Guidance will apply.

Where indicators of need which may require a multi-agency child plan are noted pre-birth, the Named Person will instigate the appropriate assessment, record concerns, create the Child’s Plan and deploy or commission additional early years services.

Unborn children who are assessed as being at risk of harm and possibly requiring a multi-agency child protection plan will have their needs considered at a Child Protection Plan Meeting between 28 / 32 weeks gestation.

When concerns are noted for the first time immediately following the birth of a child, the Named Person will instigate the appropriate assessment and consider using child protection procedures if risk of harm is indicated. (See pages 37-41)
7. Child and Family Centred Practice

Promoting well-being

*Getting it right for every child* aims to have in place a network of support to promote well-being so that children and young people get the right help at the right time.

This network will always include family and/or carers and the universal health and education services. Most of the child or young person’s needs will be met by these key people and services.

When support from the family and community and the universal services cannot meet a child’s needs, targeted and specialist help be called upon.

Only when voluntary measures no longer effectively address the needs or risks will compulsory measures be considered.

Child and family centred help

A fundamental principle of *Getting it right for every child* is that there are clear and transparent ways of accessing advice and help. This means that every agency in Highland that has connections with children or their families takes responsibility for responding to any request for help.

There are two main reasons why children should be involved in decisions that affect their lives:

1. children have the right to be involved
2. children have the capacity to be competent commentators on their lives

The right for children to participate in decision-making is enshrined in the UN Convention on the Rights of the Child, Children (Scotland) Act 1995 and Children’s Hearings (Scotland) Act 2011 and Additional Support for Learning 2004 and as amended 2009. These specify that children have a right to be involved in decisions...
that affect their lives. The Scottish Government is committed to the participation of children in decision-making (Scottish Executive 2007). Those rights also extend to children being able to give consent to actions being taken that affect their well-being.

Parents and carers are also ‘experts’ on their children in the sense they know more about them than anyone else. Most parents want to do their best for their children and understand how their children will respond to help. Practitioners should treat all parents with dignity and respect and see their role being to support and help families.

They cannot do this without actively involving children and the people important to them in deciding what to do to help. Without children and families’ perspectives on their children’s or personal difficulties, practitioners’ information is incomplete and they cannot reach a full understanding of children’s circumstances and needs. This part of the guidance provides advice about how to include children, young people and their parents in making sense of what is happening to them and creating a plan for help and action.

**Involving Children and their families**

The way in which practitioners gather information from children and families is as important as the information itself. Before beginning to gather information to inform planning and how best to help the child, practitioners must talk to families about why practitioners have become involved, why assessment and planning is needed, what that will entail and what the different outcomes might be. Children and families should be able to say what they would like additional help to achieve.

An open process which actively involves children and families and others has many advantages for practitioners, children and families. It helps because:

- Children and families can come to understand what children need in order to reach their full potential;
- Children and families can understand why sharing information with practitioners is necessary;
- Children and families can help practitioners distinguish what information is significant;
- Everyone who needs to can take part in making decisions about how to help a child;
- Children and families are more likely to feel committed to the plan for a child;
- Practitioners behave ethically towards families;
- Everyone contributes to finding out whether the plan for a child has made a positive difference to a child or family;
- Even in cases where compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.
Helping children join in

Practitioners from all agencies must pay attention to and record children’s views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, and who do not give up easily. Children have made it very clear what they need in *The Children’s Charter* (Scottish Executive 2004).

Achieving real involvement means that practitioners must spend time with, talk to and get to know children and build relationships so that children feel confident about approaching them and asking for help. Every detail of communication with children counts and helps to build a positive working relationship with them. The tiny steps along the way are as important as the big picture:

> “The rituals, the smiles, the interest in the daily routines, the talents they nurture, the interests they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of these little details may prove decisive turning points in a young person’s developmental pathway. It is important not to be distracted or seduced only by the big questions. While, for example, professionals agonise or stall over whether or when to place a child in a permanent family, they may have lost sight of crucial details of what can sustain the positive development of this child today. Attention to the detail in the present makes the prospect for the future more promising and more attainable” (Gilligan 2000, p. 45).

Children’s views on their situation are also part of the evidence to be included in assessing and planning.

There are five essential components in direct work with children: seeing, observing, engaging, talking and doing:

1. **Seeing children**: an assessment cannot be made without seeing the child, however young and whatever the circumstances.

2. **Observing children**: the child’s responses and interactions in different situations should be carefully observed wherever possible, alone, with siblings, with parents and/or caregivers or in school or other settings.

3. **Engaging children**: this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them make real choices, in a way that is age and developmentally appropriate.

4. **Talking to children**: although this may seem an obvious part of communicating with children, it is clear from research that this is often not done at all or not done well. It requires time, skill, confidence and careful preparation by practitioners.

5. **Activities with children**: undertaking activities with children can have a number of purposes and beneficial effects. (Department of Health et al. 2000 pp. 43-44).
Involving parents and carers

Gaining the family’s co-operation and commitment to gathering and analysing information in order to develop a plan together for the child is also crucial. Practitioners must be open and honest with them and treat them with respect and dignity, even in the most difficult circumstances. Parents want practitioners to give clear explanations about what is happening.

Practitioners have a responsibility to develop communications skills and be sensitive to families’ understanding. One of the key things parents ask for is to be kept informed. Although practitioners should always be sensitive to the fact that some adults may need help with reading, it is also helpful to have available written information that is easy to understand. Seeing a written version of what has been discussed can reassure families that what they have been told is true. It is important not to rely solely on written materials but check out with families they understand what agencies are doing and why.

Agreeing early intervention plans

- It is a fundamental principle of *Getting it right for every child* that services should be streamlined with less bureaucracy and that children and their families should not have to attend different meetings in order to access proportionate help. Good communication is the key. Decisions and actions may be able to be taken following straightforward discussion of the concerns. The Child’s plan will be recorded (assessment, analysis and actions). A formal meeting need only be convened when it would be in the child’s best interests.

- Where a Named Person’s assessment is that a child needs help or resources from another professional discipline as part of early intervention, this must be set out in the plan. They should organise what is needed without delay through direct discussion with the people involved, the integrated services officer if appropriate, and without necessarily needing to hold a formal meeting.

- There are, however, some cases where it will be a positive choice to hold a meeting to make decisions and draw up or agree the Child’s Plan.

- When a meeting is to take place, the Named Person or Lead Professional must ensure that the right people are invited, and that they are prepared for the meeting. Where individuals are unable to attend the meeting, including the child/Young Person and parents/carers, their information and views should be sought.

Reviewing the early intervention Child’s Plan

Reviewing the plan is an on-going process which begins as soon as actions are agreed. As a principle, no more than six months should go by without the Child’s Plan, single agency or multi agency being reviewed. The plan will be reviewed through ongoing dialogue and discussion with everyone involved as agreed.
Solution Focused Approaches

Solution focused approaches can be very effective in bringing about change in complex situations. Even a short conversation can have solution focused elements to build collaboration and break the cycle that maintains problems. Practitioners have used this way of working to engage effectively with other professionals, families and with children and young people. The approaches can also be helpful in preventive work at the systemic level in for example, helping staff groups and teams find effective ways of working, or resolving barriers. Training and facilitation in all these approaches can be accessed from the Highland Council Psychological Service.

Highland Council has for many years been highly regarded nationally for the use of formal Solution Focused Meetings. These meetings follow a carefully designed solution focused process and are proven to involve young people and families, and bring about change in situations. Within the Highland Practice Model, Solution Focused Meetings can be used as efficient ways to review and deepen Child Plans. It is good practice for ASGs to have regular timetabled Solution Focused Meetings, involving a regular group of professionals so that a positive cycle of assessment, intervention and review can be embedded. Preparation of young people and families for these meetings is important, and a standard leaflet is available to support this.

The Liaison Meeting

The Liaison Meeting provides a mechanism for the Named Person or Lead Professional from universal services to discuss their concerns regarding an individual child where circumstances are becoming complex, and/or where early intervention has not addressed a child’s needs in a reasonable timescale.

