

HIGHLAND CHILDRENS SERVICES

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

WARNING

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Please access the Guidance and supporting information at

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Introduction

The commentary in this guide for working within the Highland Practice Model will be amended and updated as required. Reference should be made therefore to <http://forhighlandschildren.org> for the most recent version of this document.

This version will be further reviewed and updated following publication of statutory guidance anticipated in summer/autumn 2017 to support implementation of the Children and Young People (Scotland) Act 2014

Getting it right for every child: Integrated Children's Services

What is *Getting it right for every child*?

It is a consistent way for people to work with all children and young people. It is the bedrock for all children's services and should also be used by practitioners in adult services who work with parents or carers.

The approach helps practitioners to focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. Getting it right for every child is reflected in policy, strategy, practice and legislation affecting children, young people and their families.

As children and young people progress through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues. Sometimes they – and their families – need help and support.

No matter where they live or whatever their needs, children, young people and their families should always know where they can find help, what support might be available and whether that help is right for them.

The *Getting it right for every child* approach ensures that *anyone* providing that support puts the child or young person – and their family – at the centre.

Getting it right for every child is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work together to support families and, when appropriate, take early action at the first signs of any concern about wellbeing – rather than only getting involved when a situation has already reached crisis point.

This means working across organisational boundaries and putting children and their families at the heart of decision making – and giving all our children and young people the best possible start in life.

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

Core Components

The Highland Practice Model, based on *Getting it right for every child*, is founded on 10 core components.

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being
2. A common approach to gaining consent and to sharing information where appropriate

3. An integral role for children, young people and families in assessment, planning and intervention
4. A co-ordinated and unified approach to identifying concerns, assessing needs and agreeing actions and outcomes, based on the Well-being Indicators
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time
6. Consistent high standards of co-operation, joint working and communication when more than one agency needs to be involved, locally and across Scotland
7. A Lead Professional to co-ordinate and monitor such planned support for a child.
8. Maximise the skilled workforce within universal services to address needs and risks at the earliest possible time
9. A confident and competent workforce across all services for children, young people and their families
10. The capacity to securely share demographic, assessment and planning information within and across service and agency boundaries, using electronic systems when possible.

Values and Principles

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

- *Promoting the well-being of individual children and young people*: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time
- *Keeping children and young people safe*: emotional and physical safety is fundamental and is wider than child protection
- *Putting the child at the centre*: children and young people should have their views listened to and they should be involved in decisions which affect them
- *Taking a whole child approach*: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life

- *Building on strengths and promoting resilience*: using a child's or young person's existing networks and support where possible
- *Promoting opportunities and valuing diversity*: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
- *Providing additional help which is appropriate, proportionate and timely*: providing help as early as possible, considering short and long-term needs
- *Working in partnership with families*: supporting wherever possible those who know the child or young person well, know what they need, what works well for them and what may not be helpful
- *Supporting informed choice*: supporting children, young people and families in understanding what help is possible and what their choices are
- *Respecting confidentiality and sharing information*: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
- *Promoting the same values across all working relationships*: recognising that respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues
- *Making the most of each worker's expertise*: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or role.
- *Co-ordinating help*: recognising that children, young people and their families need practitioners and managers to work together, when appropriate, to promote the best possible help
- *Building a competent workforce to promote children and young people's wellbeing*: commitment to learning and development and improvement of inter-professional practice

DEFINITIONS

1.1 Wellbeing

Children's wellbeing is at the heart of *Getting it right for every child*. To achieve our aspirations for all Highland's children to develop into confident individuals, effective contributors, successful learners and responsible citizens, every child and young person needs to be:

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

Assessment of wellbeing is supported by legislation (*Children & Young People (Scotland) Act 2014*). All services available to children and their families have the objective of contributing to positive wellbeing.

1.2 Child

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

Highland guidance applies to:

- unborn babies
- all children below the age of 16
- those who are 'looked after children' up to the age of 18
- young people aged 16 or 17 who are particularly vulnerable, for example as a result of disability
- young people, aged 16, 17 or 18 years, still enrolled in school
- 16 and 17 year olds who do not attend school but who wish to access contact with a Named Person up to age 18.

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

1.3 Parents and Relevant Persons

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

A **mother** has automatic parental rights and responsibilities.

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

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

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

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

1.4 Universal services

These are the health and education services to which all children and young people have access throughout their childhood. For example, the local health visiting service provides what is known as **core** health assessment and support in the early years. For children in school, their education is provided through the **standard** curriculum. The wellbeing of most children, most of the time, is supported successfully by their own families and universal services.

1.5 Targeted Services

These are the services that are not required by all children or parents and are intended to assist individuals and families who are assessed to have additional needs.

1.6 Care & Learning Service

In partnership with NHS Highland, the Care & Learning Service in Highland Council delivers education, health visiting, school nursing, disability, social work, primary mental health and allied health professional services. The Care & Learning service also includes criminal justice, mental health officer, and out of hours social work services

1.7 Associated School Group

Area based Care and Learning services for children are organised in associated school groups (ASGs) structured around secondary and feeder primary schools.

1.8 Family Team

Family Teams deliver universal and additional public health services, as well as social care and child protection services for children in the context of the Highland Practice Model. Teams are multi-disciplinary with an ethos of collaborative practice – within the team and with children, young people, parents and carers. The teams work in communities with partner services from the associated school group, the area and from across Highland.

Practice Leads (for early years, for school years and for care & protection services) work together within the team to provide a local integrated service to children and families. Practice Leads collaborate to support the work of the team, providing leadership and supervision to distinct but complementary areas of professional activity.

Child Health and Disability teams are an integrated and distinct part of the Family Teams network and deliver targeted services where the child's health circumstances and/or the disabilities are more complex. Youth Action team services for young people involved in offending are also delivered within the Family Teams network in each area.

1.9 The Named Person

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

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

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

1.10 Early Intervention

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

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

1.11 Concern

A concern may be expressed about anything that affects or has the possibility of affecting the wellbeing and potential of the child. It may relate to a single event or observation, a series of events, a characteristic of the child or of someone associated with them, for example an adult with responsibility for their care. **A concern about one child should cause consideration about the wellbeing of any other children in the family.**

1.12 Significant Harm

Significant harm is not of a minor, transient or superficial nature. Significant harm may result from what is done to a child or from what responsible adults fail to do for a child or both. Significant harm might result from a single action or incident or as the cumulative result of the child's experiences over a period of time. Significant harm can be experienced by children and young people of all ages, presentation and family circumstances.

For a small minority of children, formal child protection processes involve multi-disciplinary planning and action with carers to reduce the risk of significant harm. The concept of significant harm relies on sound professional judgement of the child and family's circumstances, as detailed in guidance on the assessment of risk (see Section re guides and tools)

The evaluation of continuing risk of significant harm should consider whether:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect and professional judgement is that further ill-treatment or impairment are likely.
- professional judgement, substantiated by the assessment and informed by research evidence, concludes that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

1.13 The Child's Plan

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

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

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

When the Child's Plan requires the input of more than one service, this is a multi-disciplinary/service Child's Plan

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

1.14 The Lead Professional

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

1.15 Child in Need

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

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

1.16 Looked After Child

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

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

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

1.17 Corporate Parenting

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

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

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

Whether you are a teacher, a residential care worker, a health professional or work in any other capacity with looked after children or young people or with care leavers, you are part of the corporate family and have an additional responsibility to those

individuals. It is therefore your job to ask yourself “...*is this good enough for my child?*”...and do everything you can to make sure the answer is “yes”. (Core tasks for Designated Managers in educational and residential establishments in Scotland , The Scottish Government 2008)

Further information about corporate parenting can be found in *These are our Bairns*: a guide to community planning partnerships on being a good corporate parent (Scottish Government 2008 - ref Section re guides and tools)

PROVIDING INTEGRATED SERVICES TO CHILDREN USING THE HIGHLAND PRACTICE MODEL

2.1 Practice Model

The Highland practice model builds on knowledge, theory and good practice. It provides a framework for practitioners in all services to help gather, structure and analyse information in a consistent and proportionate way. The framework helps to identify and understand the strengths and pressures for the child and their carers, the child or young person's needs and any risks.

The Highland practice model facilitates consideration of what support is required to improve outcomes for children. It promotes the participation of children, young people and families as central to assessing, planning and taking action.

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

The main components in the Highland Practice Model are:

- The integrated service delivery structure
- The Well-being Indicators
- The Five Questions
- The My World Triangle
- The Resilience Matrix
- The Child's Plan

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

- Using the wellbeing indicators to identify a concern, record, share information and take appropriate action
- Asking the five questions
- Using the My World Triangle to organise information and, when necessary, to gather more information about the strengths and pressures in the child's world. (additional specialist assessments may be appropriate)
- Analysing the information, using the Resilience Matrix
- Evaluating risks if relevant
- Summarising needs in relation to well-being
- Agreeing goals and the steps required to reach these goals
- Constructing a plan and taking appropriate action
- Reviewing the plan

DELIVERY OF INTEGRATED SERVICES FOR CHILDREN

3.1 Services in Highland

Strategic leadership of integrated services for children is provided by the Community Planning Partnership (CPP) and includes health, local authority, police and voluntary

sector services. The CPP supports the implementation of the Highland practice model by all services, including those for adults.

