



COMHAIRLE NAN EILEAN SIAR

Roinn an Fhoghlaim is Seirbheisean Chloinne
Department of Education and Children's Services

Getting it Right

for Children and Young People
in the Western Isles

**A guide for professionals, parents, carers,
children and young people to the implementation
of *Getting it right for every child*
in the Western Isles**

Amended formwork-April 2012

'Ag Amas air Adhartas - Aiming for Advancement'

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INTRODUCTION

Getting it right for every child is a national initiative. *Getting it right for children and young people in the Western Isles* describes the approach taken locally to giving all children and young people the best start in life. This includes the Council (as Corporate Parent) working in partnership with other service providers using a Staged Assessment and Intervention model; for further information on Staged Assessment and Intervention see Section 3 of [Meeting Needs, Supporting Learners - A Handbook for Professionals](#)) and delivering services through the Learning Communities. Every child and young person in the Western Isles is on a journey through life, experiencing rapid development and change as they make the transition from childhood through adolescence and into adulthood.

We all want our children and young people to be fully supported as they grow and develop to be:

Healthy	experiencing the highest standards of physical and mental health, and supported to make healthy safe choices
Achieving	receiving support and guidance in their learning - boosting their skills, confidence and self-esteem
Nurtured	having a nurturing and stimulating place to live and grow
Active	offered opportunities to take part in a wide range of activities – helping them to build a fulfilling and happy future
Respected	to be given a voice and involved in the decisions that affect their wellbeing
Responsible	taking an active role within their schools and communities
Included	receiving help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn
And above all, to be Safe	protected from abuse, neglect or harm

This guide provides Education and Children's Services with a policy and procedures framework for *Getting it right for children and young people in the Western Isles*. It provides information on how we apply the *Getting it right* values and principles to support children and families, building on existing local good practice within a national context. It shows how the practice model and tools can be used to secure better outcomes for children and young people. This guide is relevant to all those involved or working with children and young people, including practitioners working in adult services with parents and carers.

Applying a getting it right approach to improve outcomes for children and young people contributes directly to the way agencies work to help them become **successful learners, confident individuals, effective contributors and responsible citizens.**

For children, young people and their families *Getting it right for children and young people in the Western Isles means:*

- They will feel confident about the help they are getting
- They understand what is happening and why
- They have been listened to carefully and their wishes have been heard and understood
- They are appropriately involved in discussions and decisions that affect them. They can rely on appropriate help being available as soon as possible
- They will have experienced a co-ordinated response from practitioners

For practitioners, *Getting it right for children and young people in the Western Isles means:*

- Putting the child or young person at the centre
- Considering the child or young person as a whole
- Promoting closer working with other practitioners
- Developing a shared language within and across agencies
- Using resources and processes effectively and efficiently

For managers in education, children's and adult services, *Getting it right for children and young people in the Western Isles means:*

- Providing leadership and strategic support of services to meet the needs of children and young people in The Western Isles
- Supporting staff to continue to apply child centred processes

As corporate parent Comhairle Nan Eilean Siar will act like any good parent and make it a key priority to be aware of the needs of their children and young people.

GETTING IT RIGHT PRINCIPLES

Getting it right for children and young people in the Western Isles is based on a number of key principles.

Making practice child centred

Practitioners need to take a whole child approach to practice. They need to think creatively about consulting children and families and involving them every step of the way. They should listen to what children and families have to say about what helps them best and act on this to build effective practice.

Working to the National Practice Model

The *National Practice Model* has incorporated the Integrated Assessment Framework. The *National Practice Model* provides the foundation for identifying concerns, assessing needs and risks and making plans for children in all sectors. It provides a shared language and understanding for all practitioners. The single system of planning for a child should be used in every case – one child, one plan. All agencies need to use the *National Practice Model* (see Figure 1.1 below) in a way that reflects their core responsibilities. This includes adult services. Practitioners in adult services have a significant part to play in ensuring children’s needs are met.

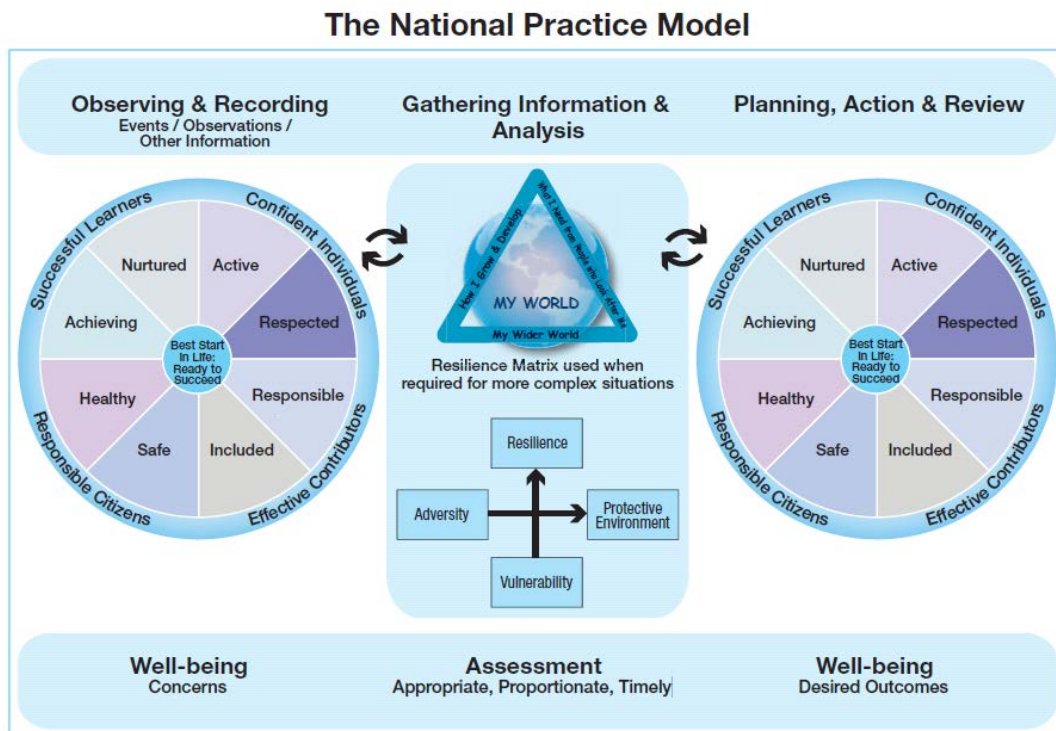


Figure 1.1

The Named Person and the Lead Professional

The *Named Person* in the universal services of health or education, depending on the age of the child, is the first point of contact for children and families and for other agencies when there are concerns about a child. The *Named Person's* role is to take initial action if a child needs extra help, and is critical in supporting early intervention. Where a child needs help from two or more agencies, the *Lead Professional* will co-ordinate multi-agency planning and make sure all agencies provide a network of support around the child. Appropriate contingency plans should be in place where a *Named Person* and/or *Lead Professional* are unavailable due to holidays or sickness.

The *Named Person* Pre-birth until the handover to the Health Visitor it is **Midwife**. From handover from Midwife until school entry it is **Health Visitor**. For a Primary School aged child, this will be the **Head Teacher**, and when in Secondary School it will be the **Head Teacher** or **Guidance Teacher**. For young people with a Pathways Plan the named person should be the **Pathways Co-ordinator**.

Building a network of support around each child or young person

Getting it right for every child aims to have in place a network of support to promote well-being so that children and young people get the right help at the right time. This network will always include family and/or carers and the universal health and education services. Most of the child or young person's needs will be met from within this network. Only when support from the family and community and the universal services can no longer meet their needs will targeted and specialist help be called upon to help. Only when voluntary measures no longer effectively address the needs or risks will statutory measures to support the child or young person be considered.

There are **five** questions practitioners need to ask themselves when they are concerned about a child or young person:

- What is getting in the way of this child or young person's well-being?
- 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?

THE ROLE OF THE NAMED PERSON AND LEAD PROFESSIONAL

The *Named Person* role

Every child in The Western Isles will have a *named person* either from the primary health team or from education, according to their age. The named person will remain associated with the child, even if additional help is offered. The named person will be able to coordinate any help from within their own agency and will help families request the involvement of other agencies and services as appropriate. The role of the *named person* is:

- to be the first point of contact for the child, young person or family
- to seek consent and facilitate requests for involvement
- to work with the child or young person and their family to prepare and monitor any plans that are drawn up
- to establish the child's and parent's views
- to lead the review of impact

The named person may also be the Lead Professional when two or more agencies are working together

The *Lead Professional* role

When two or more agencies need to work together to provide help to a child or young person and family, there will be a *Lead Professional* to co-ordinate that help. The *Lead Professional* would normally be drawn from the health team, education team or social work team working with the child, young person or family. The role of the *Lead Professional* is:

- to make sure that the child or young person and family understand what is happening at each point so that they can participate in the decisions that affect them
- to be the main point of contact for children, young people, practitioners and family members, bringing help to them and minimising the need for them to tell their story several times
- to establish the child's and parent's views
- to promote teamwork between agencies and with the child or young person and family
- to ensure the child's plan is implemented and reviewed
- to be familiar with the working practices of other agencies
- to support other staff who have specific roles or who are carrying out direct work or specialist assessments
- to ensure the child or young person is supported through key transition points, particularly any transfer to a new lead professional
- to ensure the information contained in the Child's Plan is accurate and up-to-date.

