



## **Programme 1 Training Delivered to Key Managers in the Pathfinder Area**

The following pack of presentations and supporting documents were put together by the *Getting it right for every child – Highland Pathfinder Team* and training was delivered to Key Managers in both statutory agencies and voluntary organisations between May – June 2007.

The delegates were given a presentation on *Getting it right for every child* (Managers Presentation) and were provided with training materials, including a presentation (Programme 1 Basic) to then return to their own individual work settings and cascade train other staff members.

A number of supporting documents were included in the pack to assist both those cascading the training and those receiving the training. Examples of these documents are the Core Script, Overview of Training Programme 1, Glossary and various handouts.

If you require any assistance in using these presentations and documents or have any comments please refer to our team contact list contained within this website.

*Getting it right for every child – Highland Pathfinder Team*

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**HIGHLAND PATHFINDER  
TRAINING PROGRAMME**

**1 - Basic Training and Awareness**



# getting it right for every child

## FOREWORD

Highland has a clear commitment to delivering the best possible services to children and a long history of working together across all agencies to meet the needs of children. Inverness is now in the exciting position of being the Pathfinder site for *Getting it Right for Every Child*.

*Getting it Right for Every Child* is the national programme for change that will revolutionise services for children. It gives clear authority and responsibility to agencies and professionals to work with children, families, local communities and each other, in a way that brings practicality and reality to the vision for Scotland's children.

All of the partner agencies in the statutory and voluntary sectors in Highland have signed up to and endorsed the *Getting it Right for Every Child* Pathfinder Project and all of its principles. The Pathfinder will build upon the existing good practice and will enhance these already enviable ways of working.


This is an exciting and innovative time for all of us working with and providing services for children and their families. Equally, it is an exciting time of change for these children and their families as the *Getting it Right for Every Child* principles will improve the way in which services are delivered to them.

This is the first stage of a programme of training around *Getting it Right for Every Child* and your involvement, as key managers, is fundamental to the success of the Pathfinder. We know that you are all busy people who have many competing demands on your time, and we value your commitment and participation today and in the coming months.

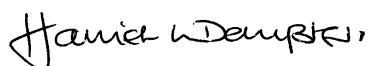
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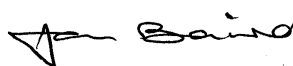
**Alistair Dodds**  
Depute Chief Executive  
Highland Council



**Hugh Fraser**  
Director of Education, Culture & Sport  
Services  
Highland Council



**Harriet Dempster**  
Director of Social Work Services  
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**Jan Baird**  
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NHS Highland



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Head of Integrated Children's Services  
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**Ian J Latimer QPM, MA**  
Chief Constable  
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Chair – Voluntary Sector  
Reference Group



**Evelyn Grant**  
Reporter Manager, North  
SCRA

## **Getting it Right for Right for Every Child**

Learning Programme on the Getting it Right for Every Child Principles Approaches and Responsibilities.

### **OVER VIEW OF THE PROGRAMME 1**

Individuals who undertake this learning programme should, by the end of the programme, be able to help others understand, implement and consistently work within the Getting It Right for Every Child processes.

#### **Who should attend**

The Getting it Right Project has been developed in partnership and is intended to be implemented in partnership. This learning programme is designed to build on this and it is intended that individuals attending on behalf of organisations reflect partnership working. Once individuals have received the programme, they will be able to cascade an understanding of the Getting It Right model within their work settings and to support others to understand and implement the process. Those attending are likely to be key managers, professional leads and heads of departments who have a background in leading, managing, guiding and supporting staff who are working together to meet the needs of children and their families.

#### **How long is the programme?**

This learning programme consists of half a day. At the end of this, attendees will receive the necessary training materials for use in their workplaces. These materials will enable attendees to cascade learning development within respective staff groups.

#### **What form does the programme take?**

This programme will focus on the application of knowledge about the Getting It Right framework. The programme has been designed to be as interactive and participative as possible. Individuals attending the programme should expect to be fully engaged and be involved.

#### **What is the focus of the programme?**

The sessions will have the following focus

1. Background, policy, principle aims and SHANARI vision.
2. Assessment structure and process. How services are organised and delivered. Understanding the desired outcomes for children. How plans are reviewed.
3. Basic roles and responsibilities
4. Basic principles of information sharing
5. Knowledge of what to do if a child needs help or if there is a concern.

## What will I learn in each of the sessions?

Set out below is the agenda for the four hour programme and the learning outcomes.

Session	Learning Outcomes
<b>Session 1</b> Background, policy, principle aims and SHANARI vision	<ul style="list-style-type: none"> <li>• Identify national drivers</li> <li>• Understand relevant legislation</li> <li>• State key aims</li> <li>• Describe SHANARI vision</li> </ul>
<b>Session 2</b> Assessment structure and process. How Services are organised and delivered. Understand the desired outcomes for children. How plans are reviewed	<ul style="list-style-type: none"> <li>• Explain the Getting it Right service delivery triangle and link to own agency</li> <li>• Knowledge of the 'Child's World' assessment triangle and how it links to SHANARI</li> </ul>
<b>Session 3</b> Basic roles and responsibilities	<ul style="list-style-type: none"> <li>• Define the role of the named person</li> <li>• Define the role of the lead professional</li> </ul>
<b>Session 4</b> The child's record and basic principles of information sharing,	<ul style="list-style-type: none"> <li>• Understand how the child's record is constructed</li> <li>• Overview of the Getting it Right sharing information with consent model.</li> <li>• Make links to local multi agency policy and guidance</li> </ul>
<b>Session 5</b> Knowledge of what to do if a child needs help or if there is a concern	<ul style="list-style-type: none"> <li>• Reflect on Getting it Right processes within Child Protection procedures</li> <li>• Know who to contact if a child needs help</li> </ul>

**Who has developed the programme?**

The programme has been developed by the Getting It Right for Every Child Project Team.

**Who is delivering the programme?**

The initial delivery of the programme will be delivered by members of the Getting It Right for Every Child Team. It is intended that those attending the programme will be able to deliver it themselves once they have completed the half day. Local systems can then develop cascade training to suit the needs of the staff within their organisations.

**What do I have to do to prepare for the programme?**

There is no advance reading for the programme, but the Project Team members are available for any pre course questions that you may have.

**What materials will be available on the day?**

On the day of the programme you will be given a copy of the presentations that are being used in a format that allows you to take notes and speaker's notes to accompany the presentation. There will also be a number of exercises that you will undertake and the materials for these will be supplied.

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Please also visit 'For Highland's Children' website.