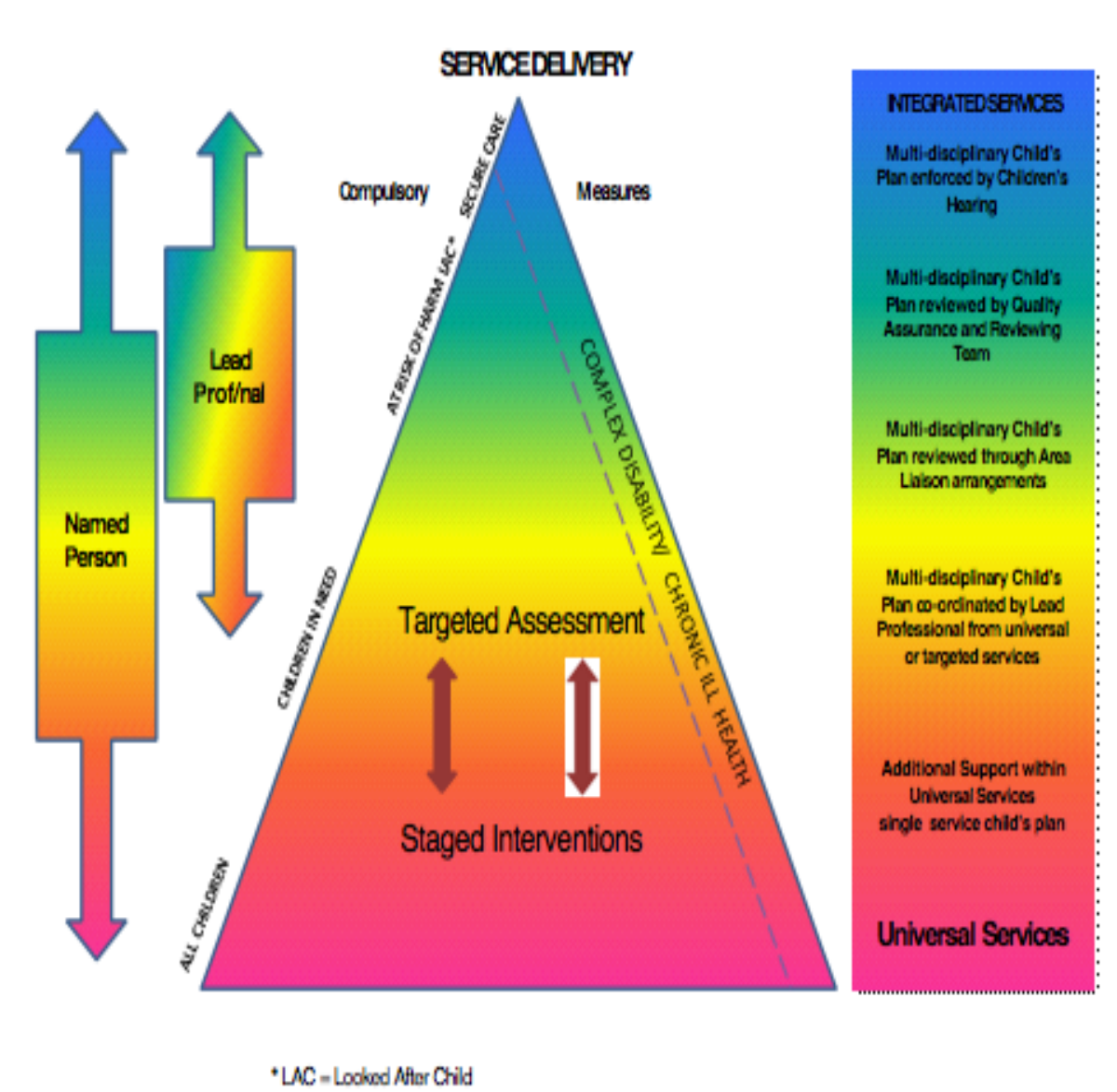
The Health & Social Care Partnership underpins the operational organisation of NHS and Highland Council services to adults and to children and families.

3.2 Service Delivery

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

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

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



3.3 Identifying and responding to children's additional needs

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

In addition to the family's expertise, the routine records maintained by health and education staff for all children contain essential information about a child's history, circumstances and development. This information is of immense value in assessing a child or young person's additional needs.

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

Information that is routinely and properly recorded will form the basis of understanding what help children might need, at whatever time difficulties emerge. By recording systematically, using the wellbeing indicators to underpin assessment and action planning, information can be quickly shared in response to a child's emerging or increasing needs.

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

3.3.1

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

Difficulties or concerns are identified at an early stage whenever possible and steps taken to ensure that additional help is available when needed. Help is given as quickly as possible and in consultation with children and their families.

Help should be appropriate, timely and proportionate to the individual circumstances of the child. The practitioner or clinician will often be able to act quickly to provide what is needed. In other instances, the Named Person or other professionals will act to ensure that children and families are linked to other services that can best address their needs.

3.3.2

Some children and families need planned additional help co-ordinated from within health or education – universal, plus targeted services. The help that a child needs may be quite specific and be met through a single universal service for a short time. Other children and families may need early help to access additional supports from other services or agencies.

A child may need an agreed plan for support in relation to learning, social or emotional pressure or behavioural change. For example:

- When parents/carers are under some stress, including physical or mental health difficulties, that may affect a child's well-being
- When a child has unsupported or isolated carers and is perhaps assuming caring responsibilities
- When a child has started to have poor school attendance
- When a child has missed health or educational appointments
- When a child has emerging physical, social, emotional or sexual developmental difficulties, perhaps observed through behavioural problems.
- When a child or parent is affected by learning difficulties

- When a child has identified needs that *may* affect their well-being

3.3.3

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

- A child who has complex health needs, chronic ill health or terminal illness
- A child who has an emotional/behavioural disorder
- A child at risk of involvement in criminal activities
- A child at risk of involvement in abusive/illegal sexualised behaviour
- A child at risk of being beyond parental control
- A child who has been exposed to domestic abuse, but all circumstances have been established and assessed and the parents/carers are engaged with support and motivated to protect the child from harm
- A child for who has experience of neglect but this is being satisfactorily resolved with support and parents/carers have capacity and motivation to maintain change.

3.3.4

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

- A child has repeated missed appointments for essential health services that will result in suffering or in the escalation/complication of the child's needs
- A parent is refusing essential assessments for the child and/or themselves, is unable to recognise the child's needs and obstructs support to the child
- A carer's ability to parent is so compromised by their own needs, lifestyle or environment that they do not meet the child's needs, causing a persistent abusive or neglectful impact on the child that is not resolved by support
- An unborn child's safety, health and development may be at risk
- A child is witness to domestic abuse or violence and the adults responsible for the child cannot change or protect or are not motivated to do so.
- A child is not protected from other household members or visitors
- A child is at risk of sexual abuse or exploitation
- A child is experiencing crisis that may result in family breakdown
- Sexual or violent behaviour of a child that creates risk of harm to others.

3.3.5

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

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

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

In all services in Highland, the recording of information in respect of children or young people who may be in need of additional help should reflect the common values, principles and language of the Highland practice model.