REFERRALS

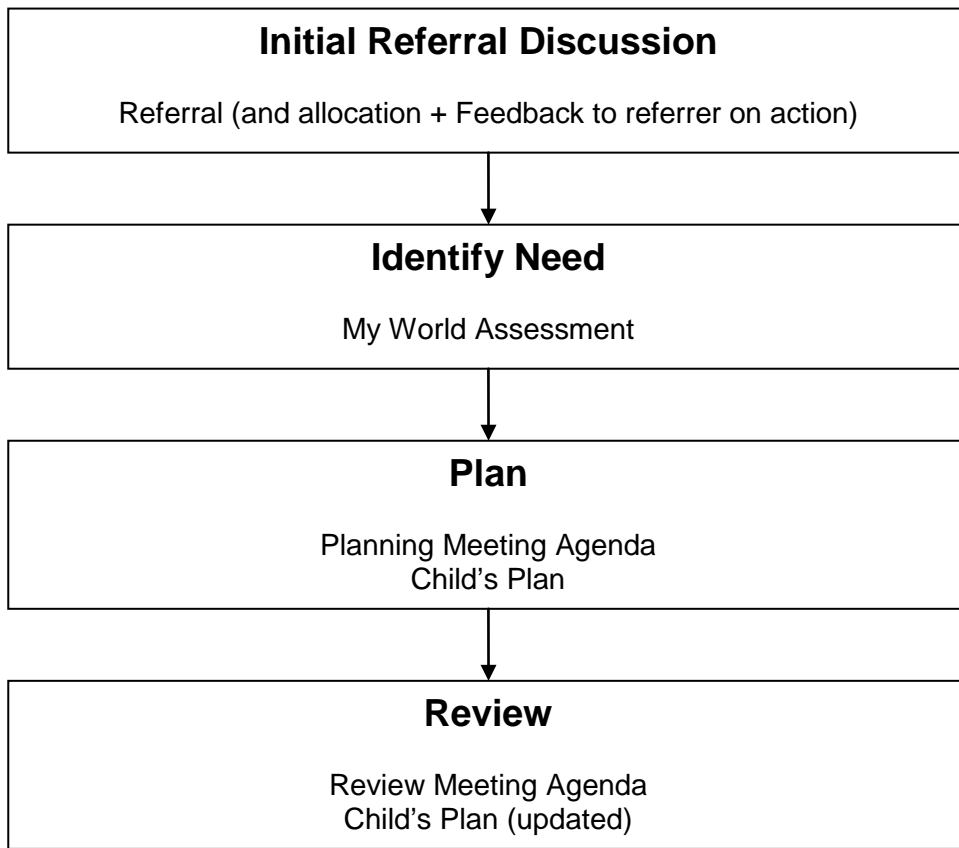
All referrals made by Education and Children's Services to agencies such as Health (SALT, CAMHS etc.) Action for Children etc. and all referrals to Education and Children's Services for support with young people must be submitted to the Principal Officer Admin and Staffing, Council Offices, Sandwick Road, Stornoway, for logging onto the relevant system. All referrals, including the Inter-Agency Referrals (see [Appendix 3](#)) and Additional Support Request Referrals (see [Appendix 4](#)) are then forwarded to the relevant Learning Community Principal and Children's Services Manager. The Inter-Agency referral process is used when one agency wishes to engage the services of another e.g. a school referring to Speech and Language Therapy, Extended Learning referring to Social Work or Health Visitor referring to Sure Start.

An Initial Referral Discussion (IRD) will take place (within two weeks of the referral being received) on a Learning Community based model. In attendance at these meetings will be the Learning Community Principal and the relevant Children's Services Manager/Team Leader. This meeting should be recorded on the Education & Children's Services minute template (see [Appendix 2](#)).

Child Protection referrals will be dealt with in accordance to the 'Western Isles Child Protection Committee Inter-Agency Procedures' prior to being forwarded to the Learning Community Principal. The child protection Guidelines can found here <http://www.online-procedures.co.uk/westernisles/>

If you have any concerns about a child, please refer to this section of the Child Protection Guidelines <http://www.online-procedures.co.uk/westernisles/contents/worried-about-a-child/>

PROCESS



In practical terms, all assessments that would have been undertaken by Education and Children's Services staff will now be 'My World Assessments'. All plans will be the 'Child's Plan'. There should be significant steps to reduce the number of meetings that staff, children and families attend. **Where a child has a Co-ordinated Support Plan for example, and is also a 'Looked After Child', the meetings should be synchronised so that one meeting can carry out the function of both.** If using a 'Single Assessment' and 'Single Plan' model, this is achievable.

All Child's Meetings which discuss, plan and review, will involve children (where appropriate) and their carers. Case discussions between two or more professionals to gather information or to receive guidance for example, prior to or during the process of working with a child will not necessarily involve children or carers.

Where a single agency is involved, the meetings will be chaired by the Named Person. For cases with multi agency involvement, the Lead Professional should discuss with the team and their line manager who is the most appropriate person to chair the meeting. For Child Protection and LAAC cases, the Lead Professional will always be a Social Worker

MY WORLD ASSESSMENT

The My World Assessment Form (see [Appendix 5](#)) should be considered as a 'live and working' document. The My World assessment should be completed on a **proportionate** basis. Where a child requires limited intervention, only the sections of the plan that are relevant should be completed, and only to the depth required given the circumstances of the case. When multiple agencies are involved, each agency would be expected to contribute to the relevant sections of the assessment, thereby minimising duplication as much as possible. As a case becomes more complex, the assessment should be developed rather than a new document created.

The assessment should contain **strengths** as well as **pressures** and must have relevant **analysis** of need linked to the wellbeing indicators.

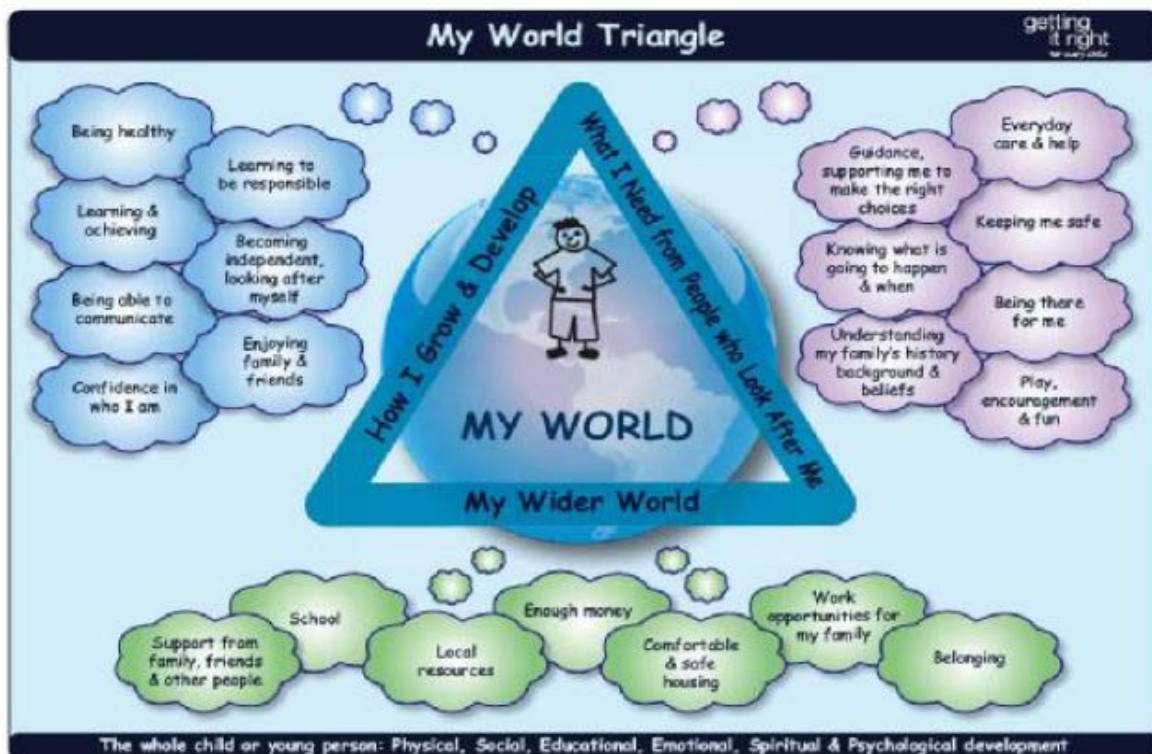


Figure 1.2

SPECIALIST ASSESSMENTS AND PLANS

Whilst the guidance and procedures contained within this document aim to have a single shared assessment and a single plan, it is recognised that there is still a need for specialist assessments and plans, e.g. clinical assessments. Where the documentation contained here can substitute in whole or in part, it should be used for all work with children. A Co-ordinated Support Plan format, for example, requires only one small addition to be used in conjunction with the Child's Plan outlined below.

CHILD'S PLAN

Practitioners will analyse the information regarding the strengths and pressures from the *My World Triangle* along with any specialist assessments and to identify the areas where help should be focused. The *Well-being Indicators* may also be used when a plan is being constructed or reviewed, to summarise the child or young person's needs that will be addressed in the child's plan.