Liaison meeting members, local managers representing education, health and social care and other services have delegated decision making authority in respect of the allocation of targeted resources and staff in their area. They have a corporate function to be aware of children in need in their area and to be confident that needs are being properly addressed and managed. The regular Liaison Meeting provides a forum for these managers to highlight good practice and resolve any issues that are getting in the way of partnership working, in addition to discussing individual Child’s Plans. They will involve representatives from other services where appropriate.

Where the urgent needs of the child dictate it the Liaison Meeting may be a virtual meeting conducted in phases, by face to face, telephone or other contact, but must include this quorum of members. Copies of the Child’s Plan including a chronology will be circulated to members prior to discussion.

The Child’s Plan will be discussed by the Liaison Meeting where:

- Initial assessment suggests an acute level of complexity which requires the involvement of a targeted service and the child is not considered to be at risk of significant or immediate harm
- Complexity is increasing despite the provisions of an existing Child’s Plan and advice is required.
• Concerns are not reducing – advice can be sought at any time, but must be sought where an early intervention service has been in place for 6 months.

• Referral to the children’s reporter needs to be considered where concerns about the child’s welfare or behaviour cannot be addressed on a voluntary basis, when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child.

• Additional resources are required that cannot otherwise be met.

The Liaison Meeting can determine resource allocation, provide advice and decide;

• What further assessment and intervention is required
• Whether early intervention services should continue
• Whether a targeted service should be allocated
• Whether a referral to the children’s reporter needs to be made, within what timescales, and arrangements for ensuring the Child’s Plan contains the information required.

The Integrated Services Officer will organise regular set dates for Liaison Meetings in their area to maximise professional attendance and time. Chairing of the meeting should rotate between agencies, ensuring ownership of and commitment to the process.

The Named Person or Lead Professional will attend the meeting along with the Integrated Services Officer. Other key professionals agreed by the Named Person or Lead Professional & the Integrated services officer will be asked to attend.

The Named Person or Lead professional will ensure that the child (where appropriate) and family are;

• informed of the Liaison Meeting,
• have sight of the plan before it goes to the Liaison Meeting and
• are helped to understand and have their views included in good time.

The main points of the discussion and any decisions taken, including review arrangements and any contingency plan, must be recorded in the Child’s Plan or as a separate note which should be retained in the child’s record.
Referral to Children’s Reporter/Children’s Hearings

A decision to refer to the Children’s Reporter will occur when there is doubt that a child’s Plan will work without legal compulsion. The Lead Professional role will generally have passed to a Social Worker at this stage. The decision to convene a Children’s Hearing is taken by the Children’s Reporter based on provision of sufficient information regarding a child’s circumstances along with evidence that may meet the grounds of referral as laid out in the Children’s Hearing Scotland Act 2011.

The Reporter must establish whether there are grounds for referral to a Hearing and be satisfied that compulsory measures are required in order to meet the child’s needs through the proposed plan.

The grounds of referral to the Children’s Reporter are found under Section 67 of the Children’s Hearings Act Scotland 2011. There are some similarities with the 1995 Act & 5 new grounds

In this Act “section 67 ground”, in relation to a child, means any of the following grounds:

(a) the child is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care,

(b) a schedule 1 offence has been committed in respect of the child, *

(c) the child has, or is likely to have, a close connection with a person who has committed a schedule 1 offence,

(d) the child is, or is likely to become, a member of the same household as a child in respect of whom a schedule 1 offence has been committed,

(e) the child is being, or is likely to be, exposed to persons whose conduct is (or has been) such that it is likely that—

   (i) the child will be abused or harmed, or

   (ii) the child's health, safety or development will be seriously adversely affected,

(f) the child has, or is likely to have, a close connection with a person who has carried out domestic abuse,

(g) the child has, or is likely to have, a close connection with a person who has committed an offence under Part 1, 4 or 5 of the Sexual Offences (Scotland) Act 2009 (asp 9),

(h) the child is being provided with accommodation by a local authority under section 25 of the 1995 Act and special measures are needed to support the child,

(i) a permanence order is in force in respect of the child and special measures are needed to support the child,
(j) the child has committed an offence,
(k) the child has misused alcohol,
(l) the child has misused a drug (whether or not a controlled drug),
(m) the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person,
(n) the child is beyond the control of a relevant person,
(o) the child has failed without reasonable excuse to attend regularly at school,
(p) the child—
   (i) is being, or is likely to be, subjected to physical, emotional or other pressure to enter into a marriage or civil partnership, or
   (ii) is, or is likely to become, a member of the same household as such a child.

For the purposes of paragraphs (c), (f) and (g) above, a child is to be taken to have a close connection with a person if—
   (a) the child is a member of the same household as the person, or
   (b) the child is not a member of the same household as the person but the child has significant contact with the person.

* Specified offences against children (described in Schedule 1 of the Criminal Procedure [Scotland] Act 1995). These are primarily offences comprising neglect or physical, sexual, or emotional harm towards children.
8. A Child’s Plan

Core to the effective co-ordinated provision of appropriate support to a child is the principle that any and all agencies supporting the child are working to a single agreed plan.
In every case where additional support is required to promote the child’s well-being, the reasons, the assessment and the analysis and the plan for action must be recorded using the Universal Child’s Plan. The plan may be short and simple or complex and detailed.

A Child’s Plan should always be proportionate to their needs and circumstances.

If it is a single agency plan, the Named Person will be responsible for recording and coordinating the plan. If it is a multi-agency plan, the Lead Professional will be responsible for integrating the contributions from each partner agency into one plan, the Child’s Plan.

One plan requires:

1. the coordination and integration of assessment and analysis of need, planning and intervention, and
2. a high standard of practice, cooperation, joint working and communication.

Practitioners need to work in accordance with legislation and guidance. They also need to think in a holistic way about the child, and their world. This means drawing on the skills, knowledge and expertise of others. If the child or young person’s circumstances require co-ordination of their health needs, their individual educational needs and/or care needs this is all incorporated into the one plan.

Further information relating to particular professional responsibilities, and to meeting the requirements of legislation and guidance, for example the Additional Support for Learning (2004) Act, and Regulations in respect of Looked After Children, including: Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007, can be found by following the link.

http://www.supportmanual.co.uk/wp-content/assets/manuals/ASN-Highland/index.html

The plan provides a record which reflects the Getting it right for every child National Practice Model as illustrated in the diagram on page 44 by summarising:
• identified concerns,
• assessment of needs from analysis of information gathered,
• desired outcomes to be achieved
• actions agreed to achieve these outcomes, and
• arrangements for review.
Child’s Plan Meetings

Some children will have their needs addressed though the formality of a Child’s Plan meeting. This will be where the child:

- Is looked after at home
- Is looked after and accommodated
- Is at risk of significant harm
- Has a co-ordinated support plan

A Child’s Plan might need to fulfil the requirements of a range of statutory processes, including different timescales for review. Where, for example, a child who has a Co-ordinated Support Plan becomes looked after, it will be necessary to align reviews to ensure that the child has one plan which meets his or her needs and fulfils the obligations on both statutes.

At this level of complexity, careful preparation becomes even more important. The Lead Professional needs to pay a high level of attention to integrating the contributions of all partners into the assessment and plan. This includes contributions from the child and family, who must see the plan before it goes to the meeting and be helped to understand and make comment on it in good time.

Also at this level Child’s Plan meetings may be chaired and led by a Quality Assurance and Reviewing Officer.

Core Group Meetings

All plans for children should be regularly reviewed.

Where the Child’s Plan is complex the practitioners who are directly involved will meet with the child and family at pre-arranged intervals between formal Child Plan reviews.

The frequency and attendance at Core Group meetings will be determined by the child and family circumstances. For example it may be necessary for the Core Group to meet regularly for a period to support a transition.

Where the Child’s Plan is a Child Protection Plan, the Core Group will be identified at the Child Protection Plan Meeting and operate as laid out in Child Protection Policy Guidelines.