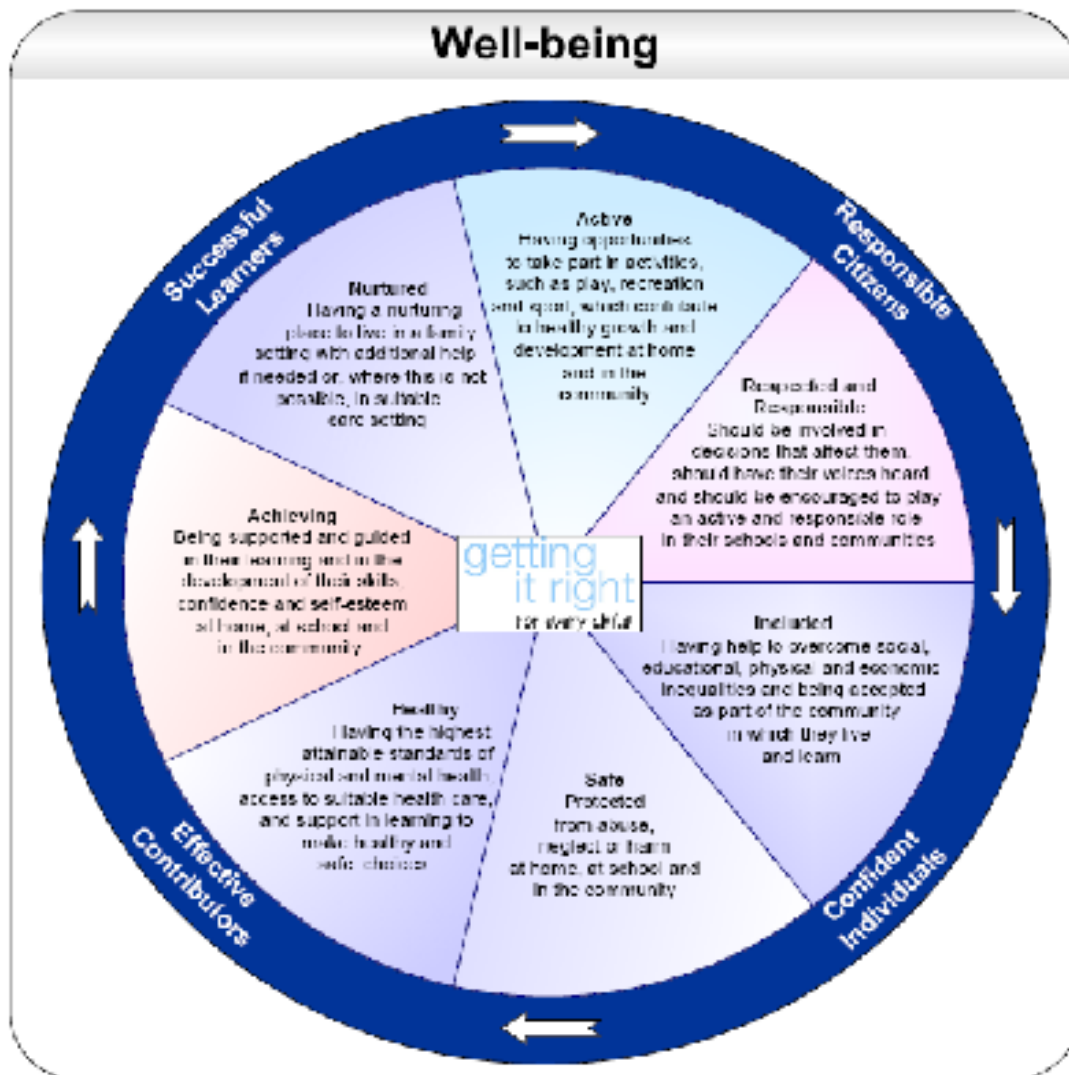
Children and their families should feel able to talk to practitioners in order to make sense of their worries and do something about them. This demands sensitivity and awareness by practitioners of any cultural or other issues that might influence children's and families' perspectives. Often the Named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

3.4 The Wellbeing Indicators

Wellbeing Indicators have been identified as areas in which children and young people need to progress in order to do well, now and in the future.

Wellbeing considerations are the basis of every assessment of a child's needs. All actions to support the child will be directed toward good outcomes in relation to the child's wellbeing.

These wellbeing indicators are illustrated and defined in the diagram below:



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

1. To provide a context for identifying and recording concerns.
2. As a framework for
 - analysis of further information gathered around the My World Triangle
 - setting goals
 - the actions to be taken to bring about the desired outcomes
3. To provide clear objectives against which the plan can be reviewed

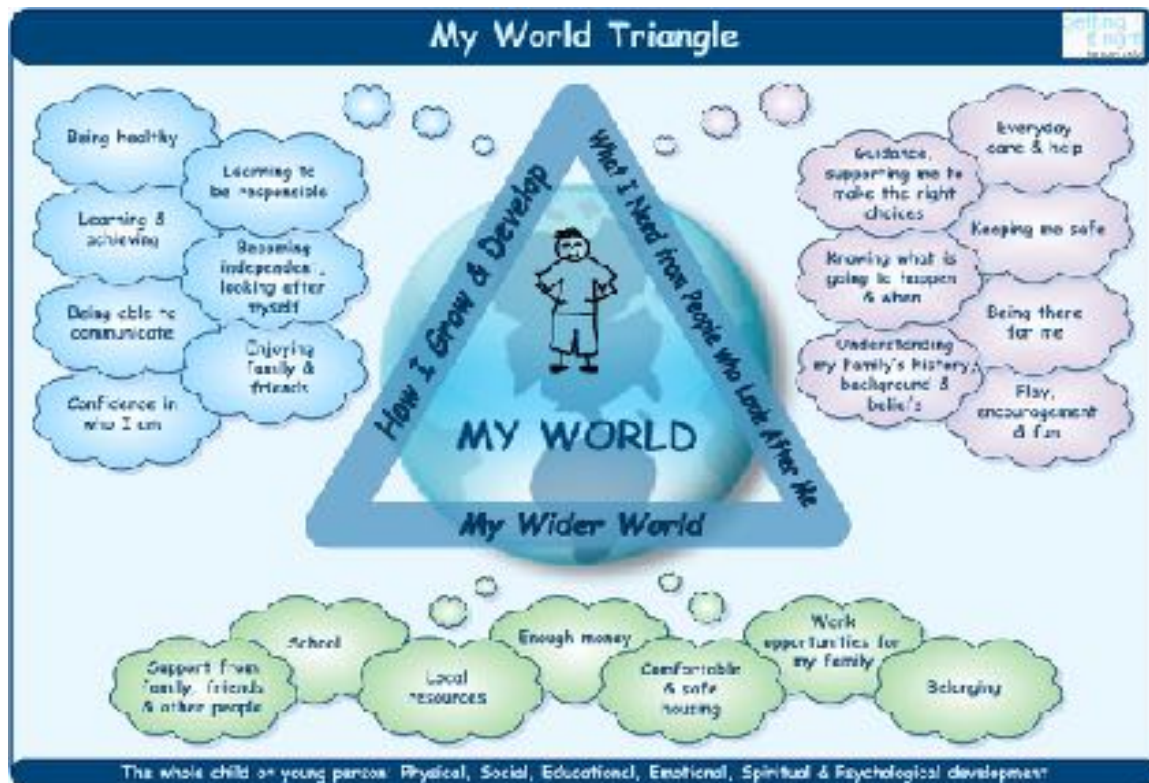
3.5 The Five Questions

Practitioners who observe that a child's wellbeing may in some way be compromised are able to contribute to an assessment by considering:

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

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

3.6 The My World Triangle



Based on evidence from research, the My World Triangle provides a map that helps practitioners, children and families think about what is happening in a child's whole world and the likely impact on their well-being and development

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

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

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

3.7 Using the My World Triangle to assess the child's needs

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

The child, parents, carers and, where appropriate, extended family, have vital information to contribute to any assessment and subsequent plan. Practitioners should use the headings in the three areas of the My World Triangle to consider the following questions:

- What information is known?
- Is this enough to assess the child's needs and make a plan?
- If not, what additional information is needed?
- From where that might be gathered?

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

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

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

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

3.8 Specialist Assessments

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

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

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

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

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

3.9 Analysis

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

Making sense of that information is crucial. This means weighing up the significance of what is known about the past and present circumstances of the individual child, the strengths and the pressures and alternative interpretations of information. It may be critical to understand the relevance and implications of information, what gaps in this information there may be, and what improvements to the child's wellbeing need to be achieved. An analysis must reach an understanding of what promotes or compromises healthy development for this particular child.

Careful analysis and interpretation of assessment information help practitioners to:

- think and debate with a child and family about what is important and identify needs or difficulties
- achieve an understanding or explanation about why these things have happened