Every Child's plan should include and record:

- reasons for the plan
- partners to the plan
- the views of the child or young person and their parents or carers
- an analysis of the child or young person's needs, including a summary of strengths (My World Assessment)
- what is to be done to improve a child or young person's circumstances
- details of action to be taken
- resources to be provided
- timescales for action and for change
- contingency plans
- arrangements for reviewing the plan and recording any unmet needs
- lead professional arrangements where they are appropriate
- details of any compulsory measures if required.

Plan Meeting Agenda

The **five** questions practitioners need to ask themselves when they are concerned about a child or young person form the **agenda for the meeting** that produces a Child's Plan:

1. What is getting in the way of this child or young person's well-being?
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?

Reviewing the plan

It is important to look at whether the actions taken have achieved the outcomes specified in the plan and what changes or further action, if any, are required. In reviewing the outcome of the plan with the child or young person and family, there are six essential questions practitioners need to ask which will form the **agenda for the meeting**:

1. What has improved in the child or young person's circumstances?
2. What if anything has got worse?

3. Have the outcomes in the plan been achieved?
4. If not, is there anything in the plan that needs to be changed?
5. Are there any unmet needs?
6. Can we continue to manage the plan within the current environment?

If the plan has been successful and the outcomes achieved, the question needs to be asked - is there a need for an ongoing multi-agency involvement, or can the needs now be met through a single agency response?

PARENT'S AND YOUNG PEOPLE'S VIEWS

“All children and young people should have the opportunity to make their views known about decisions which affect them. They should have the opportunity to express their opinions and have these opinions taken seriously. They should be encouraged to contribute to decision-making processes, the setting of educational objectives, the preparation of learning plans, reviews and transition planning.”

(Supporting children's learning: code of practice, SEED, 2005, Para. 6.2)

Children and young people must be enabled and empowered in decision-making processes, and they need to know that what they have to say will be respected, listened to and, where appropriate, acted upon. We must, therefore, seek to address any barriers or potential barriers to their participation in decision making. Parents must also have the opportunity and be enabled to be involved fully in discussions and decisions regarding their child's learning. This is crucial to understanding their child's additional support needs. Parents have unique knowledge and experience to contribute and a key role to play in their child's education. Account should therefore be taken of their wishes and the perspectives they bring. In seeking to meet the needs of children and young people partnership with parents is vital and we must seek to address any barriers to their participation in discussion and decision making.

In order to express views, children and young people need to have experience of being asked for their views, being listened to, making choices and having some influence over what they do and what is provided for them. It is important that schools and early years settings create a climate where seeking children's views and encouraging participation in decision-making are part of everyday activities. While some children and young people with additional support needs will be able to express themselves clearly, others may need support with communication or confidence to express their views. For example, specific arrangements will have to be made to seek out the views of children with complex communication support needs; those who require an interpreter; or whose first language is not English; or who have behavioural difficulties and find it difficult to co-operate. A range of approaches will need to be used to determine their views, including the use of alternative or augmentative communication systems, or engaging the views of others such as family members, foster carers, social workers and other professionals who know the child or young person. It must be stressed that no matter how complex the needs it is just as important and relevant for these children and young people to have their views listened to as it is for those who can more easily express views.

Once the child's or young person's views have been sought and recorded it is important to consider what is realistic and appropriate to provide, and to balance this against what a child or young person may want. However, where a child's or young person's views are unable to be acted on, the reasons for this should be explained to them. The views of children and young people should never be disregarded without due consideration.

Good practice in communicating with children and young people

A child or young person may benefit from:

- being given enough time to prepare and to go over the ideas and material to be discussed
- being given information in a form which is readily understood
- assistance from a teacher or other helper to understand the meaning of key terms and concepts
- a supportive communication facilitator to tease out the full meaning of all of the issues
- specialised or new vocabulary (perhaps in sign or symbol form) in order to discuss a particular topic
- support to go over ideas, perhaps on several occasions
- help to understand outcomes and agreements

Issues related to language should also be considered, for example:

- if spoken English is not the child's or young person's first language, consider using an interpreter
- consider using a facilitator for those with language or speech difficulties
- use appropriate alternative or augmentative communication systems such as visual aids
- and/or sign language for deaf and/or communication impaired children or young people
- take account of any cultural preferences
- take time to explain what decision has to be made, why it is important and how the child or young person can influence it

(Supporting children's learning: code of practice, SEED, 2005, chapter 6)

Good practice in communicating with parents

"All professionals, schools, education authorities and other appropriate agencies should seek actively to involve parents in their work with children. They should value parents' contribution and regard them as partners in their children's learning."

(Supporting children's learning: code of practice, SEED, 2005, Para.6.22)

In establishing good practice agencies must:

- ensure that parents are fully aware of the processes for assessing, planning and providing for children's needs
- ensure that parents are familiar with the support services available from the school, the education authority and from other agencies, including voluntary organisations
- extend the partnership approach to include older children and young people

When working with parents professionals must:

- acknowledge and draw on parental knowledge and expertise in relation to their child
- consider the child's strengths as well as pressures
- recognise the personal and emotional investment of parents and be aware of their feelings
- ensure that parents understand procedures, are aware of how to access support and are given documents to be discussed well in advance of meetings
- respect the validity of differing perspectives and seek constructive ways of reconciling different viewpoints
- cater for the differing needs parents may have, such as those arising from a disability, or communication and linguistic barriers

CHILDREN MISSING FROM EDUCATION

Children missing from education are seen to be children and young people of compulsory school age who are not on a school roll and are not being educated otherwise (at home, privately or in an alternative provision). They have usually not attended school for a substantial period of time (usually 4 weeks).

Prior to referring a case to CME (Scotland), who will instigate a national search, local enquiries should be made to re-establish contact with children missing from school and to gather information regarding the pupil moving or transferring school. Where a child is deemed to be missing, a local search should be undertaken, actions and findings recorded and local Child Protection Guidelines followed.

All Children Missing from Education enquiries should be processed through the named CME Officer, who is responsible for all CME enquiries and will process all referrals to CME (Scotland). Revised local CME guidelines will be issued in 2012.

CASE FILE QUALITY ASSURANCE

Every November and May representatives from Education and Children's Services, the Police and the Western Isles Health Board will carry out a proportionate audit of cases which have had multi-agency input (including Child Protection cases) using the wellbeing indicators for quality assurance purposes. The audit will focus on specific Wellbeing Indicators selected in discussion between the Children's Services Managers and the Head of Service.

A limited number of appropriate case files will be selected by the Children's Services Manager, who will liaise with other relevant agencies so that all the documentation relating to a case is available. The Children's Services Manager will also ensure that the relevant consent is obtained.

For each case file being examined, the Quality Assurance Wellbeing Indicators Record (see [Appendix 7](#)) should be completed. It is important that evidence is referenced as fully as possible.

From the collective information gathered in the Quality Assurance Wellbeing Indicators Records, the Children's Services Manager, with the assistance of the assigned member of the Education and Children's Services Quality Improvement Team, will produce an annual report which reflects the performance in the Western Isles measured against the relevant Quality Indicators, their themes, key features and illustrations. The report will provide a summary of strengths and action points (see [Appendix 8](#)). In writing the report, children, parents and members of staff may be interviewed to clarify points raised in the initial case file trawl.

CHRONOLOGIES

The following advice is taken from the 'Practice Guide – Chronologies' published by Published by the Social Work Inspection Agency, January 2010.

A chronology should:

- be a useful tool in assessment and practice
- not an assessment – but part of assessment
- not an end in itself – a working tool which promotes engagement with people who use services
- be accurate – rely on good, up-to-date case recording
- contain sufficient detail but not substitute for recording in the file
- be flexible – detail collected may be increased if risk increases
- be reviewed and analysed – a chronology which is not reviewed regularly is of limited relevance
- recognise that different constructions of a chronology are needed for different reasons e.g. current work and examining historical events
- recognise that single agency and multi-agency chronologies set different demands and expectations
- record what was done at the time

A chronology should also incorporate the following key elements:

- Key dates of birth, life events, moves
- Facts e.g. child's name placed on the child protection register, MAPPA (multi-agency public protection arrangements) meeting, adult who is subject to adult protection procedures
- Transitions, life changes
- Key professional interventions e.g. reviews, hearings, tribunals, prison sentences
- Not opinion – these may be for the record but the strength of chronologies lies in their reporting of facts/times/dates
- A very brief note of an event e.g. a fall down stairs, coming to school with a bruise, a registered sex offender whose car keeps breaking down outside a primary school
- The actions which were taken. Many chronologies list events and dates but do not have a column which enables actions taken, or not taken to be recorded

CASE FILE RECORDING

The following advice is taken from the 'Practice Guide – On the Record' published by Published by the Social Work Inspection Agency, January 2010

What is the purpose of recording?

- documenting the involvement with the individual
- informing assessment and care planning
- enabling practitioners to review and reflect on their work
- assisting practitioners to identify any patterns
- ensuring accountability of staff
- meeting statutory requirements
- providing evidence for legal proceedings
- enabling continuity when a new worker takes over the case
- providing performance information
- forming a biography – for example, for a looked after child to read at a later date to provide them with their history
- providing evidence for inquiries or reviews
- assisting partnership working between workers and people using their services

A file needs to be chronologically arranged, including copies of correspondence between all participants, handwritten observation notes, etc.

