

**Getting it right for every child in Shetland**

**PRACTICE FRAMEWORK**

**WARNING**

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#### Contents

[Contents 2](#_Toc81306507)

[Introduction 5](#_Toc81306508)

[What is Getting it right for every child? 5](#_Toc81306509)

[Independent Care Review – the promise 5](#_Toc81306510)

[Key principles 6](#_Toc81306511)

[A rights based approach 7](#_Toc81306512)

[Continuum of need 7](#_Toc81306513)

[Providing collaborative services using the Shetland Practice Framework 8](#_Toc81306514)

[Practice Framework 8](#_Toc81306515)

[Services for Children 9](#_Toc81306516)

[Identifying and responding to children’s needs 10](#_Toc81306517)

[Named Person 10](#_Toc81306518)

[Help at the right time 11](#_Toc81306519)

[Lead Professional 12](#_Toc81306520)

[Assessment skills and tools 13](#_Toc81306521)

[Wellbeing and consideration of wellbeing 13](#_Toc81306522)

[The 5 questions: 14](#_Toc81306523)

[National Practice Model 15](#_Toc81306524)

[My World Triangle: 16](#_Toc81306525)

[Using the My World Triangle to assess the child’s needs 17](#_Toc81306526)

[The Resilience Matrix 17](#_Toc81306527)

[Analysis 19](#_Toc81306528)

[Evaluation of risk in the analysis 19](#_Toc81306529)

[Record of Additional Support (RAS) 19](#_Toc81306530)

[Specialist Assessments 20](#_Toc81306531)

[Child and Family Centred Practice 20](#_Toc81306532)

[Planning for Children and Young People’s Wellbeing 22](#_Toc81306533)

[Agreeing single service plans 23](#_Toc81306534)

[One Plan 23](#_Toc81306535)

[Child’s Plan Meetings 23](#_Toc81306536)

[Core Group Meetings 24](#_Toc81306537)

[Recording and reviewing the Child’s Plan 24](#_Toc81306538)

[When a family move 25](#_Toc81306539)

[Where outcomes in the Child’s Plan have been achieved 25](#_Toc81306540)

[Solution Focused Approaches 26](#_Toc81306541)

[Actions 26](#_Toc81306542)

[Outcomes 26](#_Toc81306543)

[Reviews 26](#_Toc81306544)

[Key Roles and Responsibilities 26](#_Toc81306545)

[The Named Person 26](#_Toc81306546)

[Management of the Child’s Plan within Universal Services 28](#_Toc81306547)

[Partners to the Plan 29](#_Toc81306548)

[The Lead Professional 29](#_Toc81306549)

[Responding to a Child’s Changing Needs 30](#_Toc81306550)

[Quality Improvement Officers and Improvement and Reviewing Officer 31](#_Toc81306551)

[Escalation to Management 31](#_Toc81306552)

[Information Sharing 32](#_Toc81306553)

[Introduction 32](#_Toc81306554)

[Sharing information to support and protect young children and young people 32](#_Toc81306555)

[Legal Justification for sharing wellbeing concerns 33](#_Toc81306556)

[How information should be shared 33](#_Toc81306557)

[Recording information-sharing decisions 33](#_Toc81306558)

[Sharing information at transition points 34](#_Toc81306559)

[When you receive information from others 34](#_Toc81306560)

[Confidentiality 35](#_Toc81306561)

[Consent 35](#_Toc81306562)

[Sharing information pre-birth 39](#_Toc81306563)

[Data Protection Act 2018 39](#_Toc81306564)

[Child Protection 42](#_Toc81306565)

[Multi-agency Information Sharing flowchart 43](#_Toc81306566)

[Concerns – structures and services 44](#_Toc81306567)

[Concerns directed to the Named Person or Lead Professional 44](#_Toc81306568)

[Concerns from Police Scotland 44](#_Toc81306569)

[Concerns about unborn children and new born babies 44](#_Toc81306570)

[Joint Support Teams 44](#_Toc81306571)

[Childrens Social Work Team. 45](#_Toc81306572)

[Referral to Children’s Reporter/Children’s Hearings 45](#_Toc81306573)

[The ‘Prevent’ duty 46](#_Toc81306574)

[Flowchart 48](#_Toc81306575)

[Definitions 49](#_Toc81306576)

[Additional information, guidance and tools: 55](#_Toc81306577)

[Acknowledgements: 57](#_Toc81306578)

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# 

# Introduction

The Scottish Government’s ambition is to make Scotland the best place to grow up. Through Getting it right for every child (GIRFEC) everyone in Scotland can work together to help children grow up loved, safe and respected so that they realise their full potential. GIRFEC is Scotland’s approach to improving outcomes for children through promoting, supporting, and safeguarding their wellbeing. Children and young people must be safe, healthy, achieving, nurtured, active, respected, responsible and included so that they can become confident individuals, effective contributors, successful learners, and responsible citizens.

#### What is Getting it right for every child?

Getting it right for every child (GIRFEC) provides a consistent framework and shared language for everyone who works with children, young people and parents. Having a common approach that spans all children’s services enables everyone including children, young people and their parents, to work together to make a positive difference for individual children and young people. Introduced in 2006, it has been successfully developed and rolled out across the country.

GIRFEC is about strengthening the wellbeing of children and young people, as well as providing support if and when needed. This is delivered through the core components of:

* a Named Person who is a clear point of contact for children, young people and parents to go to for initial support and advice. A Named Person can also connect families to a wider network of support and services so that they get right help, at the right time, from the right people;
* a shared and holistic understanding of wellbeing and a single model of how this can be considered and supported; and,
* a single, shared approach to planning for children and young people’s wellbeing where support across services is needed, co-ordinated by a Lead Professional.

The GIRFEC approach is underpinned by key principles to ensure:

* The child or young person is always at the centre with meaningful input to discussions and decision making, along with their parents where appropriate.
* The consideration of a child or young person’s wellbeing is holistic and recognises their family, unique world and circumstances, as well as their strengths and factors that affect their resilience.
* Support is accessible and responsive to the individual child’s needs.
* All services take a shared responsibility through a culture of co-operation and joint working to collaborate and work in partnership and provide a network of support when needed.

This approach is supported by the National Practice Model which sets out the process of consideration, assessment and analysis of wellbeing need. It provides a consistent way for practitioners to work with children, young people and their parents to understand the world of the child or young person, in the context of their strengths, resilience, adversities, and vulnerabilities.

#### Independent Care Review – the promise

The foundations of the promise to Scotland’s children and young people and their families as set out by the Independent Care Review in February 2020[[1]](#footnote-1) are supported by the GIRFEC approach. These foundations are:

* **Voice:** children must be listened to and involved in decision making about their care with all those involved properly listening and responding to what children want and need
* **Family:** where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome difficulties that get in the way
* **Care:** where living with their family is not possible, children must stay with brothers and sisters and belong to a loving home
* **People:** the children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision making and care
* **Scaffolding:** children, families and the workforce must be supported by a system that is there when needed; the scaffolding of help, support and accountability must be ready and responsive when it is required.

The Care Inspectorate report – ‘Learning from Significant Case Reviews March 2015 to April 2018’ states in summary of key learning points:

“Where there are many agencies involved, the use and effectiveness of the team around the child’s plan process strengthens inter-agency working, multi-agency planning and decision making. The process ensures clear lines of responsibility and that the actions of the different agencies and professionals are well coordinated and reviewed through the single child’s plan. To be effective requires a multi-agency, collaborative approach that is dependent on inter-professional working in coproduction with families. This discourages practitioners/services working in isolation and promotes a greater understanding of everyone’s roles and responsibilities in keeping children and young people safe and protected.”

This framework describes how all of the services in the Shetland Partnership work together to provide appropriate and proportionate help and support at the earliest signs of need.

# Key principles

GIRFEC is underpinned by the following key principles:

**Child centred**

The child or young person should always be at the centre of decisions that affect them and their rights must be respected, protected and fulfilled. They should have meaningful input and active involvement in assessment, developing solutions, decision making and planning. Their parents are also key partners who should also, where appropriate, be actively involved throughout. The process should be collaborative and inclusive with everyone treated fairly and with respect.

**Holistic**

Understanding a child or young person’s wellbeing is based on a holistic consideration of the 8 wellbeing indicators within the context of their family and their unique world and circumstances. What happens in one aspect of a child or young person’s life will impact on other areas. It is essential to recognise their strengths, pressures and understand the factors that affect their resilience, as described using the My World Triangle.

**Accessible and responsive**

Support should be easily and quickly accessed so that children, young people and parents are supported at the earliest stage of identified need and before any needs, risks or concerns get worse. Providing initial support and developing responses will be most effective where this is based on positive relationships and conversations with trusted contacts. Initial assessment and development of responses should always be done with, and not to, children, young people and parents.

**Joined up**

The wellbeing and safety of children and young people is a shared responsibility and relies upon a culture of co-operation, integrated working and communication between practitioners and between leaders of services at all levels across all sectors. Practitioners and organisations need to collaborate to be effective and deliver a wide network of support and a cohesive system of services which help individual children and families.

Based on these principles, GIRFEC is delivered through the following key components:

* a Named Person who is known and easily identifiable to the child, young person and parents, who can provide initial support and early access to a wider network of support and services
* holistic consideration and analysis of wellbeing through a common language and framework
* a single planning process where support across services would be beneficial, provided in partnership with the child, young person and parent and coordinated by a Lead Professional.

#### A rights based approach

Respecting, protecting and fulfilling the rights of children, young people and parents underpins the Scottish Government’s Getting it right for every child approach (GIRFEC).  The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to, incorporating the European Convention on Human Rights (ECHR) into domestic UK law, while the UN Convention on the Rights of the Child (UNCRC) recognises the importance of childhood and the unique needs of children and young people.

The UNCRC is a holistic framework for the rights of all children and a universally agreed set of minimum child rights standards. As duty bearers, Governments and public authorities are expected to do all they can to give effect to the rights of children as set out in the articles of the UNCRC. The Children and Young People (Scotland) Act 2014 (Part 1) already places duties on the Scottish Government and certain public bodies such as local authorities to deliver and report on steps to secure better or further effect UNCRC requirements in respect of children’s rights.

More information can be found here: <https://www.gov.scot/policies/human-rights/>

#### Continuum of need

The GIRFEC approach is widely applicable and can include children with temporary or longer term needs, children with an additional support need or a disability, children who have had adverse experiences, and, children who are at risk of neglect or abuse, including those involved in or at risk of offending behaviour, or those who are subject to child protection measures.

Growing up with adverse childhood experiences such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health, alcohol or drug use problems can impact on a child or young person’s healthy development and potentially have long-lasting impacts into adulthood.

Social inequalities, such as poverty, housing and local resources, or gender inequality, can influence the levels of childhood adversity experienced and people’s ability to overcome such experiences. Addressing the social and economic circumstances in which people live, including tackling child poverty, is therefore key, in addition to enabling nurturing relationships for children. Emerging evidence in relation to ACEs points to the fundamental importance of children being able to have safe, supportive relationships with trusted adults.

The Getting it right for every child approach helps to:

* prevent or mitigate childhood adversity and trauma;
* support the wellbeing of children and young people affected by childhood adversity and build resilience;
* identify and coordinate assessment and support for children and young people who experience barriers to learning as a result of a health need such as Foetal Alcohol Spectrum Disorder;
* plan and prioritise outcomes for children and young people experiencing short, medium or long term social, emotional and/or behavioural difficulties due to support needs;
* plan a coordinated approach to supporting children and young people with attendance at school, with interrupted learning, with dyslexia, ADHD, ASD or other learning difficulties.

Child Protection processes are required when a child is at risk of significant harm and sit at the more complex higher risk of a continuum, and will only be needed for a minority of children and young people,of services which seek to provide early support to prevent children from significant harm or the risk of significant harm. Where child protection measures are required, the GIRFEC approach is consistently applicable to those processes.

Within this framework there will be range of support from universal, additional and intensive services which can work as single agencies or jointly through an integrated approach; whereby support should be proportionate within this continuum.

The network of support is shown in the diagram below:



The diagram reads from the inside out with support closest to the child and illustrates:

* Family and community provide everyday support and care
* Universal provision supports development and builds resilience
* Additional support works to overcome disadvantage and supports learning
* Specialist help addresses more complex needs that impact health and wellbeing
* Compulsory intervention ensures action to overcome adversity and risk

# Providing collaborative services using the Shetland Practice Framework

#### Practice Framework

The Shetland Practice Framework:

* Gives guidance on Getting it right for every child in Shetland, building on knowledge, theory and good practice.
* Provides the framework for practitioners in all services to help gather, structure and analyse information in a consistent and proportionate way, using the Child’s Plan.
* Helps to identify and understand the strengths and pressures for the child and their carers, the child or young person’s needs and any risks.

The Shetland Practice Framework guidance for GIRFEC promotes the participation of children, young people and families as central to assessing, planning and taking action. It facilitates consideration of what support is required to improve outcomes for children.

The components 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 clarify how best to address concerns. The framework and the tools which support it can be used by workers in adult and children’s services and in single or multi service/agency/disciplinary contexts.

The main components are:

* Capturing information as early as possible
* The collaborative service delivery structure
* The Wellbeing Indicators
* The Five Questions
* The National Practice Model
* The Resilience Matrix
* The Child’s Plan

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

* Using the wellbeing indicators to identify a concern, record, share information and take appropriate action.
* Asking the five questions.
* Using the My World Triangle to organise information and, when necessary, to gather more information about the strengths and pressures in the child’s world. (Additional specialist assessments may be appropriate).
* Analysing the information, using the Resilience Matrix.
* Evaluating risk to mental and emotional health if support not in place
* Summarising needs in relation to well-being.
* Agreeing outcomes and the steps required to reach these.
* Constructing a plan and taking appropriate action.
* Reviewing the plan.