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

3.9.1 Evaluation of risk in the analysis

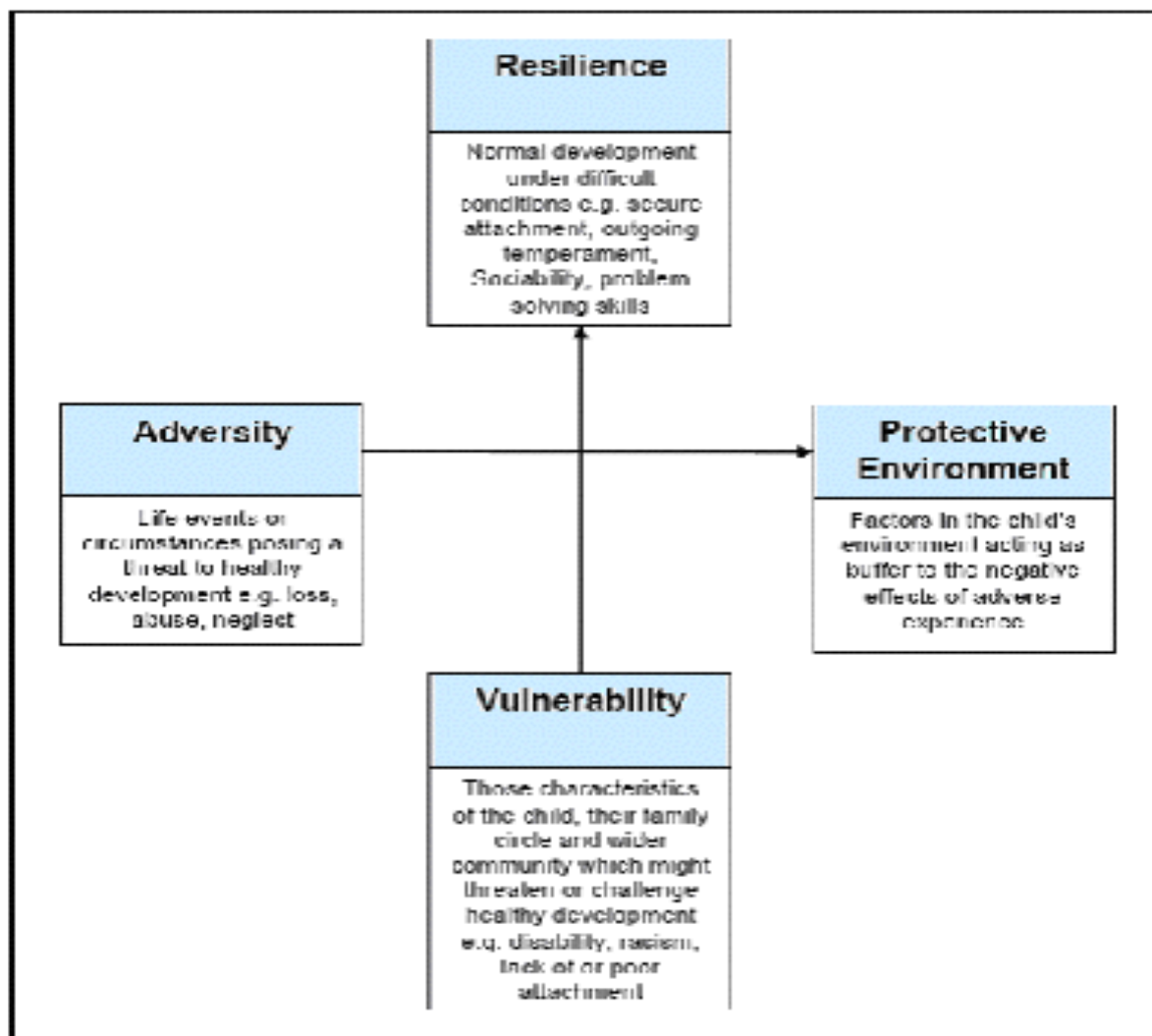
If a child or young person is considered to be at risk of significant harm, the concern and other relevant information must be shared with the local Family Team that provides care and protection services, following the current Highland Child Protection Policy guidance.

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

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

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

The Resilience/Vulnerability Matrix is developed from **The Child's World: Assessing Children in Need, Training and Development Pack (Department of Health, NSPCC and University of Sheffield 2000).**



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

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

The concept of resilience is fundamental to children's wellbeing. A resilience-based approach builds on the strengths in the child's whole world, drawing on what the family, community and universal services can offer, while identifying and minimising the impacts of undermining or dangerous aspects of the child's life.

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

- *Resilience promoters*: characteristics of the child and their relationships that positively support development, even under difficult circumstances
- *Protective elements*: factors in the environment acting as a buffer to the effects of adverse experiences
- *Adversities*: life events or circumstances that have or could harm the child's healthy development and safety.
- *Vulnerabilities*: characteristics of the child, family and wider community that might threaten or challenge the child's healthy development and safety.

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

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

In relation to **risk**, then consider and describe:

- **WHAT** is it that might happen?
- **IN WHAT CIRCUMSTANCES** might it happen?
- **HOW LIKELY** is it to happen?
- **HOW BAD** would it be if it happened - and for **whom**?
- **IN WHAT ORDER OF PRIORITY** should multiple risks be placed?

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

The partners to the plan there will have tried to discuss all potential options for action - including no further intervention; think about the potential benefits and deficits of each option; identify the most preferred options and why; be clear about what can best be done if a less preferred option is the only one available.

More detailed information on resilience and guidance on how to use the matrix are provided in [appendix ii](#).

Based on the child's wellbeing needs, the **actions** noted in the Child's Plan should be **S.M.A.R.T** (i.e. they should be **s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime limited) and the arrangements for review should be clear.

KEY ROLES AND RESPONSIBILITIES

4.1 The Named Person

The Children and Young Persons (Scotland) Act 2014 will ensure that access to a Named Person service will be available to any child or young person and their carer/s up to the age of 18 years. For the majority of children and families, a Named Person is a practitioner or manager who already has some responsibility for ensuring that the child's needs are addressed in universal services. This responsibility lies within the health service in the early years, and passes to the education service when the child moves into primary school.

Children, young people, parents and carers should have clear information about who a child's Named Person is. In the early years, this is recorded in the child's personal health record (red book). On entry into primary or secondary education, school information to parents and their child should introduce the Named Person and their responsibilities. Preparation for leaving school before aged 18 will include information for young people and parents about how to access a service from a Named Person. In Highland -

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

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

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

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

Home educated children and those in private education: The additional support needs manager in the Care & Learning service is the Named Person for a home educated child. The head or nominated senior teacher in a private school provides the Named Person service.

Gypsy/Traveller Families: The Named Person for children not on a school roll in Highland is the Interrupted Learning Development Officer

Young people aged 16 and 17 years who have left school can access their Named Person through the High Life Highland Youth Development Officer Service. Care leavers will have Named Person support through the Barnardo's service in Highland.

The Named Person role, responsibilities and designation is prescribed by legislation. However, it will be in the child's and family's interests that some tasks are delegated to another professional on behalf of the Named Person. For example, in a secondary school, a child or parent will have access to familiar guidance and support staff on a routine basis.

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

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

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

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

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

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

4.1.1 Responsibilities and Availability of the Named Person

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

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

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

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

For public health practitioners this includes the core checks which midwives and health visitors carry out in relation to children's development and health.

In education, arrangements may vary according to the size and structure of schools, but the Named Person will be familiar with a child's progress within the Curriculum for Excellence. The Interrupted Learning Development Officer (ILDO) supports the education of children of gypsy and traveller families who are not enrolled in a specific school. The ILDO has the same Named Person responsibilities as school based Named Persons. Similarly, the availability of a Named Person to a family who arrange home based education for their child will be ensured by the Additional Support Needs (ASN) manager in the area in which the child resides.

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

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

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

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

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

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

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

4.1.2 Support to the Named Person/Lead Professional in Universal Services – the Family Team

One important function of the Family Team structure within the associated schools group is to support colleagues in their roles as Named Persons and when they act as Lead Professional within universal services.

Named Persons in the early years work as Health Visitors in the multi-disciplinary Family Team, supervised and supported by the Practice Lead (Early Years) and by extension, Practice Leads for School Years and for Care & Protection.

Named Persons for school-aged children work extremely closely with the Practice Lead (School Years) who has a dedicated role in working with education based colleagues, and other services, to support dialogue with parents and carers, assessment and decision making. The Practice Lead (School Years) ensures that any social care and additional health resources available from the Family Team or commissioned services are effectively targeted on early intervention. In addition, any other member of the Family Team practice lead group is available when necessary to support colleagues in schools and other services.

Named Persons also have access to consultation and advice from a variety of other colleagues, such as Health Child Protection Advisors, Education Child Protection Advisor, Educational Psychologists and Primary Mental Health Workers.

Named Persons are trained, with other colleagues, in solution focussed approaches.

Routine support and liaison arrangements between Named Persons and the Family Team leadership group must always be given priority, not least to ensure that decision making about the 'stepping up' or 'stepping down' of concerns or Child Plans is promptly concluded, recorded and actioned. There is flexibility to take account of local conditions in different geographical areas of

Highland, but each associated school group in Highland **must** agree and manage such arrangements.

The Family Team District Manager must prioritise and support frequent, regular and effective liaison, for the benefit of children and families, between the Family Team Practice Leads, Named Persons, colleagues in other Care and Learning services and other partner agencies.

The Family Team District Manager has responsibility to ensure that the agreed liaison arrangements between personnel in the associated school group are current, in written format and accessible to practitioners, supervisors and senior managers.

4.2 Management of the Child's Plan within Universal Services

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

- usually be the first point of contact, for the child or his or her parents/carers seeking information or advice and for any professionals wishing to discuss a concern about the child
- ensure that core information held about the child in the Named Person's service is accurate and up to date and that concerns are recorded in line with procedures
- receive information from other services, agencies and individuals, consider any concerns in light of the child's history and current circumstances and seek further information and/or take action as required
- when necessary prepare a single service plan if the child has additional support needs, in consultation with others (see chapter 8 and [appendix iii a-e](#))
- co-ordinate action to ensure that the plan is carried out and kept under review
- lead on planning for the child at key transition points

Where a Named Person's assessment is that a child needs help or resources from another professional discipline or service as part of early intervention, with consent from the child/family, this should be organised without delay through direct discussion with colleagues, including the Family Team Practice Leads as appropriate.

The Family Teams Practice Leads (Early Years; School Years) co-ordinate the available early intervention resources and ensure that they are used to best possible effect. When an assessment indicates that a child needs help from an early years practitioner, school years children's services worker or from a commissioned partner agency, the Named Person can arrange for that support to be provided. Prior

authorisation of the Practice Lead is not necessary **but** the Named Person should share the assessment without delay to ensure good practice in that the Practice Lead must provide appropriate support to the practitioner, effectively manage resources and ensure that relevant information is accurately recorded.