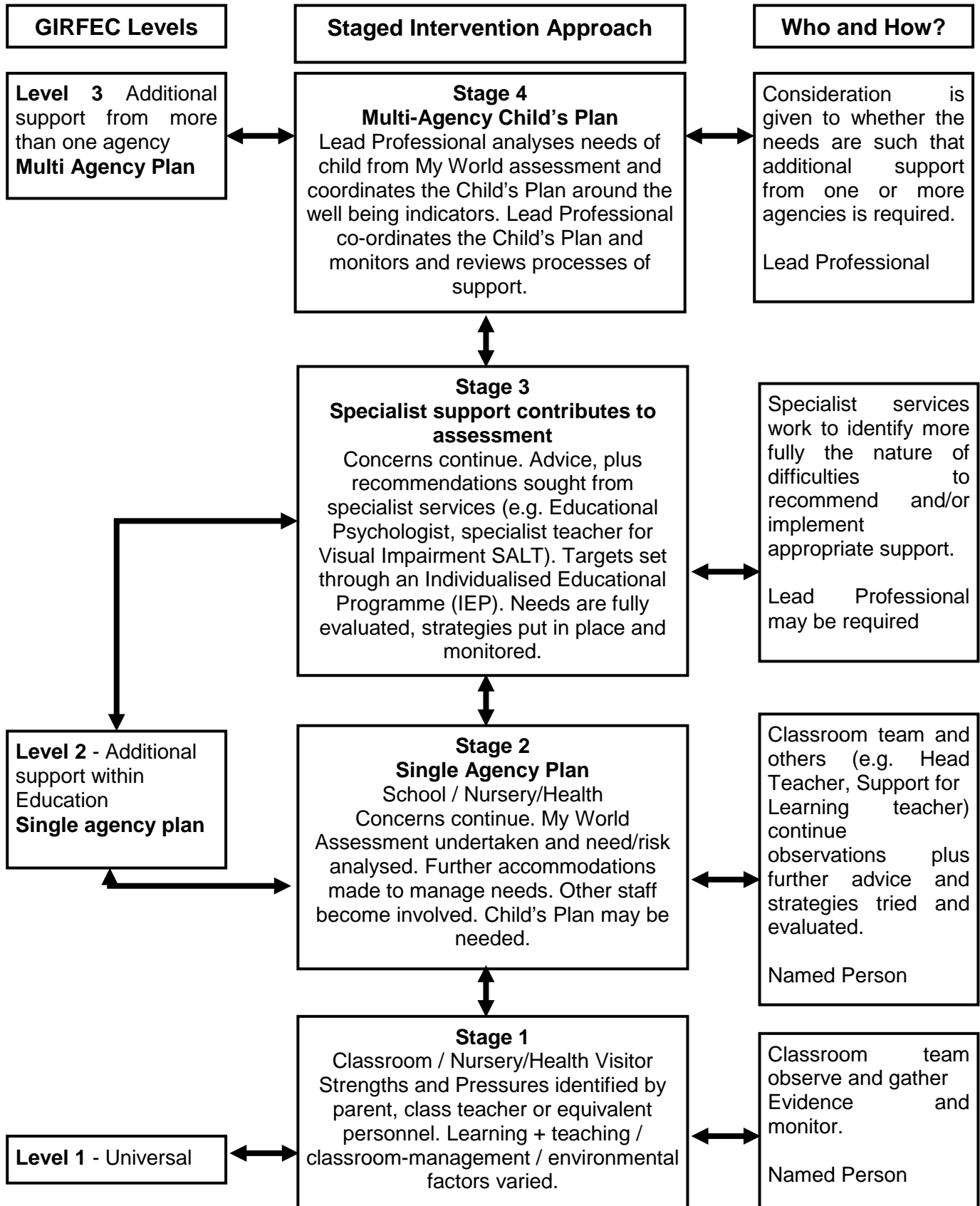


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Department of Education and Children's Services

Staged Intervention GIRFEC Overview



<p>COMHAIRLE NAN EILEAN SIAR Department of Education & Children's Services Minute/Note of Meeting</p>	TITLE			
	DATE		TIME	
	VENUE			
	DISTRIBUTION			

Present:	
Apologies:	

Item	Summary and Action	Who?	When?
1			
2			
3			
4			
5			
6			



WESTERN ISLES SERVICES FOR CHILDREN INTER-AGENCY REFERRAL FORM



1	Referral to:	
Referral From:		Organisation:
Telephone:		Mobile:
Address:		
Relationship to Child:		Date of Referral:

2	Child's Name:		Date of Birth:
CHI:		P. No:	
Address:			
Postcode:		Telephone No:	
Previous residence (if any) with approximate dates:			
Parent(s)/carer(s) names:		Relationship to Child	Telephone if different from above

3	Family GP/Practice:	
Address:		
Post Code:		Telephone No:

4	School/Nursery/Playgroup currently attended:	
Address:		
Post Code		Telephone No:
Previous school(s):		
If child is about to start or is due to change from current provision to another (e.g. home to nursery, primary to secondary etc.) please give anticipated date of change and name of new provision:		
Name of new provision:		

Anticipated date of start/change of school:

5	Named Person:	
	Lead Professional	

6	Support Agencies involved (please tick and include contact names if known)	In past	Current	Being Referred	Contact Name and Tel No.
	Educational Psychology				
	Sensory Impairment Teacher				
	Paediatrician				
	Speech & Language Therapy				
	Physiotherapy				
	Occupational Therapy				
	Social Work				
	Action for Children				
	Advocacy Service				
	CAMHS Team				
	Dietician				
	Sure Start				
	Support for Learning				
	Public Health Nurse/Health Visitor				
	Extended Learning				
	Other (please specify)				

7	Reason(s) for Referral (Wellbeing Indicators) Please select appropriate pressures on child and outline the nature of the intervention required.						
Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
Please include all the information that will help prioritise this referral in terms of urgency. Additional documentation such as minutes of meetings, 'My World Assessment' etc. should be included to support this referral.							

8	Desired Outcome:
Please indicate with respect to the wellbeing indicators in '7' the desired outcome of this referral.	

9	Child's view of pressures and this referral

10	Parent/Carer's view of pressures and this referral

11	This referral is being made with the agreement of the parents/carers/carers and, where appropriate, the child. It has been explained to the parents/carers/carers that information may be shared with other agencies.	
Signature of Referrer:		Date:

This form should be submitted to:

Area 1	Beth MacArthur	bmacarthur@cne-siar.gsx.gov.uk
Area 2,3 & 4	Chrisann MacLeod	chrisann.macleod@cne-siar.gsx.gov.uk
Area 5	Caroline Buchanan	cbuchanan@cne-siar.gsx.gov.uk

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Guidance for completing the Inter-Agency Referral Form

When **multi-agency** involvement is being considered, each practitioner/agency will consider the following questions:

1. What is getting in the way of this child/young person achieving their potential?
2. What can I do to help this child/young person?
3. What can my agency do to help this child/young person?
4. Do I need to share or seek any further information to construct a plan?
5. Does this child/young person need any help from any other agency?

Completing the form

1-4 Core details

The core details of the child and family should be fully completed, giving as much information as possible.

5 Named Person and Lead Professional

Every child will have a **named person**. Pre-birth until the handover to the Health Visitor it is **Midwife**. From handover from Midwife until school entry it is **Health Visitor**. Primary School will be the **Head Teacher**, and when in Secondary School it will be the Head Teacher or Guidance Teacher. For young people with a Pathways Plan the named person should be the **Pathways Co-ordinator**. The Named Person is the first point of contact for children and families and for other agencies when there are concerns about a child. The *Named Person's* role is to take initial action if a child needs extra help, and is critical in supporting early intervention. Where a child needs help from two or more agencies, the *Lead Professional* will co-ordinate multi-agency planning and make sure all agencies provide a network of support around the child.

6 Who else is currently involved with the child/family?

Complete the names of the key people already providing support to the child or family, or who have been involved in the past.

7 Reason for Referral - Pressures

Select the **Well Being** headings that indicate the areas of **greatest concern**. The aim is to clarify and focus on factors that are making a child/young person vulnerable.

- **Safe:** protected from abuse, neglect or harm at home, at school and in the community;
- **Healthy:** having the highest attainable standards of physical mental health, access to suitable health care, and support in learning to make healthy and safe choices;
- **Active:** having opportunities to take part in activities, such as play, recreation and sport, which contribute to healthy growth and development at home 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;
- **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;
- **Respected:** having the opportunity, along with carers, to be heard and involved in decisions which affect them;
- **Responsible:** having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision;
- **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.

Supporting documentation should be provided with the referral. A completed 'My World' assessment **should** be included. If there is an existing 'Child's Plan' this should be included too. The supporting documentation should cover existing inputs, support strategies, IEPs, ABC forms etc.

This section should also include what it is the referrer is asking for.

8 Desired Outcome

As a result of this referral, what positive outcome for the child is anticipated?

9-10 Involvement of young person and their parent/carer

The form must be completed with the child/young person/family and it must be explained to them that the information will be shared with other professionals/agencies on the basis of their informed consent.

What happens next?

Individual agencies may wish to use this form as an internal method of referral in order to reduce the different types of paperwork that their staff use. However, when used in a multi agency context, the form should be e-mailed to the person indicated below at each Learning Community hub office. The referral will then be processed at the weekly Learning Community Referral Discussion meeting.