#### Services for Children

The means to deliver services in Shetland is represented in the diagram below. It emphasises the critical part played by universal health and education services in supporting the development of all children. The majority of children have their needs met by their carers and within the universal services provided by health and education. For example, children are observed to:

* Have secure attachments to their primary carers
* Make expected progress in emotional, physical,learning, social and sexual development
* Have a stable home environment
* Have carers who use universal services to support the child and themselves
* Have effective support networks
* Attend school regularly

These universal services are represented by the broad base of the diagram:

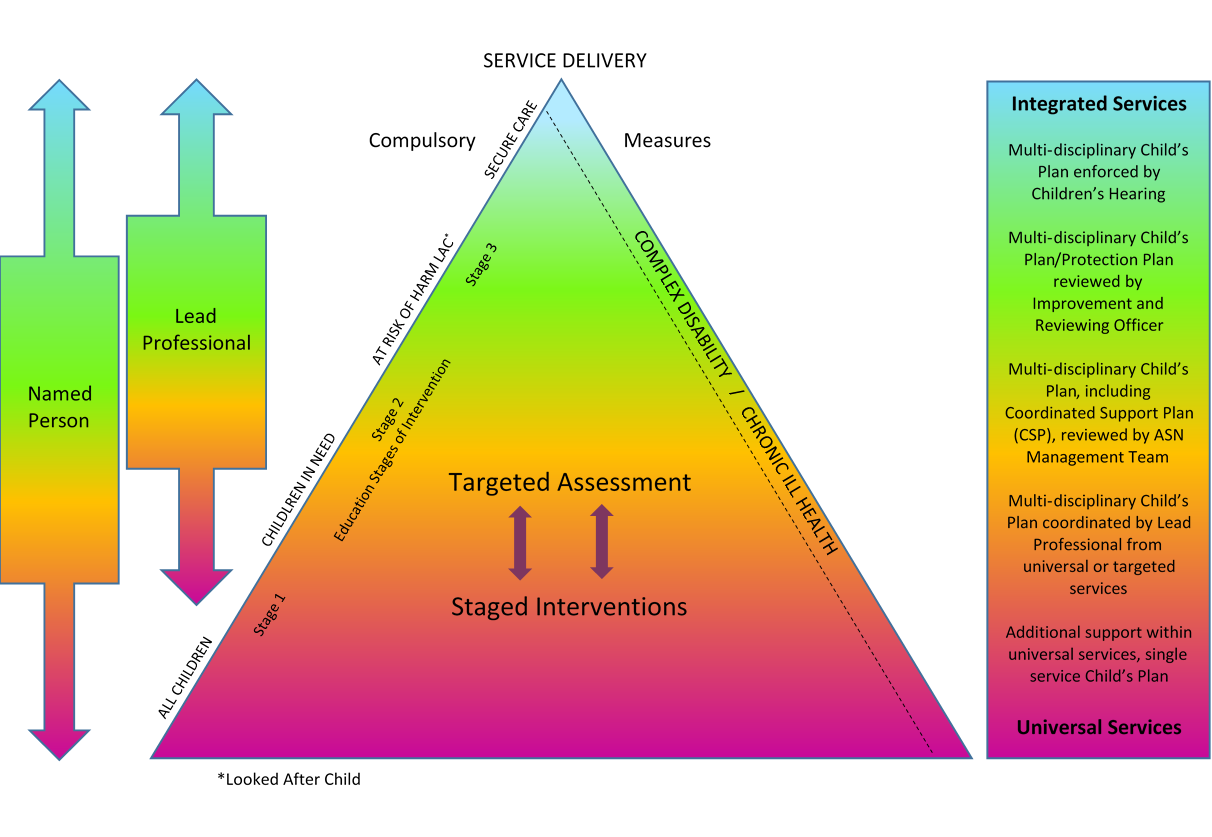


Diagram 1

#### Identifying and responding to children’s needs

Children, young people and parents have their own networks of support, including family, friends, neighbours and communities. They also have access to support through their local community and services. Building on those strengths and assets, most children, young people and their parents have the resilience and protective factors to promote, support and safeguard their own wellbeing.

Some children may require support to have their needs met. Concerns may be identified by the child or their family, by someone in the community, by the Named Person, or by a practitioner or clinician in any organisation, including adult focussed services or the police.

It is also routine good practice to involve the parent, unless it would be against the child or young person’s wishes, where they are considered capable of making that decision, or where seeking the views of the parent may be detrimental to the child or young person’s wellbeing. If initial contact has been made by the child or young person, there will therefore be a need to consider and take into account views expressed by a child or young person in relation to considering the views of the parent.

Under the GIRFEC approach, there are no additional information sharing requirements or powers of a Named Person over and above their day to day work and interactions with children, young people and parents. The Named Person role does not require wellbeing information about a child or young person to be routinely shared without their or their families knowledge or engagement; and, the role does not require a Named Person to maintain additional records for every child or young person. In most circumstances, children, young people, and as appropriate, parents will be involved in decisions about sharing information with other services where this would be beneficial and appropriate.

While it is always best to seek to share information with the agreement of the child, young person or parent, there may be instances where it might be necessary and appropriate to share information without their agreement.  This does not change the obligation to be transparent and clear about what information is being shared and why.  If practitioners have genuine concerns or worries that relate to the health and safety of a child, they are likely to be able to share those concerns in line with their existing statutory duties without agreement, however, as ever, the facts and circumstances of each case must be carefully considered.  Any sharing of information must, as always, be proportionate to the concern and in accordance with the law.

You do not need consent to make a Child Protection referral, but wherever possible it is good practice to inform a parent that you are going to do this as long as this does not increase the risk to the child or young person or the parent is the one who is suspected of causing the harm.

#### Named Person

One of the principles of Getting it right for every child is to make sure that children young people and parents get the right help, at the right time. Within this context, the Named Person is someone who is known and easily identifiable to children, young people and their parents, who can be provide advice or support; and connect families to wider services.

Delivering this support depends upon consistent, positive and trusting relationships. Children, young people and parents need to be confident that a Named Person can work in partnership to address wellbeing needs or concerns. The Named Person is someone already involved in offering support as part of their every day job. As such, being a Named Person formalises existing wellbeing responsibilities which can be integrated with their day to day roles and responsibilities in order to strengthen support and responsiveness to children, young people and parents.

The need for a Named Person came from families themselves, when they didn’t know who to go to, when support didn’t seem to be available, or took too long to get. And, to prevent the need to tell their stories over and over again. While the aim is that this resource should be there for everyone who needs it, and that everyone knows who their Named Person is, a Named Person does not replace existing services and support and does not prevent children, young people and parents seeking advice and support from other groups or services. There is also no obligation on children, young people or parents to engage with a Named Person and this is not in itself a cause for concern.

The key ways in which a Named Person can support a child, young person or their parent include:

* providing direct advice or support
* building a holistic understanding of the wellbeing of the child or young person
* working with the child or young person and parent to explore options to best promote wellbeing and respond to identified needs
* connecting the child, young person and their parent to services which can provide support
* considering the need for joint support across services and coordinated planning through a Lead Professional

With regard to all of those interactions, the Named Person should as a matter of routine practice, involve the child or young person. This includes seeking out and having regard to their views, taking account of their age and maturity. It may also be necessary to consider how to support children or young people or a parent with communication or learning difficulties, as this would not be considered an exception to seeking and considering their views.

A Named Person can be a key point of contact for other practitioners if they have concerns about a child or young person, and have the agreement of the child, young person or, if the child does not have capacity, their parent. A Named Person is likely to have an existing relationship with the family and can connect them to wider services they may be in the best position to work with the child, young person and their parents to ensure they get the right help and support.

Professionals who provide services to adults are also able to consider the implications for children who are affected by adults’ needs.

Proportionate, relevant information that is routinely and properly recorded will form the basis of understanding what help children might need, at whatever time difficulties emerge.

By recording consistently in all services, using the wellbeing indicators to underpin assessment and action planning, information can be quickly shared in response to a child’s emerging or increasing needs.

**The potential implications for other children in the family or network must also be considered and communicated to the relevant Named Person and other professionals as appropriate.**

#### Help at the right time

Concerns about a child may relate to a single issue or a series of events that may adversely affect the wellbeing or safety of a child. Concerns may arise from observation of the child (for example - not doing as well as expected) or from someone associated with the child that might make them vulnerable (for example – a parent who has difficulties in relation to substance misuse, domestic abuse or mental ill health). Concerns can point to patterns of behaviour or needs and risks.

Difficulties or concerns are identified at an early stage whenever possible 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. Help should be appropriate, timely and proportionate to the individual circumstances of the child.

Considering the service triangle diagram above, at the broader base of the triangle of need, some children and families need planned additional help co-ordinated from within health or education, i.e. universal, plus targeted services. The help that a child needs may be quite specific and be met through a single universal service for a short time.

In schools the Staged Intervention approach is used to identify and meet children’s needs, using the Childs Plan.

Some children and families may need early help to access additional supports from other services or agencies. A child may need an agreed plan for support in relation to learning, social or emotional pressure or behavioural change. For example:

* When parents/carers are under some stress, including physical or mental health difficulties, that may affect a child’s well-being
* When a child has unsupported or isolated carers, and / or is assuming caring responsibilities
* When a child has started to have poor school attendance
* When a child has missed health or educational appointments
* When a child has emerging physical, social, emotional or sexual developmental difficulties, perhaps observed through distressed behaviours in class or the playground.
* When a child or parent is affected by barriers to their learning
* When a child has identified needs that *may* affect their well-being and/or their learning
* When a child has English as an additional language and both they and their parents/carers require support with communication
* Children of parents in the Armed Forces

A few children need a more substantial level of coordinated help from more than one professional discipline because the child or family is known to have a range of additional needs. This may be due to complex health and disability needs or when wellbeing is significantly compromised or is at potential risk, a CSP may be appropriate here. For example:

* A child who has complex health needs, chronic ill health or a life limiting condition
* A child who has a learning disability or learning difference impacting on various aspects of their life
* A child who has an emotional/behavioural difficulty impacting on various aspects of their life and learning
* A child at risk of involvement in criminal activities
* A child at risk of involvement in abusive/illegal sexualised behaviour /child sexual exploitation
* A child at risk of being beyond parental control
* A child who has been exposed to domestic abuse
* A child who has experience of neglect

Sometimes a child has acute emotional or developmental needs that require specialist assessment and support. A minority of children need immediate protection and access to safety and help through child protection processes. Some children will require their plan to be enforced by compulsory measures because of the risk of continuing abuse or neglect or because of the risks created by their own behaviour.

For example:

* A child has repeated missed appointments for essential health services that will result in suffering or in the escalation/complication of the child’s needs
* A parent is refusing essential assessments for the child and/or themselves, is unable to recognise the child’s needs and obstructs support to the child
* A carer’s ability to parent is so compromised by their own needs, lifestyle or environment that they do not meet the child’s needs, causing a persistent abusive or neglectful impact on the child that is not resolved by support
* An unborn child’s safety, health and development may be at risk
* A child is witness to domestic abuse or violence and the adults responsible for the child cannot change or protect or are not motivated to do so.
* A child is not protected from other household members or visitors
* A child is at risk of sexual abuse or exploitation
* A child is experiencing crisis that may result in family breakdown
* Sexual or violent behaviour of a child that creates risk of harm to others.
* A child’s health and/or learning needs require assessment, support and planning from a number of services in a coordinated manner, for example, a child living with autism, cerebral palsy, diabetes, Fragile X, Foetal Alcohol Spectrum Disorder, etc.

#### Lead Professional

When a child is supported by a plan involving more than one service, a Lead Professional from one of those services should co-ordinate the activities and reviews of progress and outcomes. When the Lead Professional and Named Person are different practitioners, it is essential that they reliably communicate with each other and that the Lead Professional ensures that the Named Person is aware of any key events causing impact on the Child’s Plan.

For a child requiring multi-agency support, information may be available from any of the services. For example, in the course of day to day activities the Police service or the GP may identify additional needs in respect of the young person or their parents or carers, which potentially increase concerns regarding the vulnerability or wellbeing of the child. Conversely, there may be family or community supports identified which help to address any concerns. Such circumstances, accurately recorded, contribute to the assessment of strengths and pressures for a child and family. It is the responsibility of the co-ordinating Lead Professional to ensure that all key information is available and considered when the Child’s Plan is agreed and progressed.

Support provided by universal services continues even when targeted support is required. When targeted help is no longer needed, family / carers and universal services remain as the main source of support for the child.

In all services in Shetland, the recording of information in respect of children or young people who may be in need of additional help should reflect the common values, principles and language as described in this framework.

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 demands 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 but children and families should know that, no matter who they approach, they will be listened to and help provided

The Shetland Lead Professional Resolution Pathway can be found here:

[GIRFEC resources – Shetland Islands Council](https://www.shetland.gov.uk/girfec/girfec-resources) (shetland.gov.uk/girfec/girfec-resources)

# Assessment skills and tools

#### Wellbeing and consideration of wellbeing

The 8 wellbeing indicators are areas in which children and young people need to progress in order to do well in their current and future lives. They provide a holistic and consistent way for everyone working with children and young people to consider their strengths and their wellbeing needs; and, to support assessment and analysis of strengths, needs, concerns or risks. The wellbeing indicators are:

|  |  |
| --- | --- |
| Safe | Protected from abuse, neglect or harm at home, at school and in the community |
| Healthy | Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices |
| Achieving | Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community |
| Nurtured | Having a nurturing place to live in a family setting, with additional help if needed, or where this is not possible in a care setting |
| Active | Having opportunities to take part in activities such as play, recreation, and sport, which contribute to healthy growth and development, at home, in school and in the community |
| Respected | Having their rights respected, protected and fulfilled; having the opportunity, along with carers, to be heard and involved in decisions that affect them; and, having their views being given due weight in accordance with their age and maturity |
| Responsible | Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them |
| Included | Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn |

Considered together, these indicators give a rounded and multi-dimensional view of a child or young person. They are overlapping and will have inter-connected impacts. Understanding a child or young person’s wellbeing must also include consideration of the context of their family and their unique circumstances and world; and, must reflect their strengths as well as recognising factors which affect their resilience.

The child or young person should always be at the centre, proactively involved in discussions and decisions about their wellbeing. Consideration, analysis and assessment of wellbeing should therefore be carried out in partnership with the child or young person, and their parents where appropriate.

Wellbeing conversations can provide a useful check-in with children and young people to understand their current wellbeing or situation; and, in response to concerns, needs or risks identified by the child or young person, their parents, or someone else involved with the child or young person.

#### The 5 questions:

Where there are concerns, there are 5 key questions which practitioners can use to provide the basis for a proportionate approach to considering the wellbeing of a child or young person, and need for further action. They are:

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

These key questions can be used in everyday practice and provide a foundation for assessment, decision making, and planning. There may be a need to provide immediate help where necessary while continuing with further assessment. There may also be a need to approach other practitioners for information or more specialist assessments to inform full consideration of wellbeing needs.