[www.forhighlandschildren.org/html/girfec/girfec.php](http://www.forhighlandschildren.org/html/girfec/girfec.php)

This is being constantly updated and links to  
The Highland Council, Partner Agencies and  
the Scottish Government

Please see over for Glossary

## GLOSSARY

<b>ASD</b>	Autistic Spectrum Disorder
<b>ASG</b>	Associated School Group (a Secondary School and its associated Primaries).
<b>ASL</b>	Additional Support for Learning legislation.
<b>ASN</b>	Additional Support Needs.
<b>CAMHS</b>	Child & Adolescent Mental Health Services.
<b>CDD</b>	Communication & Developmental Disorders.
<b>CG</b>	Core Group
<b>CHP</b>	Community Health Partnership.
<b>CP</b>	Child Protection
<b>CPN</b>	Community Psychiatric Nurse.
<b>CSP</b>	Co-ordinated Support Plan
<b>DCFP</b>	Department of Child & Adolescent Psychiatry.
<b>DDA</b>	Disability Discrimination Act.
<b>DSP</b>	Data Sharing Partnership
<b>ICSMG</b>	Integrated Children's Services Managers Group
<b>Integrated (Common) Assessment Framework (IAF)</b>	A bringing together (from all perspectives) of information and its analysis to guide appropriate action around a child.
<b>ISP</b>	Information Sharing Protocol
<b>ISS and ISMS</b>	Implementation of an Intensive Support Service (ISS) and associated Monitoring Services (ISMS).
<b>Looked After Child (LAC)</b>	A child who is accommodated; or subject to a supervision requirement while living at home; or subject to a child protection order; or subject to a parental responsibilities order.
<b>MCN</b>	Managed Clinical Network.
<b>SCRA</b>	The Scottish Children's Reporter Administration (the independent agency, accountable to Scottish Ministers – and responsible for the Children's Reporter service).
<b>SE</b>	Scottish Executive
<b>S.H.A.N.A.R.I</b>	The Vision for Scotland's Children: Safe; Healthy; Achieving; Nurtured; Active; Respected and Responsible; Included.
<b>YAT</b>	Youth Action Team; a partnership of agencies working to reduce youth crime and substance misuse.

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**Highland Pathfinder  
Programme 1 - Manager Training**

## *Getting it right for every child* core message:

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

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

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Children and young people get the help they need when they need it and are central to the process of finding solutions.

Everyone working with children and young people uses a consistent and equitable approach and works more effectively together to improve outcomes for children and young people.

Everyone is clear of their personal responsibility to do the right thing for each child and how they contribute to the collective responsibility to do the right thing for each child.

Parents and children benefit from a collaborative approach which results in fewer meetings, requires them to give their information only once, and jointly develop with professionals one plan that will meet all of their needs.

Agencies and professionals are freed up to get on and respond to children and take appropriate, proportionate and timely action with the minimum of paperwork, bureaucracy and duplication.

# Scotland's Children

- Confident individuals
- Effective contributors
- Successful learners
- Responsible citizens

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Outcome 4 of the Scottish Government's 2008 Outcome Agreements with local authorities reiterates the importance of outcomes for all Scotland's children: that young people should be

Successful learners;

Confident individuals;

Effective contributors; and

Responsible citizens.

There are strong connections between effective, successful learning and well being. , Curriculum for Excellence takes a holistic approach to health and wellbeing and promotes the aspiration that all children and young people should be successful learners, confident individuals, responsible citizens and effective contributors

"Curriculum for Excellence has an important role to play in promoting the health and wellbeing of children and young people and of all of those in the educational communities to which they belong.

Learning through health and wellbeing promotes confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every teacher to contribute to learning and development in this area."

('A Curriculum for Excellence:Building the Curriculum 1' Scottish Executive for Learning & Teaching Scotland 2006)

# Well-being Indicators

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

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To achieve this, every child and young person needs to be:

**SAFE** : Protected from abuse, neglect or harm at home, 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 their learning and in the development of their skills, confidence and self esteem at home, at 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 suitable care setting.

**ACTIVE** : having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

**RESPECTED & RESPONSIBLE** : Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

**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.

This is commonly referred to as SHANARI.

## Background

- 1998 The Child at the Centre – HMle Report
- 2001 For Scotland's Children
- 2002 It's Everyone's Job to Make Sure I'm Alright
- 2003-4 Getting it Right for Every Child - Review of the Children's Hearing System
- 2004 Framework for Standards and The Children's Charter

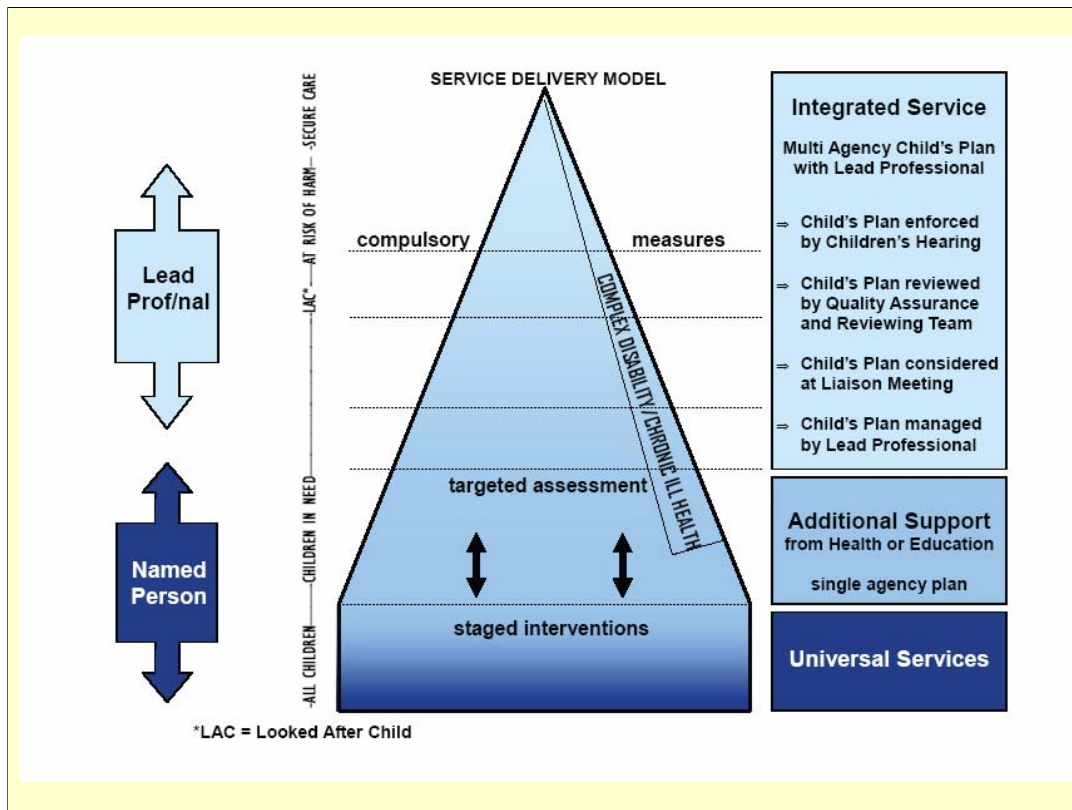
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Getting it Right for Every Child has been part of people's thinking for some time now and has not just appeared from nowhere. It has been developed to reflect the numerous initiatives, studies and reports that have been carried out on services for children.