Area 1	Beth MacArthur	bmacarthur@cne-siar.gsx.gov.uk
Area 2,3 & 4	Chrisann MacLeod	chrisann.macleod@cne-siar.gsx.gov.uk
Area 5	Caroline Buchanan	cbuchanan@cne-siar.gsx.gov.uk

This form must not be used where there are child protection concerns; child protection guidelines should be followed in these instances.



WESTERN ISLES SERVICES FOR CHILDREN ADDITIONAL SUPPORT REQUEST FORM



1	Request to:	
	Referral From:	Organisation:
	Telephone:	Mobile:
Address:		
Relationship to Child:		Date of Referral:

2	Child's Name:	Date of Birth:
Address:		
Postcode:		Telephone No:

3	Named Person:	
	Lead Professional	

4	Reason(s) for Request (Wellbeing Indicators) Please select appropriate pressures on child and outline the nature of the intervention required.							
	Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
Supporting documentation including the original Inter Agency Referral form, 'My World Assessment' and the Child's Plan must be included with this request.								

5	This referral is being made with the agreement of the parents/carers and, where appropriate, the child. It has been explained to the parents/carers that information may be shared with other agencies.	
	Signature of Referrer:	Date:

This form should be submitted to:

Area 1	Beth MacArthur	bmacarthur@cne-siar.gsx.gov.uk
Area 2,3 & 4	Chrisann MacLeod	chrisann.macleod@cne-siar.gsx.gov.uk
Area 5	Caroline Buchanan	cbuchanan@cne-siar.gsx.gov.uk

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Guidance for Completing the Additional Support Request Form

When multi-agency involvement is being considered, each practitioner/agency will consider the following questions:

1. What is getting in the way of this child/young person achieving their potential?
2. What can I do to help this child/young person?
3. What can my agency do to help this child/young person?
4. Do I need to share or seek any further information to construct a plan?
5. Does this child/young person need any help from any other agency?

You will fill in this form if you consider that help is required from another support organisation other than those currently involved.

Completing the form

1-2 Core details

The core details of the child and family should be fully completed, giving as much information as possible.

3 Named Person and Lead Professional

Every child will have a **named person**. Pre-birth until the handover to the Health Visitor it is **Midwife**. From handover from Midwife until school entry it is **Health Visitor**. Primary School will be the **Head Teacher**, and when in Secondary School it will be the Head Teacher or Guidance Teacher. For young people with a Pathways Plan the named person should be the **Pathways Co-ordinator**. The Named Person is the first point of contact for children and families and for other agencies when there are concerns about a child. The *Named Person's* role is to take initial action if a child needs extra help, and is critical in supporting early intervention. Where a child needs help from two or more agencies, the *Lead Professional* will co-ordinate multi-agency planning and make sure all agencies provide a network of support around the child.

4 Reason for Referral - Pressures

Select the **Well Being** headings that indicate the areas of **greatest concern**. The aim is to clarify and focus on factors that are making a child/young person vulnerable.

- **Safe:** protected from abuse, neglect or harm at home, at school and in the community;
- **Healthy:** having the highest attainable standards of physical mental health, access to suitable health care, and support in learning to make healthy and safe choices;
- **Active:** having opportunities to take part in activities, such as play, recreation and sport, which contribute to healthy growth and development at home 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;
- **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;
- **Respected:** having the opportunity, along with carers, to be heard and involved in decisions which affect them;
- **Responsible:** having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision;
- **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.

Supporting documentation including the original Inter Agency Referral form, 'My World Assessment' and the Child's Plan **must** be included with this request. The supporting documentation should cover existing inputs, support strategies, IEPs etc.

This section should also include what it is the referrer is asking for.

5 Involvement of young person and their parent/carer

The form must be completed with the child/young person/family and it must be explained to them that the information will be shared with other professionals/agencies on the basis of their informed consent. This would normally be expected to be undertaken when assessing the Child's Plan and 'My World' assessment.

What happens next?

Individual agencies may wish to use this form as an internal method of referral in order to reduce the different types of paperwork that their staff use. However, when used in a multi agency context, the form should be e-mailed to the person indicated below at each Learning Community hub office. The referral will then be processed at the weekly Learning Community Referral Discussion meeting.

Area 1	Beth MacArthur	bmacarthur@cne-siar.gsx.gov.uk
Area 2,3 & 4	Chrisann MacLeod	chrisann.macleod@cne-siar.gsx.gov.uk
Area 5	Caroline Buchanan	cbuchanan@cne-siar.gsx.gov.uk

This form must not be used where there are child protection concerns; child protection guidelines should be followed in these instances.



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Department of Education and Children's Services

My World Assessment

Name:		Date of Birth:	
Address:		Current Legal Status:	
Lead Professional:		Named Person:	
Family Composition –			
Name	Address	Status	Contact Details

Reason/s for Assessment

Please outline the reason (s) why an assessment is required

--

The following people have been consulted in the formulation of this Assessment:

Name	Role	Signed Date

Chronology of Significant Events

Date	Description

How I Grow and Develop:

Being Healthy
Learning & Achieving
Confidence in Who I am
Being able to Communicate
Learning to be Responsible
Becoming Independent, Looking After Myself
Enjoying Family & Friends

What I Need From People Who Look After Me

Everyday Care & Help
Keeping Me Safe
Being There for Me
Play, Encouragement, Fun
Guidance, Supporting me to make the Right Choices
Knowing What is going to happen & When
Understanding my Family's Background & Beliefs

My Wider World

School
Support from Family, Friends & Other People
Enough Money
Comfortable & Safe Housing
Work Opportunities for My Family
Belonging
Local Resources

Parent's/Carers/Siblings Views

Child's Views

Summary and Analysis of Risk and Need

Recommendations

Signature

Name
Title

Date

Signature

Name
Title

Date

Guidance for Completing the My World Assessment Form

Each practitioner/agency will consider the following questions:

1. What is getting in the way of this child/young person achieving their potential?
2. What can I do to help this child/young person?
3. What can my agency do to help this child/young person?
4. Do I need to share or seek any further information to construct a plan?
5. Does this child/young person need any help from any other agency?

It is critical that information on **strengths** as well as **pressures** are included in this form. If a child has been considered for a CSP but does not presently meet the criteria, then this should be recorded in the 'My Wider World' section (the date of this meeting should be included)

Risk Heightening and **Risk Reducing** factors should permeate the document, and form a major part of the **Summary** and **Analysis**. Agencies may wish to use their own specific Risk Assessments e.g. ASN Risk Assessment Form, Resilience Matrix etc. These may be used to compile the My World Assessment and could be attached to the document.

This link will take you to the Western Isles Child Protection Guidelines on risk assessment <http://www.online-procedures.co.uk/westernisles/contents/the-assessment-of-risk/>

Core details

The core details of the child and family should be fully completed, giving as much information as possible. A young person's legal status, 'Looked After', Section 25 (Social Work working with Family on a voluntary basis) etc. should be entered.

Reason/s for Assessment

This may be a request from the Children's Reporter, as a result of an Inter-Agency referral, or to support an Inter-Agency referral etc. The reason for the Assessment should be clearly explained.

How I Grow and Develop

- **Being Healthy**

This includes full information about all aspects of a child's health and development, relevant to their age and stage. Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health. Health care, including nutrition, exercise, physical and mental health issues, sexual health and substance abuse.

- **Learning & Achieving**

This includes cognitive development from birth, learning achievements and the skills and the interests which can be nurtured. How additional needs are supported. Achievements in leisure, hobbies, sport. Education and social development milestones need to be recorded. Personal learning plans and other educational records should provide evidence of what has been achieved and what supports are needed or being provided for. Is the child's progress with formal education in line with expectations? Attention should also be given to further educational or training needs and potential employment opportunities for young people moving or who have moved towards semi/full independence.

- **Confidence in Who I am**

Child's/young person's temperament and characteristics. Nature and quality of early and current attachments. Emotional and behavioural development. Resilience, self esteem. Knows views are listened to. Ability to take pride in achievements. Confidence in managing challenges, opportunities, difficulties appropriate to the age and stage of development. Sense of identity which has an appreciation of ethnic and cultural background and is comfortable with gender, sex, religious belief. Skills in social presentation.

- **Being able to Communicate**

This includes development of language and communication. Being in touch and communicating constructively with others. Ability to express thoughts, feelings and needs. What is the child's/young person's preferred language and method of communication? Are there particular people with whom the child communicates that you will need to involve? Are aids to communication required?

- **Learning to be Responsible**

Learning appropriate social skills and behaviour. Values; sense of right and wrong. Consideration for others. Ability to understand what is expected and act on it. How does the child respond to the key influences on social and emotional development at different ages and stages, e.g. Collaborative play in early childhood, peer expectations at school and outside.

- **Becoming Independent, Looking After Myself**

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

- **Enjoying Family & Friends**

How is the child or young person responding to relationships that support, value, encourage and guide her/him; to family and wider social networks; opportunities to make and sustain lasting significant relationships; encouragement to develop skills in making friends, to take account of the feelings and needs of others and to behave responsibly. This links and overlaps with what a child or young person needs from those who look after them and the wider environment.

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What I Need From People Who Look After Me

- **Everyday Care & Help**

This is about the ability to nurture which includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of responsibility and independence. Listening to the child and being able to respond appropriately to a child's likes and dislikes. Support in meeting parenting tasks and help carers' own needs.