Further information about the Getting it right for every child national practice model is in chapter 2 of this guidance.
Recording and reviewing the plan

Children and families are central to the Child’s Plan and to making sure it succeeds. Whether a Child’s Plan is single agency or a multi-agency the plan must include what is needed, why, what will be done, by whom and when and the views of the Child and family. Where there are differing opinions about any of the content the plan must show and attribute these clearly. The child (where appropriate) and their parents/carers must be given a copy of the Child’s Plan, including sharing any draft with them during the preparatory stage.

The complexity and detail in the plan will be proportionate to the level of need and support identified. It must be written using language that is accessible to the child and family and reflects their involvement in the process. The criteria for a good quality plan can be found in Appendix 5....

Progress must be monitored and reviewed regularly to ensure that the planned actions are achieving the desired outcomes, and to determine whether any changes need to be made.

Reviewing begins as soon as actions are agreed. As a principle no more than six months should go by without the Child’s Plan being reviewed, however in practice this may happen more frequently. Arrangements for monitoring and reviewing the plan should be proportionate and comply with statutory requirements.

All partners involved in the implementation of the plan should be in regular dialogue with the Lead Professional and each other in regard to the effectiveness of the plan and the monitoring process. This will often be achieved through discussion between partners and, where necessary, meetings of the Core Group.

Practitioners must be vigilant about any new information that changes a child’s circumstances and should respond quickly, appropriately and flexibly making relevant changes to the plan without undue delay. There will be some circumstances where it will be necessary for the Lead Professional or other partner to make small changes to some of the detail contained in a complex plan, for example a change to the visiting pattern of a support worker.
The means of making changes must be proportionate to the level of change needed, and must allow the core group of practitioners working with the child and family to make small alterations to the detail easily through communication without the need for a meeting if appropriate. The Core Group must identify when the level of change to the plan is such that the formal Child’s Plan review meeting needs to be brought forward.

When reviewing a plan, the essential questions for consideration by the Named Person or Lead Professional along with others, including the child and family are;

- How well the child is doing, and is there any new information or change of circumstances?
- What is the progress toward the outcomes?
- Is there anything in the plan that needs to be changed?
- Does the child still need a multi-agency plan?
- What needs to happen next?

Everyone, including parents and carers, must pay particular attention to any current or expected transitions in the child’s life so that these can be included in the review of the Child’s Plan, thereby ensuring that adequate support is provided and there is no gap in service. Transitions could be a change of household, a change of address, moving from one school to another, change of carers, change of significant professionals involved, change of Lead Professional or transition from children’s to adult services.

Information for any meeting, hearing or review must be shared in advance with the child, family and other practitioners, so that all those attending are fully prepared. The child and family’s views are an essential contribution to the process and it is the responsibility of the Lead Professional to ensure that this preparation takes place in advance of any meeting.

Where outcomes in the Child’s Plan have been achieved

When it has been agreed that the outcomes of a multi-agency plan have been achieved and that a child no longer needs a multi-agency plan, it is important that this decision is made with the agreement and knowledge of everyone involved, including the child and family. In this situation it is once again the Named Person who is the contact point for issues about the child, and to whom new concerns should be reported, (unless that concern is about a child who may be at risk of significant harm, in which case, Child Protection Procedures will apply).

For some children who have had a plan with a Lead Professional from a targeted service, a Child’s Plan meeting may conclude that Lead Professional responsibilities should change to a practitioner from Universal Services. In such circumstances, it is the responsibility of the Lead Professional who is handing over responsibility to ensure that all parties involved are informed of the changes.
When a family move

Where a child moves with their family, the Named Person/ Lead Professional is responsible for ensuring that the most recent assessment and planning information is sent to the receiving area as soon as possible and should follow their own agency procedures to make sure this is done.

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Appendix i

Using the *My World Triangle* in assessing and planning for children

This description of the domains of the *My World Triangle* is adapted from Glasgow’s 2005 guidance on the Integrated Assessment Framework:


This Appendix should be read alongside the detailed description of the *My World Triangle* on Page 11 of the Guidance.

It is important that assessments and decisions about children and their families are evidence based. In carrying out the assessment of the child, attention should be given to all aspects of the child’s life. Attention should be given to the strengths as well as any areas of concern and any risk factors highlighted.
HOW I GROW AND DEVELOP

Being healthy

‘This includes full information about all aspects of a child’s health and development, relevant to age and stage. Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health. Health care, including nutrition, exercise, physical and mental health issues, sexual health, substance abuse. Information routinely collected by health services will connect with this.’
Scottish Executive 2005.

It is important to ensure that each child’s/ young person’s health needs are/ have been met. To do this you must be satisfied that any indicators of concern are noted and action required identified. It may be that in many instances the immediately available information on health is sufficient. However you should consider the following:

Current significant health problems
- Use of health services
- Attendance at medical screenings, or failure to attend
- Medical treatment regimes
- Compliance with medical advice and treatment
- Any particular needs of the child that affect the parent’s ability to care for them e.g. disability, ADHD, prematurity etc.

Any significant past medical history
- Past physical injury including fractures/ unusual injuries, e.g. burns
- Any known attendance at Accident and Emergency, Out of Hours Service, NHS24
- Hospital admissions
- Suspected or diagnosed non- accidental injuries
- Any diagnosed mental illness or psychiatric treatment – ongoing problems/current symptoms

Developmental
- The child’s growth and nutrition
- Immunisation record
- Attendance at medical surveillance checks
- Any known vision or hearing problems
- Any use of alcohol or substance use by the child
- Any developmental concerns, gross motor, manipulative skills, communication, social skills, behaviour, height, weight
- Dental registration and treatment
- Whether the family themselves have any concerns about health issues
- Family guidance and advice to the child on health issues, including sex education
- Has the child had a comprehensive health assessment since being accommodated?
Learning and achieving

‘This includes cognitive development from birth, learning achievements and the skills and interests which can be nurtured. Additional support needs. Achievements in leisure, hobbies, sport. Who takes account of the unique abilities and needs of this child? Learning plans and other educational records will connect here.’ Scottish Executive 2005.

You should consider:

- Is the child in a stable school placement or have there been frequent changes of school?
- Are there problems with attendance/ absence from school? Reasons given
- Has the child/ young person been temporarily/persistently excluded from school? If so, reasons
- Is the child/ young person achieving their potential?
- Is the child/young person engaged in learning (are there any identifiable reasons that are affecting their ability to learn)
- At what level is the child/ young person performing e.g. 3-5 Curriculum Framework, 5-14 Assessment, Standard Grade, National Qualifications?
- Date of last educational assessment (National Test etc.)
- Has he child been referred to/ received support for learning
- Does the child have an Individualised Educational Programme?
- Are educational targets being met?
- What, if any, external teaching support services have been accessed on behalf of the child? E.g. Sensory support service, ILT, LAAC.
- What, if any, support services have been accessed on behalf of the child E.g. SEN auxiliary?
- Has a referral been made to psychological services now or in the past? Reasons
- Does the child have a record of needs / co-ordinated support plan?
- Factors giving rise to additional support needs?
- Has the child/young person been discussed at an Integrated Support Team meeting or a multi-agency case conference? Indicate level and scope of involvement.
- Are the child’s /young person’s needs being met as a result of any of the above (areas of strength and difficulty)
- Does the child /young person relate well to teachers and other staff
- Does the child/young person mix well with peers
- Is the main attraction for the child/ young person attending school the social peer group
- Has the parent been informed of any concerns within the educational establishment? What was their response
- Does the child/young person participate in any extra-curricular activities?
- Are the child’s needs being met
You should consider:

- Any difficulties in caring for the child e.g. eating, sleeping, crying, demanding behaviour, illness, wetting, soiling, issues of separation and attachment
- Any traumatic events in the child’s life e.g. bereavement/loss of parents or siblings
- Number and duration of breakdowns in main attachment relationship
- The child’s general behaviour in different circumstances
- Any indication of anxiety or depression and the triggers for these
- Any steps that have been taken or interventions currently used to manage the child’s behaviour
- Other behaviour of the child that may be of concern e.g. risk-taking, offending behaviour, personal safety, mental health, substance misuse
- Appropriateness of response demonstrated in feeling and actions of a child to parents/ carers and when older to others beyond the family
- Nature and quality of early attachments
- Characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control