## **Background .../cont.d**

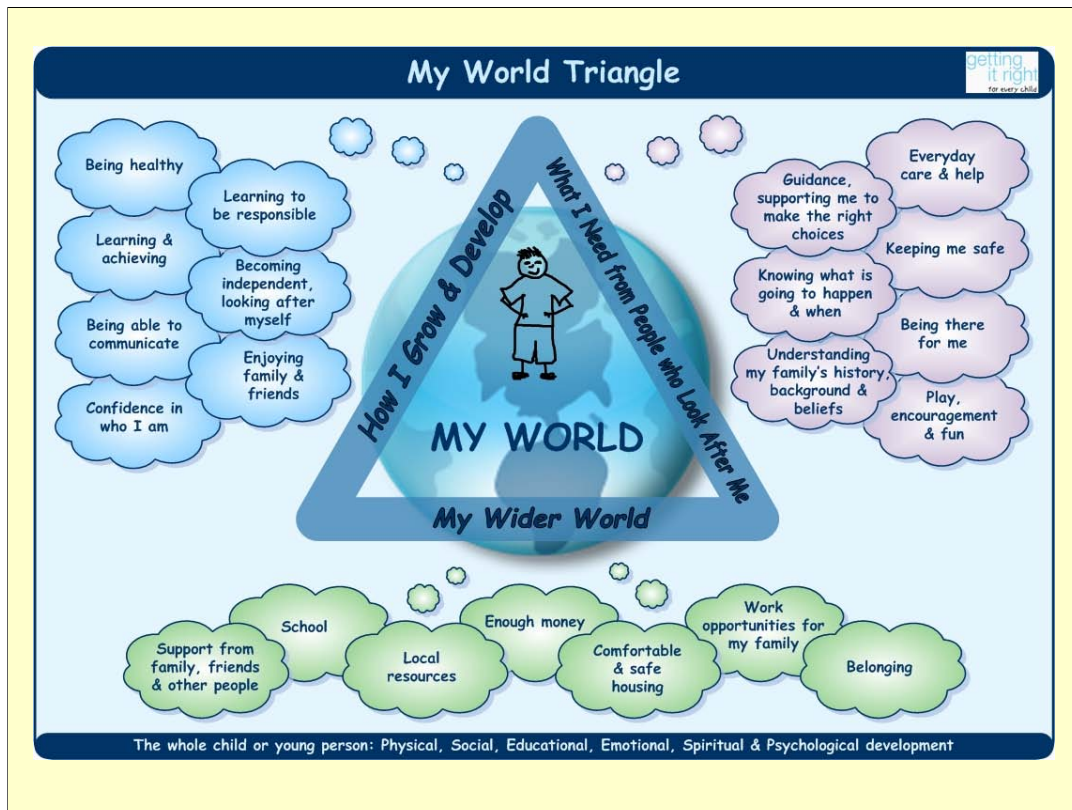
- 2004 Additional Support for Learning Act
- 2004 A Curriculum for Excellence
- 2005 Hall 4
- 2006 Changing Lives
- 2006 UN convention on the Rights of the Child

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Highland's Service Delivery Model is a central part of the *Getting it right for every child* Highland Pathfinder. It emphasises the critical part played by the health and education services in providing help for all children, picking up at an early stage any difficulties or concerns as well as ensuring that additional (more specialist) health and education help is available when needed. It also demonstrates the way in which help can be brought to children and families from several agencies at the same time, if they need this.

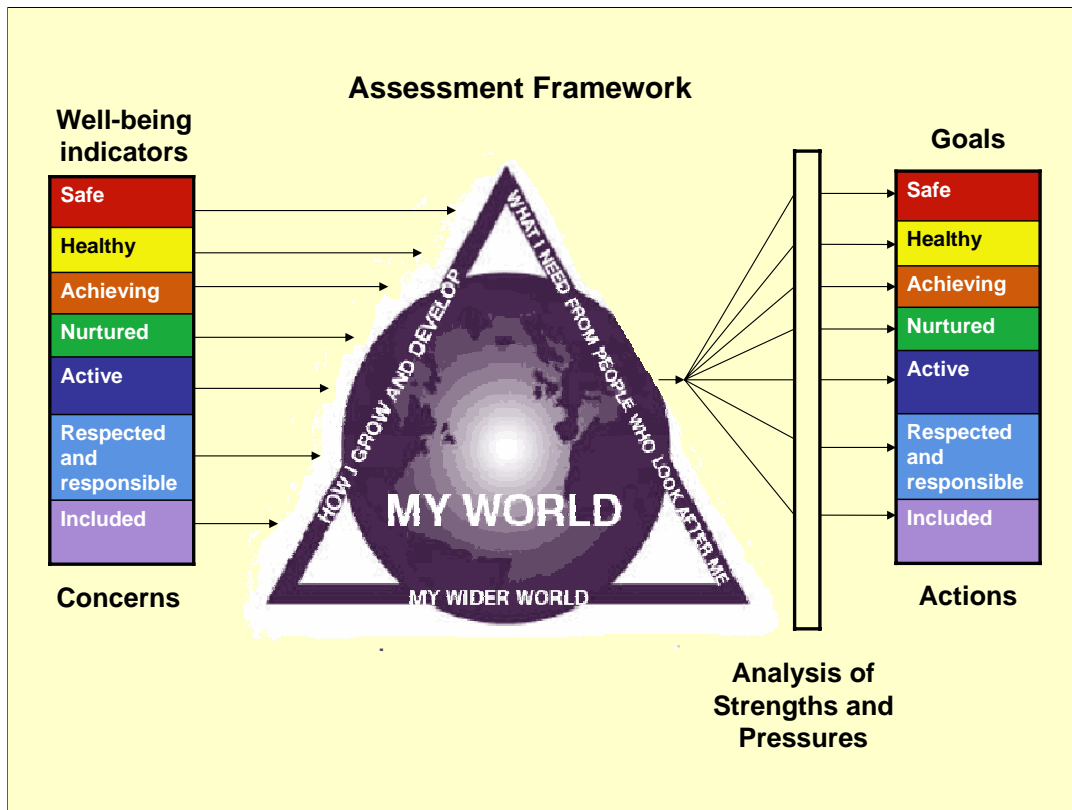
(Lifted from the guidance)



The main tool for assessing the current circumstances in the child's whole world, known widely as the child's ecology will be the *My World Triangle*. The triangle is evidenced-based and has been developed from a knowledge and research base of children's development.

The triangle is an excellent device by which children and families, and practitioners in children's services can identify the strengths and pressures that children and families may be experiencing. It can also help those in services for adults to think about how their work can impact on a child. Later in the guidance we will show how to use the triangle in assessing and planning for children.

(Lifted from the guidance)



Concerns and need are recorded around the 7 well-being indicators (SHANARI). Where an identified concern or need would suggest further assessment of the child is required to make sense of the child's whole world, strengths and pressures are recorded around the three sides of the triangle.

Following analysis of these strengths and pressures, ensuring that a balance approach is taken looking at resilience, outcomes, goals and actions are recorded and reviewed around the 7 well-being indicators.