- **Keeping Me Safe**

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

- **Being There for Me**

Love, emotional warmth, attentiveness and engagement. Listening to me. Who are the people who can be relied on to recognise and respond to the child's/ young person's emotional needs? Are there issues of attachment? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment? What is the level of stability and quality of relationships between siblings, other members of the household? Do issues between parents impact on their ability to parent? Are there issues within a family history that impinge on the family's ability to care?

- **Play, Encouragement, Fun**

Stimulation and encouragement to learn and to enjoy life, responsiveness to the child or young person's unique needs and abilities. Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child's/young person's mentor and champion and listen to their wishes?

- **Guidance, Supporting me to make the Right Choices**

Values, guidance and boundaries. Making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses of behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child/young person treated

with consideration and respect, encouraged to take social responsibility within a safe and protective environment? Are there any specific aspects which may need intervention?

- **Knowing What is going to happen & When**

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

- **Understanding my Family's Background & Beliefs**

Family and cultural history; issues of spirituality and faith. Do the child's/young person's significant carers foster an understanding of their own and the child's background – their family and extended family relationships and their origins? Is their racial, ethnic and cultural heritage given due prominence? Do those around the child/young person respect and value diversity? How well does the child understand the different relationships, e.g., with step relationships, different partnerships, etc.?

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My Wider World

- **School**

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests. Can the school provide what is needed to meet the particular educational and social needs of the child? If a child has been considered for a CSP but does not presently meet the criteria, then this should be recorded in the 'My Wider World' section. Include date of meeting.

- **Support from Family, Friends & Other People**

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

- **Enough Money**

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

- **Comfortable & Safe Housing**

Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Is it in a safe, well maintained/resourced and child-friendly neighbourhood? Have there been frequent moves?

- **Work Opportunities for My Family**

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

- **Belonging**

Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion?
e.g. Playgroups, After-school clubs, Youth clubs, environmental improvements, Parents' and Residents' groups, Faith groups? Are there local prejudices and tensions affecting the child's/young person's ability to fit in?

- **Local Resources**

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

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- **Parent's/Carers/Siblings Views**

Use this box to record the parent's/Carers/Siblings (where appropriate) views regarding the circumstances surrounding the need/s of the child.

- **Child's Views**

Use this box to record the child's views regarding their own circumstances needs. The on-line interactive tool 'Viewpoint' could be used here, but this is dependant on the capability of the child.

- **Summary and Analysis**

A common criticism of assessments in relation to Children's Services is that they lack analysis. Reports can hold a wealth of information but it is what it means in a current situation and future potential that is critical. Taking an analytical approach to assessments means that analysis is woven into the process from the start. This will clearly assist everyone how they have come to understand what has led to any recommendation. Getting to the truth is difficult when working in the field of human relations. A thorough analytical process, however, will aid worker's confidence in reaching a conclusion that is the least likely to be wrong. An analytical approach should be evident throughout assessments, with a summary of analysis at the end of the assessment.

- This section should summarise key relevant points made in the record of assessment. The summary and analysis should make sense of the information; bring clarity to it and looking at trends and patterns. An examination of the chronology in a case can provide useful information that can be highlighted here. A statement regarding the capacity to change should also be included.

- **Recommendations**

The assessment should be concluded by making recommendations as to what type and level of support the author believes a particular child or family would benefit from.

Where the assessment is for the Children's Reporter, then consideration as to whether a family require to be **compelled** to cooperate with the Child's Plan or whether they could work with agencies on a voluntary basis should be clear. The level of risk must also be considered. Where the risk is high but compulsion is not strictly necessary for cooperation, a recommendation of compulsory measures of supervision should be considered. Legal orders should only be considering where it is better than there being no order.

- Some examples of recommendations might be;
- Type and level of respite care
- Home – School tutor
- Parenting Support
- Referrals to other agencies for additional support i.e. CAHMS, Educational Psychologist

Where the purpose of the assessment is to inform a Child Protection Case Conference, this assessment should not be used to recommend whether a young person should be placed on the Child Protection Register.

In all assessments, the needs and what will be recommended to be included in the Child's Plan to meet these needs should be identified. The recommendations should be:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

The recommended plan should be outcome focused. It should be shared with the family before submission.

Where the plan requires resources other than those readily available, authority to resource the plan must be sought in advance, going through appropriate channels.



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Department of Education and Children's Services

****Insert Name** Child's Plan**

Date of Plan:		Date of Birth:	
Address:		Current Legal Status:	
Lead Professional:		Named Person:	

Reason(s) for the plan (Pressures) Wellbeing Indicators

Please select appropriate pressures on child and outline the reason (s) why a plan is needed

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included

Plan of Action

1	2	3	4	5
Pressures/ Risks/ Needs – Wellbeing Indicator	Tasks	By When	Who	Impact and Outcomes

Alternative Plan

Statement regarding the alternative plan

--

Views of Child and Parents

Use this space to record the views of the child and parents.

--

Core Group

Will there be a Core Group?	How often will the group meet?

Core Group Members

Name	Role	Contact Details

Review Dates

How often is Plan to be reviewed	One Week	Two Weeks	One Month	Three Months	Six Months	One Year
Date of Review			Location:			

Signatories

Parents/Carers/Young Person	
Named Person/ Lead Professional	

Guidance on Completing the Child's Plan Form

Each practitioner/agency will consider the following questions:

1. What is getting in the way of this child/young person achieving their potential?
2. What can I do to help this child/young person?
3. What can my agency do to help this child/young person?
4. Do I need to share or seek any further information to construct a plan?
5. Does this child/young person need any help from any other agency?

It is critical that information on **strengths** as well as **pressures** are included in this form.

Core details

The core details of the child and family should be fully completed, giving as much information as possible.

Reasons for Plan

Using the Wellbeing Indicators, outline the reasons why a plan is needed.

Family/Young Person/Carers and Staff Members tables

1. The 'Pressures/ Risks/Needs' should be identified from the 'My World' assessment and should relate to the Wellbeing indicators identified in the Inter Agency Referral or Request for Additional Support form, if appropriate.
2. Tasks - What people will do:
 - **Family/Young Person/Carers** to reduce the risks to the child or young person
 - **Staff** to help keep the child safe and support parents in reducing the risks to the child including actions to strengthen protective factors in the child's life (resilience and confidence)
3. A date that the agreed action will commence, or that a piece of work will be completed.
4. Who is responsible for this task
5. What will have changed to show that:
 - risks have reduced? (measuring IMPACT)
 - child's needs are better met (measuring IMPACT)
 - and that there will be an improvement in wellbeing using the Wellbeing indicators for improving OUTCOMES

Alternative Plan/Contingency

The alternative plan should be put into place once an agreed threshold is met or situation arises. This alternative plan could be used to highlight consequences of not adhering to the agreed plan.

Some examples are:

- Alternative carers in event of an emergency
- Alternative support available to schools in the event of a challenging episode
- Move from voluntary to compulsory measures of supervision
- Other parent/extended family members to take care of child
- Child to be accommodated

Views of Child and Parents

Use this space to record the views of the child and the parents with respect to the implementation of the plan. The actual words of the child and the parents should be used as far as possible in this section.

Core Group

Does this plan require a core group of people to meet regularly to support the implementation of the plan? If so, how often will the group meet, and who is a member of it.



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Department of Education and Children's Services

Quality Assurance Wellbeing Indicators Record

Name:		Date of Birth:	
Address:		Current Legal Status:	
Lead Professional:		Named Person:	

From the **evidence** in the file, complete each section. Tick 1 to 6 in terms of

excellent	1	outstanding, sector leading
very good	2	major strengths
good	3	important strengths with some areas for improvement
satisfactory	4	strengths just outweigh weaknesses
weak	5	important weaknesses
unsatisfactory	6	major weaknesses

<u>Safe:</u>	1	2	3	4	5	6
Evidence						

<u>Healthy:</u>	1	2	3	4	5	6
Evidence						

<u>Achieving:</u>	1	2	3	4	5	6
Evidence						

<u>Nurtured:</u>	1	2	3	4	5	6
Evidence						

<u>Active:</u>	1	2	3	4	5	6
Evidence						

<u>Respected & Responsible:</u>	1	2	3	4	5	6
Evidence						

<u>Included:</u>	1	2	3	4	5	6
Evidence						

Action Points (print out on separate sheet)

Name:		Date of Birth:	
Address:		Current Legal Status:	
Lead Professional:		Named Person:	

From the **evidence** in the file, highlight [any points](#) that need to taken forward or require attention by the Lead Professional in this particular case.

Signature

Date

Name
Title

Guidance on Completing the Quality Assurance Wellbeing Indicators Record

Safe

The young person is safe if they are:

- Protected from abuse, neglect or harm at home, at school and in the community
- Living in a home environment which is free of abuse and violence
- Cared for by parents or carers and has at least one adult they can always turn to for love and support
- Living in a family or extended social network which is free of sexual exploitation
- Protected from avoidable physical dangers and health hazards within the home
- Protected from avoidable physical dangers and health hazards outside the home
- Protected from the risk of exploitation by others (e.g. through Internet)
- Aware of harmful risk-taking behaviours outside the home (e.g. drugs, alcohol, inappropriate friendships, etc)
- Receiving appropriate guidance from parent/carer about harmful risk-taking behaviours
- Safe from bullying at school or in the community
- Protective towards others and not involved in bullying
- Protected from anti-social and criminal activity within community

'Very Good' Illustration of Safe

Children report that staff understand fully their right to be safe and make this their top priority. They can identify at least one member of staff who is caring towards them and looks out for their welfare. Children at risk of significant harm are very well protected by our immediate response. Children confirm that staff ensure that they are physically safe at home and tell us that they feel emotionally secure. Children say that they feel safe at school and in their community and have well-maintained places where they can play. Children report that we provide them with stable and secure care arrangements when they are looked after away from home. Families are helped to put appropriate boundaries in place to prevent young people becoming involved in risk-taking behaviours. Children view police positively, when they are victims of crime they are taken seriously. Children are equipped with the knowledge and skills they need to stay safe when using communication technology.