**Confidence in who I am**


You should consider:

- The child’s sense of him or herself as a separate and valued person
- Child’s view of abilities, self-image, self esteem
- Positive sense of individuality – issues of race, religion, age, gender, sexuality, disability may contribute to this
- The child’s degree of self-confidence
- Any special needs that affect the child’s self esteem
The child’s attitude to praise and response to achievements
Whether the child feels valued by family and friends
The child’s relationships at home and with extended family members
The child’s relationships at school and socially
The child’s attitude towards others
The child’s ability to socialise with others e.g. to play with children of a similar age and to initiate and respond to conversation
Whether the child is aware of the impact of his/her behaviour on others
Whether the child is aware of any risks to him or herself of his/her own behaviour
The child’s sense of pride in their appearance
The child’s sense of him or herself as part of a cultural group
Whether there are any issues that make the child feel stigmatised
What information is made available to the young person about sexuality and sexual orientation

Learning to be responsible

‘Learning appropriate social skills and behaviour. Values; sense of right and wrong. Consideration for others. Ability to understand what is expected and act on it. Key influences on the child’s social development at different ages and stages.’ Scottish Executive 2005.

You should consider:

The child’s ability to advocate on their own behalf.
The child’s ability to make choices
The child’s role as an advocate with their peers, within their school or any organisation to which he/she belongs
The child’s capacity to lead or be led by others
The child’s ability to seek advice about their appearance/presentation
The child’s awareness of his/her own presentation
Any issues in relation to self-care, hygiene, clothing etc., including appropriateness of dress
The child’s understanding of his/her own and other’s emotions
The child’s understanding of the perception of the impact of his/her behaviour on others
What support is being provided
Parental advise available about how the child presents in different settings

Becoming independent, looking after myself.

The gradual acquisition of skills and confidence needed to move from dependence to independence. Early practical skills of feeding, dressing etc. Engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. What are the effects of any impairment or disability or of social circumstances and how might these be compensated for?’ Scottish Executive 2005.
You should consider:

- Is the child/young person reaching appropriate developmental milestones?
- Is the child/young person encouraged to eat/dress independently?
- Does the child/young person have a disability that affects self-care? How does the young person view this? Deal with support/help?
- Is the young person learning independent living skills? E.g. cooking/handling money (even if still at home)
- Does the child/young person receive pocket money on a regular basis?
- Importance of money for clothing social activities, music, hobbies, etc.
- How well does the young person manage money? Is it an issue/area of concern?
- Does he/she have income from part-time employment?
- What happens when weekly funds have been spent? Are there issues?
- Are there any issues in relation to self-care, hygiene, clothing etc.?
- Do they assist with chores/tidy their own bedroom etc.?
- Do they have opportunities to acquire self-care skills?
- Are there opportunities for involvement in independent activities?
- Impact of impairment, other vulnerabilities or social circumstances affecting the development of self-care skills

You should consider:

- Is there a good relationship between the parents/carers and child/young person? Is the child/young person relaxed in the presence of the parent/carer?
- Is there a strong attachment/strong positive relationship between the child/young person and the parents/carers?
- Does the child/young person have a good relationship with siblings/other children in the household?
- Is the young person involved in caring for siblings? Is he/she considerate and caring towards siblings?
- Does the child/young person have friends?
- Is the child/young person known to be or thought to be involved in bullying?
- Are there any concerns about the child/young person in relation to a lack of empathy or care for others?
- Is there a significant adult in the child/young person’s life in whom he/she can confide? Is this a family member? Appropriateness of the relationship?
WHAT THE CHILD NEEDS FROM THE PEOPLE WHO LOOK AFTER HIM

Everyday care and help

This includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child’s changing needs over time, encouraging growth of responsibility and independence.’ Scottish Executive 2005

You should consider:

- Parental knowledge of child developmental needs
- Parent(s)/ carer(s) strengths/ weaknesses.
- Any health (including mental health) issues that impact on parenting ability
- Any learning disability that impacts on parenting ability
- Other factors that may affect parenting capacity e.g. drug use/ excessive alcohol use, low self esteem
- Relationship between child/ birth parent(s)
- Child’s diet and developmental progress
- Child’s attendance for health surveillance, immunisations and developmental checks
- Parental willingness/ability to co-operate with treatment
- Child’s attendance for medical/ dental treatment
- Provision of care including emotional
- The ill-health or disability of other family members that impact on the child
- Any caring responsibilities of the child

Keeping me safe

‘Keeping the child safe within the home and exercising appropriate guidance and protection outside. Practical care through home safety such as fire-guards and stair gates, hygiene. Protecting from physical, social and emotional dangers such as bullying, anxieties about friendships, domestic problems such as mental health needs, violence, offending behaviour. Taking a responsible interest in child’s friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late or staying away from home. Are there identifiable risk factors? Is the young person knowledgeable about risks and confident about keeping safe?’ Scottish Executive 2005

You should consider:

- Repeated exposure of child to danger or harm
- Control and discipline methods used by the parents/carers
- The demands made of the child by the parents
- Family Interactions
- Support and care offered within the family
Level of interaction between family members
Conflict resolution within the family (including issues of domestic abuse)
The general level of safety in the home

**Being there for me**

*Love, emotional warmth, attentiveness and engagement.* Who are the people who can be relied on to recognise and respond to the child's/young person’s emotional needs? Who are the people with whom the child has a particular bond? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child’s current caring environment? Scottish Executive 2005.

You should consider:

- The child’s reactions to the parent
- Whether the child is reliant on parental cues when asked sensitive questions by professionals
- The child’s exposure to parental emotional distress
- Levels of praise and encouragement offered to the child
- Opportunities the child is given to learn about his/her culture/tradition and language

**Play, encouragement and fun**

*Stimulation and encouragement to learn and to enjoy life.* Who spends time with the child/young person, communicating, interacting, responding to the child’s curiosity, providing an educationally rich environment? Is the child’s/young person’s progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child’s/young person’s mentor and champion? Scottish Executive 2005.

You should consider:

- The parent’s interaction with the child i.e. playing with them, reading to them, spending time with them
- Level of encouragement that is given to the child to explore their environment, to be active, to play and share with others, to do age appropriate activities for themselves
- Encouragement offered to the child to make choices, be independent, to participate in conversation
- Encouragement offered to the child to engage in academic and sporting activities
- Encouragement offered to the child to learn new skills
- Who in the family support the child in learning
- Support offered to the aims of the school or nursery
Contribution offered by the parents to the Individualised Education Programme/homework/parent’s evenings/school events

Guidance, supporting me to make the right choices

Values, guidance and boundaries. Making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations. Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment? Scottish Executive 2005

You should consider:

- The boundaries and guidance offered to the child
- The level of consistency in parental approach to discipline and guidance
- Child’s ability to demonstrate an awareness of the needs of others
- Child’s behaviour – including whether the child is aggressive or violent and if so the context, frequency and triggers for this
- The child’s exposure to violence in the home
- Any occasions the child has run away from home

Knowing what is going to happen and when

‘Is the child’s/young person’s life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child’s/young person’s needs given priority within an environment that expects mutual consideration. Who are the family members and others important to the child/young person? Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her. Transition issues must be fully explored for the child or young person during times of change.’ Scottish Executive 2005.