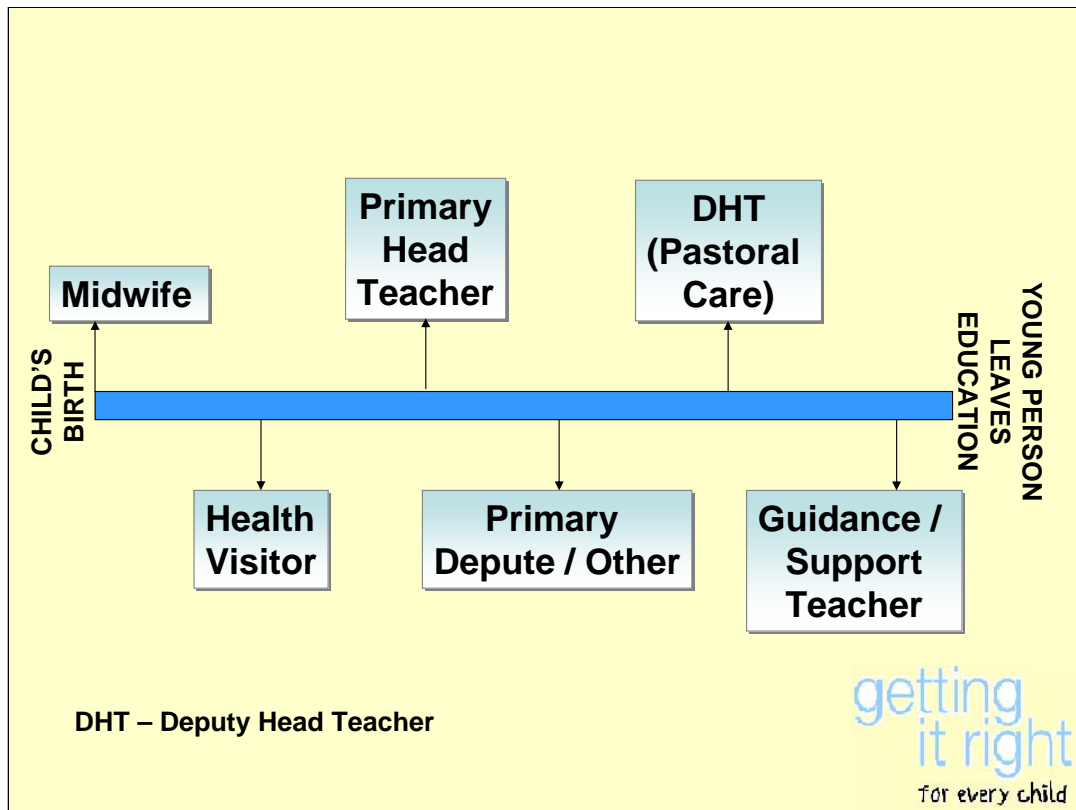
## Named Person

- Work within Universal Services
- Point of contact for child, parent, professionals & members of the community
- Maintain the Child's Record
- Update core information and the Record of Concerns

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The named person will also:

- ensure that core information in their agency about the child is up to date, and includes relevant information from other agencies and make relevant information about the child available to other professionals when they need it;
- assess when the child is not meeting his or her developmental milestones, has health needs or is not benefiting fully from school education and discuss this with child and family.;
- identify what extra help might be provided by themselves from within their agency to tackle the problems;
- ask others to provide additional information or help;
- contribute information to other agencies to assist with their assessment of a child and family's needs;
- Contribute to planning for the child at transition points, for example between pre-school and primary or secondary education, and ensure effective transfer of information about the child. This will include passing on information about the child's history and progress and details of any help the child and family have been or are receiving to their new named person.



Before and after a baby is born the Named Person for the child will be the midwife who will record personal information for their own or agency use that could be shared with other agencies when appropriate.

Shortly after birth the midwife will transfer the record to the health visitor who will then take on the role of Named Person until the child reaches school age. The health visitor is the point of contact for any person who may have a concern about the child pre-school.

Once the child starts school the responsibility of Named Person sits within education. In secondary school persons with a pastoral remit for the child will be the Named Person.

## Named Person will ask -

1. What is getting in the way of this child achieving their potential?
2. What can I do to help this child?
3. What can my agency do to help this child?
4. Do I need any further information to construct a plan?
5. What additional help ,if any, is needed to help the child?

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Any person who works with children will ask themselves the five questions - '5Qs'. In particular Named persons may be the first to identify early worries or concerns. These 5Qs are a tool to aid with the assessment of a child's needs and what additional support or service may be required.

## Lead Professional

- Is appointed when
  - two agencies are **working together** and
  - are **delivering** a service to a child
- Is the person best placed to
  - co-ordinate a Child's Plan,
  - arrange the review of the Child's Plan
  - and provide confident leadership.

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When a child's plan is agreed, working with the inter-agency team the lead professional will:

- become a single point of contact for the child and their family to discuss the plan and how well agencies are working together, or any other problems;
- be a main point of contact for all practitioners who are delivering services to the child to raise or discuss problems;
- make sure that the help provided is consistent with the child's plan, that services do not duplicate each other and are delivered when they are needed;
- work with the child and family and the professional network to make sure that the child and family's views and wishes are heard and properly taken into account and, when necessary, arrange independent advocacy for the child and family;
- support the child and family to make use of help and services from professionals and agencies;
- monitor how well the child's plan is working and whether it is successful in improving the child's situation;
- identify other services or specialist assessments which may be needed, with advice from other professionals where necessary, and make arrangements for these;
- arrange for the agencies to review together their involvement and amend the child's plan when necessary;
- support the child through key transition points.

## **Deciding the Lead Professional will be influenced by:**

- Statutory responsibilities
- The kind of help a child or family needs
- Previous contact or a good relationship with the child

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Where there is a child in need of protection, is on the Child Protection Register or is a Looked After Child, social work services have a statutory responsibility to be the Lead Professional and co-ordinate the Child's Plan.

Where there are no statutory obligations for a specific agency to lead on the Child's Plan the Lead Professional will be dependant on the prevailing needs and will be the most appropriate person to co-ordinate the plan.

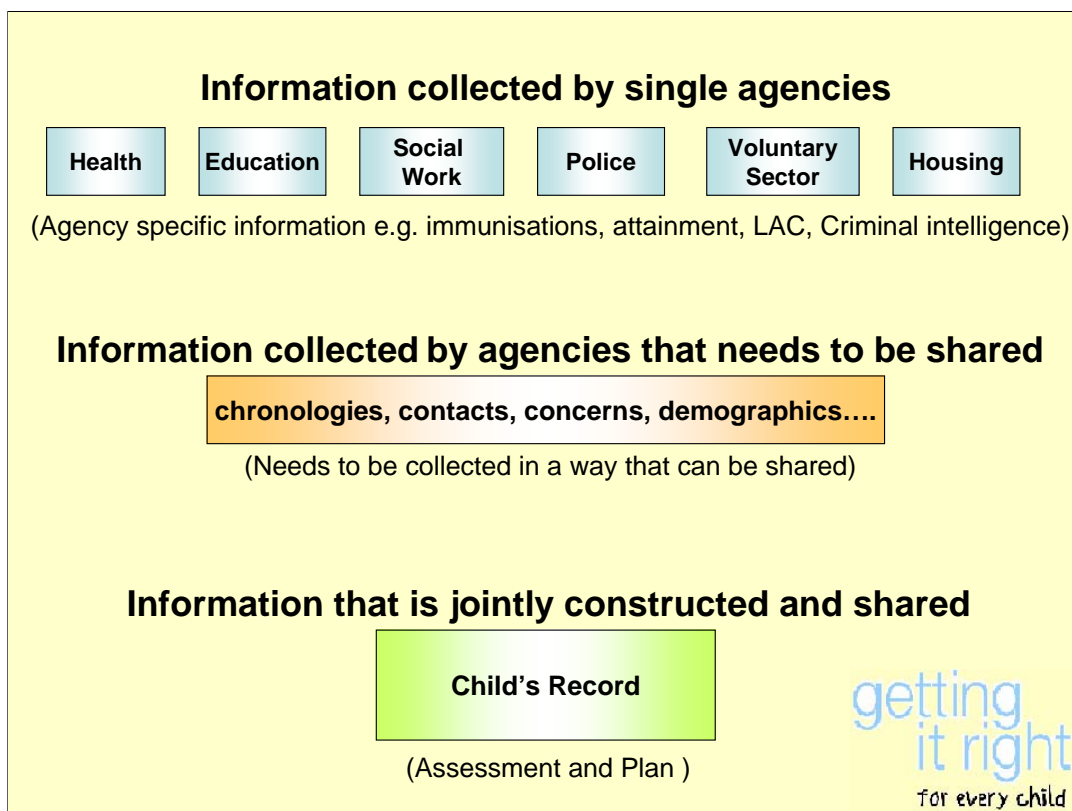
Where there has been previous contact or a good relationship with the child this should be taken into consideration when making this decision.