The well-being indicators are an essential feature of the practice framework 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

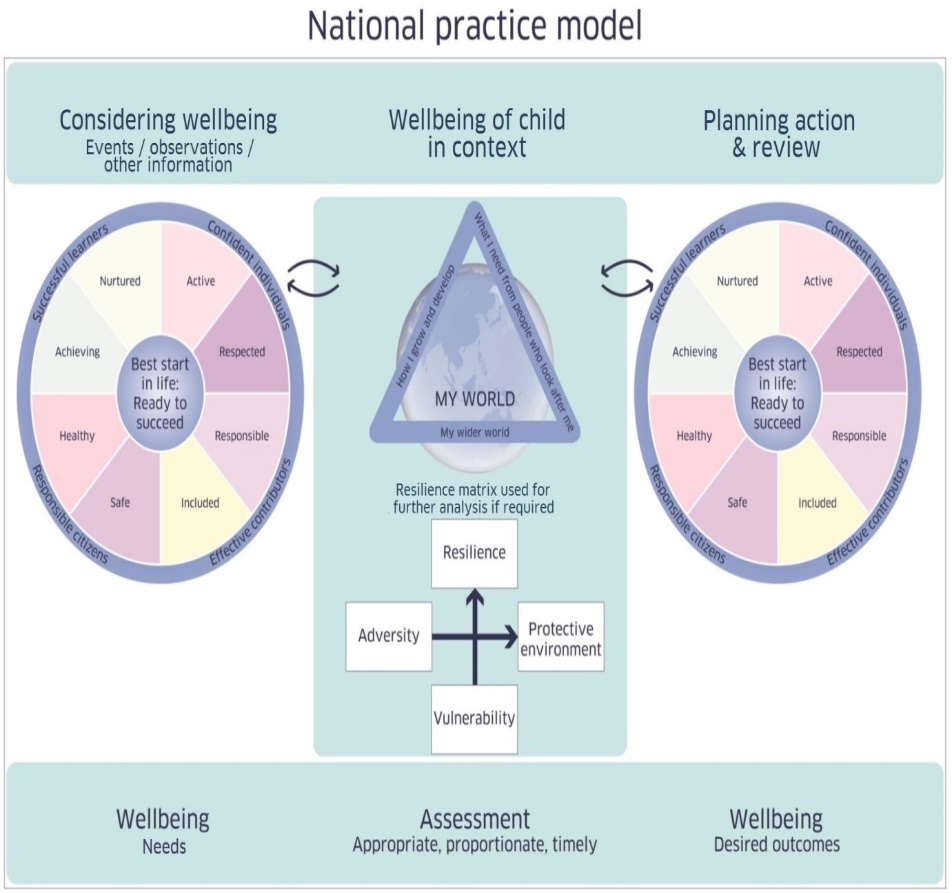
* analysis of further information gathered around the My World Triangle
* setting goals
* the actions to be taken to bring about the desired outcomes

1. To provide clear objectives against which the plan can be reviewed

**The child who is the focus of concern may be one of several children in a family or other network. Consideration of the wellbeing indicators and the five questions are also relevant for those linked children.** For example, a Named Person or Lead Professional for a toddler with an 8 year old sibling should always liaise with the Named Person in school. The Children and family Social Work team are also available to support routine analysis of information as well as collaboration with team colleagues if care and protection issues are emerging.

#### National Practice Model

This process of consideration, analysis and assessment is supported by the National Practice Model. This includes the eight wellbeing indicators within the Wellbeing Wheel, the My World Triangle, and the Resilience Matrix.



Anyone working with children or young people can use this model to consider the wellbeing of children or young people they are involved with. The process also provides the foundation for anyone working as a Named Person to consider and address any issues raised by a child, young person, parent, or someone else, where there is agreement to do so, or there is a need to address a concern raised. It will be most effective where there are positive relationships with practitioners known to and trusted by children, young people and their parents.

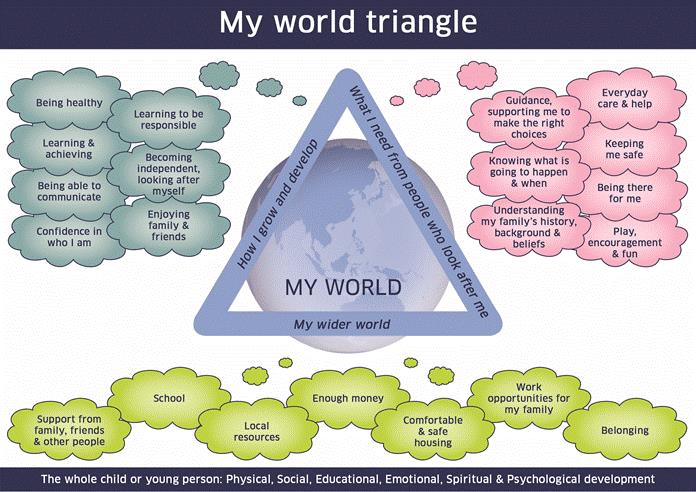
Throughout, consideration of wellbeing should be holistic and proportionate. The indicators are a starting point and inform more in-depth assessment using the National Practice Models and other tools where required. The process will enable practitioners to structure and record information, identify needs and concerns, and then to plan around those needs. Concerns or needs may be a single issue, a single event, or multiple or cumulative. When the child or young person’s needs are clear they can be summarised to develop a plan for action; and, to identify priorities, solutions, and to describe what needs to change to improve the child or young person’s wellbeing and identify expected outcomes.

It will always be a process of ongoing engagement with children, young people and their parents, with a focus on seeking their views and jointly developing solutions.

#### My World Triangle:

The My World Triangle provides a framework to consider:

* How the child or young person is growing and developing
* What the child or young person needs from the people who look after them
* The impact of the child or young person’s family, friends, circumstances and wider world.



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 child’s experience of caregiving and the roles of significant people in meeting the child’s needs. Clearly, parents and carers have the 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** illustrates how 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

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

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 is known?
* Is this enough to assess the child’s needs and make a plan?
* If not, what additional information is needed?
* 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 Justice worker, 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.

Issues 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 or parent 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.

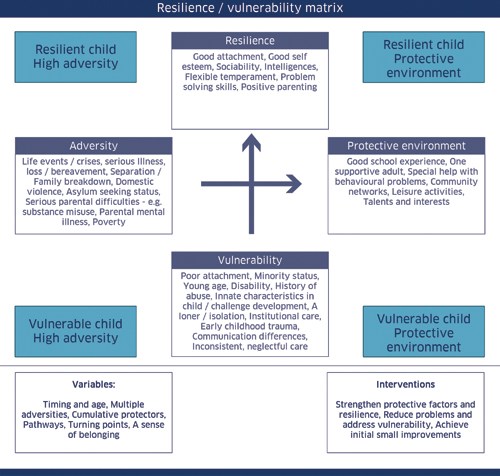
Further information on using the My World Triangle, including hints as to what information might be considered when looking at the different dimensions of each domain can be found at <https://www.webarchive.org.uk/wayback/archive/20180530002343/http://www.gov.scot/Topics/People/Young-People/gettingitright/resources/girfec-diagrams>

#### The Resilience Matrix

It is important to balance any assessment of need with factors that may impact the child or young person’s resilience. The Resilience Matrix provides a framework to consider the child or young person’s strengths and protective factors, as well as their vulnerability and impact of any adversity experienced.

When looking at strengths, this could include a protective environment which includes a strong supportive family and network of friends, a welcoming and inclusive school and community and support from responsive and effective services or practitioners. It could also include resilience arising from having a sense of belonging within a family, a secure relationship with an adult, good self-esteem, an outgoing temperament or nature and developing problem solving skills.

Vulnerabilities can undermine or challenge wellbeing, such as disability, poor health, prejudice in the community and lack of, or poor, attachment; and, adversity could arise from events or experiences.



The Resilience Matrix, bringing together the two dimensions of vulnerability and resilience, and adversity and protective environment, provides a tool to help analyse 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 wellbeing. 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, while identifying and minimising the impacts of undermining or dangerous aspects of the child’s life.

Taking stock of the information gathered about the child’s development, experience of caregiving, and wider environment – partners to the plan should consider and summarise the available information in the following domains that either promote or inhibit the child’s safety and other wellbeing needs:

* *Resilience promoters*: characteristics of the child and their relationships that positively support development, even under difficult circumstances
* *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.

It is important to be very alertto any gaps in knowledge about the child and the actions needed to obtain additional information. Consider other children in the family or network.

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 and describe:

* **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 **whom**?
* **In what order of priority** should multiple risks be placed?

The subsequent description of the child’s needs is therefore informed by the analysis of the child and family’s circumstances and experiences, including examination of specific risks when relevant. Actions to support the child’s wellbeing should clearly reflect that evaluation.

The partners to the plan will have tried to discuss all potential options foraction **-** including no further intervention; think about the potential benefits and deficitsof each option; identify the most preferred optionsand why; be clear about what can best be done if a less preferred optionis the only one available.

More detailed information on resilience and guidance on how to use the matrix are provided at <http://www.gov.scot/Publications/2012/11/7143/7>

#### Analysis

Any assessment is likely to draw on information from different sources. In some situations a lot of complex information is gathered about the child’s wellbeing, development, caregiving and wider environment.

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 and alternative interpretations of information. It may be critical to understand the relevance and implications of information, what gaps in this information there may be, are further assessments required which may be of a specialist nature, and what improvements to the child’s wellbeing need to be achieved. An analysis must reach an understanding of what promotes or compromises healthy development for this particular child.

Careful analysis and interpretation of assessment information help practitioners to:

* think and debate with a child and family about what is important and identify needs or difficulties
* achieve an understanding or explanation about why these things have happened
* understand the impact of strengths and pressures on this individual child (see resilience matrix diagram below)
* reach an understanding with the partners to the plan about what needs to be improved
* consider what has been tried so far and what that has achieved
* identify the short and longer range aims in terms of improving the child’s well-being
* agree desired outcomes
* generate possible ways of achieving these outcomes
* decide which ways are preferable and in what timescales
* record the agreed plan, working with the co-ordinating Lead Professional to ensure that relevant assessment information, analysis, views, actions and timescales are integrated into the Child Plan

#### Evaluation of risk in the analysis

If a child or young person is considered to be at risk of significant harm, the concern and other relevant information must be shared with the Childrens Social Work team that provides care and protection services, following the current Shetland Interagency Child Protection Guidance <https://www.safershetland.com/assets/files/cp-procedures-final-march-2019.pdf>.

In all circumstances, practitioners must take account of not only immediate safety, but also consider the impact of risk on other aspects of the child’s development. The implications for other children in the family must be considered alongside the child who is the immediate subject of concern.

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.

In the analysis of information, including risk evaluation, the resilience matrix provides a way of making sense of the impact on the child.

For more information on risk, see the Government document: <https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/>

#### Record of Additional Support (RAS)

The Record of Additional Support (RAS) is a method for outlining the specific needs of children and young people, and helps inform schools and partner agencies as to the levels of support a child or young person requires to overcome barriers they face due to their additional support needs (ASN). It helps centrally inform the Quality Improvement and Schools service in planning provision for children and young people with ASN by identifying unmet needs, and overall service delivery. The system provides information for allocation of resources and aligns with GIRFEC and CSP processes.

The **RAS** helps ensure a consistent language and understanding of levels of needs across the SIC and partner agencies. It has been developed to contain low, medium and high descriptors. To complete the RAS, go through these 6 categories of need, and where appropriate, choose the relevant statement(s) for the child or young person. The relevant statements can then be highlighted using the computer highlighting tool before moving onto the next section. The 6 distinct sections align with the New Authority Items section on SEEMiS where low/medium /high can be entered for each descriptor using the highlighted form and professional judgement. This should be completed as part of the GIRFEC review process and SEEMiS updated accordingly. This would be completed by ELC and School staff, although it should be agreed at a meeting with all partners to the plan as it should be a holistic assessment of where support is needed. Further guidance regarding this process can be found in the Managing Inclusion Guidelines.

The RAS form can be found here: [GIRFEC resources – Shetland Islands Council](https://www.shetland.gov.uk/girfec/girfec-resources) (shetland.gov.uk/girfec/girfec-resources)

#### Specialist Assessments

Practitioners may make use of information and specific additional tools to assess aspects of the child’s needs or a parent’s ability to provide good enough care. In some circumstances it will also be helpful to seek additional assistance from other colleagues who have specific expertise.

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

Practitioners who carry out supplementary or specialist assessments should present the information with a view to the 5 questions and the assessment domains described above. The assessment should comment on:

* the child’s experience of care-giving,
* the child’s development
* other support networks
* the consequences for the child’s current and future wellbeing
* recommended actions to resolve wellbeing concerns

Relevant evidence and analysis gained from specialist assessments must be included in the integrated Child’s Plan by the Lead Professional in the same way as other contributions received from partners to the plan. It may be appropriate to append a detailed specialist assessment to a Child’s Plan.

#### 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 wellbeing 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 assessed needs, help from other services or agencies may be called upon to provide additional or specialist help. As highlighted earlier, this is known as targeted support.

**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 or service in Shetland that has connections with children or their family 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 United Nations Convention on the Rights of the Child (see Section 9), Children (Scotland) Act 1995 and Children’s Hearings (Scotland) Act 2011 and Additional Support for Learning 2004 as amended 2009 and Children and Young Persons(Scotland) Act 2014. 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.

Practitioners 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 personal difficulties, practitioners’ and clinicians’ 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, and value their contributions 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 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 proportionate and relevant information with practitioners is necessary
* Children and families can help practitioners distinguish what information is significant, relevant and accurate
* 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
* When compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.

**Helping children join in**

All practitioners 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, observe and who do not give up easily. Children have made it very clear what they need in [The Children’s Charter](http://www.scotland.gov.uk/Publications/2004/04/19082/34410) (Scottish Executive 2004). (See Section 9)

Achieving real involvement means that practitioners must spend time with, talk with and listen to and get to know children. Children and young people need relationships in order to feel confident about approaching adults 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 integral to assessment, planning and review.

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 with and listening 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 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).

Tools for working with children to capture their views are available on the Shetland GIRFEC web page in the ‘GIRFEC Resources’ section. [GIRFEC resources – Shetland Islands Council](https://www.shetland.gov.uk/girfec/girfec-resources) (shetland.gov.uk/girfec/girfec-resources)

**Involving parents and carers**

Gaining a 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 and treat family members with respect and dignity, even in the most difficult circumstances. Parents want practitioners to give clear explanations about what is happening, listen to their views and include them in decision making.

Practitioners have a responsibility to develop sensitive communications skills and apply these in a flexible way. One of the key things parents ask for is to be kept informed. Practitioners should always be sensitive to the possibility that some adults may have additional support needs of their own and may need information to be adapted for them to support their participation in the process.

# Planning for Children and Young People’s Wellbeing

Where a wellbeing need has been identified and a child or young person is in need of additional help to address this need then there should be a plan in place to provide the right support. If the plan would benefit from coordination across one or more services then this will be done by a Lead Professional.

Once the need for a plan has been identified it should be prepared as soon as is reasonably practicable. There should be a single coordinated plan which is:

* developed in partnership with the child or young person and, where appropriate, their parents
* documented with the child’s voice at its heart, reflecting their aspirations and concerns
* shared with the child or young person, and their parents where appropriate
* responsive, reflecting a holistic view of a child’s wellbeing and an understanding of their wider circumstances
* developed in collaboration with other services, where appropriate
* anticipating and planning for transitions as the child matures

#### Agreeing single service plans

This may be a single service Child’s Plan.