You should consider:

- Information around where the child has lived, who was part of the household who provided primary care to the child.
- Reasons for significant changes.
- If the child is separated from a parent, the level of contact and any attendant issues
**Understanding my family’s background and beliefs**

‘Family and cultural history; issues of spirituality and faith. Does the child/young person have a good understanding of their own background – their family and extended family relationships and their origins. Is their cultural heritage given due prominence? Do those around the child/young person respect and value diversity?’ Scottish Executive 2005

You should consider:

- Child’s awareness of the family history
- The way secrets are dealt with in the family
- Child’s relationship with siblings
- Levels of affection and hostility
- Child’s status in relation to other siblings (i.e. scapegoated, favoured, bullied)
- Strengths of the family
- Physical or intellectual disability
- History of mental ill health
- History of alcohol substance misuse
- History of parental abuse/neglect as a child
- How the family copes under stress
- Conflicts within relationships/stability
- Communication within the family
- History of separations

**MY WIDER WORLD**

**Support from family, friends and other people**

‘Networks of family and social support. Relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family’s social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on. Who are the significant people in the child’s/young person’s wider environment?’ Scottish Executive 2005.

You should consider:

- Who in the family provides support and the level and frequency of this support
- Whether there are any significant deficits in the wider support network – e.g. no grandparents
- The quality of the social network that exists for the parents/carers
- Any conflictual /burdensome relationships
- The involvement of wider family in decision making about children
- Positive relationships for the child/young person
If the child is looked after the contact arrangements with the wider family and the quality of them

Belonging

‘Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents’ and residents’ groups, faith groups. Are there local prejudices and tensions affecting the child’s or young person’s ability to fit in?’ Scottish Executive 2005.

School

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests.’ Scottish Executive 2005.

You should consider:

- Potential support, including nature and quality, available from outwith the family and ability to access the support
- Informal caring networks e.g. the role of neighbours in ‘watching out’ for other people’s children
- Any frequent changes of accommodation and the impact this has had on the family’s ability to maintain good social supports
- Sources of support and advice that are available locally
- The importance given to continuity of school and relationships with teachers
- The importance given to friendships at school and in the community
- The extent of bullying and harassment at school
- The child’s sense of belonging in the community and of feeling safe

Comfortable and safe housing

‘Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs. Is it in a safe, well maintained and resourced and child friendly neighbourhood? Have there been frequent moves?’ Scottish Executive 2005
You should consider:

- The level of maintenance of the house and how safe and secure the environment is for the child (consideration should be given to the responsibilities of the housing provider of the property is rented/leased)
- Factual description of the internal conditions of the home should be provided
- Whether the appropriate council tax and housing forms have been completed
- The length of occupancy of the current home
- Impact of any periods of homelessness including effects on support networks and sources of support
- Any history of regular changes of address, anti-social behaviour and problems obtaining accommodation
- The adequacy of the housing for young children and children with a disability
- The child/young person’s experience of location of the accommodation including issues of race and racial harassment

Work opportunities for my family

Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment. Supports for the young person’s career aspirations and opportunities.' Scottish Executive 2005.

You should consider:

- History of parental/ carer employment/ unemployment
- Level of training and skills
- Influence of employment status on availability for children
- Potential for enhancing education and training opportunities
- Effects of disability/ chronic illness on employment opportunities
- Influence of social factors e.g. geographical location, gender, ethnicity, social class on employment
- How is work/ absence from work viewed by the family/ child
- What effects are there on the child/ young person
- Child’s experience of work and its impact on them

Enough money

Has the family or young person adequate income to meet day-to-day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?’ Scottish Executive 2005.
You should consider:

- Whether the family is in receipt of all benefits to which they are entitled
- Current income and outgoings, including outstanding debts and pressures to repay them and penalties incurred for late/ non-payment
- Management of finances and difficulties experienced
- The effects of lack of income on physical quality of the home environment
- Sufficiency of income to meet the needs of the family and child
- Whether the child able to participate in activities similar to that of their peers
- Financial support available from family and friends
- Are the resources available to the family used effectively
- Are there financial difficulties which affect the child

Local Resources

‘Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle. Projects offering support and guidance at times of stress or transition. Access to and local information about health, childcare, care in the community, specialist services.’ Scottish Executive 2005.

You should consider:

- Positive environmental circumstances e.g. good housing conditions and low criminality
- Negative environmental conditions e.g. high levels of poverty, drug abuse, and poor housing
- Impact of environmental circumstances on family stress, coping ability
- Formal and informal sources of support, consider needs of child and individual parents/ carers
- Levels of advice available on financial/ practical matters
- Anti-poverty initiatives, e.g. food co-operatives
- The accessibility of affordable, quality child-care provision locally
- The family’s perception of resources available locally and their ability to access them
- Access to neighbourhood play/activities provision
- Access to health care/ schools/ transport/ places of worship/ shops
Appendix ii

Using the resilience matrix to make sense of assessment information and evaluate children's needs

Resilience can be defined as:
‘Normal development under difficult conditions’ (Fonagy et al 1994).

In their three workbooks on assessing and promoting resilience in vulnerable children, Daniel and Wassell describe the protective factors that are associated with long term social and emotional well-being in the child's whole world.

The existence of protective factors can help to explain why one child may cope better with adverse life events than another. The level of individual resilience can be seen as falling on a dimension of resilience and vulnerability.
(see Figure 1).

![Vulnerability to Resilience](image)

Figure 1. Dimension on which individual resilience can be located

This dimension is usually used to refer to intrinsic qualities of an individual. Some children are more intrinsically resilient than others because of a whole range of factors.
... For example, an 'easy' temperament is associated with resilience in infancy.

A further dimension for the understanding of individual differences is that of protective and adverse environments; this dimension covers extrinsic factors and is therefore located in the parts of the My World Triangle that are concerned with wider family, school and community. Examples of protective environment might include an adult in a child's wider world, such as a teacher or youth leader, or a grandparent (see Figure 2).

![Adversity to Protective environment](image)

Figure 2. Dimension on which factors of resilience around the young person can be located
When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the My World Triangle (see Figure 3).

![Diagram showing protective environment, vulnerability, adversity, and resilience]

*Figure 3. Framework for the assessment of resilience factors*

The two dimensions will interact, and an increase in protective factors will help to boost a child’s individual resilience.


Daniel and Wassell do point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child is. Although pointers to resilience may be present these have always to be taken in the context of an individual child’s situation. For example, some children may appear on the surface to be coping well with adversity, but they may be feeling very stressed internally (Daniel and Wassell 2002, p.12). This is why it is important to get to know a child during the process of assessment and also why views of the child from different adults in their world are so valuable.

There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building block of resilience:

1. A secure base whereby the child feels a sense of belonging and security.
2. Good self esteem, that is an internal sense of worth and competence.
3. A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

**How can the resilience matrix be used in Getting it right for every child?**

Practitioners will have gathered information around the My World Triangle and may also have more specialist information about certain aspects of an individual
child's well-being. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way. One way practitioners have found helpful to make sense of this information and identify resilience and vulnerability, as well as adversity and protective factors is to take a blank matrix and 'plot' on this matrix the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. Yellow 'post-its' are a good way of writing down and grouping the information.

Along the axis of adversity and the protective environment, all the factors that provide strengths in the environment, such as the child getting in well at school should be placed from the centre along the protective environment axis. Likewise, all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be placed from the centre along the adversity axis.

The same process can be repeated for factors with the child that are likely to promote resilience and for those which are making a child vulnerable. The Resilience Matrix below gives some ideas of the main factors which are likely associated with resilience, vulnerability, adversity and a protective environment.

There are some factors which may be both protective and also suggest vulnerability or adversity. In making decisions about where to plot this information where the meanings may be not so straightforward, practitioners need to exercise judgement about how to make sense of these different aspects of information and weigh the competing influences. As the diagram at the top left hand corner of the Resilience Matrix below suggests, factors such as a child's age may influence the weighting given to the information and the impact of these complex factors on an individual child. Judgement will be needed to weigh which factors are most important. It will also be helpful to look at the interactions between factors because this may also be a dimension that influences whether the impact is negative or positive.
Once these judgements have been made, it will be possible to see what needs to be done to help the child and family. In the top right hand corner of the Matrix below, there are suggestions about the kinds of actions that should be taken. These fall into strengthening protective factors and resilience and reducing adversity and vulnerabilities.

It is also suggested helpfully that achieving small improvements is a good way to accumulate success rather than having over ambitious aims.