## Lead Professional will ensure

- That children & families are involved & supported
- Agencies act as a team
- Work together seamlessly
- Analyse information
- Record the (multi-agency) Child's Plan
- Appropriate services are provided
- Child's Plan monitored & reviewed

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The Lead Professional will record the Child's Plan and arrange for it's review. The Lead Professional is not expected to carry out all the work detailed in the Child's Plan and will still be supported by the named Person for the child and those who are party to the plan.



### Information Collected by Single Agencies

Each agency will have agency specific matters that it records for each child. Health professional's records will include information such as immunisations, growth and development; school will record a range of data including attendance and levels of attainment; Social work will record placements for a child who is accommodated, legal status of the child and contacts; the police will record a variety of information including charges against individuals; SCRA will record Children's Hearings decisions.

### Sharing of Single Agency Information

The information gathered and recorded by single agencies is, on the whole, not shared with any other agency. However, where informed consent has been obtained or where there are concerns for the child's well-being information will be shared with the relevant agencies to meet the needs of the child. All decisions to share information whether with or without consent will be recorded within the child's record.

### Jointly Constructed Information

This collection of information is the Child's Record, Assessment and Plan.

# Concerned about a Child?

## Child Protection Procedures

- Is there an immediate risk to the child?
- Is there suspicion that an offence has been committed against the child?
- Is there a risk of significant harm?
- Consider information sharing protocols

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Getting it Right for Every Child does not replace Child Protection Procedures however these procedures will now reflect the roles and responsibilities of the Named Person, Lead Professional, a Child's Plan and a Child's Plan meeting.

Where there is an immediate risk to the child, where there is suspicion that an offence has been committed against a child or where there is a risk of significant harm local Child Protection procedures **must** be followed.

## Concerned about a Child?

### Discuss with Named Person

- Concern but no immediate risk
- No suspicion of offence against the child
- Consider information sharing protocols

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Where there are concerns about a child that are not assessed as being a child in need of protection, the person identifying these concerns will ask themselves the 5Qs.

Where the concern is not a child protection matter but may have an impact on the well-being of a child early discussions and notification should take place with the Named Person.

The following are suggested circumstances where this would take place:

- Police – teenage child misusing alcohol and no other concerns, anti-social behaviour.
- Health – two non-attendance at appointments without a valid explanation, recording concerns about chaotic life styles e.g. domestic abuse, substance misuse by parents or carers.
- Education – a concern about the well-being or a behaviour issue of a child i.e. within the nursery or identified by the lollypop person
- Social Work – general concern expressed by members of the public or any agency

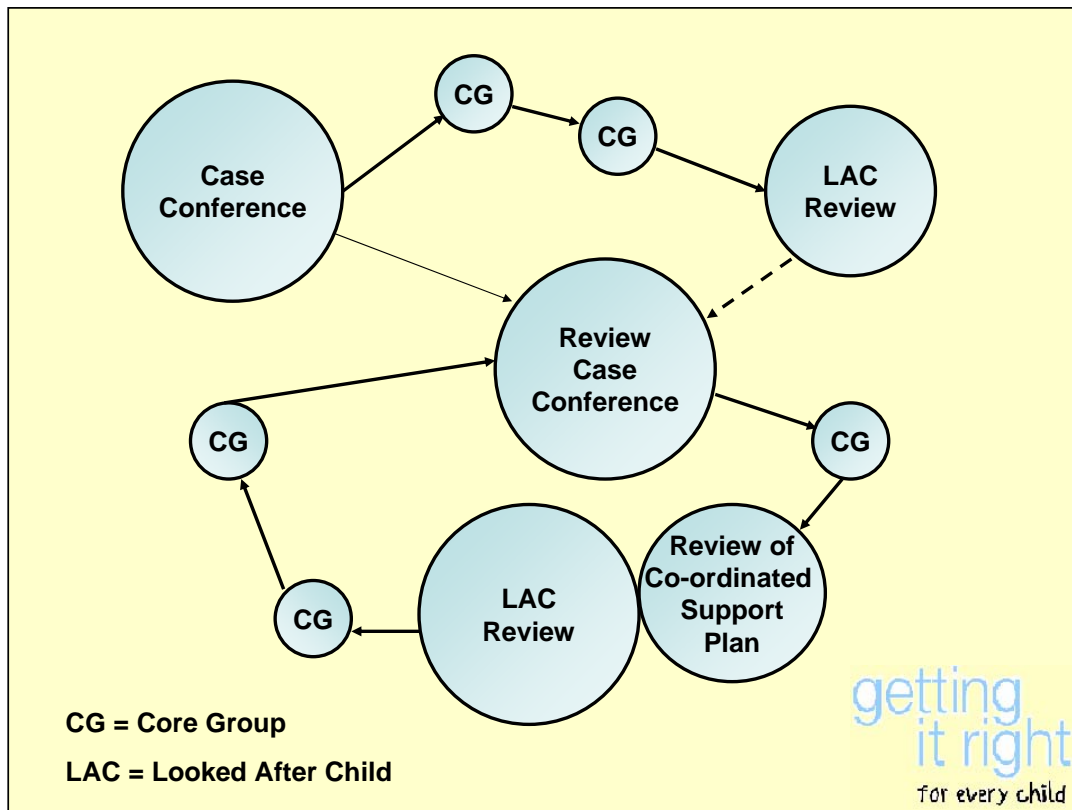
Where it is the Named Person who has identified concerns they should also ask themselves the 5Qs and seek assistance where appropriate.