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 needscan be fulfilled by some additional resources within a universal service, this is a single service Child’s Plan, when help or resources from another service or professional discipline as part of early intervention is required, this is a multi agency Child’s Plan. They should organise what is needed without delay through direct discussion with the people involved, and without necessarily having a formal meeting.

There are some cases when 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 arranged, the Named Person or Lead Professional must ensure that the right people are invited and that they are prepared for the meeting. When individuals are unable to attend the meeting, **including the child/young person and parents/carers**, their information and views should be sought.

#### One Plan

Core to the effective co-ordinated provision of appropriate support to a child is the principle that any and all services supporting the child are working to a single agreed plan. The Childs Plan is the means by which requests for other services are made and the basis on which the role and value of these services is considered.

In every case where additional support is required to promote the child’s well-being, the reasons, the assessment, the analysis and the plan for action must be recorded using the agreed Child’s Plan format including where the plan is fulfilling the legal function of a Coordinated Support Plan.

The plan may be short and simple or complex and detailed – but it must always be proportionate to the child’s needs and circumstances. It is also possible (and often necessary) to request access to services before the Child’s Plan is fully crafted by the partners.

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

The plan will be flexible and tailored to need and include consideration of:

* reasons for the plan based on relevant and proportionate information about the consideration and analysis of wellbeing needs, risks and concerns; and, any chronology or significant achievements and events, impacts and patterns
* agreed wellbeing needs, outcomes, and how it will be known when those outcomes have been achieved
* services and support agreed to meet those outcomes, identifying how they will impact on wellbeing needs
* identification of who will deliver those services and support, how, and over what timescales
* agreed Lead Professional including arrangements and timescales for reviewing progress
* record of discussions, views, agreements, disagreements and decisions of partners including children, young people and parents and practitioners
* reference to or interaction with multiple plans where they exist

#### Child’s Plan Meetings

A single child’s plan will keep the child or young person at the centre and fully involved, along with parents, unless there are exceptional reasons that would make this detrimental for the child or young person or pose a risk of harm. It is their plan.

There are only a few exceptional circumstances such as mental health legislation, or children’s hearings and court proceedings, where there is a power to compel parents to accept support. The single planning process will only be used where there is an identified and agreed benefit.

The role of the Lead Professional is to co-ordinate the partnership arrangements to deliver the plan (although the partners will be responsible for their own part of the plan’s delivery); record the necessary information; and, co-ordinate and review delivery of support. They will have a key role in proactively supporting the child, young person and parent’s involvement (if appropriate) to ensure they remain central to the process.

A child will have their needs addressed though the formality of a mandatory Child’s Plan meeting when he or she is:

* looked after at home
* looked after and accommodated
* 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 is used to support discussion at the meeting and be helped to understand and make comment on it in good time.

Mandatory Child’s Plan meetings are normally chaired and led by the Improvement and Reviewing Officer.

#### Core Group Meetings

All plans for children should be regularly monitored to ensure timely progress.

Where the Child’s Plan is complex the key practitioners who are directly involved will meet with the child and family as a Core Group at agreed intervals between Child’s 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.

#### Recording and reviewing the Child’s Plan

Children and families are central to the Child’s Plan and to making sure it succeeds.

Whether a Child’s Plan is single service or multi agency/service/discipline the plan must include what is needed, why, what will be done, by whom and when and the views of the child and family.

When 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. **It is important to clearly identify the current working plan.**

The complexity and detail in the plan will be proportionate to the level of need and support identified. It must be written clearly and use language that is meaningful to all partners, particularly the child and family, and reflects their involvement in the process. The criteria for a good quality plan can be found in the ‘Shetland Practice Child’s Plan Checklist’, in the For Practitioners section on the Shetland GIRFEC web page, here: [GIRFEC resources – Shetland Islands Council](https://www.shetland.gov.uk/girfec/girfec-resources) (shetland.gov.uk/girfec/girfec-resources)

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. No more than six months should pass without a review of the Child’s Plan and 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. This will be achieved through contact between partners in addition to 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 may be emerging patterns that suggest concerns are esclating or child’s plans are not securing the improvements to the child’s situation that is required. 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. Good communication avoids the need to over burden partners with unnecessary meetings.

The Core Group must identify when the level of change to the plan is such that the formal Child’s Plan review meeting should be brought forward.

When reviewing a plan, the essential questions for consideration by the Named Person and 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/service/discipline or single service plan?
* What needs to happen next?
* Any unmet need should be escalated to your line manager.

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, 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, **minimum of 10 working days**, 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. This is in line with UNCRC, and ensures good practice.

#### When a family move

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

#### 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 that level of intervention, it is important that this decision is made with the agreement and knowledge of everyone involved, including the child and family.

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 an appropriate 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 and prepared for the changes.

The conclusion should be recorded in the Chronology and the time of changeover or ending of the Plan carefully chosen in the interests of 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](http://www.protectinghighlandschildren.org/htm/New_2009_Guidance_link_page.htm) will apply).

#### 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. This approach 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.

#### Actions

Based on the child’s wellbeing needs, the actions noted in the Child’s Plan should be S.M.A.R.T (i.e. they should be specific, measurable, achievable, realistic and time limited) and the arrangements for review should be clear.

#### Outcomes

The actions will move the child/family towards achieving the agreed outcomes. These outcomes are clearly recorded in the Child’s Plan. The outcomes will be agreed and clearly understood by all of the partners to the plan.

#### Reviews

After the initial Child’s Plan meeting has taken place, and in advance of any review date set, it is good practice to maintain contact with the child and their family to monitor the progress of planned outcomes. This will ensure that the child and their family are partners to their own plan which will make achieving improved outcomes much more likely.

If a partner agency/service/discipline is considering ending their involvement, a review meeting should be held particularly if they are providing the Lead Professional role. The review meeting should consider the implications for the Child’s Plan of any agency/service/discipline ceasing to be a partner to the plan and review the plan accordingly. It is important for a child and their family to be aware of who their new Lead Professional is (if required) or whether the Named Person is to resume the main responsibility for the Child’s Plan.

A Child’s Plan must be reviewed a minimum of every 6 months. The needs of a child will generally dictate that meetings will be called as and when required.

# Key Roles and Responsibilities

#### The Named Person

Access to a Named Person service is available to any child or young person and their carer/s up to the age of 18 years. For the majority of children and families, a Named Person is a practitioner or manager who already has some 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. On entry into primary or secondary education, school information to parents and their child should introduce the Named Person and their responsibilities. Preparation for leaving school before aged 18 will include information for young people and parents about how to access a service from a Named Person. In Shetland –

**Pre-birth:** the Named Person will be the named midwife

**Pre-school:** The Named Person will be the health visitor. The handover of the Named Person role from the named midwife to health visitor will be in accordance with NHS Shetland procedures.

**Primary school:** The Named Person will be the Head Teacher, Depute or other promoted member of staff, 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 Pupil Support teacher for the school at which the child is enrolled. This responsibility is not affected by the child’s non-attendance. Up to and beyond 18 as we do have some 18+ year olds in school.

**Home educated children and those in private education:** The Home Link coordinator in Children’s Services is the Named Person for a home educated child. The head or nominated senior teacher in a private school provides the Named Person service.

**Gypsy/Traveller Families:** The Named Person for children not on a school roll in Shetland is the Home Link Coordinator

**Young people aged 16 and 17 years who have left school** can access similar support through Children’s Service, Youth Services. Concerns for safety and wellbeing should be shared with adult or children’s duty social work as appropriate.

When it will be in the child’s and family’s interests the role and responsibilities can be delegated to another professional on behalf of the Named Person.

Care should always be taken to emphasise the voluntary nature of the advice, information and help that is offered to a family by the Named Person. A family has the right not to use the named person service, even if that means that help is not provided to a child – as long as there is no child protection concern.

If a parent states that they do not wish a Named Person Service, practitioners should seek to have an informed and sensitive discussion about this, making clear what the service involves and what support can be provided. It may be that an alternative Named Person would resolve the matter and this should normally be arranged by the line manager.

If a family remains clear that they do not wish to make use of the Named Person Service, this should be recorded and communicated at transition points. Families are still offered the universal pathway health visitor contacts and appropriate additional supports within school.

If the family changes their view at a future date, the Named Person Service should be made available.

If the Named Person receives a concern where the family has declined the Service, the person who is the source of the concern should be informed that it cannot be progressed, unless there is cause to believe the family may wish to discuss it or unless it may be regarded as a potential child protection concern.

If any Named Person is unsure about how to proceed in these circumstances, they should seek advice from their line manager.

**Responsibilities and Availability of the Named Person**

The Named Person has the responsibility of being available to children, young people and their carers when they require additional help. This can be in the form of providing help themselves, seeking help from others on the child or family’s behalf or by signposting to other services.

The services of a Named Person will always be made available by the responsible organisation. Formal requests by young people or parents to have a different Named Person can be made to the organisation.

Children and family members are not obliged to seek or accept additional support services from the Named Person and choosing to decline involvement with the Named Person is not in itself a cause for concern.

The Named Person role reflects the core responsibilities of health practitioners, head teachers/senior staff in education services and youth services practitioners.

For health practitioners this includes the core assessments 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 the Curriculum for Excellence.  The Home Link Teacher supports the education of children of gypsy and traveller families who are not enrolled in a specific school.  The Home Link Teacher has the same Named Person responsibilities as school based Named Persons.

For a young person who is under 18 and has left school or the Home Link service, the local members of the Youth Services are available as Named Person, whether or not the young person has a pre-existing relationship with the Youth Service before reaching school leaving age. Information about the continued availability of a Named Person should be routinely communicated to all young persons and parents during the period before formally leaving school.

The organisation in which the Named Person is employed will ensure that the availability of the service provided by the Named Person is continued during times when the usual person is not at work. For example, during school holidays the Quality Improvement officer (QIO) will be available (or will have arranged suitable cover) as a point of contact for anyone seeking advice or support from the Named Person or to share information.

When Named Person responsibility changes for any reason, for example when a child is born, starts primary school, moves school or house or leaves school it is the responsibility of the outgoing Named Person to ensure that proportionate, relevant information about the child’s needs is passed to the new Named Person without delay. All support and communication should be progressed in collaboration with the young person/relevant family members and with consent.

If necessary, the incoming Named Person should seek to establish whether there is available information which is relevant to understand and meet needs. This includes those circumstances when a family moves to or from another local authority or NHS area. Life transitions and changes for families are important and have the potential to enhance or compromise wellbeing. Again, children, young people and their carers are essential partners in all efforts to ensure that needs are understood and met as far as is possible.

All professionals involved with a child or the child’s parents must take responsibility for considering whether the Named Person should be informed of any significant new information, especially any changes in circumstances which might impact on the child’s wellbeing. This is done with the knowledge and agreement of the child (if old enough to understand) and/or the parent/carer. The local child protection procedures should always be followed without delay when worries for a child’s wellbeing constitute a child protection concern.

If concerns are identified about a child’s wellbeing the Named Person will take action to help the child, or seek to have arrangements in place for someone else to do so. His or her role is an important one, trying to make sure that a child and family receive a helpful response quickly when problems or worries occur. The Named Person will ensure that children and parents/carers are involved and informed about what is happening.

The Named Person may not always be the individual who is best placed to directly act to ensure that needs are met. Others with more significant current contact with the family may be better placed to organise and deliver the support, this coordinating role is called the Lead Professional, but the Named Person should be kept informed as this role carries the responsibility to ensure that services are being put in place. For example, the practitioners in a pre-school facility agree an individual plan with the parent to support and boost the child’s language development, while informing the Named Person of improvement or deterioration in the child’s progress.

#### Management of the Child’s Plan within Universal Services

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

* usually be the first point of contact, for the child or 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 service is accurate and up to date and that concerns are recorded in line with procedures
* receive information from other services, 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
* when necessary prepare an appropriate single service plan, the Child’s Plan, if the child has additional support needs, in consultation with others
* 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 professional discipline or service as part of early intervention, with consent from the child/family, this should be explored without delay through direct discussion with colleagues, including the relevant agencies as appropriate. Using agreed referral pathways. The assessment of need and organisation of a Child’s Plan meeting should be undertaken by the most appropriate professional, so this may not be the Named Person, but may be the professional who has the most contact with the child, or is in a service which is pivotal to the child’s needs at the time. The Named Person must be informed and involved at all stages. The decision about who this professional would be can be agreed before any meeting either informally or formally.

In these circumstances, the assessment becomes the multi-disciplinary integrated Child’s Plan. Depending on the needs of the child and family, the Named Person can become the Lead Professional or the partners to the plan may agree that another professional should assume that role. The Named Person responsibilities are retained in either scenario.

#### Partners to the Plan

Partners will include the child or young person, their parent(s) / carers and their Named Person. Other professionals should 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 Child’s Plan and for sharing information regarding progress and concerns with the Lead Professional as agreed in the Child’s Plan.

Care should be taken to manage the number of partners to the plan, sensitively and carefully ensuring the child/family/carers do not feel overwhelmed.

#### The Lead Professional

Where two or more professional disciplines need to work together to meet a child’s needs, a relevant practitioner who is a key partner to the Child’s Plan will become the Lead Professional.

The choice of 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 social worker will always be the Lead Professional for:

* children who have multi-disciplinary child protection plans
* looked after children
* looked after and accommodated children

Other circumstances may warrant the involvement of a social worker, for example:

* when joint work with another Lead Professional in a complex assessment is indicated
* when the response to assessed needs and risks are best co-ordinated by a social worker Lead Professional in the interests of the child and family, in the absence of the need for compulsory measures
* when consolidation of successful multi-disciplinary work in a recent child protection or looked after child plan is being completed before step down to universal services
* when a child protection inquiry is to be carried out
* when there are concerns about the ability or willingness of the child’s carers (or the child) to work effectively with services and a referral to the Children’s Reporter is being considered in an effort to meet the identified needs.
* when a child needs to become accommodated by the local authority unexpectedly or where there has been a sudden crisis that requires co-ordination of alternative care within the wider family
* when a child has committed a crime
* when a child is a risk to others

The Named Person and Lead Professional should be involved in discussion about the child’s circumstances with appropriate colleagues and managers and agree the way forward, in collaboration with the child’s family.

**Responsibilities of 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.

The Lead Professional will have skills in communication, information gathering, assessment and engagement, alongside knowledge of children’s development and the practice guidance processes and tools. The application of these skills and knowledge is proportionate to the purpose of the Child’s Plan.

The Lead Professional will not do all of the work with the child and family, though their professional role and skills will be of direct relevance. He or she does not replace other staff who have specific roles or who are carrying out direct work or specialist assessments.