Having plotted the factors on the matrix and given some thought to the child's needs and possible actions, the needs and actions can be plotted briefly against the seven well-being indicators of safe, healthy, achieving, nurtured, active, respected and responsible and included. Action may not be needed against every indicator and the help has to be proportionate to the issues identified.

This analysis then forms the basis for discussion with the child, family and other practitioners on what should go into the Child's Plan. This will include what needs to be done and who is going to do it.

Reviewing a child’s progress will be an essential part of a child’s plan. In some circumstance, especially in complex cases, it may be useful to revisit the Resilience Matrix in reviewing the child’s progress.

References


1. The Early Years
2. The School Years
3. Adolescence


A Resilience Matrix for Analysing Information

- **Resilience**
  - Normal development under difficult conditions e.g. secure attachment, outgoing temperament, sociability, problem solving skills

- **Adversity**
  - Life events or circumstances posing a threat to healthy development e.g. loss, abuse, neglect

- **Vulnerability**
  - Those characteristics of the child, their family circle and wider community which might threaten or challenge healthy development e.g. disability, racism, lack of or poor attachment

- **Protective Environment**
  - Factors in the child’s environment acting as buffer to the negative effects of adverse experience

Appendix iiiA
Identifying Concerns

Form 1

Name of School:

Initial Identification of Concern/Issue
To be completed by Subject/Class Teacher

Name of Pupil: 

Class: 

Date concern/issue identified: 

By whom: 

Strengths: 

Area of concern/issue SHANARIL (Highlight)

(Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible, Included)

Reason for concern:

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Time Scale</th>
<th>How successful were these?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E.g. 4 weeks, 6 weeks, to be reviewed by Date</td>
<td>Why?</td>
</tr>
</tbody>
</table>

Click here to enter text.
Next Steps
Copy this form to member of management team with responsibility for Support to provide basis for discussion regarding the way forward and who will store this copy in the PPR once signed.
Click here to enter text.

`s Plan

getting it right

for every child
### Section 1 – Child

**Date of this plan:** Click here.

**Date of next review:** Click here.

**Date of any previous plan:** Click here.

**Date of last review:** Click here.

<table>
<thead>
<tr>
<th><strong>Child/Young person details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Date of birth:</strong> Click here to enter DoB</td>
</tr>
<tr>
<td><strong>Age:</strong> Click here to enter age.</td>
</tr>
<tr>
<td><strong>Gender:</strong> Choose an item.</td>
</tr>
<tr>
<td><strong>Has the child’s current address or any other information been withheld from this plan:</strong> ☐ Yes ☐ No</td>
</tr>
<tr>
<td><strong>If yes, detail what and why:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Home address:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Postcode:</strong> Click here to enter.</td>
</tr>
<tr>
<td><strong>Education/Early years establishment:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Date of entry to current school:</strong> Click here.</td>
</tr>
<tr>
<td><strong>Year group:</strong> Click here.</td>
</tr>
<tr>
<td><strong>Level of school attendance:</strong> Click here</td>
</tr>
<tr>
<td><strong>Named Person:</strong> Click here</td>
</tr>
<tr>
<td><strong>Public Health Nurse base:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Child and Family Team:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>GP and Practice:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Lead Professional:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>CSP Co-ordinator:</strong> Click here to enter text.</td>
</tr>
</tbody>
</table>

**UPN:** Click here to enter UPN.  
**CHI:** Click here to enter CHI.  
**CareFirst Number:** Click here to enter (As appropriate)

**First language:** Choose an item.

**Home address:** Click here to enter text.  
**Postcode:** Click here to enter text.  
**Current address (if different from home address):** Click here to enter text.

Section 1: Child  
Section 2: Assessment  
Section 3: Action Plan  
Section 4: IEP  
Section 5: CSP  
Section 6: Chronology  
Section 7: Compulsory measures  
Section 8: RAS

☐ Draft in progress  
☐ Final document  
☐ Multi agency plan  
☐ Single agency plan
Why does this child need a plan?

<table>
<thead>
<tr>
<th>Safe</th>
<th>Healthy</th>
<th>Achieving</th>
<th>Nurtured</th>
<th>Active</th>
<th>Respected &amp; Responsible</th>
<th>Included</th>
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</table>

Please provide details: Click here to enter text.

Are there any statutory measures in place?  ☑ Yes  ☐ No

Please provide details: Click here to enter text.

People living at the child’s home address

<table>
<thead>
<tr>
<th>Name</th>
<th>DoB</th>
<th>Relationship to child</th>
<th>Parental rights</th>
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<tbody>
<tr>
<td>Click here to enter text.</td>
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</tbody>
</table>

Other significant family members/people

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Date of Birth</th>
<th>Relationship to child</th>
<th>Parental rights</th>
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</tbody>
</table>

Information sharing  (Parental, YP consent to share plan, child agreement to share plan)

Click here to enter text.
Preferred language or form of communication and support required to attend meetings (Child and parents) (e.g. use BSL, needs interpreter, prefers contact by mobile phone, disabled access, supporter, etc.)

Partners to the plan (include child/young person, parents/carers and professionals)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
<tr>
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</tbody>
</table>

Click here to enter text.
Section 2 – Assessment

Who has contributed to this assessment and how?

Click here to enter text.

My World Triangle

How I grow and develop – strengths and pressures

Details;
Click here to enter text.
What I need from those who look after me – strengths and pressures

Details;
Click here to enter text.

My wider world – strengths and pressures

Details;
Click here to enter text.

What are the impacts of these strengths and pressures?

Details;
Click here to enter text.
<table>
<thead>
<tr>
<th>What has been tried so far to meet the child’s needs? (if review, include actions from any previous plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Details:</strong></td>
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<tr>
<td>Click here to enter text.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current needs and risks analysis (detail the key risks and needs that the Action Plan needs to address)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The issues are how to...</strong></td>
</tr>
<tr>
<td>Click here to enter text.</td>
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<tr>
<td>Child/young persons’ view of current situation</td>
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<td>------------------------------------------------</td>
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<tr>
<td><strong>Details:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Parents’/Carers’ view of current situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Details:</strong></td>
</tr>
<tr>
<td>Click here to enter text.</td>
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</table>
Section 3 – Action Plan

Highlight relevant wellbeing indicators for each goal/long term target

<table>
<thead>
<tr>
<th>Safe</th>
<th>Healthy</th>
<th>Achieving</th>
<th>Nurtured</th>
<th>Active</th>
<th>Respected &amp; Responsible</th>
<th>Included</th>
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</table>

Goal/long term target:
Click here to enter text.

Outcome: We will know this has been achieved when:
Click here to enter text.

Desired Outcomes/Short or medium term targets

<table>
<thead>
<tr>
<th>Desired Outcomes/Short or medium term targets</th>
<th>Actions/Methods</th>
<th>By whom/When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
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<td>Click here to enter text.</td>
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</tbody>
</table>

Child/young person’s view of Action Plan
Click here to enter text.
Parents’/Carers’ view of Action Plan

Click here to enter text.

Note and explain any disagreements with any areas of the Action Plan between any partners to the plan (professional or child/family) and any further actions required

Click here to enter text.

Contingency planning

Click here to enter text.

Review arrangements (who, where, when, how)

Click here to enter text.
Section 4 – Individualised Educational Programme (IEP) Targets

(If individualisation of curriculum is required)

### Evaluation of previous targets

Click here to enter text.

**Date:** Click here to enter a date.

**Present:** Click here to enter text.

### Long term curricular target

Click here to enter text.