In these circumstances, the assessment (with the addition of demographic details, the contributions of others involved and the action and review plan) becomes the multi-disciplinary integrated Child's Plan (see section 8 and **appendix iii a-e**). Depending on the needs of the child and family, the Named Person can become the Lead Professional or the partners to the plan may agree that another professional should assume that role. The Named Person responsibilities are retained in either scenario.

4.3 Partners to the Plan

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

Section 11 of the ASN Manual (see Section 9) gives an outline of some of the roles of professionals who may at some time be involved in supporting a child with additional support needs and therefore may become a partner to a plan.

4.4 The Lead Professional

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

The choice of the role of Lead Professional for a particular child will be influenced by:

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

A social worker will always be the lead professional for:

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

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

- when joint work with another Lead Professional in a complex assessment is indicated

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

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

4.4.1 Responsibilities of the Lead Professional

The Lead Professional will co-ordinate assessment, planning, and action, make sure everyone is clear about the different roles they have and their contributions to the Child's Plan.

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

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

Whatever the level of complexity, the Lead Professional is the person who checks with partners to the plan that the support is working well, and progress is being made towards achieving the outcomes specified in the Child's Plan. The Lead Professional provides confident leadership and should be familiar with the working practices of different disciplines.

The Lead Professional will:

- Be the point of contact with the child and family or ensure that someone more appropriate takes on or shares this task

- Record the multi-disciplinary Child's Plan (including chronology) integrating contributions from the child, family, and other partners involved (see chapter 8)
- Be the main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or to raise other issues.
- Monitor the effectiveness of the plan, reviewing progress and concerns as necessary;
- Ensure that the role for compulsory measures in meeting the child's needs is considered, and referral made to the Children's Reporter when such measures may be required. This will often arise when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis
- Update the integrated Child's Plan (including chronology) in accordance with relevant recording procedure
- Make sure the child is supported through key transition points.
- Make sure there is a smooth ending when a multi-disciplinary Child's Plan is no longer required, including notification of all partners to the plan.

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

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

4.5 Responding to Child's Changing Needs

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

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

The current Lead Professional should access the local associated school group liaison arrangements. The future co-ordination of the Child's Plan should be discussed with the appropriate Practice Leads in the Family Team and with any other relevant colleagues.

The Lead Professional should provide an updated Child's Plan, including chronology and any other relevant information to the Family Team Practice Leads and to any new Lead Professional to ensure a smooth transition

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

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

If a child's additional needs are reducing and it is recommended that the Plan could once again be managed within universal services and if agreement cannot be reached at the formal child's plan meeting the Area Management team should be advised.

4.6 Quality Assurance and Reviewing Officer (QARO)

Quality Assurance and Reviewing Officers undertake quality assurance processes of children's plans in certain circumstances. A QARO will chair the Child's Plan Meetings of those children who are in need of protection and children who are looked after. A QARO is also able to be called upon to facilitate key reviews of other complex Child Plans. In some instances, a manager from the Care & Learning service will chair Child Plan's meetings.

4.7 Escalation to Area Management Team

The Area Management team considers individual Child's Plans when:

- the requirements of the Child's Plan cannot be achieved from within area resources or when external or specialist resources are needed
- allocation of a significant resource needs to be sanctioned
- there is a statutory order restricting behaviour and movements
- disagreement between professionals or agencies cannot be resolved locally

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

In the first instance, escalation should be to the Family Team District Manager, and then to the Area Children's Services Manager and Area Care & Learning Manager. At any stage, the appropriate manager can instruct a review of the plan.

In serious cases, where there are a number of unresolved concerns, these should be escalated to the Head of Children's Services or to ultimately the Director of Care & Learning for discussion with Chief Officers.

Children and families should be encouraged to raise unresolved concerns through the same means. Disagreement about a case decision would not, normally, be considered as part of complaints procedures.

4.8 Residential Placement Group

The Residential Placement Group is made up of managers who act on behalf of the Director of Care & Learning. RPG considers recommendations for new 'out of authority' placements and reviews existing placements. It maintains an overview of residential provision both within and out with Highland.

INFORMATION SHARING

5.1 General Principles

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

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

The Highland Data Sharing Partnership, comprising Highland Council, Argyll and Bute Council, Police Scotland and NHS Highland has produced guidance – see Section 9. The procedures are applicable to all practitioners involved in sharing information with another agency within the Data Sharing Partnership area. The document provides a brief description of relevant legislation, clarifies questions about consent, lays down minimum standards regarding methods of sharing information, sets out the mechanisms for resolving disputes, and provides an information leaflet.

The procedures state that:

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

5.1.1 Information sharing when there is a concern about a child's safety

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

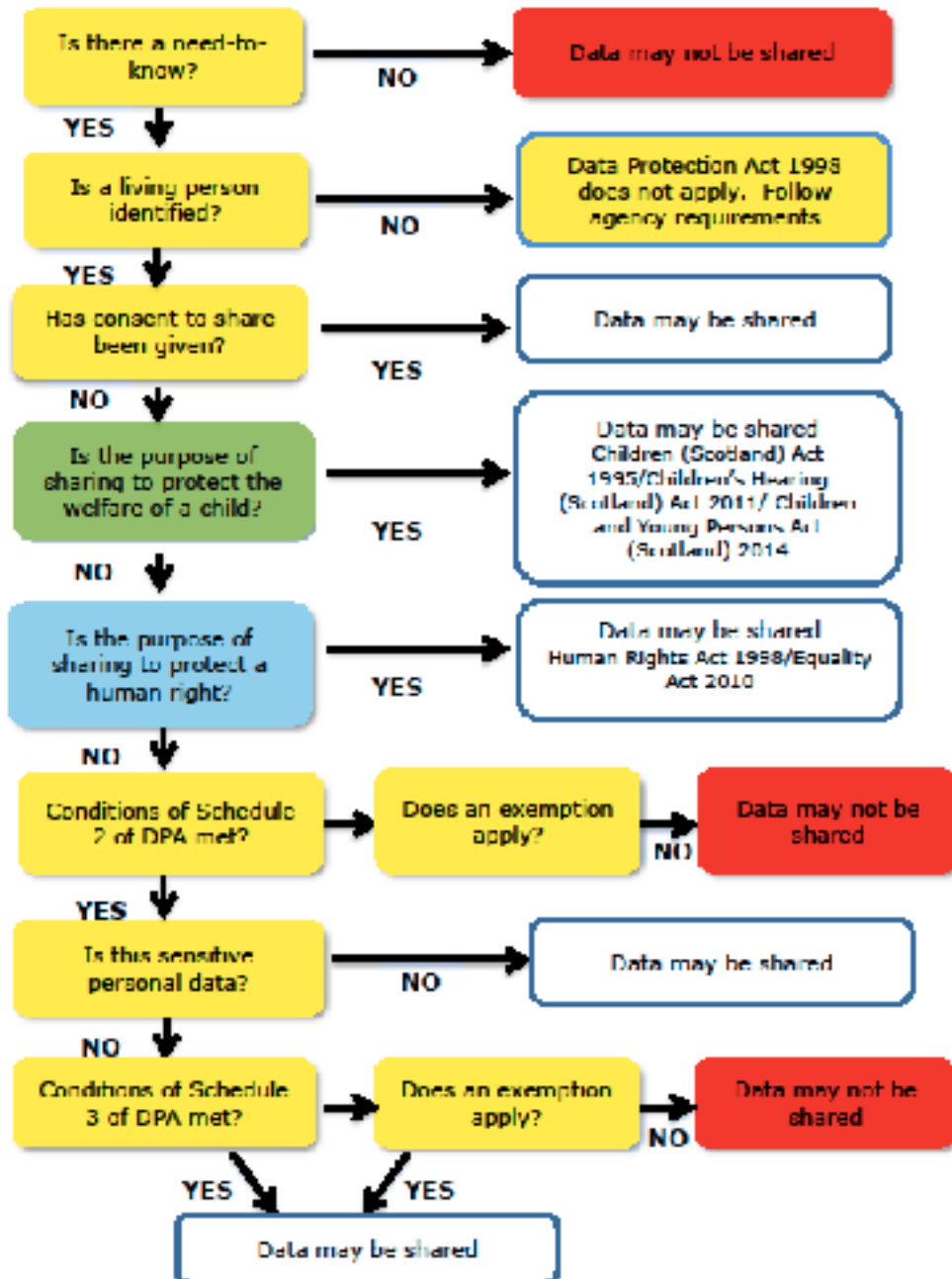
- 1. Why do I think this child is not safe?**
- 2. What is getting in the way of this child being safe?**
- 3. What have I observed, heard or identified from the child's history that causes concern?**
- 4. Are there factors that indicate risk of significant harm and in my view, is the severity of factors enough to warrant immediate action?**

If the child or young person is considered to be at risk of harm then relevant information must be shared between services to enable an assessment to be undertaken to decide whether actions are required to protect the child. In such circumstances, the informed agreement of the child or parent may well be available and helpful, but their consent to share information is not a requirement.