Whatever the level of complexity, the Lead Professional is the person who checks with partners to the plan that 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 or shares this task.
* Record the multi-disciplinary Child’s Plan (including chronology) integrating contributions from the child, family, and other partners involved.
* 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.
* Ensure that the role for compulsory measures in meeting the child’s needs is considered, and referral made to the Children’s Reporter when such measures may be required. This will often arise when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child’s welfare or behaviour cannot be addressed on a voluntary basis.
* Update the integrated Child’s Plan (including chronology) in accordance with relevant recording procedure.
* Make sure the child is supported through key transition points.
* Make sure there is a smooth ending when a multi-disciplinary Child’s Plan is no longer required, including notification of all partners to the plan.

Transitions for the child and the family are very important, whatever the reason. Changes of Lead Professional must be managed in the best interests of the child. There should be consideration of the impacts of timing for the child, as well as the child and family’s vulnerability. Transition arrangements should be recorded in the Child’s Plan chronology.

The Named Person retains their important role in universal services and as a partner to the plan, even when they are not acting as Lead Professional.

#### Responding to a Child’s Changing Needs

The purpose of the Shetland Practice Framework is to support the needs of children in the most positive ways available. Effective adoption of the framework helps to keep focus on those needs and give children and families the best possible experience in difficult circumstances, with a minimum of organisational bureaucracy. The framework gives professionals the opportunity to be clear about what can be achieved *and* be flexible about how to achieve helpful outcomes.

If the nature of the concerns about a child are becoming more complex or the early intervention plan is not working well, the partners to the Child’s Plan may conclude that help needs to be co-ordinated by a practitioner from a targeted service.

The current Lead Professional should access the local associated arrangements. The future co-ordination of the Child’s Plan should be discussed with the appropriate manager and with any other relevant colleagues.

If compulsory measures of supervision are a recommendation in the updated Child’s Plan, an outgoing Lead Professional should ensure the inclusion of evidence relating to potential grounds for referral to the Children’s Reporter and evidence of the need for compulsory measures to support a child’s Plan. When the recommendation is for compulsory measure, a social worker will assume the role of Lead Professional.

An outgoing Lead Professional will contribute to the continuing assessment of risk and need when a child may be in need of protection, work closely with the new Lead Professional and contribute to the action plan and review of progress

If a child’s additional 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 the Executive manager Children’s services should be advised.

#### Quality Improvement Officers and Improvement and Reviewing Officer

Quality Improvement Officers (QIO’s) undertake quality assurance processes of children’s plans in certain circumstances. An Improvement and Reviewing Officer (IRO) will chair the Child’s Plan Meetings of those children who are in need of protection and children who are looked after. An IRO is also able to be called upon to facilitate key reviews of other complex Child Plans. In some instances, a manager from the Childrens Social Work Team will chair Child Plan’s meetings.

#### Escalation to Management

It is the responsibility of the partners to the plan to ensure timely progress is being made towards achieving the agreed outcomes in the Child’s Plan. Issues must be identified quickly and steps taken to resolve these. If the partners to the plan cannot resolve the issue themselves there is a requirement to escalate to the relevant line managers, linked to the area of difficult, e.g. the line managers of the service or services involved.

This is important as this will provide the best opportunity for the timely progress for the child and it will bring any service issues to the attention of people who have the responsibility and the authority to resolve them.

Escalate to your line manager when:

* the requirements of the Child’s Plan cannot be achieved from within area resources or when external or specialist resources are needed,
* allocation of a significant resource needs to be sanctioned,
* there is a statutory order restricting behaviour and movements,
* disagreement between professionals or agencies cannot be resolved quickly by the partners to the plan.

Any professional who contests the planning and decision making in any plan, and believes that a child or family is not being supported in line with the Shetland Practice Framework, has a responsibility to escalate this matter.

In the first instance, escalation should be to the appropriate line manager. If the line managers cannot resolve the issue the matter should be escalated to the next tier in each service. This escalation must happen quickly and efforts to resolve the situation dealt with as a priority to reduce impact on progress for the child. This process continues until Director level is reached, at which point the Director can take the issue to the Integrated Children and Young People Strategic Planning Group for resolution. At any stage, the appropriate manager can instruct a review of the plan.

In serious cases, where there are a number of unresolved concerns, these should be escalated to senior management or ultimately to a Director if there is no resolution in a reasonable timeframe.

Children and families should be encouraged to raise unresolved concerns through the same means.

# Information Sharing

#### Introduction

Most children and young people (including unborn babies), get all the help and support they need from their parents/carers, families, and Universal Services of Health and Education. However, on occasion some children and young people will need extra help to safeguard, support and promote their wellbeing, and this may mean it is necessary to share information with others.

It is aimed at all practitioners and managers working with children, young people, and families, within the Public, Private and Third Sector (including Adult Services). This guidance is aligned with current information-sharing legislation, and aims to empower practitioners to share information confidently, and in a way which respects the rights of children and their families. This guidance is compliant with data protection legislation, including the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

This guidance provides overarching best practice principles when you are considering information-sharing, and sits alongside other agency-specific guidance. In practice, if you are ever worried or concerned for a child or young person and unsure how to proceed, you should approach your Line Manager/Supervisor for advice within an appropriate timescale. They can access agency specific legal/information governance/data protection advice where this is required.

**If you suspect that a child or young person is at risk of harm, you must follow local Child Protection arrangements immediately.**

**Purpose**

This guidance will support you to:

* Positively engage with children, young people, and families; to inform decisions on who and when to share information with, and why.
* Be clear about the limits to confidentiality and consent, *and*
* Understand that the law empowers you to share personal/sensitive information if you believe that a child or young person’s wellbeing is at risk, or is likely to be at risk if no action is taken.

#### Sharing information to support and protect young children and young people

**Identifying when information may need to shared**

If you suspect that that a child or young person is at risk of harm, you must follow local Child Protection procedures immediately. This guidance looks more closely at information-sharing practice in respect of wellbeing concerns.

If you are concerned about an unborn baby, child, or young person’s wellbeing, and believe they require support; you should consider the *5 GIRFEC Questions* (in accordance with the National Practice Model, as described earlier in this framework):

1. *What is getting in the way of this child or young person's wellbeing?*

2. *Do I have all the information I need to help this child or young person?*

3. *What can I do now to help this child or young person?*

4. *What can my agency do to help this child or young person?*

5. *What additional help, if any, may be needed from others?*

A concern can relate to a single issue or incident, or may arise from a series or pattern of events. The *5 GIRFEC Questions* help you consider whether there is a need to share information in order to develop a more robust assessment and/or plan of intervention to support a child or young person.

**Why share information?**

A child or young person’s wellbeing is of central importance, when making decisions to share information with or about them. Wellbeing is a continuum which ranges from early intervention and prevention, right through to child protection. The reason why information may need to be shared, processed or particular action taken, should be discussed openly and honestly with children, and where appropriate their families, ensuring their views are sought and recorded.

Information can be shared for many purposes, including:

* Requesting or providing information to help develop an assessment of wellbeing.
* Accessing additional support or changing the way support is provided (within your own or another agency).
* Requesting a specific assessment.
* Providing or amending agreed actions/methods as part of a Child’s Plan.

**What information should be shared?**

You need to exercise professional judgement, adopt a common-sense approach, and share information on a need-to-know basis. This means that only information you consider to be **relevant, necessary, proportionate, and lawful** (in line with relevant current legislation) should be shared**.**

Unless there is a potential risk of harm or other statutory requirements apply, and you consider that consent is not therefore required; you should always ensure that a child/young person, or parent/carer has agreed to their information being shared. In many situations families will have themselves requested additional support, and understand that their information will need to be shared to allow this additional support to be delivered.

Children have a right to express their views when decisions are being made about their lives, and this principle is central to the UN Convention on the Rights of the Child (UNCRC).  
  
Information-sharing should:

* Help you answer the *5 GIRFEC Questions*
* Clearly identify the child or young person in question
* Relate directly to the wellbeing concern
* Consider *Confidentiality*
* Consider *Consent*
* Provide historical context where this is relevant to the current situation
* Be informed by a child/young person, and/or parent/carer’s views

#### Legal Justification for sharing wellbeing concerns

When considering whether to share information, you should refer to your agency's specific statutory/legal functions, as these relate to supporting, promoting, or protecting children’s wellbeing. This will provide you with a clear legal basis which empowers you to share information where this is necessary to deliver statutory professional duties, or is in the public interest.

#### How information should be shared

You must always comply with any individual agency information-sharing arrangements in place. These may take the form of policies, procedures, protocols, or guidance. It is your responsibility to know how and where to access these, and your line manager can signpost you to them if necessary.

The following general information-sharing principles apply:

* Record what information you are sharing (or not sharing), and with whom
* Information sharing/processing should be done in a secure manner at all times
* Always verify the identity of a person before you share any information with them
* Do not provide verbal information in circumstances where you could be overheard
* Do not leave information on answering machines or voicemail
* Ensure secure communication policies and guidance for your organisation are followed

#### Recording information-sharing decisions

When you share information, you must always record that you have done this in agency records (in line with organisational policy/guidance). This recording should detail what information you have shared, with whom, why, and how. Any decisions not to share information should also be recorded, including the justification for not doing so. Decisions made around sharing information must be fully discussed with children and families, ensuring their views are also clearly recorded.

No matter in what format or method information is shared, you must document your justification for doing so accurately. This is both for future reference purposes (for the child, family, or professionals), and to provide evidence of decision-making for quality assurance and audit purposes.

When a child or family member expresses a view that they do not wish their information to be shared; but where you consider it is proportionate, lawful, and necessary to do so - you must record what has been shared, with whom, why this was necessary and consider what legal basis applies.

Check your own service/organisation privacy notice/statement in regard to GIRFEC and in accordance with your organisational policy.

It is extremely important to ensure your record keeping is **clear, accurate** and **concise**, to evidence transparency and clarity of decision-making, and to minimise any risk of future misunderstanding if records are read retrospectively. Fact should be clearly distinguished from opinion.

You must ensure that all information is stored securely, in line with data protection requirements.

#### Sharing information at transition points

Particular consideration should be given to the benefits of sharing information which helps to support families through times of transition. Practitioners should always discuss and agree as far as is possible with children, young people, and parents/carers, what (if any) information would be helpful to share.

Common times of transition families experience include; a change of school or new GP Practice, moving into a different area, changes in Named Person or other professional supporting a child, young person, or parent/carer. Information-sharing should always be guided by the best interests of a child or young person.

#### When you receive information from others

If you have received information from another agency or service, it is reasonable to seek clarification from them on what the views of the child and family are, and of the legal basis for information-sharing. This can help to inform your own next- steps.

**Information-Sharing Summary**

Below is a useful summary of key considerations for practitioners when thinking about when to share information, what information to share, who to share with, and how to share information.

|  |  |
| --- | --- |
| **When and Why to share** | Share information which is necessary, proportionate, lawful and relevant  Share information relating only to your concern - reduce or remove unnecessary data.  Always exercise professional judgement and adopt a common sense approach. |
| **What to share** | Share information which is necessary, proportionate, lawful and relevant.  Share information relating only to your concern - reduce or remove unnecessary data.  Always exercise professional judgement and adopt a common sense approach. |
| **Who to share with** | Share information on a 'need-to-know' basis only.  Always verify the identity of a person prior to sharing any information with them. |
| **How to share** | Use the method most appropriate to the situation – this may be by telephone, face-to-face, sharing written reports/ assessments, via secure email systems, or registered mail.  In a timely, efficient, effective, and secure manner and follow organisational data protection guidance.  Clearly record any action you have taken. |

Remember advice is always available from your Line Manager/Supervisor, Data Protection Officer, or Agency Legal Advisor.

You may also find it helpful to refer to the *Multi-Agency Information-Sharing Flowchart,* below.

#### Confidentiality

All practitioners working in the Public, Private and Third Sector in Scotland are subject to professional codes of practice, and must abide by these. In the context of professional working relationships, confidential information is that which is of a sensitive and/or personally identifiable nature, and is neither lawfully in the public domain nor

readily available from other public sources.

**Confidentiality is not an absolute right**

It is important to be aware of the limitations and constraints of confidentiality - there is no absolute duty of confidentiality, and this should always be clearly explained to those who are accessing services. Circumstances which could lawfully justify the sharing of confidential information are:

* Where an individual to whom that information relates has explicitly consented.
* Where disclosure is in the public interest or public task (e.g. where a person has a communicable disease, to protect a child and/or others from harm, or for the prevention of crime or disorder), ***or***
* Where there is a legal duty to do so (e.g. professional statutory requirement, or Court Order).

**Considerations when deciding to share information given in confidence**

In deciding whether to share information provided to you in a confidential situation, you should first consider the legal justification for breaching that confidence (e.g. is it in the public interest to share this information, or is there a legal duty you must comply with?).

You should then consider what harm which might result from you failing to disclose or share that information, balanced against any potential harm from overruling a person’s right to confidentiality.

Sharing information in the public interest or in compliance with a legal obligation (for example to protect a child) is a defence to any accusation of breach of confidentiality.

Sharing of information should always be **necessary, proportionate, relevant, and lawful.** This means that you should share no further than the minimum necessary to achieve the objective of protecting a child or young person's wellbeing, and that you must ensure any information you share is done so in accordance with the principles of the Data Protection Act 2018, GDPR, and any other relevant legislation.

**It is essential you record all decision-making within agency records.**

#### Consent

**Views of Children, Young People, Parents, and Carers**

Taking into account their age and maturity, The *Children (Scotland) Act 1995* & the *Children and Young People (Scotland) Act 2014,* outline that practitioners ‘*where reasonably practicable*’ should always seek out and listen to the views of a child or young person when sharing information about them. Even when we are not asking for consent to share a child or young person’s information, we should ensure efforts are made to listen to their views.

Article 12 of the UNCRC says that all children and young people should have their opinions taken into account when decisions are being made about their lives. Practitioners should draw on professional skills, expertise, and knowledge, to find creative ways in which to support children and young people to express their views.

An example of when it might not be ‘*reasonably practicable’* would be for example, when a child has absconded and is missing. A particular focus should be placed on ensuring efforts are made by practitioners to obtain the views of younger children, those with communication difficulties, or those who by virtue of vulnerability or disadvantage find it more difficult to express their views.

This principle also applies to ensuring the views of parents/carers are sought and taken account of (except where doing so would be either detrimental to a child’s wellbeing, or contrary to a child/young person’s views).

A person who has parental rights and responsibilities in relation to a child has responsibility to act as that child’s legal representative. Where required, practitioners should seek line management/supervisor advice where the views of a parent/carer and child/young person are in conflict.