## What Will Happen

- Child Concern Form completed
- Single agency checks carried out
- Information shared with Named Person
- Discussion and decisions made recorded
- Decision made with whom to share information and why
- Not all children routinely referred to the Children's Reporter

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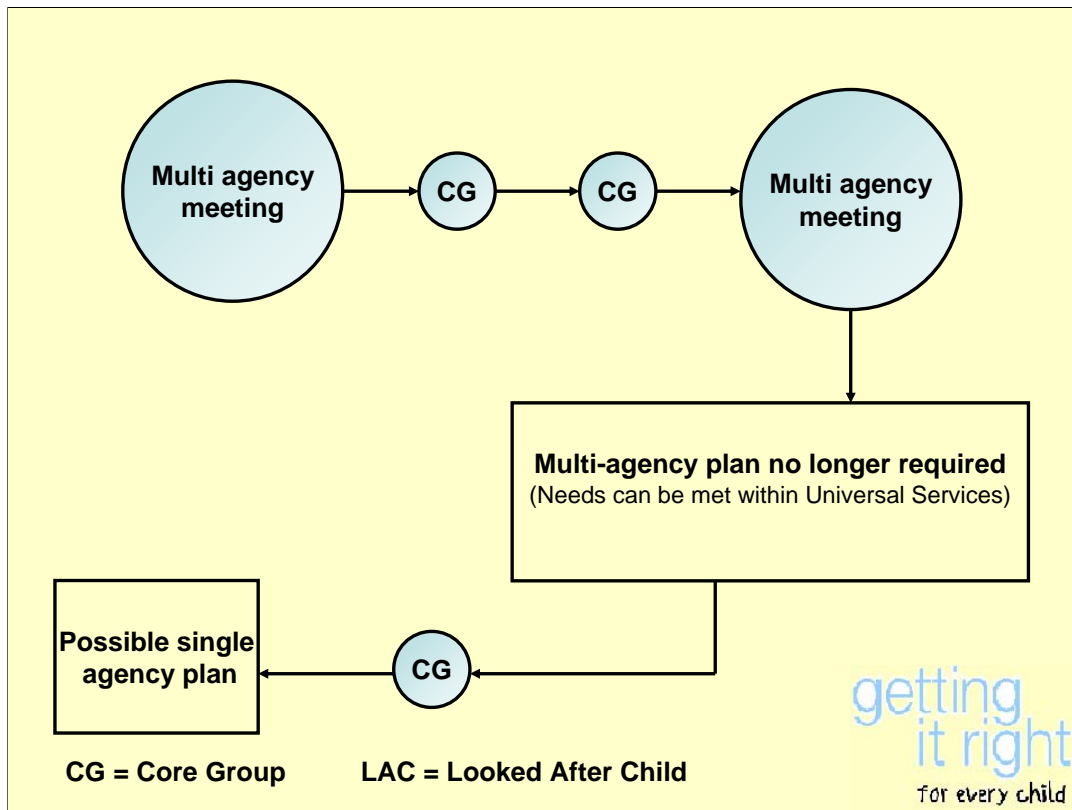
Where concerns are identified by any agency the process detailed in the slide should be followed. There should no longer be automatic referrals to the Children's Reporter and where a child is being referred it should be clear why compulsion may now be necessary. Decisions about referrals to the Children's Reporter should now be made at the Child's Plan meeting. However, where there is disagreement around this process individuals still have the right to refer at any time but it is hoped that this will not be the common practice.



One of the core aims of Getting it Right for Every Child was the reduction of bureaucracy and the numbers of meetings that children and families attend are reduced.

This is an example of some of the numerous meetings that children and their families or carers attend.

An important part of *Getting it right for every child* was to reduce the number of meetings attended and that those people attending understood the purpose of the meeting and it had a clear focus.



For children with a multi agency input whose plan is not working, who may need extra resources or support or the child's circumstances have changed a multi agency meeting will be required. This meeting will be referred to as the Child's Plan meeting and will revise any existing plan and will alter it if necessary, discussions and decisions will be made about accessing resources and whether further specialist assessments are required. This meeting will also consider whether a child should be referred to the Children's Reporter. Any changes of Lead Professional will be decided at this meeting also. The meeting will be hosted by the lead agency for the child.

Where long term or intensive support is required the child's circumstances will be discussed at the Service Managers Group (SMG).

Where there is conflict between agencies or agencies and families that cannot be resolved by mediation the case will be discussed by the SMG for resolution.

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Highland Pathfinder

<http://www.forhighlandschildren.org/htm/girfec/girfec.php>

Email: [GIRFEC@highland.gov.uk](mailto:GIRFEC@highland.gov.uk)

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Programme 1 Training**

## *Getting it right for every child* core message:

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# Well-being Indicators

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- Achieving
- Nurtured
- Active
- Respected & Responsible
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To achieve this, every child and young person needs to be:

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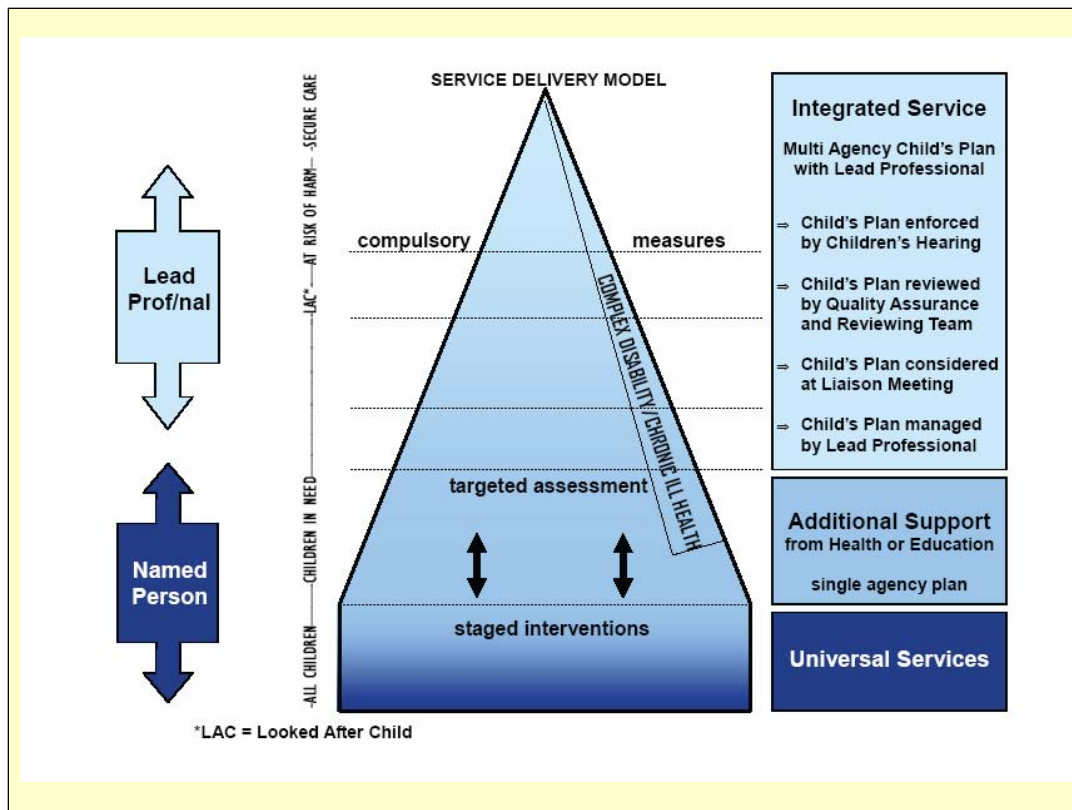
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**ACTIVE** : having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