The concern and other relevant information must be shared with the local Family Team, following the current Highland Child Protection policy guidance.

Good recording of relevant information about strengths as well as risks and pressures, and the sharing of this information with the professionals allocated to undertake the assessment of risk and needs will support any subsequent measures to protect the child.

Information Sharing Flowchart



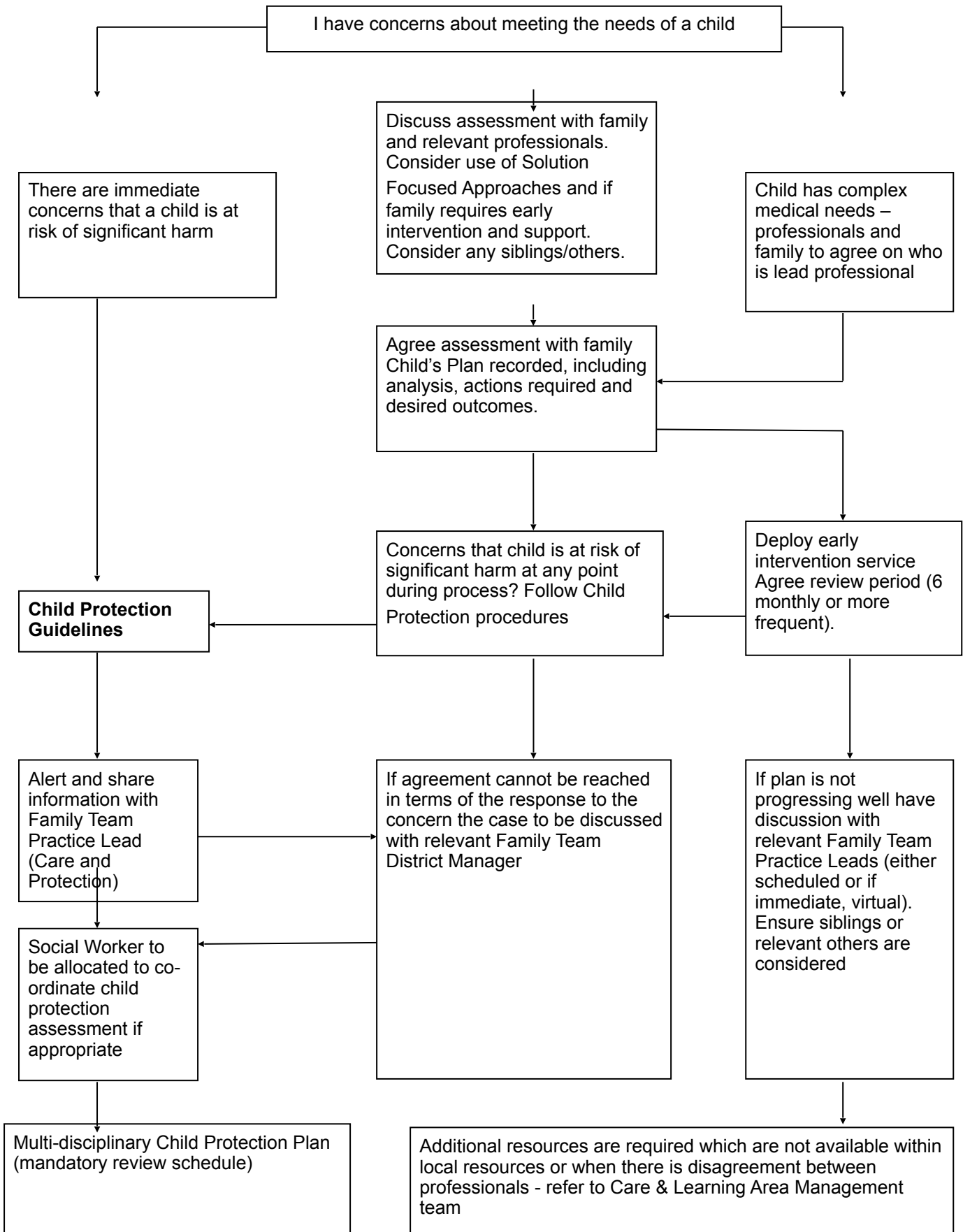
5.1.2 Sharing information about other aspects of a child's well-being

When a practitioner who is not the Named Person or Lead Professional has information about a child's well-being indicating that the child is not in need of protection but he/she may be in need of additional support, the sharing of relevant information with the child's Named Person or Lead Professional is likely to be in the child's interests.

In these circumstances, the practitioner should:

- Engage with the child and parents to consider the **5 Questions**:
 1. What is getting in the way of this child's well-being?
 2. Do I have all the information I need to help this child?
 3. What can I do now to help this child?
 4. What can my agency do to help this child?
 5. What additional help, if any, may be needed from other agencies?
- Seek consent to share the relevant information with the child's Named Person or Lead professional. This should be clearly recorded.
- Where the informed consent of the young person or parent has been given, the practitioner should share the relevant information with the child's Named Person or Lead Professional so that coordinated help can be offered to the child if needed. (This is likely to be most effective when the child or parent is also directly involved in the sharing of information).
- Information shared and subsequent actions taken must be recorded in accordance with agency guidance. Following discussion with the Named Person or Lead Professional and where requested, significant information should be recorded on the standard Child Concern Form ([appendix iv](#)) which is forwarded to the Named Person or Lead Professional.
- A parent or young person may choose not to agree to information sharing for a range of appropriate reasons. The practitioner may assist the individual/s to consider the relevance of sharing information to their particular circumstances, while respecting the decisions of the young person or parent.
- In the absence of agreement to share information, the practitioner should monitor the situation if the concern persists. This may include seeking advice about whether the nature of the concern has become such that it falls within a category that may be shared without consent in the interests of child or others.
- The reasons for a decision to share without consent should be recorded, following Child Protection or other relevant procedures. Shared information should be relevant to the concern and proportionate. It is good practice to inform the child and parents of the decision to share and explain the reasons why. There may be exceptional circumstances in which this is not possible or in the child's interests and this should also be recorded.

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



→

RESPONSE TO CONCERNS

6.1 Concerns directed to the Named Person or Lead Professional

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

The Named Person or Lead Professional will:

- Consider the concern and other information shared with them in light of what is already known about the child and their circumstances.
- Using the child's record and discussion with relevant colleagues (including review of any existing plan) apply the structure of the Wellbeing indicators, My World Triangle and Resilience Matrix. This will inform decisions about the need for any subsequent actions to be taken.
- Follow Child Protection procedures when a suspicion of abuse or neglect is identified due to an emerging pattern
- In this process they will seek the views of the child and parents as appropriate to consider what help might be necessary and involve them in drawing up a plan or reviewing a plan which is already in place.
- Ensure a record of the concern and subsequent actions are placed in the child's record/chronology in accordance with service guidance, and co-ordinate any further action required.

6.2 Concerns from Police Scotland

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

Information is routed through a single Named Person Service mailbox, into which Police Scotland send relevant well-being concerns about children and young people resident in Highland. This mailbox is **only** used for information generated by Police Scotland about children in Highland.

On each weekday morning Police Scotland send a summary report listing all children for whom a Child Concern form is to follow. The subsequent detailed information is then forwarded to the Named Person or their supervisor by the by Highland Council administration staff. The information will also be recorded directly into the CareFirst record of a child who has a social worker Lead Professional or who has current social work assessment. Authorised staff members in practice leadership roles in

each area have an overview of the Named Person Service mailbox in order to support assessment and collaboration and provide relevant cover in the absence of a Named Person.

6.3 Concerns from hospital based staff

Communication of concerns about the wellbeing and safety of children can normally be managed by the relevant professionals in the Family Team in the associated school group. Named Persons are identifiable by the child's age or school attended.

Hospital staff may not be able to easily or immediately identify the appropriate team, school, Named Person or existing Lead Professional. Hospital staff who need to share a concern about a child should contact the Family Team based in Morven House, Raigmore Hospital, Telephone 01463 701376. This provides a contact point for up to date information about the appropriate team where the Named Person or Lead Professional are located and if required, offer immediate advice or liaison with the relevant Family Team.

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

6.4 Concerns about unborn children and new born babies

Unborn children and new born babies are inherently vulnerable. Ante-natal care is provided by community midwives who hand over to health visitors when new born babies are 2 weeks old. Community midwives and health visitors are at the forefront of identification and assessment of additional needs or risks.