**What is meant by consent?**

Consent must be:

* **Freely given:** If an individual has no real choice over whether information will be shared, consent will be invalid. An individual can withdraw their consent at any time.
* **Specific and informed:** This means the individual (child/young person and where appropriate parent/carer) must understand what is being asked of them. Information should be provided about any possible consequences of not sharing information.
* **Explicit and unambiguous -** the individual must positively give consent to their information being shared, by a clear statement or affirmative action – consent cannot be assumed. It is essential to record the granting of consent (when and why it was supplied) in both hard copy and/or electronic case files for future reference. Details of any refused or withdrawn consent should also be recorded; as should any subsequent review of the need for consent.

**When should I ask for consent?**

The need for explicit consent should be considered before any information has been shared. Consent should only be sought when the individual has a genuine choice over how their information/data will be used, and there is a difference between having a discussion where you advise and explain to an individual that you intend to share their information, and asking for their consent to do so.

As your organisational role and relationship with an individual develops, or where an individual’s circumstances change; you should review whether any consent you have been given remains adequate. A common sense approach should be adopted, and options to consent separately to different types of information-sharing should be available wherever possible.

**How should I ask for and obtain consent?**

In most cases, children, young people and families are happy to share their information, in order to help improve a child or young person’s wellbeing, or access support. Children, young people and families are central to decision-making, and should be actively involved in discussions about the benefits of sharing information, and any consequences of not sharing.

Where you decide it is appropriate and/or necessary to seek consent to share information, you should make sure that consent is given on a **specific and informed basis** by explaining and gaining agreement on:

* The purposes for which that information is to be shared
* What information is going to be shared, *and*
* With whom it will be shared

Practitioners should ensure any information being shared is proportionate and relevant to the wellbeing need. In order to lawfully share information where a child or young person is not immediately or likely to be at risk, explicit consent must be gained and this is best achieved by taking decisions together in discussion with children and families, and carefully recording those decisions.

You should obtain consent from a child/young person (and where appropriate their parent/carer), and document in agency records who has consented, what specific information the individual has consented to share, when, and how they consented.

**Who can give consent for information-sharing?**

**Children under the age of 12:**

Where the child or young person is under the age of 12, consent for information-sharing should be sought from a parent/carer. However, the child still has a right to be kept informed, to have an opportunity to express their view, and to participate in any decision-making process as far as they are able. In circumstances where you consider a child or young person under 12 has the capacity to provide informed consent, and where there is difficulty in their relationship with their parents/carers, then a request by the child/young person that consent not be sought from their parents/carers, should be respected wherever possible.

**Children aged 12 to 15:**

Children and young people from the age of 12 onwards are presumed to have legal capacity to provide informed consent, and to make decisions in their own right. Children and young people aged 12 to 15 are presumed to have a sufficient level of understanding as to the nature of consent and its consequences. Practitioners should ensure that where applicable, consent is directly sought from children aged 12 to 15 where possible. If this is not the case, or you are in any doubt; advice should be sought from your Line Manager/Supervisor.

**Young People aged 16 to 18:**

Parental Rights and Responsibilities largely cease when a child becomes 16. The exception to this is a parent/carer's responsibility to continue to provide guidance to their child from age 16 to 18. In these circumstances, you should seek to keep a young person’s parent/carer/ guardian involved in issues which affect their child or young person’s wellbeing; but only to the extent that this is compatible with the rights and autonomous choices of the young person.

**Who has Parental Rights and Responsibilities?**

* A child’s mother (whether she is married to the father or not)
* A child’s father if:
  + a) he is married to the mother (either when the child is conceived or afterwards)
  + b) he is not married to the mother but the mother has agreed he should have parental rights and responsibilities (and this is registered in the Books of Council and Session)
  + c) he is not married to the mother but the Sheriff Court or Court of Session has made an order giving him parental responsibilities and parental rights
  + d) the child is born after 4 May 2006 and his name is on the child’s birth certificate
* A guardian who has been properly appointed (for example in the event of a parent’s death)

In the event of separation or divorce, both parents will continue to have parental rights and responsibilities. Certain parental rights (such as the right to residence or contact) may in some family situations be limited or specified by the decision of a Court Order or Children’s Hearing Supervision Order.

Parental Rights and Responsibilities can only be removed by order of the Sheriff Court or the Court of Session.

Other adults can hold full or specific Parental Rights and Responsibilities, if these have been awarded by a court.

**What if there are concerns about capacity?**

If a child/young person (or their parent/carer) cannot give consent to share information (for example they lack capacity) you should ask yourself the following questions:

* Does the child/young person (or where appropriate parent/carer) understand the nature of consent and its consequences?
* Could information be explained or presented in a way that's easier for them to understand (for example, by using simple language or visual aids)?
* Have different communication methods been explored, or could anyone help with communication, such as a family member, carer, or supporting professional?
* Is it necessary to share this information?
* Will failure to share this information mean that assistance and support will not be provided?
* Will the child *or young person be at risk?*

Where a child or young person (or if appropriate, their parent/carer) is deemed not to have capacity, you should also record the following in the child or young person's case file notes and/or electronic file:

* Why the decision was made
* Who was involved in making that decision
* The purpose of sharing that specific information; **and**
* What information was shared, with whom, on what date

Lack of capacity should never be presumed just because a person has a particular health condition or disability, for example mental health problems, or learning disabilities. In certain specific circumstances, a child/young person, or their parent/carer may be entitled to independent advocacy.

**What if there is a request made to not share all/some information?**

Where a request is made by a child, young person, or parent/carer that information is not shared with others; practitioners should at that point consider whether sharing that information is to **support** a child or young person, or if it is needed to **protect a child or young person from harm/likely harm or significant adversity.**

When sharing information would **support** a child or young person, practitioners should explain any implications of not sharing it. This could mean that a service cannot be accessed, or increased support may not be available for a child/young person. These discussions should be clearly recorded in a child’s records, with the situation and any wellbeing needs reconsidered within an agreed timeframe.

Any professional must do their best to meet a child or young person’s wellbeing needs within their service capacity. However, when the situation is reviewed and if concerns still exist, consideration should be given to sharing information appropriately, as detailed above.

It can be helpful to ask yourself the following questions, as an aid to professional judgement and decision making:

* What are my reasons for deciding not to share this information?
* What harm could result if I do not share this information?
* What are the implications for the child/young person, and for me and/or my service/agency/organisation if I decide not to share this information?
* Do I need to discuss whether or not to share this information with my Line Manager/Supervisor?

Where information-sharing is necessary to **protect** a child or young person from harm or likely harm, Child Protection procedures must be followed immediately, and there is no requirement to seek consent. Any decisions to share, or not share information, must be clearly recorded as per organisational policy.

**What if consent is withdrawn?**

Children, young people (and where appropriate parent/carers) should be advised of their right to withdraw consent to information-sharing at any time, and given an explanation of how they can do so. It is important to discuss with families any implications of withdrawing that consent, for example, the loss of a particular support or service.

Where a child/young person, or parent/carer has withdrawn consent, practitioners should reassess any wellbeing needs, to inform ongoing decision-making around the child or young person’s need for support, and future information-sharing.

In these circumstances, you should:

* Fully explain and discuss the consequences of withdrawing consent with the family
* Consult with your Line Manager/Supervisor if appropriate
* Record that consent has been withdrawn in agency records
* Advise other involved practitioners/Services/Agencies that consent to share information with them has been withdrawn

A child/young person (and if appropriate parent/carer) cannot withdraw consent retrospectively. However, if incorrect information has been shared or recorded, the child/young person has a right to ask for this to be corrected. The receiving practitioner/service/agency should be notified accordingly and the information should be corrected within agency records.

Under the Data Protection Act 2018 there is a ‘*Right to Erasure’* for data subjects (sometimes referred to as the ‘*Right to be Forgotten*’). This means that an individual can request the deletion or removal of their personal data from systems, where there is no compelling reason for it being kept. Any such requests should be managed in liaison with information governance or organisational legal teams, and relevant individuals informed of how this will impact on any

service delivery. (In most cases public authorities only keep information to provide services, with some data kept to meet other legal requirements).

Consent to share information is not required where**:**

* There is a risk to a child/ young person which may if not addressed, lead to significant harm
* When a child/young person is believed to have been abused or to be at risk of harm or exploitation
* When there is evidence of serious public harm or risk of harm to others
* Where there is evidence of a serious health risk to the child or young person
* For the prevention, detection or prosecution of crime
* When instructed to do so by the Court; and
* Where there is a statutory requirement (for example where information is required by a Children's Reporter as part of their investigation of a child/young person referred to them).

In such circumstances, the child/young person and/or parents/carers, should be informed of the intention to share information and the reasons for this decision; unless to do so would further expose the child or young person to risk, or prejudice legal proceedings. Even when consent is not being requested, it is really important to involve families in discussions as far as is possible, and to make sure their views are sought and recorded.

#### Sharing information pre-birth

Occasionally, you may be worried or concerned about the wellbeing of an unborn child. The sharing of information about unborn children can present additional challenges. Babies are one of the most vulnerable age-groups, and need the right support to have the best start in life.

Agency/organisational vulnerable pregnancy protocol/pre-birth guidance should be referred to where applicable.

Practitioners caring for a pregnant woman should always consider if an unborn child may be at risk, or its future wellbeing is potentially at risk of being harmed by an adult's health, behaviour or lifestyle. Where you have a worry or concern about an unborn child’s development, or how a mother's health is impacting on the future wellbeing of the child when born, you should share this information.

Early sharing of information prior to the birth of a child, helps to ensure planning during pregnancy is effective, and informs supportive and protective planning from the moment of birth. It is helpful to discuss these benefits with families. In pre-birth circumstances, you should seek the views of the parents-to-be when making decisions about sharing information, unless this would increase any risks to the unborn child.

If a decision is taken to share information about an unborn child, the pregnant woman & her partner (if appropriate) should always be informed. The reasons for this decision should be clearly recorded within agency records, with any recipient of information also informed.

#### Data Protection Act 2018

The *Data Protection Act 2018* controls how personal information is used by organisations, businesses or the government and is the UK's implementation of the *General Data Protection Regulations (or GDPR)***.**

Everyone responsible for using personal data has to follow rules called, ‘data protection principles’ and it is an organisational requirement to provide Data Protection training to employees. **If you have not completed data protection training, please advise your line manager/supervisor immediately.**

**Information Commissioner’s Office**

Advice from the (UK) Information Commissioner's Office (ICO) has clarified what had been a misconception regarding the *Data Protection Act 2018,* and lawful processing.

In 2013, the Information Commissioner responded to a request for clarification of the provisions of the Data Protection Act 1998 on whether sharing data when a child or young person is at risk of harm could be considered lawful processing of data. At that time, their position was as follows:

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

The Information Commissioner has further clarified, as of 27th November 2020, in relation to the Data Protection Act 2018 that:

“***data protection law does not restrict the sharing of personal data where it is justified, necessary, and proportionate. If there is a valid reason for sharing data and it can be done lawfully, fairly, and transparently, then it is likely the sharing will be compliant with the legislation. In the circumstances outlined, our position would be the same [as in 2013] provided that the sharing was carried out in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and that this could be demonstrated.***

***You need to identify an appropriate lawful basis, be satisfied that the sharing won’t have an unjustified adverse effect, and ensure details of when you will share personal data are included in your privacy information.  
  
If the sharing involves special category data, you also need to identify an appropriate condition under Article 9 of the GDPR. This will be relevant if data concerning a child’s health is included. Article 9(h) permits the processing of special category data that relates to health or the provision of social care, which you may be able to rely on if it is necessary for you to share data for these purposes***.”

If we are to get it right for every child and young person, we need to intervene early to support their wellbeing.

To achieve this we need to work in a way which changes the emphasis from crisis management to early identification, intervention and support.

Often this will involve proportionate sharing of personal information, and in some cases very sensitive personal information.

Under the Data Protection Act, the lawful conditions for processing personal data are:

|  |  |
| --- | --- |
| **Consent** | Informed, consent for processing data for a specific purpose |
| **Contract** | Processing needed for a contract with an individual |
| **Legal obligation** | Processing needed in order to comply with the law |
| **Public task** | Processing needed to perform a task in the public interest or for one’s official functions (and the task has a clear basis in law) |
| **Vital interests** | Processing needed to protect someone’s life |
| **Legitimate interests** | Processing needed for legitimate interests (but not for public authorities performing official tasks) |

“Sensitive” information relates to information about an individual’s:

* Race
* Ethnic background
* Biometrics (where used for identification)
* Religious or Philosophical beliefs
* Trade union membership
* Genetics
* Political Beliefs
* Health
* Sex life or orientation

For the processing of sensitive information, an additional condition for processing is required as well as those listed above. Those conditions are:

|  |  |
| --- | --- |
| **Consent** | With the person's explicit informed consent |
| **Legal Obligation** | Carrying out legal obligations relating to employment |
| **Protect Vital**  **interests** | To protect vital interests of person or another person  where the person is legally or physically unable to give  consent |
| **Legal proceedings** | In connection with legal proceedings, obtaining legal  advice or defending legal rights and for the administration  of justice |
| **Medical purposes** | The provision of health or social care or treatment or the  management of health or social care systems and services |
| **Public health** | Protecting against serious threats to health or ensuring  high standards of quality and safety of health care and of  medicinal products or medical devices, |
| **Archiving** | Necessary for archiving purposes in the public interest,  scientific or historical research purposes or statistical  purposes |

Referring to this guidance helps practitioners to think about key information-sharing considerations, and inform decision-making which meets these legal obligations.

**Agency recording**

All decision-making associated with sharing, or **not sharing** information, must be clearly documented within agency records to ensure accountable, transparent practice. It is important that the basis/justification for sharing/not sharing information is also recorded within a child, young person or parent/carer’s records, with a copy of any relevant privacy notices which have been issued.

Recording should include any information-sharing discussions practitioners have had with a child, young person (and where appropriate parent/carer/guardian), including the detail of conversations to advise families about information-sharing decisions that have been made.

In general, if it can be evidenced that requirements of the Data Protection Act 2018, Human Rights Act 1998 and Children and Young People (Scotland) Act 2014 have been taken into consideration when deciding whether to share, seek and/or exchange information, then practitioners can be reassured that requirements in respect of confidentiality and other statutory obligations are also highly likely to have been met.

#### Child Protection

Child Protection is part of the continuum of assessment and intervention to support children and young people through GIRFEC. The first and most important wellbeing indicator in these cases is Safe.

In such cases, where information will be shared, **consent should not be sought**, as to do so would give the subject (child or young person and/or their parents/carers) a false belief that they can control the decision, which they cannot.

