Getting it right for every child

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

Key Features:

Discussion with child/ young person
Children/young people should be consistently involved in the decisions which affect their lives. Professionals are expected to encourage participation at every stage in any process of assessment, planning and review.

Children's Planning
When a Child/ Young Person's Plan ('My Plan') is required to coordinate supports within universal services, Children's Planning is used. It follows an assessment of wellbeing and identifies the desired outcomes or positive changes through SMART actions (Specific, Measurable, Achievable, Realistic, Timebound) needed to support a child/young person's wellbeing. Each outcome has associated actions, timescales and details who is responsible for achieving them.

National Practice Model
This model assists practitioners to understand and analyse the wellbeing needs of children and young people.

Wellbeing Indicators
There are eight wellbeing indicators that support professionals to assess and encourage children/young people/families to express and record their own views about the child/young person's wellbeing, what help they might need and what they would like to change. Each aspect of a child/young person's wellbeing should be considered if there are any concerns.

My World Triangle
The My World Triangle provides a common structure to consider the child/young person's whole world when an agency needs a detailed picture. It is used to gather relevant information collating strengths and pressures affecting a child/young person/family to assess and identify the most appropriate response.

Resilience Matrix
This is used to analyse all the available information and identify the priority issues in a child/ young person's life and anything that may need to change. It is used to inform assessment of wellbeing and demonstrates the balance between adversity, protective factors, resilience and vulnerability.

Single Agency Chronology
An agreed format used within one agency to provide a summary of positive and negative significant events for the child/ young person. This tool helps to identify patterns and trends in a child/young person's life and will contribute to ongoing assessment, planning and review.

AYRshare Chronology
AYRshare brings together information from all Single Agency Chronologies into one integrated Chronology, providing a summary of positive and negative significant events. It should be updated as a significant event happens and discussed at Team with the Family meetings and as part of an ongoing assessment and planning to ensure the child/young person's wellbeing improves.

Wellbeing Needs
If anyone identifies a wellbeing need for a child/young person, these should be shared with the named person who will review the need and record any actions that require to be taken to support the child/ young person's wellbeing. If a concern is assessed to meet the criteria for Child Protection local child protection procedures should continue to be followed.

Team with the Family
The term used to describe a group of practitioners who contribute to improving a child/young person's wellbeing at any given time. At the core of this group is the child/ young person and their family. The Team with the Family could be a large group from different agencies or two or more practitioners from the same agency.

My Plan
A Plan is developed when agencies, as defined by the Children and Young People's (Scotland) Act 2014, assess there is a need that can only be met by targeted interventions beyond universal services. The Child/Young Person's Plan ('My Plan') specifies the desired outcomes derived from any assessments, including those within the National Practice Model, targeted interventions and the actions necessary to enhance and support a child/young person's wellbeing.

Lead professional
The professional who agrees to co-ordinate and review the Child/ Young Person's Plan ('My Plan'). They will work collaboratively with the named person to support the child/young person's wellbeing.

Information Sharing
The Information Sharing Flowchart and guidance should be followed when information requires to be shared with another agency or service. Where there is a concern for a child/young person's wellbeing, proportionate sharing of information is required by the Team with the Family.

Request For Assistance
An agreed format to request help from those who can provide support for a child/ young person/family. Assistance can be requested from partners including health, education, social work, housing, adult services or the voluntary sector.

Named person
The professional within one of the universal services of health or education who is responsible for assisting parent(s)/carer(s) in developing their child/young person's wellbeing at different stages of their lives. The named person will receive information about wellbeing concerns, record them and initiate actions to meet any wellbeing needs the child/young person may have.

When the child/young person, their parent(s)/carer(s), or someone who works with them raises a wellbeing need, a named person will use the wellbeing indictors and carefully consider the situation by asking the five questions:

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 by others?

The family and universal services

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

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

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

2 At transition to an early years establishment, the **named person** will share relevant and proportionate information about the child's wellbeing with early years practitioners. **A member of the senior management team** in the early years establishment will explain to parent(s)/carer(s) that although the health practitioner will remain the named person until the child reaches school age, early years staff will also support parent(s)/carer(s) to develop the child's wellbeing and they will communicate with the **named person** where necessary. Partnership and private early years establishments will do the same.