<table>
<thead>
<tr>
<th>Short term curricular target towards long term target (SMART)</th>
<th>Methods/strategies/when/where/whom</th>
<th>Responsibility/resources</th>
<th>We will know when this target has been met when...</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Long term curricular target

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<table>
<thead>
<tr>
<th>Short term curricular target towards long term target (SMART)</th>
<th>Methods/strategies/when/where/whom</th>
<th>Responsibility/resources</th>
<th>We will know when this target has been met when...</th>
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</thead>
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<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
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<tr>
<td>Long term curricular target</td>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Short term curricular target towards long term target (SMART)</th>
<th>Methods/strategies/when/where/whom</th>
<th>Responsibility/resources</th>
<th>We will know when this target has been met when...</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Details of next curricular review</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td></td>
</tr>
</tbody>
</table>
# Section 5 – Co-ordinated Support Plan (CSP) Learning Plan
(if in place)

<table>
<thead>
<tr>
<th>Educational objectives</th>
<th>Additional support required</th>
<th>Additional support provided by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

## Nominated school

**Name of school:** Click here to enter text.

**Address:** Click here to enter text.

**Telephone:** Click here to enter text.

**Head teacher:** Click here to enter text.

**Nature of placement:** Click here to enter text.

The CSP Learning Plan is not authorised as a statutory part of the Child’s Plan unless this part is completed.

**Date:** Click here to enter a date.

**Next CSP review must be held by:**

Click here to enter a date.

**Authorised by:** Click here to enter text.
## Section 6 - Chronology

### Chronology of significant events

Click here to enter text.
Section 7 – Compulsory Measures

This section to be completed whenever:
- The Reporter has requested a report; or
- Referral is being made to the Reporter; or
- The child is coming to a Children’s Hearing.

Is the recommendation that compulsory measures are required? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>WHY is that recommendation made? What is the EVIDENCE that the Action Plan can or cannot be achieved on a voluntary basis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

If compulsory measures ARE recommended, WHAT specific conditions (if any) would support the Action Plan?

| Click here to enter text. |

WHY are those specific conditions recommended?

| Click here to enter text. |
**Section 8 – Resource Allocation System**

**Desired outcome; how much support is needed for any of the following outcomes identified in the Child’s Plan?**  
(Consider child, family, then community.)

Use these scores when completing the tables below.

| A. Outcome met. | B. Support required, but provided by family. | C. Support requirements small, occasional and/or likely to be temporary. | D. Support required over the week and mid to long term. | E. Support requirement significant, daily and long term. | F. Support requirement complex, round-the-clock and lifelong |

<table>
<thead>
<tr>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to be aware of danger</td>
</tr>
<tr>
<td>Child: to feel safe</td>
</tr>
<tr>
<td>Family: to be safe at home</td>
</tr>
<tr>
<td>Community: to be safe accessing community resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to be fit and healthy</td>
</tr>
<tr>
<td>Child: to have good mental health</td>
</tr>
<tr>
<td>Family: to have a healthy home life</td>
</tr>
<tr>
<td>Community: to have access to specialised medical care I need</td>
</tr>
<tr>
<td>Achieving</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Child: to be able to learn new</td>
</tr>
<tr>
<td>skills and knowledge</td>
</tr>
<tr>
<td>Child: to enjoy hobbies</td>
</tr>
<tr>
<td>Family: to have learning opportunities</td>
</tr>
<tr>
<td>at home</td>
</tr>
<tr>
<td>Community: family to be active in</td>
</tr>
<tr>
<td>the community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurtured</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to be able to play with</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>people I like</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Child: to feel loved and secure</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Family: to have loving and caring</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>family life</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Community: to feel connected to</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>and supported by people locally</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to be able to get out and</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>about</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Child: to be safe when out and</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>about</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Family: for the family to be able</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>to get out and about and do</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>things together</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Community: for family members</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>to access local activities of their</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>choice</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>
### Respected and Responsible

<table>
<thead>
<tr>
<th>Child: to feel respected</th>
<th>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to behave as well as I can</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
<tr>
<td>Family: to feel respected and take responsibility</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
<tr>
<td>Community: for family to feel respected and able to contribute</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
</tbody>
</table>

### Included

<table>
<thead>
<tr>
<th>Child: to be able to communicate with others</th>
<th>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child: to be able to join in and feel included</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
<tr>
<td>Family: as a carer, to feel included and involved in Child’s Plan</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
<tr>
<td>Community: for family to be included in the community</td>
<td>A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]</td>
</tr>
</tbody>
</table>

### To overcome impact of past experience on present

A [ ] B [ ] C [ ] D [ ] E [ ] F [ ]
Appendix iii

Antenatal Plan
Additional support for mother & unborn child

NB. If there are any significant concerns regarding the unborn baby or other children in the family, Highland child protection procedures must be followed.

<table>
<thead>
<tr>
<th>Date of Assessment:</th>
<th>Assessment by:</th>
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</table>

**Mother’s Details:**

Name: ________________________________ DOB: _________

Address: ___________________________________________

Home tel: ________________________________ Postcode: ________________________________

GP: ___________________________________________

HV: ___________________________________________

Obstetrician: ________________________________________________

Expected Date of Delivery: ________________________________________________

**Family Details:**

Family members, children, partner details & significant others - resident or not (include all those living in family home i.e. lodgers, friends)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age/DOB</th>
<th>Address</th>
<th>Relationship</th>
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<th>Age/DOB</th>
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</table>

Click here to enter text.
Reasons for the Assessment: summary of concerns and background details

**Part 1 Assessment**

Summary of strengths and pressures identified using the My World Assessment Framework.

<table>
<thead>
<tr>
<th>How I grow and develop: analysis of mother’s needs to support her health and that of her unborn baby.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td><strong>Pressures:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What I need from people who look after me: Analysis of support required for mother to meet her needs and those of her unborn baby.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td><strong>Pressures:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My wider world: Analysis of impact of social and economic environment on mother and baby.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td><strong>Pressures:</strong></td>
</tr>
</tbody>
</table>

**Risk Assessment**

Identify any risks to the woman/unborn baby/others & how they could be managed
## Analysis/Summary of needs

What does the mother require to support her and her unborn child to improve their outcome (link to SHANARI wellbeing indicators)

<table>
<thead>
<tr>
<th>Mother’s Views</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Information Sharing: details of discussions, purpose, with whom and reasons (* Data Sharing partnership) Mother’s consent given yes or no, please state details?</th>
</tr>
</thead>
<tbody>
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</table>

## Sharing the Antenatal Plan

<table>
<thead>
<tr>
<th>Copy retained in Maternity Summary: yes or no, please state?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy sent to: GP/HV/Obstetrician (Please state)</td>
</tr>
<tr>
<td>Any other: (please specify)</td>
</tr>
<tr>
<td>Chronology attached: yes or no?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partners to the Plan: others actively involved in supporting the plan</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

## Part 2 Action Plan

*Click here to enter text.*
<table>
<thead>
<tr>
<th>Lead Professional name and contact details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ..........................................................</td>
</tr>
<tr>
<td>Contact Address: ..................................................</td>
</tr>
<tr>
<td>......................................................................... Postcode:</td>
</tr>
<tr>
<td>Phone: ...............................................................</td>
</tr>
<tr>
<td>Email: .................................................................</td>
</tr>
</tbody>
</table>

Record of all agreed goals and outcomes based on analysis of needs to support wellbeing

<table>
<thead>
<tr>
<th>Goals/Desired outcomes</th>
<th>..........................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed Actions</td>
<td>..................................................................</td>
</tr>
<tr>
<td>By whom</td>
<td>..................................................................</td>
</tr>
<tr>
<td>By when</td>
<td>..................................................................</td>
</tr>
<tr>
<td>Any other detail</td>
<td>..................................................................</td>
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</tbody>
</table>

Review Arrangements

<table>
<thead>
<tr>
<th>When</th>
<th>..................................................................</th>
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<tr>
<td>How</td>
<td>..................................................................</td>
</tr>
<tr>
<td>Where</td>
<td>..................................................................</td>
</tr>
<tr>
<td>Any other detail</td>
<td>..................................................................</td>
</tr>
</tbody>
</table>
### Part 3 Review & progress

Please complete a) or b) as relevant

<table>
<thead>
<tr>
<th>a) Review: Have the actions been met - No or Partially, please state.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis:</td>
</tr>
<tr>
<td>How the plan continues to be monitored</td>
</tr>
<tr>
<td>Who:</td>
</tr>
<tr>
<td>When/how often:</td>
</tr>
<tr>
<td>How:</td>
</tr>
<tr>
<td>Where:</td>
</tr>
<tr>
<td>Review Arrangements:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) Review: Have the actions been met - Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis/Summary:</td>
</tr>
<tr>
<td>Mother/partner’s views of progress:</td>
</tr>
</tbody>
</table>

Data sharing across the Highland Partnership: Procedures for practitioners.
# Standard child Concern form
(For use by all agencies except Police Scotland)

<table>
<thead>
<tr>
<th>Is this a child you are concerned may be AT RISK OF SIGNIFICANT HARM (as per Highland Child Protection Guidance). Please tick.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No [ ] Yes [ ]</td>
</tr>
</tbody>
</table>

If yes, confirm below,
Name & office of Social Worker or Police Officer spoken to:

Date:
Time:

FORM SENT TO:
Name: 
Agency: 

FORM COMPLETED BY:
Name (print): 
Agency: 
Contact Details: 

Note:
Only complete information that is known and is relevant to the concern.