**RESPECTED & RESPONSIBLE** : Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

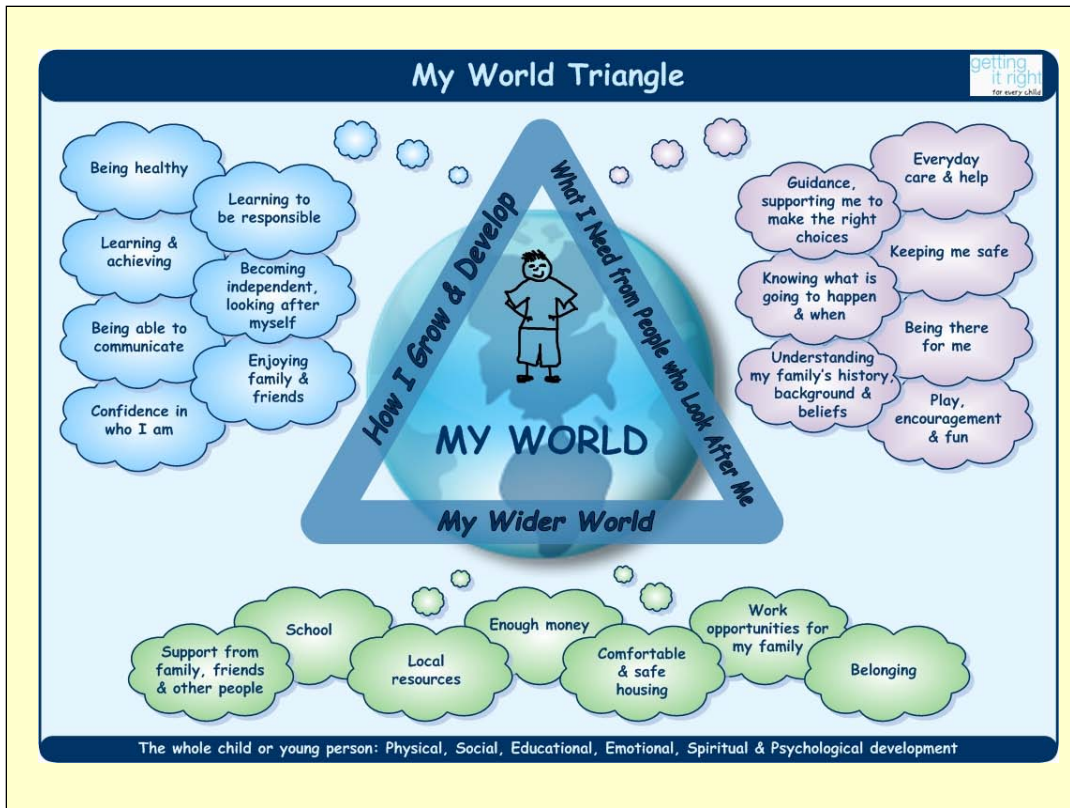
**INCLUDED** : Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

This is commonly referred to as SHANARI.



Highland's Service Delivery Model is a central part of the *Getting it right for every child* Highland Pathfinder. It emphasises the critical part played by the health and education services in providing help for all children, picking up at an early stage any difficulties or concerns as well as ensuring that additional (more specialist) health and education help is available when needed. It also demonstrates the way in which help can be brought to children and families from several agencies at the same time, if they need this.

(Lifted from the guidance)



The main tool for assessing the current circumstances in the child's whole world, known widely as the child's ecology will be the *My World Triangle*. The triangle is evidenced-based and has been developed from a knowledge and research base of children's development.

The triangle is an excellent device by which children and families, and practitioners in children's services can identify the strengths and pressures that children and families may be experiencing. It can also help those in services for adults to think about how their work can impact on a child. Later in the guidance we will show how to use the triangle in assessing and planning for children.

(Lifted from the guidance)

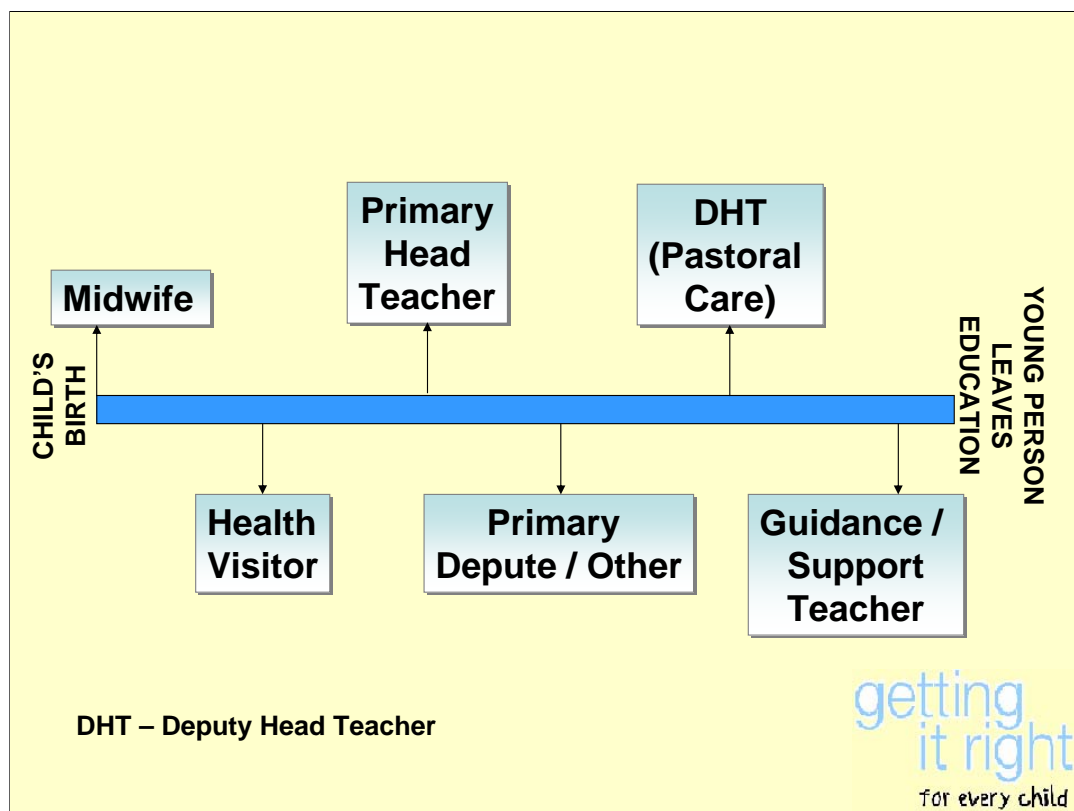
## Named Person

- Work within Universal Services
- Point of contact for child, parent, professionals & members of the community
- Maintain the Child's Record
- Update core information and the Record of Concerns

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The named person will also:

- ensure that core information in their agency about the child is up to date, and includes relevant information from other agencies and make relevant information about the child available to other professionals when they need it;
- assess when the child is not meeting his or her developmental milestones, has health needs or is not benefiting fully from school education and discuss this with child and family.;
- identify what extra help might be provided by themselves from within their agency to tackle the problems;
- ask others to provide additional information or help;
- contribute information to other agencies to assist with their assessment of a child and family's needs;
- Contribute to planning for the child at transition points, for example between pre-school and primary or secondary education, and ensure effective transfer of information about the child. This will include passing on information about the child's history and progress and details of any help the child and family have been or are receiving to their new named person.



Before and after a baby is born the Named Person for the child will be the midwife who will record personal information for their own or agency use that could be shared with other agencies when appropriate.