3 At transition to primary school the **named person** (Health) will, in discussion with child/family, share information about a child's wellbeing with the **named person service**, a member of the senior management team in the primary school. For children who have not attended an early years establishment, the named person (Health) will share appropriate information regarding the child's wellbeing with the named person service within the local authority. They will advise parent(s)/carer(s) who their named person will be.

4 At transition to secondary school the named person in the primary school shares information regarding the young person's wellbeing with the **named person service** in the secondary school. Transition planning takes place up to one year prior to transfer to secondary school. The secondary school will explain to the young person/family who their named person is and their responsibilities to support the young person's wellbeing until the young person leaves secondary school.

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

Some children/young people will need more help...

Additional support within universal services

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

The named person uses the appropriate assessment from the National Practice Model to identify the child/young person's wellbeing needs. Assessment and planning make sure that the child/young person's views are heard. The named person will discuss the information being shared with the child/young person/family. Requests for Assistance to those who can provide support are made using the agreed format and process. Children's Planning and the AYRshare Chronology help track and support the actions taken to improve the child/young person's wellbeing.

1 The **named person** is **concerned** that the child/young person's **wellbeing** may not develop within the standard universal service provision.

2 The **named person** and the **child/young person/family discuss** the concerns and contribute to an **Assessment** using the **National Practice Model**.

3 The **named person discusses** any assessment/s with the child/young person/ family and they agree if support is needed and what that support may look like. *Depending on information go to* **4**/**5** *or* **1**-**5**

4 Where a wellbeing need is identified the **child/young person/family discuss** the support needed from within universal services. A **Request For Assistance** may be used.

5 Where a more detailed picture is needed, further **Assessment** is initiated and completed. The **child/young person/family discuss** and agree any help or support that may be needed with the **named person**. A **Request For Assistance** may be used. *Depending on information gathered go to* **6** *or* **1**

6 The desired outcomes and actions are agreed and recorded in **Children's Planning**. This is recoded within the **Single Agency Chronology** and AYRshare chronology, where appropriate .

The child/young person/ family and named person review wellbeing and decide whether more or less support is needed.

Individualised support from the Team with the Family

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

The child/young person/family participate in a process of gathering, structuring and analysing wellbeing information into a multiagency assessment. If a targeted intervention is required a Child/Young Person's Plan ('My Plan') is developed. Single agency chronologies will be integrated via AYRShare to create a multiagency chronology and further requests for assistance may be needed to involve other supports. For example involvement of CAMHS, social work, more targeted speech and language therapy. The wellbeing needs are likely to be more complex than those at the additional support within universal services level. The multiagency wellbeing assessment will inform the Child/Young Person's Plan ('My Plan'). A lead professional will be agreed, dependent on the most appropriate lead agency.

1 The **named person** is concerned that the child/young person's wellbeing will not develop through universal service working alone. They **discuss** their **wellbeing needs** with the child/young person/family and they agree who should be involved in the **Team with the Family** and who the **lead professional** is.

2 The **named person/lead professional** coordinates the **The Team with the Family** and, through discussion and combining their **Assessments**, conclude that two or more agencies need to work together to make sure the child/young person's wellbeing needs are met. *Depending on information gathered go to* **3** *or* **1**

3 The **Named Person/Lead Professional** sends a **Request for Assistance** to participate in a multiagency **Assessment** and review any existing **Children's Planning**. The **Assessment**, **Single Agency Chronologies** and **Children's Planning** are proportionately shared with the **Team with the Family**. An **AYRshare Record** including the Chronology developed.

4 The **Team with the Family** analyse all available **Assessment** information using the National Practice Model, including the **Resilience Matrix** if required. To support the desired improvements to wellbeing, SMART actions are agreed and these are detailed in a child/young person and parent(s)/carer(s) **Child/Young Person's Plan ('My Plan')**. Each partner is clear about their own contribution to the **Child/Young Person's Plan ('My Plan')**. (Where a statutory CSP exists, outcomes will be included in the **Child/Young Person's Plan ('My Plan')**. *Depending on information gathered go to* **5** *or* **1**

5 The **lead professional** monitors and coordinates reviews of the **Child/ Young Person's Plan ('My Plan')** at agreed time intervals. AYRshare is used to share the **Child/Young Person's Plan ('My Plan')** and the **AYRshare Chronology**. The **Team with the Family** review existing supports and consider any new support required. A further **Request For Assistance** may be used.