## (1) Core Details

### Section 1.1

<table>
<thead>
<tr>
<th>Full name of the CHILD you are concerned about (use mother's surname if unborn)</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>DOB (EDD if unborn)</th>
<th>Address &amp; telephone number</th>
</tr>
</thead>
</table>

### Section 1.2

<table>
<thead>
<tr>
<th>Full name/s of OTHER CHILDREN in the household</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>DOB (EDD if unborn)</th>
<th>Relationship to the child</th>
</tr>
</thead>
</table>
### Section 1.3

<table>
<thead>
<tr>
<th>Full name/s of ALL ADULTS in the household</th>
<th>Gender</th>
<th>DOB</th>
<th>Relationship to the child</th>
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<tbody>
<tr>
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### Section 1.4

<table>
<thead>
<tr>
<th>Name of any PARENT who does not reside with the child</th>
<th>Gender</th>
<th>DOB</th>
<th>Address &amp; telephone number</th>
<th>Has Parental Rights &amp; Resps. Y/N/not known</th>
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### Section 1.5

<table>
<thead>
<tr>
<th>Names of any SIBLINGS outwith the household</th>
<th>Gender</th>
<th>DOB</th>
<th>Address &amp; telephone number</th>
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### Section 1.6

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named Person</td>
<td>Designation:</td>
</tr>
<tr>
<td>Lead Professional (multi-agency plan is in place)</td>
<td>Designation:</td>
</tr>
<tr>
<td>Midwife</td>
<td></td>
</tr>
<tr>
<td>Health Visitor</td>
<td></td>
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<tr>
<td>Nursery/Childcare</td>
<td></td>
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<tr>
<td>School</td>
<td></td>
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<tr>
<td>School Nurse</td>
<td></td>
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<tr>
<td>GP</td>
<td></td>
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<tr>
<td>Other Professionals</td>
<td></td>
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</tbody>
</table>
## (2) Description of Concern

### Section 2.1 - Which wellbeing indicator/s are you concerned about?
- **Safe**
  - □ Protected from abuse, neglect or harm at home, at school and in the community
- **Healthy**
  - □ Having the highest attainable standards of physical & mental health, access to suitable health care & support to make healthy & safe choices.
- **Achieving**
  - □ Being supported & guided in their learning & in the development of their skills: confidence & self esteem at home, at school & in the community
- **Nurtured**
  - □ Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in suitable care setting
- **Active**
  - □ Having opportunities to take part in activities such as play, recreation & sport, which contribute to healthy growth & development at home & in the community
- **Respected & Responsible**
  - □ Should be involved in decisions that affect them, should have their voices heard & should be encouraged to play an active and responsible role in their schools & communities
- **Included**
  - □ Having help to overcome social, educational, physical & economic inequalities & being accepted as part of the community in which they live & learn

### Section 2.2 - Describe the issues which give you cause for concern, and why.
Include how many occasions or how long this has been happening, and the possible impact on the child.

### Section 2.3 - Comment if you know the views of the child and/or parents about this.

### Section 2.4 - Describe any discussions and/or actions that have taken place regarding this concern.

### Section 2.5 - Describe any assistance that the child or any family member might require (e.g. English not first language, interpreter required, mobility issues, deaf, visually impaired etc.)

### Section 2.6 - Information Sharing.
Is consent to share this information required Yes □ No □
If YES who has given consent and how has it been obtained?
If NO what is the reason for not requiring consent?

**Signature:**

**Date:**
Appendix v

The Child’s Plan

*The criteria for a good plan – please tick/cross as appropriate*

- **No prior knowledge assumed** – Does this Plan paint a full enough picture to meet the needs of readers who may never have considered the child before?

- **Accurate and understandable** – Are the ‘Details’ sections of the Plan accurate and up-to-date? Is the Plan written in clear, understandable, factual language, avoiding repetition?

- **Reasons for the Plan** – Does this section provide an overview of why this child needs a multi-agency Plan?

- **Basis to Assessment** – Are the sources of information for this Plan clear? Is it based on the best available information? If not, why not, and what’s needed to strengthen the assessment of what this child needs?

- **Assessment** – Does the Assessment paint a rich enough picture of how this child is growing and developing, what s/he needs and what s/he gets from the people who look after him/her, and from his/her wider world? Does the Analysis capture the impact or likely impact of strengths and pressures?

- **Current needs/risks** – Does this section pull together the assessment, and what’s now needed?

- **Action Plan** – Does the Plan provide a clear sense of direction for this child? Does it capture the goals, the stepping stones to them, the action required and the who/when of how it’s to be delivered

- **Outcomes** - Is there evidence of improved outcomes through the evaluation within the plan. Please note these below.

- **Compulsory measures** – Does the Plan provide a clear assessment of the role for compulsory measures, and any conditions, in supporting the Action Plan?

- **Child’s/Carers’ views and action** – Does the Plan capture the role and views of the child and his/her carers in the Assessment and the Action Plan?

- **Score out of 10**
The Child’s Plan

The criteria for a good plan provided to Children’s Reporter/Hearing

☐ No prior knowledge assumed – Does this Plan paint a full enough picture to meet the needs of readers who may never have considered the child before?

☐ Accurate and understandable – Are the ‘Details’ sections of the Plan accurate and up-to-date; Is the Plan written in clear, understandable, factual language, avoiding repetition?

☐ Reasons for the Plan – Does this section provide an overview of why this child needs a multi-agency Plan?

☐ Basis to Assessment – Are the sources of information for this Plan clear? Is it based on the best available information? If not, why not, and what’s needed to strengthen the assessment of what this child needs?

☐ Assessment – Does the Assessment paint a rich enough picture of how this child is growing and developing, what she needs and what she gets from the people who look after her, and from her wider world? Does the Analysis capture the impact or likely impact of strengths and pressures?

☐ Current needs/risks – Does this section pull together the assessment, and what’s now needed?

☐ Action Plan – Does the Plan provide a clear sense of direction for this child? Does it capture the goals, the stepping stones to them, the action required, and the who/when of how it’s to be delivered?

☐ Compulsory measures – Does the Plan provide a clear assessment of the role for compulsory measures, and any conditions, in supporting the Action Plan?

☐ Child’s/Carers’ views and action – Does the Plan capture the role and views of the child and her carers in the Assessment and the Action Plan?

☐ Placement recommendation – Are you recommending a condition of residence/respite with a person who is not a relevant person? Need to show that both place and carers meet the child’s needs. Need to confirm that relevant Looked After Children Regulations met;

☐ Non-disclosure of address – Are you recommending non-disclosure of an address, or is an order already in place? Details section of Plan must be clear that ‘address not to be disclosed’, with good reasons. The Plan must not contain the address, and must be in a form that you believe can safely be sent to all parties;
Non-disclosure generally – Is there any information (address or any material within the Plan, etc.) that requires consideration by the Hearing, but which would be likely to cause significant harm to the child if disclosed to someone who otherwise would have the right to receive it? Non-Disclosure Request Form must be completed. This includes the situation when it is the child who should not receive the material – if the Form is not completed the child, any child aged 12 or over will receive a full copy of the Papers, along with all Relevant Persons.