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Healthy

The young person is healthy if they:

- Have the highest attainable standards of physical and mental health
- Have access to suitable healthcare
- Are Supported in learning to make healthy and safe choices
- Are Healthy at birth, sustains good physical health and, where relevant, manages chronic conditions/disabilities
- Are positive about self and confident and competent when faced by problems and adverse circumstances
- Are respectful of self and others
- Able to make choices that are safe and appropriate and able to talk about one's feelings (incl. sexuality) in age-appropriate ways
- Lead a healthy lifestyle and making healthy choices
- Receiving appropriate health care and guidance from services
- Receive appropriate health care and guidance from main carer
- Attend health services and medical screenings and taking prescribed medication when necessary
- Are being helped to effectively manage any long-term illness, condition or impairment
- Apply strategies for assessing and managing avoidable risks to health

‘Very Good’ Illustration of Healthy

Children’s physical, mental and emotional health are optimised due to staff identifying and responding effectively to their needs. Parents and carers are supported well to get to medical appointments for their children. If they do not keep these, staff follow-up without delay ensuring that children do not experience health inequalities as a result. Very young children are carefully observed so that any concerns about their health and development are picked up quickly. Young people know how to seek health advice. They can do so at times and in places that suit them and get to speak to staff they trust in confidence. Young people benefit from health promotion and tell us they have been actively involved in the design and delivery of this.

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Achieving

The young person is achieving if they are:

- Being supported & guided in their learning & in the development of their skills; confidence & self esteem at home, at school & in the community
- Developing self care and life skills appropriate to age and stage
- Developing a level of independence or autonomy appropriate to age and stage
- Developing communication skills appropriate to age or stage
- Developing social skills appropriate to age or stage
- Responding positively to cognitive challenges in an educational setting
- Motivated to attend and participate in their education
- Meeting or exceeding appropriate levels of educational attainment
- Demonstrating achievement across a range of non-academic activities
- Developing skills for coping with and managing disabilities and long-term conditions
- Responsiveness to any additional support provided
- Developing skills in assessing and managing risk within social settings

‘Very Good’ Illustration of Achieving

Children are inspired by staff to develop their abilities and fulfil their aspirations. Children work hard and excel at school, helped by the strong support and encouragement they receive from staff. Children’s self-esteem and confidence flourish through staff motivating them to succeed. Children are provided with positive role models through the staff who work with them. Young people are enabled to experience rewards of volunteering. Young people are valued as citizens and grow up eager to play their part in contributing to the common good of society. Children who are looked after are given learning opportunities which increase their resilience and raise their expectations of themselves and their future prospects.

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Nurtured

The young person is nurtured if they:

- Have a nurturing place to live in a family setting with additional help if needed, where this is not possible, in a suitable care setting
- Experience love, emotional warmth and attachment
- Have someone they can turn to, trust and rely on when anxious or disturbed
- Receive praise, encouragement, attentiveness and cognitive stimulus
- Receive a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm
- Receive sufficient and suitable nutrition
- Live in an environment which promotes their cognitive and emotional development
- Receive additional support and care when they need it

'Very Good' Illustration of Nurtured

Very young children benefit from staff promoting secure attachments to their parents and carers. Children report feeling well cared for from an early age. They say that staff and foster carers offer them emotional warmth, praise and encouragement. Parents and carers tell us that we support them well and help them to develop their knowledge and skills in bringing up children. Families benefit from services to help them provide appropriate housing and sufficient income to meet their children's physical care needs. Families report that staff recognise their children's needs as a whole and respond well as these change when they are growing up. Children and families affected by disabilities benefit from a wide range of supports adapted to meet their individual circumstances and provided for as long as they are needed. Children looked after away from home tell us they feel valued through having positive relationships with staff who have known them for a long time.

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Active

The young person is active if they are:

- Having opportunities to take part in activities such as play, recreation & sport, which contribute to healthy growth & development
- Encouraged to be as physically active as their capacities permit
- Encouraged to take up opportunities for play, recreation and sport
- Receiving appropriate stimulus and encouragement to develop their interests
- Provided with opportunities to actively participate in stimulating activities where there may be disabilities or disadvantages
- Provided with additional support when needed
- Assessing and managing risks in recreational and play-related settings
- Responding positively to physical challenges in recreational and play-related settings

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Respected

The young person is respected and responsible if they are:

- To be heard and involved in decisions that affect them
- Play active and responsible roles in their schools and communities
- Have confidence and self-esteem
- Have appropriate guidance and supervision
- Feel listened to and taken seriously
- Have developed a positive sense of identity and feels comfortable with it
- Have a well-rooted sense of self-esteem or self-worth
- Feel that significant adults and friends want them to fulfil their potential
- Feel that significant adults and friends will support them through challenges and difficulties
- Feel trusted by these significant adults and friends
- Feel involved in the important day-to-day decisions that affect them
- Do not feel discriminated against or demeaned by others

Responsible

- Attend school regularly (if appropriate)
- Have developed a clear understanding of right and wrong appropriate to age and stage
- Accept responsibility for their own actions
- Understand what is expected of them at home, in school or in the community
- Behaving responsibly at home, school and in the community
- Behaving towards others in a caring and considerate way
- Demonstrating capacity to act altruistically on behalf of others (e.g. gets involved in voluntary activities)
- Demonstrating capacity to assess and manage situations where there are potential risks for self and others

Included

The young person is included if they:

- Have help to overcome social, educational, physical & economic inequalities
- Are accepted as part of the community in which they live & learn
- Have help to overcome inequalities
- Feel accepted and valued within the family or caring setting
- Feel accepted and valued by friends and peers
- Feel accepted and valued by the school
- Feel accepted and valued within the local community
- Feel that their family is accepted and valued within the local community
- Have access to a range of opportunities for making friends
- Have access to a range of opportunities for social and recreational activities
- Receive additional support to overcome any disadvantages that may contribute to social exclusion

'Very Good' Illustration of Included

Children are supported by staff to maintain a strong sense of belonging to the communities in which they are brought up. Children excluded from school benefit from continued opportunities to progress their learning. Young people disaffected with formal education are positively engaged in alternative approaches to developing their skills and employability. Children benefit from participation in a wide range of sport, leisure, arts and cultural activities. Children tell us that they do not feel isolated and have opportunities to meet regularly with their friends. Young people between the ages of 16 and 18 years who have left school report that they have suitable places where they can meet and socialise. Children from minority religious, ethnic and linguistic groups do not feel subject to discrimination. Young people are well supported to play an active part in democratic processes and to have a voice both local and national level. When children's services plans are being developed and implemented they are consulted meaningfully and report that their views influence decision-making.

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Action Points

If when reading through the file, there are items that need to be addressed by the Lead Professional with respect to this particular case, these should be noted in this section. Only this page should be printed out and forwarded to the relevant Children's Services Manager to progress.



COMHAIRLE NAN EILEAN SIAR

Roinn an Fhoghlaim is Seirbheisean Chloinne
Department of Education and Children's Services

GIRFEC Quality Indicators

Impact on vulnerable children and families

Children and young people are listened to, understood and RESPECTED

QI 2.1

THEMES

- Communication
- Trust

KEY FEATURES

This indicator focuses on the quality of communication which children and families experience when using children's services. It considers the extent to which they feel they are respected and can trust staff who are there to help them. It includes the extent to which they have confidence that their views will be taken into account when decisions are being made about them.

'VERY GOOD' ILLUSTRATION

- Children and families benefit from very effective communication with staff. They confirm that we know them well and they feel that we understand their needs. They report that our communication is consistently clear that they understand what we expect of them. They are confident that we listen to them. Even when they disagree with actions taken, they understand the reasons for these actions. They know how to challenge decisions and are supported to do this appropriately. Children or family members with learning or communication difficulties, or for whom English is not their first language, are helped to understand as much as possible about what is happening to them and to communicate effectively. Very young children, or those whose disabilities make it difficult to communicate their feelings and views benefit from our careful observation to identify and understand any changes to their health, behaviour or emotional well-being.
- Almost all children and families report that we have taken the time to get to know them and understand their strengths and needs. They tell us that they have been able to build relationships with consistent members of staff and that they trust us enough to talk to us when they need help. Children have a named person to help them. They see that person regularly and can discuss personal issues, in confidence when appropriate, whenever they want to. They feel fully involved in decision making.

'WEAK' ILLUSTRATION

- Our communication with children and families is not always effective. They feel that we do not know them well enough and that we do not fully understand their needs. They report that we do not always communicate well with them. They are sometimes unclear about what we mean or what we expect of them. They are sometimes unclear about what we mean or what we expect of them. They feel that we do not always respect, listen to and understand their views when making decisions about them. They do not always understand the reason for those decisions. They sometimes feel unable to challenge decisions and actions. Children or family members whose first language is not English or who have communication difficulties do not always receive sufficient support to understand what is happening or to take part in meetings or interviews. The needs of very young children or those whose disabilities make it difficult to communicate their feelings and views, are sometimes overlooked because we do not carefully observe their health, behaviour and emotions and understand any change.