6 The **lead professional** ensures that any **Requests For Assistance** agreed in the **Child/Young Person's Plan ('My Plan')** are completed and attaches a copy of any **Assessment(s)** and the Child/Young Person's Plan ('My Plan') to AYRshare as required. *Depending on information gathered go to* **4** *or* **1**

The child/young person's Team with the Family review wellbeing and decide whether more or less support is needed.

Enhanced support from the Team with the Family to overcome adversity and risk

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

A child may already have a multiagency assessment, Child/Young Person's Plan ('My Plan') and The Team with the Family which identifies a possible Request for Assistance to overcome adversity and risk. The Team with the Family agree a referral to the Children's Reporter is required. The Team with the Family will make the referral using the National Practice Model assessment and Child/Young Person's Plan ('My Plan'). The Children's Reporter will assess the referral and take the appropriate action to overcome adversity and risk for the child/young person.

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

If Child Protection concerns are initiated for a child, Social Work will take the role of lead professional. Concerns will be assessed and where a child requires a Child/Young Person's Plan ('My Plan') to manage risk(s), a multiagency assessment and Child/Young Person's Plan ('My Plan') will follow where it does not already exist.

1 The **Team with the Family** review the existing **Assessment** and **Child/ Young Person's Plan ('My Plan')** and agree that the existing **Targeted Intervention** is not addressing adversity or risk. **Wellbeing Concern/s** continue to be assessed. A **Request For Assistance** referral to the Children's Reporter is agreed.

2 The **lead professional** requests assistance from relevant partners in the **Team with the Family** to share all available information via AYRShare. Existing **Assessments**, **Plans** and **Chronologies** are gathered on AYRShare and analysed by the **lead professional** using the **Resilience Matrix** and/or other appropriate tools.

3 The **lead professional** has a **discussion** with the child/young person/family and collates the information from relevant partners, recording their views.

4 The **lead professional** reviews and coordinates all available information, updating any changes that require to be made to the **Child/Young Person's Plan ('My Plan')**. Using the collated **Assessment** and **Child/Young Person's Plan ('My Plan')** the **lead professional** makes a referral and recommendation to the Children's Reporter. All relevant partners are given the opportunity to comment and their views are recorded. *Depending on decisions taken by the Children's Reporter return to* **4** *or* **5**

5 The Children's Hearing considers the **Multiagency Assessment** and **Child/ Young Person's Plan ('My Plan')** and decides which measures are required. The child/young person will receive the level of response identified, either voluntary Integrated Working or Compulsory Measures alongside Integrated Working. *Depending on decisions taken at the Children's Hearing return to* **4** *or maintain review of Child/Young Person's Plan ('My Plan') and return to* **4** *as required.*

If a Child Protection Investigation is required:

1 The **lead professional** has a **discussion** with the child/young person/family to record their views as long as this will have no adverse effect on the child/young person's wellbeing or place the child/young person at further risk.

2 The **lead professional** gathers all information including any existing **Assessments**, **Plans** and **Chronologies** from the existing **Team with the Family**. A decision by Social services is taken whether to proceed to an investigation or support through joint or multiagency working. A decision may also be taken to refer to the Children's Reporter.
Depending on information gathered go to **2**, **4** *or* **3**

3 Where the decision is to present to a planning meeting, all information is gathered and analysed using the **National Practice Model**. The conference may decide not to place the child/young person on the register but to make sure a **lead professional** and **Team with the Family** is in place.
Depending on information gathered go to **2** *or* **4**

4 Where the decision at a planning meeting is to place the child on the Child Protection register, a **Team with the Family** (core group) and **Child/Young Person's Plan ('My Plan')** are put in place to manage risk(s).

The child/young person's Team with the Family review wellbeing and decide whether more or less support is needed.

PLEASE NOTE
This wall planner should not be used in isolation - always consult the Practitioner Guide for additional information.

Community Planning in East Ayrshire — Working as one, delivering as one, how we succeed

North Ayrshire Community Planning Partnership

South Ayrshire Community Planning Partnership