Shortly after birth the midwife will transfer the record to the health visitor who will then take on the role of Named Person until the child reaches school age. The health visitor is the point of contact for any person who may have a concern about the child pre-school.

Once the child starts school the responsibility of Named Person sits within education. In secondary school persons with a pastoral remit for the child will be the Named Person.

## Named Person will ask -

1. What is getting in the way of this child achieving their potential?
2. What can I do to help this child?
3. What can my agency do to help this child?
4. Do I need any further information to construct a plan?
5. What additional help ,if any, is needed to help the child?

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Any person who works with children will ask themselves the five questions - '5Qs'. In particular Named persons may be the first to identify early worries or concerns. These 5Qs are a tool to aid with the assessment of a child's needs and what additional support or service may be required.

## Lead Professional

- Is appointed when
  - two agencies are **working together** and
  - are **delivering** a service to a child
- Is the person best placed to
  - co-ordinate a Child's Plan,
  - arrange the review of the Child's Plan
  - and provide confident leadership.

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When a child's plan is agreed, working with the inter-agency team the lead professional will:

- become a single point of contact for the child and their family to discuss the plan and how well agencies are working together, or any other problems;
- be a main point of contact for all practitioners who are delivering services to the child to raise or discuss problems;
- make sure that the help provided is consistent with the child's plan, that services do not duplicate each other and are delivered when they are needed;
- work with the child and family and the professional network to make sure that the child and family's views and wishes are heard and properly taken into account and, when necessary, arrange independent advocacy for the child and family;
- support the child and family to make use of help and services from professionals and agencies;
- monitor how well the child's plan is working and whether it is successful in improving the child's situation;
- identify other services or specialist assessments which may be needed, with advice from other professionals where necessary, and make arrangements for these;
- arrange for the agencies to review together their involvement and amend the child's plan when necessary;
- support the child through key transition points.

## **Deciding the Lead Professional will be influenced by:**

- Statutory responsibilities
- The kind of help a child or family needs
- Previous contact or a good relationship with the child

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Where there is a child in need of protection, is on the Child Protection Register or is a Looked After Child, social work services have a statutory responsibility to be the Lead Professional and co-ordinate the Child's Plan.

Where there are no statutory obligations for a specific agency to lead on the Child's Plan the Lead Professional will be dependant on the prevailing needs and will be the most appropriate person to co-ordinate the plan.

Where there has been previous contact or a good relationship with the child this should be taken into consideration when making this decision.

## **Lead Professional will ensure**

- That children & families are involved & supported
- Agencies act as a team
- Work together seamlessly
- Analyse information
- Record the (multi-agency) Child's Plan
- Appropriate services are provided
- Child's Plan monitored & reviewed

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The Lead Professional will record the Child's Plan and arrange for it's review. The Lead Professional is not expected to carry out all the work detailed in the Child's Plan and will still be supported by the named Person for the child and those who are party to the plan.

# Concerned about a Child?

## Child Protection Procedures

- Is there an immediate risk to the child?
- Is there suspicion that an offence has been committed against the child?
- Is there a risk of significant harm?
- Consider information sharing protocols

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Getting it Right for Every Child does not replace Child Protection Procedures however these procedures will now reflect the roles and responsibilities of the Named Person, Lead Professional, a Child's Plan and a Child's Plan meeting..

Where there is an immediate risk to the child, where there is suspicion that an offence has been committed against a child or where there is a risk of significant harm local Child Protection procedures **must** be followed.

# Concerned about a Child?

## Discuss with Named Person

- Concern but no immediate risk
- No suspicion of offence against the child
- Consider information sharing protocols

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Where there are concerns about a child that are not assessed as being a child in need of protection, the person identifying these concerns will ask themselves the 5Qs.

Where the concern is not a child protection matter but may have an impact on the well-being of a child early discussions and notification should take place with the Named Person.

The following are suggested circumstances where this would take place:

- Police – teenage child misusing alcohol and no other concerns, anti-social behaviour.
- Health – two non-attendance at appointments without a valid explanation, recording concerns about chaotic life styles e.g. domestic abuse, substance misuse by parents or carers.
- Education – a concern about the well-being or a behaviour issue of a child i.e. within the nursery or identified by the lollypop person
- Social Work – general concern expressed by members of the public or any agency

Where it is the Named Person who has identified concerns they should also ask themselves the 5Qs and seek assistance where appropriate.

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Highland Pathfinder

<http://www.forhighlandschildren.org/htm/girfec/girfec.php>

Email: [GIRFEC@highland.gov.uk](mailto:GIRFEC@highland.gov.uk)

## **Children's Services Reform Programme Getting it Right for Every Child**

### **Core Script**

#### **Core Message:**

**No matter where they live or whatever their needs, children and families need to know where they can seek help, what help is available, that the help is appropriate to their needs and will be delivered to the highest possible standard. Getting it Right for Every Child will enable everyone involved in children's services to deliver on this and improve outcomes whilst involving children and families in finding solutions to their needs.**

**Getting it Right for Every Child is the programme for change that will revolutionise services for children. It gives clear authority and responsibility to agencies and professionals to work with children, families, local communities, and each other, in a way that brings practicality and reality to the vision for Scotland's children.**

#### **Key Messages:**

##### **Services for children in Scotland are changing so that:**

- Children and young people get the help they need when they need it and are central to the process of finding solutions.
- Everyone working with children and young people uses one consistent and equitable approach, actively shares information to agreed protocols and works more effectively together to improve outcomes for children and young people.
- Everyone is clear of their personal responsibility to do the right thing for each child and how they support the collective responsibility to do the right thing for each child.
- Parents and children benefit from a collaborative approach which results in fewer meetings, requires them to give their information only once, and jointly develop with professionals one plan that will meet all of their needs.
- Agencies and professionals are freed up to get on and respond to children and take appropriate, proportionate and timely action with the minimum of paperwork, bureaucracy and duplication.

Scottish Ministers are committed to reforming the delivery of children's services to place a greater focus on improving outcomes for children and to create a Scotland in which every child matters, where every child, regardless of their family background, has the best possible start in life.

## **Vision for Children**

**Scotland's children and young people should be confident individuals, effective contributors, successful learners and responsible citizens.**

**To achieve this, children need to be safe, nurtured, healthy, achieving, active, respected, responsible and included.**

## **What Children Want – The Children's Charter**

As children and young people, we have a right to be protected and be safe from harm from others. When we have difficulties or problems we expect you to:

- Get to know us, speak with us and listen to us
- Take us seriously and involve us
- Respect our privacy
- Be responsible to us
- Think about our lives as a whole
- Think carefully about how you use information about us
- Put us in touch with the right people
- Use your power to help
- Make things happen when they should
- Help us be safe

Children and young people are central to Getting it Right for Every Child which seeks to put in place a Scotland-wide approach to adopting the Children's Charter through practical support, tools, guidance, and where necessary, legislation, to ensure we all work together for Scotland's children.

### **Key Facts (details on all children to be added)**

- Over the past 10 years the number of children referred to the Children's Reporter has doubled to the highest ever figure of 53,883 children – 6% of Scotland's children.
- The majority of these referrals are not in need of compulsory measures of care and supervision, they are being referred as a means to access services. The needs of children must be addressed much earlier in order to avoid unnecessary escalation.
- 13000 children are currently looked after in Scotland (1.3% of child population).