However if it is safe to do so it is good practice to tell the parents that a CP referral is going to be or has been made

**Practitioners are advised to seek advice from Police in urgent and immediate risk situations or speak to Duty Social Work for Children as soon as possible. If practitioners are not sure about assessing the risk of significant harm it is always important to remember that a discussion can be held with the Duty Social worker at any time to support the practitioner in their work.**

**SHOULD THERE BE ANY CONCERN THAT THE CHILD OR YOUNG PERSON MAY BE AT RISK, IT IS ESSENTIAL THAT LOCAL CHILD PROTECTION PROCEDURES ARE FOLLOWED IMMEDIATELY.**

#### Multi-agency Information Sharing flowchart

Wellbeing information (need/concern) identified

Yes

Follow Child Protection Procedures immediately. Consent is not required to share Child Protection information. Record decisions as per agency procedure.

Is a child or young person at risk of harm?

No

No

Record reason and decision not to share information as per agency procedure

Is this information likely to *promote, support or safeguard* the wellbeing of a child or young person, and is it assessed as *necessary, proportionate and relevant* to share that information?

Yes

Yes

Consult with Police Scotland before proceeding

Is sharing this information likely to prejudice a criminal investigation/prosecution?

Discuss wellbeing need/concern with the parent/care/child/young person, including any sharing of wellbeing information with Named Persons and/or other Professionals (as relevant)

No

Does professional judgement and available information suggest that a legal basis allows you to share this information without consent (ie statutory requirement, public task, legitimate interest)? *Seek Line Manager/Agency Legal/Data Protection advice where required*

Yes

No

No

Consent to share information is not required and should not be sought. Record this decision and reason for sharing information without consent, discussing this with the child/young person/parent/carer/other

Have you discussed the wellbeing need/concern and any information sharing with the parent/carer/child/young person/other? (*what, why when, how and with whom*)

Has explicit and informed consent to share this information been given?  
(Remember, consent should only be sought where a child/young Person/parent/carer/other has a real choice over the matter)

Yes

Record discussion of wellbeing need/information sharing as per agency procedure, ensuring the parent/child/young person/others views are documented

Share wellbeing information with relevant professional, recording this discussion and any decisions. Update the child/young person/parent/carer/other and discuss any agreed action. Where necessary, ensure a privacy notice has been provided in order to be transparent about the legal basis and type of information being shared/collected/processed

No

Record the wellbeing need/concern as per agency procedure. Monitor situation and agree date to reassess.

If you are not the Named Person, is this information relevant to the Named Person functions? (Provision of advice, providing/accessing support to address a wellbeing need)

No

See the guidance ‘Contacting and Sharing Information with a Named Person’ which is on the Shetland Islands Council website. Search ‘GIRFEC’ and go to Resources.

Yes

No requirement to share information with Named Person. Record decision. Monitor situation and agree date to reassess.

No

Is the Named Person known?

Share wellbeing information directly with the Named Person and record discussion and outcome in agency records.

Named Person takes appropriate and proportionate action. Records action as per agency procedures and provide feedback to notifying person as appropriate.

# Concerns – structures and services

#### Concerns directed to the Named Person or Lead Professional

The Named Person or Lead Professional response to any concern will depend on the nature of the issues, the 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 discussion with relevant colleagues (including review of any existing plan) apply the structure of the Wellbeing indicators, My World Triangle and Resilience Matrix. This will inform decisions about the need for any subsequent actions to be taken.
* Follow Child Protection procedures when a suspicion of abuse or neglect is identified due to an emerging pattern. Remember there can be consultation with the Duty Social Worker at any point. NHS colleagues can also contact the Protection Nurse Adviser for advice
* In this process they will 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/chronology in accordance with service guidance, and co-ordinate any further action required.

#### Concerns from Police Scotland

Unless an immediate response to a child’s safety is necessary, police will share well-being concerns resulting from contact with families with children as soon as practically possible. This takes the form of electronically generated information using the Child Concern Form.

#### Concerns about unborn children and new born babies

Unborn children and new-born babies are inherently vulnerable. Antenatal care is provided by community midwives who hand over to health visitors when new-born babies are 10 days old. Community midwives and health visitors are at the forefront of identification and assessment of additional needs or risks.

Concerns arising from complex social needs of expectant mothers or infants should be shared and assessed in line with this guidance. Domestic Abuse guidance and Pregnancy & Substance Misuse guidance also informs and assists assessment.

Expectant mothers who have complex social needs identified follow the Vulnerable Pregnancy Care pathway. This pathway has a named midwife who works within a multi-agency setting to ensure expectant mothers have all the support they require in place prior to their baby’s birth.

When indicators of need which may require a multi-disciplinary Child’s 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 Support services.

The Child’s Plan assessment and analysis may indicate unborn children who are at risk of harm and possibly requiring a multi-agency child protection plan will have their needs considered at an Initial Child Protection Case Conference no later than 28 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 significant harm is indicated.

#### Joint Support Teams

The Joint Support Team is a group of professionals (education, social work, health and others) who provide solution focused support to help schools meet the needs of their pupils. The group provides an opportunity to share expertise and resources, and have a discussion about the support required, and the strategies needed, to help a pupil make progress.  This is a consent led process.

<http://www.shetland.gov.uk/education/JointSupportTeams.asp>

#### Childrens Social Work Team.

As previously outlined, this process provides a mechanism for the Named Person or Lead Professional from universal services to discuss their concerns regarding an individual child, often when circumstances are becoming complex and/or when early intervention has not addressed a child’s needs in a reasonable timescale.

Discussion with Childrens Social Work Duty/Intake Team is indicated when:

* 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 and 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 obtained when an early intervention service has been in place for 6 months.
* Additional resources are required that cannot otherwise be sourced
* Further assessment and intervention is required
* There is uncertainty that early intervention services should continue
* When the NP or LP require advice and support about actual or potential risk
* There is uncertainty if a targeted service would be appropriate
* Referral to the children’s reporter needs to be considered – usually when concerns about the child’s welfare or behaviour cannot be addressed on a voluntary basis or when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child.

Copies of the current Child’s Plan including a chronology should be circulated to colleagues prior to discussion.

Discussion/review of information should include contribution from any other relevant colleagues, for instance: the named person for another child in the family; practitioners in adult mental health and criminal justice services; colleagues in disability services

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

* advised of the professionals’ discussion.
* have sight of the information before it is tabled for discussion
* 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.

For cases that require escalation, please contact your agency representative on the multi-agency ASN Management Team, examples are:

* the requirements of the Child’s Plan cannot be achieved from within area resources or when external or specialist resources are needed
* allocation of a significant resource needs to be sanctioned
* disagreement between professionals or agencies cannot be resolved

#### Referral to Children’s Reporter/Children’s Hearings

The Children’s Hearings System provides the statutory framework for considering the role for compulsory measures in meeting the child’s needs or addressing concerns about their behaviour, and imposing such measures when required. It safeguards the rights of children and carers whilst ensuring that compulsory measures can play their role if required.

Children’s Reporters within SCRA are the independent officials who act as ‘gatekeepers’ to the system, acting on the authority of the Principal Reporter. For further information <https://www.scra.gov.uk/wp-content/uploads/2016/03/Guidance-on-Referral-to-Reporter.pdf>.

**Decision to Refer to Children’s Reporter**

Although anyone can make a referral to the Reporter, within the Shetland Practice Framework referrals will most often come:

* Directly from Police Scotland if a child concern is sufficiently serious to indicate that compulsory measures may be required or a child aged 12 to 16 has committed an offence
* When there is a doubt that the Child’s Plan will be effective without compulsory measures

Referral should be made by the Lead Professional whenever the professionals working as partners to the Child’s Plan believe that compulsory measures may be required to meet the needs of a child. It should take place as a matter of urgency in cases that require it, with prompt provision of good information within the Child’s Plan. The Lead Professional role will normally have passed to a Childrens Social Worker at this stage.

**Investigation and Decision by the Children’s Reporter**

The Reporter will ask Children’s Social Work for a report following any referral, and investigates any referral to decide if the child should be brought before a Children’s Hearing. That investigation is focussed on:

* whether there is sufficient evidence to establish a formal Ground for Referral to a Children’s Hearing and
* whether compulsory measures are required to meet the child’s needs (a Compulsory Supervision Order, with any additional compulsory conditions)

The Child’s Plan is central to considering both of these issues. It should contain:

* evidence regarding the specific concerns that may give rise to a Ground for Referral, and
* analysis of the role for compulsory measures in ensuring that the Child’s Plan is effective.

If the Reporter decides that there is evidence to establish a formal Ground for Referral and that compulsory measures are necessary the child will be referred to a Children’s Hearing.

**The Children’s Hearing**

A Children’s Hearing comprises three Panel Members, who are all trained volunteers from the local community.

The Children’s Hearing makes the final decision about whether compulsory measures are required. It has a wide range of powers available to it, both short and long-term. Over and above considering whether a Compulsory Supervision Order is required, the Hearing can impose a range of Measures governing, for example, the child’s residence or contact with others.

The Child’s Plan should set out the recommendations made by the professional partners as to all of the compulsory measures required to ensure that the plan is effective, as well as the views of the child and carers.

Good preparation of the child and carers for a Children’s Hearing is essential.

#### The ‘Prevent’ duty

Services have a legal responsibility to have due regard to the need to prevent young people from being drawn into terrorism. Practitioners have an important role to play in meeting these obligations under the ‘Prevent’ duty.

Protecting children from the risk of radicalisation is part of the wider safeguarding role, along with preventing them from other harms such as drug abuse, violence, neglect or sexual exploitation.

The UK Counter Terrorism (CONTEST) Strategy consists of four key strands:

Pursue: to stop terrorist attacks

Prevent: to stop people being drawn into terrorism or supporting terrorist acts

Protect: to strengthen protection against a terrorist attack

Prepare: to mitigate its impact where an attack cannot be stopped

Section 26 of the Counter Terrorism and Security Act 2015 places a statutory duty on public bodies (listed at Schedule 6 of the Act) to have ‘due regard to the need to prevent people from being drawn into terrorism.’

Safeguarding children and young people from radicalisation is part of the wider public protection agenda.  All practitioners have an important role to play in recognising and responding to signs that someone is supportive of, or possibly being drawn into, terrorism. 

Any concerns of this nature must be shared in a similar way to other concerns.  If it is believed there is an immediate danger, the Police should be contacted.  Otherwise, it may be appropriate for these to be addressed through existing child or adult protection processes, or, depending on the circumstances it may be necessary to convene a Prevent Multi Agency Panel (PMAP) meeting to consider the needs of the individual.  The Prevent Single Point of Contact (SPoC) for Shetland Islands Council must be consulted, and decisions recorded.   The purpose of these meetings will be to identify support for the individual, which may include a Child’s Plan.

Flowchart - The process of progressing response to a concern is illustrated below:

I have concerns about meeting the needs of a child

Concerns that child is at risk of significant harm at any point during process? Follow Child Protection procedures

Additional resources are required which are not available within local resources or when there is disagreement between professionals - refer to the ASN Management Team

Alert and share information with Children’s Social Work Intake Team

If agreement cannot be reached in terms of the response to the concern the case to be discussed with relevant Line Manager

Deploy early intervention strategies

Agree review period (6 monthly or more frequent).

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

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

**Child Protection Guidelines**

If plan is not progressing well have discussion with relevant Line Manager (either scheduled or if immediate, virtual).

Ensure siblings or relevant others are considered

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

Multi-disciplinary Child Protection Plan (statutory review schedule)

Discuss assessment with family and relevant professionals. Consider use of Solution Focused Approaches and if family requires early intervention and support. Consider any siblings/others.

Agree assessment with family, and where appropriate multi agency team around the child, Child’s Plan recorded, including analysis, actions required and desired outcomes.

**Appendix 1**

# Definitions

**Adversity, childhood adversity**

The term adverse childhood experiences (ACEs) is used to refer to stressful or traumatic events occurring in childhood and adolescence (between 0 to 18 years). Surveys of adverse childhood experiences (ACEs) have typically investigated 10 commonly measured adversities[[2]](#footnote-2), and these surveys have found that the more of these experiences an individual has, the higher the risk of negative impacts on health, wellbeing and other outcomes in adulthood. Wider evidence shows that a broader range of adversities similarly impact on children’s healthy development and outcomes in adulthood, for example, bereavement, coercive control within the household, homelessness, neighbourhood violence or bullying

**After Care**

The term “Aftercare” refers to the advice, guidance and assistance provided to care leavers under section 29 of the 1995 Act. Section 29(1) and (2) of the 1995 Act (as amended by section 66 of the 2014 Act) specifies the descriptions of care leavers that are eligible or potentially eligible for Aftercare. Any young person who ceases to be looked after on or after their sixteenth birthday and is less than twenty-six years of age are eligible (between sixteen and nineteen) or potentially eligible (between nineteen and twenty-six) for Aftercare.

Prior to the 2014 Act changes young people who ceased to be looked after beyond their minimum school leaving age and were less than twenty-one years of age were eligible or potentially eligible for Aftercare.

It is important to note that eligibility for Aftercare applies to all care leavers, regardless of their placement type while they were looked after.

**Agency**

An agency is an organization, company, or bureau that provides a particular service. In this context the agency is the wider organisation that a service belongs to.

**ASN Management Team**

The ASN Management Team is a multi-agency group of managers from NHS and SIC services which meets monthly to ensure the continued development of support for children and young people with additional support needs, their families and those who work with them.  The group considers national initiatives and legislation relating to ASN and agrees how these should be taken forward strategically across services. Part of the remit of the group is to consider requests for support and resources that exceed those usually agreed at operational levels.

**Care and Risk Management (CARM)**

There are specific circumstances in which children and young people may present a risk of serious harm to others because of their own behaviours. These can include situations where children and young people are involved in sexually harmful behaviour and/or the commission of sexual offences and/or violence. Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives.

It is imperative that children and young people who pose a risk of serious harm have the support and opportunities to grow, develop and reach their full potential. This must be aided by proportionate and effective risk management strategies, which include interventions that minimise the risk presented by the child or young person and reduce the likelihood of further harm.

Detailed guidance is available and can be found in the Shetland Child Protection Procedures, <https://www.childprotectionshetland.com/for-everyone>

**Child**

The term ‘child’ in Scotland often means those below the age of 16 although the general definition in the Children (Scotland) Act 1995, the Protection of Children (Scotland) Act 2003 and the Children and Young Persons (Scotland) Act 2014 is a person below the age of 18.

Shetland 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
* 16 and 17 year olds who do not attend school but who wish to access contact with a Named Person up to age 18.

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

**Child’s Plan**

When a child’s needs cannot be met within standard or core provision in education or health services, the assessment and all of the actions to meet additional needs will be recorded in **one** integrated Child’s Plan. The content of the written Child’s Plan should be appropriate and proportionate to the child’s circumstances but follows a standard structure.

The Child’s Plan is achieved through collaboration with the family and child. The family and services around the child are called the partners to the plan. A core group of significant family members and professionals is identified, including the child if appropriate.