- Children and families report that frequent staff changes or shortages make it hard for them to build up consistent relationships. They have to speak to several different people and feel that no one person is there to help them. They feel that we have not taken time to get to know them and build a helpful relationship with them. Some children do not have a named person to help them or know who that person is or how to contact them. Some children do not have a staff member they trust enough to talk to, in confidence when appropriate, about personal issues. Children and families sometimes feel unfairly judged or excluded by staff members. They do not feel that they are receiving the support they need to be able to help themselves.

QI 2.2

THEMES:

- Early Intervention
- Support for Vulnerable Children and Families

KEY FEATURES

This indicator focuses on the quality of support to help them with any difficulties arising or increasing. It considers whether children have improved life chances as a result of the help they and their families receive.

‘VERY GOOD’ ILLUSTRATION

- Children and families benefit from support to help them with any difficulties for as long as they need it. They are supported early enough, frequently enough, at times; in places and even if their parents or family members are unable or unwilling to accept help. Children receive the right help at the right time to reduce risks. Children who do not get the health care they need are actively followed – up to ensure their development is not impaired. Children who attend regularly or have been excluded from school are given very effective support to continue their learning. Children understand their rights including their right to be safe and to enjoy positive caring relationships.

‘WEAK’ ILLUSTRATION

- Children and their families may receive short term support from services to help them with difficulties they are experiencing. Sometimes they do not receive this help early enough, frequently enough, at times or in places to fully meet their needs and reduce risks – or to stop difficulties becoming worse. Children whose parents are unable or unwilling to accept help are sometimes not given sufficient support to access the services they need. Children and families are not given sufficient help to understand the benefits of services so that they are motivated to participate. Some children have outstanding health needs and their development becomes impaired in some way as a result. Children who do not attend or have been excluded from school are given limited assistance to continue their learning. Children do not have a sufficient understanding of their rights including their right to be safe and enjoy positive caring relationships. They are not well – informed or sufficiently confident to make contact and speak to an appropriate person when they feel worried or unsafe.

QI 5.2 INFORMATION – SHARING AND RECORDING

THEMES

- Appropriate sharing of information
- Joint understanding of information
- Management and recording of information

KEY FEATURES

This indicator relates to the sharing and management of information about children and families. It highlights the importance of gathering information from all relevant sources. It considers children's and families' consent to sharing their information. It focuses on managing and recording information to ensure it is reviewed and analysed to help children.

'VERY GOOD' ILLUSTRATION

- We clearly understand when to share information about children and their families. We have clear and effective systems in place to ensure information is appropriately shared between staff within and across services. We share information relevant to the short and long term needs of children. When we assess the risks and needs of a child we gather information from all relevant sources, including staff involved with other family members. We tell children and families what information we hold about them and ask them what information they are content to share freely. Their views are taken into account when we are deciding to share information without their consent and we give those reasons when this happens.
- We communicate effectively to ensure the significance of shared information is fully understood by the recipient. We are clear what is fact and what is opinion and we agree on expected actions as a result of the information we have shared. We record what information has been shared, when, why and with whom.
- We record the information we hold about children and families accurately and succinctly in paper records and on electronic systems in accordance with our services' policies and standards. Integrated chronologies of significant events in a child's life are maintained, reviewed and analysed regularly to help us understand key events in a child's life and any patterns of risk.

'WEAK' ILLUSTRATION

- In some cases we are unsure about what information we can and should share. We sometimes do not pass on information which may have important implications for the safety and well – being of a child because we believe it to be confidential. Sometimes we inappropriately pass on information without consent or without explaining to children and families why it is necessary to do so.
- Sometimes we share confidential information without ensuring it is used responsibly in the best interests of a child. We do not routinely seek information from all other services, including voluntary organisations and adult services who may have contact with other members of a child's family. We do not consistently record important details about information which has been shared.
- We do not always record information we hold about children and families in paper files and electronically in accordance with our services' policies and standards. Chronologies of significant events in a child's life are kept by individual services but are not always complete or aggregated with other services' chronologies to provide a comprehensive up – to – date picture. We do not use integrated chronologies well to help us understand key events in a child's life and identify any patterns of risk.

QI 5.3 RECOGNISING AND ASSESSING RISKS AND NEEDS

THEMES

- Recognising a child needs help
- Initial assessments in response to child concerns
- Comprehensive assessment of risks and needs

KEY FEATURES

This indicator relates to the recognition and assessment of risks and needs of children and families. It looks at the extent of which staff recognise signs that a child may need help. The importance of initial assessment in the short term and comprehensively for the longer term is stressed.

‘VERY GOOD’ ILLUSTRATION

- All our staff, including those who work with adults, are alert to and recognise the signs that a child may need help. When we receive concerns about a child we ensure someone known to the child sees them and establishes the nature of the concern.
- We carry out an initial assessment in response to concerns about a child at a single service level or jointly as appropriate and decide what, if any, further action is required. We record our initial assessment and decision-making clearly.
- When necessary we follow up our initial assessment with a more comprehensive assessment of risks and needs. This considers the child’s circumstances and emotional, social and developmental needs in a holistic way. Our assessment considers the child’s resilience and any protective factors in their lives. We treat each child as an individual when they are part of a sibling group. We assess the family’s capacity to protect the child and meet their individual needs, including those of children affected by domestic abuse, disability, mental illness and parental substance misuse. We fully consider the implications of factors impacting on a child’s wellbeing. Based on all the relevant information, including the views of the child and family, we make informed judgements about the needs of each child. We do not delay taking action to help a child while we are making our assessment. Our assessment reports clearly distinguish fact from opinion, identify personal and family strengths and support networks and clearly analyse the child’s needs. Services share an agreed approach to assessment, which is child-centred and ensures that all aspects of risk and need are covered. We recognise that assessment is not a single action but an ongoing process and continue to assess risks and needs as the child’s circumstances change.

‘WEAK’ ILLUSTRATION

- Although we have some knowledge about how to respond when a child needs help, we do not consistently recognise when we should assess the situation further if we do not have direct responsibility for children, we do not always take appropriate action when we identify vulnerable children in the course of our work. We pass on our concerns if a child seems at immediate risk, but we sometimes overlook signs of neglect or harm.
- We do not always carry out a timely initial assessment in response to concerns about a child. We are not always sure when an initial assessment should be completed at a single agency level or jointly. Our recording of initial assessments and decision-making is not consistently clear.
- When further assessment is undertaken, we focus on limited aspects of the child’s needs. We make our assessments on a single agency basis so that the child and family may have to describe their concerns several times. Our assessments do not give sufficient attention to the impact of different courses of action. Our assessments describe the child’s and family’s circumstances, but do not clearly reflect the judgements made on the current and future needs of the child. We have developed guidance for individual services but they do not take account of practice in other services involved in the assessment. We do not have a joint policy or guidance on assessment compliant with GIRFEC principles of a single child’s assessment co-ordinated by a lead professional.

QI 5.3 EFFECTIVENESS OF PLANNING TO MEET INDIVIDUAL NEEDS

THEMES

- Decision-making, identifying responsibilities and meeting needs
- Taking account of changing circumstances

KEY FEATURES

The indicator relates to the effectiveness of planning to meet the needs of children. It highlights the importance of staff planning together to reduce risks and meet needs. It focuses on joint decision-making and effective identification of responsibilities. It focuses on planning for meeting children's needs in the longer term and taking account of changing circumstances.

'VERY GOOD' ILLUSTRATION

- We plan carefully to protect each child and meet their needs taking account of all available assessment information. We consider the support networks and resources currently available, any gaps and the resources and options to meet these. We carefully consider how to involve family members in planning to meet a child's needs, for example through family group conferencing. We take children and families views into account during the process of planning. We make carefully considered decisions about children which put their safety and needs first. We consider planning for the child's longer term as well as their short term needs. Our decisions are recorded in a single multi-agency child's plan which identifies specific actions, roles and responsibilities, timescales and measurable success criteria. We clearly identify the person with lead responsibility for ensuring the plan is implemented and hold one series of meetings to evaluate the effectiveness of the plan. We provide any help or support to the child or the family that has been identified in the plan for as long as it is needed. As a result of the action agreed in the plan there are tangible improvements in the child's situation and well-being.
- When we plan for a child, we consider alternative actions which may help the child if our original decisions in the plan do not succeed in meeting the child's needs. If the level of risk changes or there is a lack of progress, we quickly review the arrangements made and take any actions to help the child, amending and updating the plan where necessary.

'WEAK' ILLUSTRATION

- We agree a general plan but actions to help the child may not be specific enough to be delayed because we have not clearly identified who is responsible for ensuring these are implemented. We do not have a sufficiently robust single system for monitoring and reviewing progress against the plan we have made. We meet together and agree a plan but do not take sufficient account of the views of the child or family. We make good arrangements to meet a child's short term needs but fail to make plans to meet the child's longer term needs for example, considering whether care arrangements provide permanent security and stability.
- Occasionally we do not fully implement all relevant parts of a child's plan. We do not give enough consideration to alternative actions which may help the child if our original decisions do not succeed in meeting the child's needs. If the level or risk changes or there is a lack of progress we do not always act quickly enough to amend the plan and take any actions necessary to help the child.