When the Child’s Plan can be fulfilled by some additional resources within a universal service, this is a **single service Child’s Plan**.

When the Child’s Plan requires the input of more than one service, this is a **multidisciplinary/service/agency Child’s Plan**

When interventions are required to protect a child from significant harm, this is a **Child’s Protection Plan**.

**Child in Need**

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

* the child 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
* the child’s health or development is likely significantly to be impaired, or further impaired, unless such services are so provided
* the child is disabled
* the child is affected adversely by the disability of any other person in his family

**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, a characteristic of the child or of someone associated with them, for example an adult with responsibility for their care.

**A concern about one child should cause consideration about the wellbeing of any other children in the family.**

**Continuing Care**

The aim of Continuing Care is to provide young people with a more graduated transition out of care, reducing the risk of multiple simultaneous disruptions occurring in their lives while maintaining supportive relationships.

Continuing Care offers eligible young person’s born after 1 April 1999 and who are at least aged sixteen and whose final looked after placement was in foster, kinship or residential care with the same accommodation and other assistance as was being provided by the local authority, immediately before the young person ceased to be looked after. Effectively it offers eligible young persons the entitlement to remain in their care setting up to their twenty-first birthday where they cease to be looked after by a local authority.

The Shetland Councils aims and objectives are: to address the inequalities between looked after children and their non-looked after peers by providing a stable home. Ensuring that young people are not discharged from care until they are prepared and ready to leave; to improve the assessment, preparation and planning for young people leaving care; and to provide personal support for young people after leaving care.

<http://www.gov.scot/Resource/0050/00509205.pdf>

**Co-ordinated Support Plan (CSP)**

A statutory document which must be reviewed and monitored regularly. Schools must have clear arrangements to identify young people who have additional support needs, and who meet the following criteria for a co-ordinated support plan:

* needs arising from more than one or more complex factor or multiple factors;
* needs likely to continue for more than a year;
* the young person requiring significant additional support to be provided by more than one agency.

Young people requiring a co-ordinated support plan will have reached Stage 3 of the Stages of Intervention.

**Corporate Parenting**

There is an obligation in statute for the partnerships between all local authority services and associated agencies to work together to meet the needs of looked after children and young people and for care leavers**.** *(Looked After Children and Young People: We Can and Must Do Better, Scottish Executive, 2007; Children and Young People (Scotland) Act 2014)*

Corporate parenting is an opportunity as well as a responsibility to improve the futures of looked after children and young people. All parts of the system have a critical contribution to make and being a good corporate parent means we should:

* accept responsibility for Shetland’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

Further information about corporate parenting can be found in [*These are our Bairns*](http://www.scotland.gov.uk/Resource/Doc/236882/0064989.pdf): a guide to community planning partnerships on being a good corporate parent (Scottish Government 2008) and Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 9: Corporate Parenting (ref Section re guides and tools), from Who Cares? Scotland (<http://www.corporateparenting.org.uk/>) and from the Centre for Excellence for Looked after Children in Scotland (Celcis) (<https://www.celcis.org/knowledge-bank/spotlight/corporate-parenting>)

The key aspects of the legislation relating to Corporate Parenting are for every corporate parent, in so far as consistent with the proper exercise of its other functions:

* to be alert to matters which, or which might, adversely affect the wellbeing of children and young people to whom this Part applies,
* to assess the needs of those children and young people for services and support it provides,
* to promote the interests of those children and young people,
* to seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing,
* to take such action as it considers appropriate to help those children and young people to access opportunities it provides, to make use of services, and access support, which it provides,
* to take such other action as it considers appropriate for the purposes of improving the way in which it exercises its functions in relation to those children and young people.

**Early Intervention**

Action to assess and provide support to promote wellbeing, to prevent an increase in difficulties or to protect from harm can mean:

* Early in the life of a child, including an unborn baby
* Early in the scale of complexity
* Early in a crisis

**Governance structure in Shetland**

Strategic leadership of the collaborative services for children is provided by the Shetland Childrens Partnership which

Quality assurance is overseen by the Integrated Childrens Service Quality Assurance Group (ICSQAG), which reports directly to the Shetland Childrens Partnership.

The GIRFEC Development Group is responsible for the continuous improvement of the framework in Shetland, in collaboration with staff and families (where possible), and reports on this work to the ICSQAG.

**Lead Professional**

When two or more services are required to work together to meet a child’s needs, a practitioner from one of these professional disciplines/services will become the Lead Professional. The Lead Professional is the person who co-ordinates the assessment, actions and review of the Child’s Plan. The Lead Professional will make sure everyone is clear about different roles and contributions to the Child’s Plan and monitor that all of the support provided is working well and is achieving the desired outcomes.

The Lead Professional holds a key role in helping children and families where there is a need for coordination of a Child’s Plan so that everyone is works together to deliver outcomes and review progress. The Lead Professional has a responsibility to ensure that a child and family get the right support at the right time.

**Looked After Child**

This describes a child for whom the local authority has corporate parenting responsibilities under the Children (Scotland) Act 1995 because:

* the local authority is providing accommodation away from home or
* the child is subject to a Compulsory Supervision Order or Interim Compulsory Supervision Order (at home or away from home) from a Children’s Hearing, or
* the child is the subject of a permanence order or permanence order proceedings – Adoption and Children (Scotland) Act 2007.

The Children and Young Persons (Scotland) Act 2014 extends the duties and powers of corporate parents. It broadens the range of organisations with corporate parenting responsibilities and extends support to some young adults who have been previously Looked After. This includes the provision by the local authority of a continuing care placement.

**Multidisciplinary**

Composed of, or combining, several usually separate branches of learning or fields of expertise, e.g. examples of different disciplines may be Teacher, Speech and Language Therapist, Educational Psychologist, Police Officer.

**Multiagency**

Involving cooperation between **several** organizations,

**Named Person**

The purpose of the Named Person role is to make sure children, young people and parents have confidence that they can access help or support no matter where they live or what age the child is.Any child or family may need extra assistance at some time and the Named Person has an important role in helping to access that support.

The Named Person is a central point of contact in local universal services. The Named Person therefore is well placed to assist in obtaining support if and when needed.The *Getting it right* *for every child* approach includes making a Named Person available for every young person until their 18th birthday (or beyond, if they are still in school).

There is no obligation for young people or parents to accept any offer of advice or support from the Named Person.

**Parents**

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 recorded as the father on the child’s birth certificate.

A father may acquire parental responsibilities and 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.

Parental rights and responsibilities of a mother or a father can only be removed by a court order.

**Partners to the Plan**

The family and services around the child who come together to create, support and deliver the Child’s Plan.

**Relevant Person**

Within the Children’s Hearing System is defined as any parent, any person who has parental responsibilities and rights in relation to a child, and any person who has been deemed to be a Relevant Person by a Children’s Hearing or a Pre-hearing Panel because they have (or recently had) a significant involvement in the upbringing of the child. This last category may include for example a step parent or other carer.

**Self Directed Support**

Self Directed Support is the term used to describe the ways in which social care services and support will be offered to individuals and families. SDS is about giving individuals freedom of choice so that they can get the kind of support they need to live the life they choose. It is intended to empower individuals.

More information can be found at:

<https://www.gov.scot/publications/guide-social-care-self-directed-support-scotland-act-2013/>

**Service**

A service is a system supplying a public need, e.g. Schools, Social Work, Health Visitors, Befriending.

**Shetland Childrens Partnership**

Multi agency group which manages this thematic lead for the Shetland Partnership. This includes health, local authority, police and voluntary sector services. The Partnership supports the implementation of the Shetland Practice Framework by all services. The Shetland Integrated Children’s Service Plan is led by this group. You can search for the plan here: <https://www.safershetland.com/>

**Significant Harm**

Significant harm is not of a minor, transient or superficial nature. Significant harm may result from what is done to a child **or** from what responsible adults fail to do for a child **or** both. Significant harm might result from a single action or incident or as the cumulative result of the child’s experiences over a period of time.

Children and young people of all ages, presentation and family circumstances can experience significant harm.

For a small minority of children,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 guidance, see Shetland’s Child Protection Procedures, which can be found here: <https://www.childprotectionshetland.com/for-everyone>

**Targeted Services**

A targeted intervention is required when a child’s needs are not met, or met fully, by provision of services that are generally available. A targeted intervention will involve multiple teams or multiple services working together to meet a child’s agreed outcomes.

**Universal services**

These are the health and education services to which all children and young people have access throughout their childhood. For example, the local health visiting service provides the national Universal Health Visiting Programme to all children aged 0-5 years old, which includes health and developmental screening and support for the child and family and support in the early years. For children in school, their education is provided through the **standard** curriculum. The wellbeing of most children, most of the time, is supported successfully by their own families and universal services.

**Wellbeing**

Children’s wellbeing is at the heart of Getting it right for every child. To achieve our aspirations for all Shetland’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
* Included

All services available to children and their families have the objective of contributing to positive wellbeing.

**Young Carers**

A young carer is anyone who provides, or intends to provide care who is aged 18 and under or 18 and still in school.

Guidance and related documents for supporting young carers can be found on the Shetland GIRFEC page:

<https://www.shetland.gov.uk/girfec/girfec-resources>

# Additional information, guidance and tools:

*(This section contains a selection of easily accessed materials. If you have any useful tools or references that you think other colleagues would find helpful, please forward your suggestions to the GIRFEC Development Group)*

**GETTING IT RIGHT FOR EVERY CHILD**

* Children, Young People and Families

<http://www.gov.scot/Topics/People/Young-People/gettingitright>

<http://www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing>

* National Child Protection Guidance

<http://www.gov.scot/Resource/0045/00450733.pdf>

* National Risk Framework to support assessment of children and young people

<http://www.scotland.gov.uk/Publications/2012/11/7143/downloads#res-1>

* Curriculum for Excellence

<http://www.educationscotland.gov.uk/learningandteaching/thecurriculum/>

* Hall 4

<http://www.gov.scot/Resource/Doc/337318/0110676.pdf>

* Early Years Framework

<http://www.gov.scot/Resource/Doc/257007/0076309.pdf>

* Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 9: Corporate Parenting

<http://www.gov.scot/Resource/0048/00483676.pdf>

**CHILDREN’S RIGHTS AND RELATED INFORMATION**

* **United Nations Convention on the Rights of the Child**

<http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.pdf>

* [**The Children’s Charter**](http://www.scotland.gov.uk/Publications/2004/04/19082/34410)

https://lx.iriss.org.uk/sites/default/files/resources/0008816.pdf

* **Advocacy and children and young people**

<http://www.gov.scot/Topics/People/Young-People/families/advocacy>

* **Scotland’s Commissioner for Children and Young People**

<http://www.sccyp.org.uk/>

**LEGISLATION AND RELATED INFORMATION**

* Education (Additional Support for Learning) (Scotland) Act 2004

<http://www.legislation.gov.uk/asp/2004/4/contents>

Statutory Guidance on the Education (Additional Support for Learning) (Scotland) Act 2004

[Additional support for learning: statutory guidance 2017 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/)

* Children & Young People (Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

* Children (Scotland) Act 1995

<http://www.legislation.gov.uk/ukpga/1995/36/contents>

* Childrens Hearings – background and legislation

<http://www.gov.scot/Topics/People/Young-People/protecting/childrens-hearings>

<http://www.legislation.gov.uk/asp/2011/1/contents>

* Guidance on Referral to Reporter
* <http://www.scra.gov.uk/wp-content/uploads/2016/03/Guidance-on-Referral-to-Reporter.pdf>
* Scottish Children’s Reporter Administration

<http://www.scra.gov.uk/publications/index.cfm>

* Protection of Vulnerable Groups (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/14/contents>

* Adoption and Children (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/4/contents>

* Guidance – Looked After Children (Scotland) Regulations 2009 and Adoption and Children (Scotland) 2007 Act

<http://www.gov.scot/Publications/2010/06/01094202/1>

* Adult Support and Protection (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/10/contents>

* Carer’s Charter – Your rights as an adult carer or young carer in Scotland

<http://www.gov.scot/Resource/0053/00533199.pdf>

**PRACTICE TOOLS / NOTES / READING**

**Parenting Support**

* Info and support for parents

<http://www.parentingacrossscotland.org/>

<https://www.parentclub.scot/>

* Professional groups’ assessment of parenting and support needs

<http://www.jrf.org.uk/sites/files/jrf/parenting-support-need-full.pdf>

Resilience

* Parenting and resilience

<http://www.jrf.org.uk/sites/files/jrf/parenting-resilience-children.pdf>

* Working on resilience

<http://www.boingboing.org.uk/>

* Assessment of Parenting Capacity

<https://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-assessing-parenting-capacity.pdf>

* Chronologies

<https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf>

* Parents with learning disability – good practice guide

<http://www.scld.org.uk/wp-content/uploads/2015/06/Supported_Parenting_web.pdf>

* Overview of protection of children in the UK

<http://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2015-report.pdf>

[*http://www.rapecrisisscotland.org.uk/workspace/publications/YesYouCan.pdf*](http://www.rapecrisisscotland.org.uk/workspace/publications/YesYouCan.pdf)

* Ethnic minority communities – perceptions of abuse of children

<http://roshni.org.uk/wp-content/uploads/2012/05/Perceptions-of-Child-Abuse-in-Scotlands-Minority-Ethnic-Communities.pdf>

* Physical abuse

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical->

* Neglect – research evidence / resource

<https://www.actionforchildren.org.uk/media/3368/neglectc_research_evidence_toinform_practice.pdf>

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf>

<https://www.actionforchildren.org.uk/media/3213/child-neglect-the-scandal-that-never-breaks_march2014.pdf>

<https://www.actionforchildren.org.uk/media/3225/action_on_neglect__resource_pack_v5.pdf>

* Domestic violence and abuse

<http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf>

* Child sexual abuse and offending

<http://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf>

<http://www.lucyfaithfull.org.uk/our_research.htm>

[http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful- sexual-behaviour/research-resources/](http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-%20%20%20%20%20%20%20%20%20sexual-behaviour/research-resources/)

* David Howe

*Child Abuse and Neglect: Attachment, Development and Intervention*

Palgrave Macmillan (2005)

ISBN 1403948259, 9781403948250we

David Howe

*Empathy: what it is and why it matters*

Palgrave MacMillan (2012)

ISBN 9781137276421

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1. https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf#page=1 [↑](#footnote-ref-1)
2. These 10 commonly measured adversities are: physical abuse; sexual abuse; verbal abuse; emotional neglect; physical neglect; parental separation; growing-up in a household in which there are adults experiencing alcohol and drug use problems; growing-up in a household in which there are adults with mental health difficulties; growing-up in a household with domestic violence; and growing-up in a household in which there are adults who have spent time in prison. [↑](#footnote-ref-2)