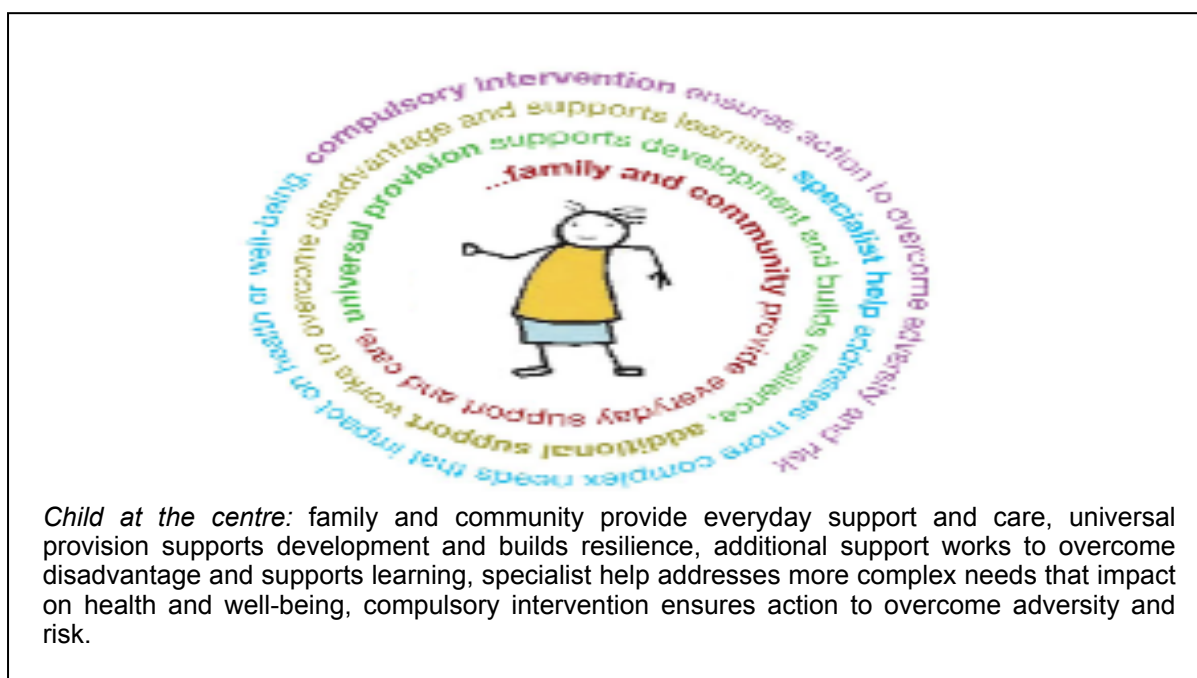
Concerns arising from complex social needs of expectant mothers or infants should be shared and assessed in line with this guidance. Domestic Abuse guidance and Pregnancy & Substance Misuse guidance also informs and assists assessment.

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

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

When concerns are noted for the first time immediately following the birth of a child, the Named Person will instigate the appropriate assessment and consider using child protection procedures if risk of significant harm is indicated.

Child and Family Centred Practice



7.1 Promoting well-being

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

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

When support from the family and community and the universal services cannot meet a child's assessed needs, help from other services or agencies may be called upon to provide additional or specialist help. As highlighted earlier, this is known as targeted support.

7.2 Child and family centred help

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

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

1. children have the right to be involved

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

The right for children to participate in decision-making is enshrined in the United Nations Convention on the Rights of the Child (see Section 9), Children (Scotland) Act 1995 and Children's Hearings (Scotland) Act 2011 and Additional Support for Learning 2004 as amended 2009 and Children and Young Persons (Scotland) Act 2014. These specify that children have a right to be involved in decisions that affect their lives. The Scottish Government is committed to the participation of children in decision-making (Scottish Executive 2007). Those rights also extend to children being able to give consent to actions being taken that affect their well-being.

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

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

7.2.1 Involving children and their families

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

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

- Children and families can come to understand what children need in order to reach their full potential
- Children and families can understand why sharing proportionate and relevant information with practitioners is necessary
- Children and families can help practitioners distinguish what information is significant, relevant and accurate
- Everyone who needs to can take part in making decisions about how to help a child

- Children and families are more likely to feel committed to the plan for a child
- Practitioners behave ethically towards families
- Everyone contributes to finding out whether the plan for a child has made a positive difference to a child or family
- When compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.

7.2.2 Helping children join in

All practitioners must pay attention to and record children's views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, observe and who do not give up easily. Children have made it very clear what they need in The Children's Charter (Scottish Executive 2004). (see Section 9)

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

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

Children's views on their situation are integral to assessment, planning and review.

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

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

2. *Observing children*: the child's responses and interactions in different situations should be carefully observed wherever possible, alone, with siblings, with parents and/or caregivers or in school or other settings.
3. *Engaging children*: this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them make real choices, in a way that is age and developmentally appropriate.
4. *Talking with and listening to children*: although this may seem an obvious part of communicating with children, it is clear from research that this is often not done at all or not done well. It requires time, skill, confidence and preparation by practitioners.
5. *Activities with children*: undertaking activities with children can have a number of purposes and beneficial effects. (Department of Health et al. 2000 pp. 43-44).

7.2.3 Involving parents and carers

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

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

7.3 Agreeing early intervention plans

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

Where a Named Person's assessment is that a child needs help or resources from another professional discipline as part of early intervention, this must be set out in the Child's Plan. They should organise what is needed without delay through direct discussion with the people involved, the Family Team Practice Lead for Early Years or School Years if appropriate, and without necessarily having a formal meeting.

There are some cases when it will be a positive choice to hold a meeting to make decisions and draw up or agree the Child's Plan. When a meeting is arranged, the Named Person or Lead Professional must ensure that the right people are invited and that they are prepared for the meeting. When individuals are unable to attend **the meeting, including the child/young person and parents/carers, their information** and views should be sought.

7.3.1 Reviewing the early intervention Child's Plan

It is crucial that the review of a Child Plan is robust. The review helps identify increased or reduced needs and risks for children. The effectiveness and impact of services involvement in meeting the child's assessed needs cannot be understood without a review process.

Reviewing the plan is an ongoing process which begins as soon as actions are agreed. The plan should be monitored through ongoing dialogue and discussion with everyone involved as agreed. No more than six months should go by without the Child's Plan, single service or multi agency, being formally reviewed.

7.4 Solution Focused Approaches

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

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

7.5 The Family Team, local professional network and area management.

As previously outlined, the Family Team and area management provides a mechanism for the Named Person or Lead Professional from universal services to discuss their concerns regarding an individual child, often when circumstances are becoming complex and/or when early intervention has not addressed a child's needs

in a reasonable timescale. The local ASG arrangements for liaison should be communicated to practitioners in all services.

Discussion with Family Team colleagues is indicated when:

- Initial assessment suggests an acute level of complexity which requires the involvement of a targeted service and the child is not considered to be at risk of significant or immediate harm
- Complexity is increasing despite the provisions of an existing Child's Plan and advice is required.
- Concerns are not reducing – advice can be sought at any time, but must be obtained when an early intervention service has been in place for 6 months.
- Additional resources are required that cannot otherwise be sourced
- Further assessment and intervention is required
- There is uncertainty that early intervention services should continue
- There is uncertainty if a targeted service would be appropriate
- Referral to the children's reporter needs to be considered – usually when concerns about the child's welfare or behaviour cannot be addressed on a voluntary basis or when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child.

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

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

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

- advised of the professionals' discussion.
- have sight of the information before it is tabled for discussion
- are helped to understand and have their views included in good time.

The main points of the discussion and any decisions taken, including review arrangements and any contingency plan, must be recorded in the Child's Plan or as a separate note which should be retained in the child's record

The Child's Plan will be taken to Area Management team, usually by the Family Team District Manager, when:

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

7.6 Referral to Children's Reporter/Children's Hearings

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

Children's Reporters within SCRA are the independent officials who act as 'gatekeepers' to the system, acting on the authority of the Principal Reporter.

(See Section 9 for grounds for referral information)

7.6.1 Decision to Refer to Children's Reporter

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

- Directly from Police Scotland if a child concern is sufficiently serious to indicate that compulsory measures may be required;
- When there is a doubt that the Child's Plan will be effective without compulsory measures

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

7.6.2 Investigation and Decision by the Children's Reporter

The Reporter investigates any referral to decide if the child should be brought before a Children's Hearing. That investigation is focussed on:

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

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

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

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

7.6.3 The Children's Hearing

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

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

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

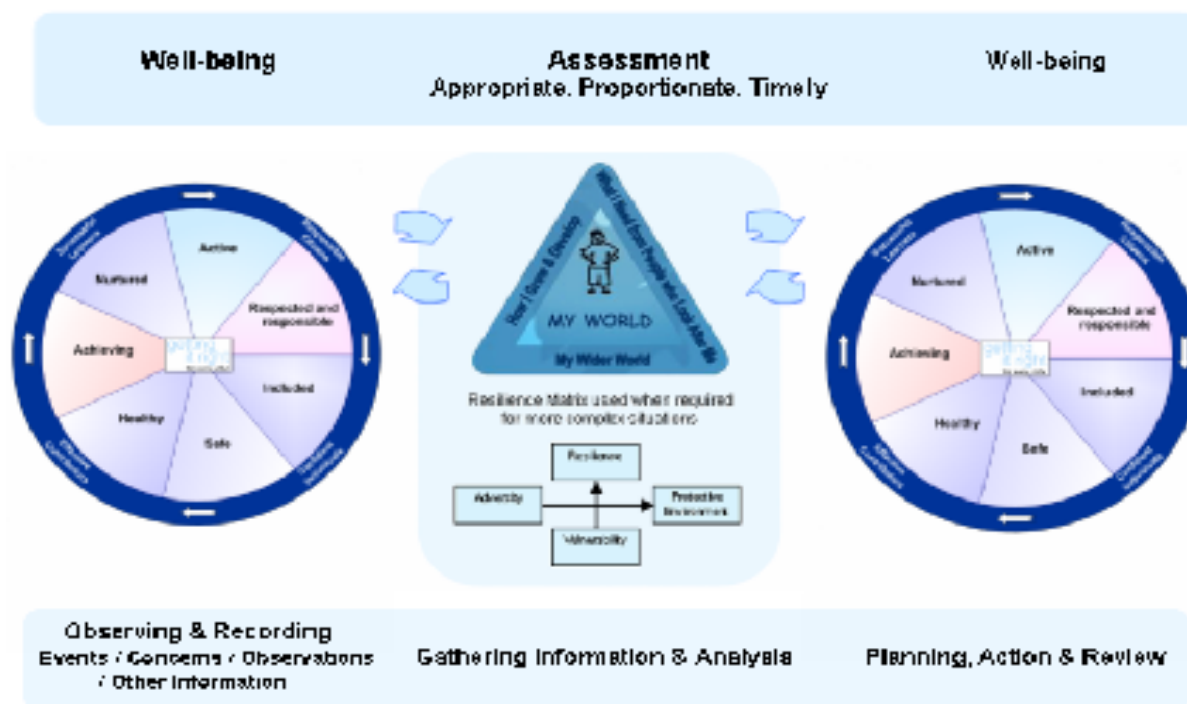
Good preparation of the child and carers for a Children's Hearing is essential.

7.7 The 'Prevent' duty

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

Protecting children from the risk of radicalisation is part of the wider safeguarding role, along with preventing them from other harms such as drug abuse, violence, neglect or sexual exploitation. Any concerns about the risk of children being drawn into terrorism should be shared and discussed with partners in a similar way to these other concerns, as part of the Highland Practice Model and Child Protection guidance. If required, this should involve a Child's Plan and Child's Plan meetings, as appropriate.

A Child's Plan



8.1 One Plan

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

In every case where additional support is required to promote the child's well-being, the reasons, the assessment, the analysis and the plan for action must be recorded using the agreed Child's Plan format.

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

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

The Child's Plan requires:

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

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

Further information relating to particular professional responsibilities, and to meeting the requirements of legislation and guidance, for example the Additional Support for Learning (2004) Act, and Regulations in respect of Looked After Children, including: Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007 can be viewed from Section 9

The Child's Plan provides a record which reflects the *Getting it right for every child* practice model as illustrated in the diagram above by summarising:

- identified concerns,
- assessment of needs from analysis of information gathered,
- desired outcomes to be achieved
- actions agreed to achieve these outcomes, and
- agreed arrangements for review.

8.1.2 Child's Plan Meetings

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

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

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

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

Mandatory Child's Plan meetings are normally chaired and led by a Quality Assurance and Reviewing Officer.

8.1.3 Core Group Meetings

All plans for children should be regularly monitored.

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

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

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

Further information about the *Getting it right for every child* practice model is in section 2 of this guidance.

8.1.4 Recording and reviewing the Child's Plan

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

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

When there are differing opinions about any of the content, the plan must show and attribute these clearly. The child (where appropriate) and their parents/carers must be given a copy of the Child's Plan, including sharing any draft with them during the preparatory stage. **It is important to clearly identify the current working plan.**

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

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

Reviewing begins as soon as actions are agreed. No more than six months should pass without a review of the Child's Plan and in practice this may happen more frequently. Arrangements for monitoring and reviewing the plan should be proportionate and comply with statutory requirements.

All partners involved in the implementation of the plan should be in regular dialogue with the Lead Professional and each other. This will be achieved through contact between partners in addition to meetings of the core group.

Practitioners must be vigilant about any new information that changes a child's circumstances and should respond quickly, appropriately and flexibly making relevant changes to the plan without undue delay. There will be some circumstances where it will be necessary for the Lead Professional or other partner to make small changes to some of the detail contained in a complex plan, for example a change to the visiting pattern of a support worker. Good communication avoids the need to overburden partners with unnecessary meetings.

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

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

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

Everyone, including parents and carers, must pay particular attention to any current or expected transitions in the child's life so that these can be included in the review of the Child's Plan, ensuring that adequate support is provided and there is no gap in service. Transitions could be a change of household, a change of address, moving from one school to another, change of carers, change of significant professionals involved, change of Lead Professional or transition from children's to adult services. (see transitions guide in Section 9)

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

8.1.5 When a family move

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

8.1.6 Where outcomes in the Child's Plan have been achieved

When it has been agreed that the outcomes of a multi-agency plan have been achieved and that a child no longer needs that level of intervention, it is important that this decision is made with the agreement and knowledge of everyone involved, including the child and family.

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

The conclusion should be recorded in the Chronology and the time of changeover or ending of the Plan carefully chosen in the interests of the child and family. In this situation it is once again the Named Person who is the contact point for issues about the child, and to whom new concerns should be reported, (unless that concern is about a child who may be at risk of significant harm, in which case Child Protection Procedures will apply).

HIGHLAND PRACTICE MODEL IMPROVEMENT GROUP

2017

SECTION 9

ADDITIONAL INFORMATION, GUIDANCE, NOTES and TOOLS

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

9.1 GETTING IT RIGHT FOR EVERY CHILD

- **Children, Young People and Families**
<http://www.gov.scot/Topics/People/Young-People/gettingitright>
- **For Highlands Children - information & publications**
<http://forhighlandschildren.org/4-icspublication/>
- **Data Sharing – procedures for practitioners**
http://www.forhighlandschildren.org/4-icspublication/index_81_180152905.pdf

<http://www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing>
- **National Child Protection Guidance**
<http://www.gov.scot/Resource/0045/00450733.pdf>
- **National Risk Framework to support assessment of children and young people**
<http://www.scotland.gov.uk/Publications/2012/11/7143/downloads#res-1>
- **Curriculum for Excellence**
<http://www.educationscotland.gov.uk/learningandteaching/thecurriculum/>
- **Hall 4**
<http://www.gov.scot/Resource/Doc/337318/0110676.pdf>

- **Early Years Framework**
<http://www.gov.scot/Resource/Doc/257007/0076309.pdf>

9.2 **CHILDREN'S RIGHTS AND RELATED INFORMATION**

- **United Nations Convention on the Rights of the Child**
http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.pdf
- **The Children's Charter**
<http://www.gov.scot/Publications/2004/04/19082/34410>
- **Advocacy and children and young people**
<http://www.gov.scot/Topics/People/Young-People/families/advocacy>
- **Scotland's Commissioner for Children and Young People**
<http://www.sccyp.org.uk/>

9.3 **LEGISLATION AND RELATED INFORMATION**

- **Education (Additional Support for Learning) (Scotland) Act 2004**
<http://www.legislation.gov.uk/asp/2004/4/contents>

<http://www.supportmanual.co.uk/wp-content/assets/manuals/ASN-Highland/index.html>
- **Children & Young People (Scotland) Act 2014**
<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>
- **Children (Scotland) Act 1995**
<http://www.legislation.gov.uk/ukpga/1995/36/contents>
- **Children's Hearings – background and legislation**

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

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

Grounds for Referral to Children's hearing

<http://www.chscotland.gov.uk/the-childrens-hearings-system/how-does-the-childrens-hearings-system-work/>

Scottish Children's Reporter Administration

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

- **Protection of Vulnerable Groups (Scotland) Act 2007**
<http://www.legislation.gov.uk/asp/2007/14/contents>
- **Adoption and Children (Scotland) Act 2007**
<http://www.legislation.gov.uk/asp/2007/4/contents>
- **Guidance – Looked After Children (Scotland) Regulations 2009 and Adoption and Children (Scotland) 2007 Act**
<http://www.gov.scot/Publications/2010/06/01094202/1>
- **Adult Support and Protection (Scotland) Act 2007**
<http://www.legislation.gov.uk/asp/2007/10/contents>

9.4 **PRACTICE TOOLS / NOTES / READING**

- **Parenting Support**
National Parenting Strategy
<http://www.gov.scot/resource/0040/00403769.pdf>

Info and support for parents

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

Professional groups' assessment of parenting and support needs

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

- **Exploring well-being**

[Wellbeing Web booklet](#)

[Wellbeing Web appendix](#)

[Demonstration outcome cards for children](#)

[Demonstration outcome cards for adults](#)

- **Resilience**

Parenting and resilience

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

Working on resilience

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

- **Assessment of Parenting Capacity**

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

- **Chronologies**

<http://www.gov.scot/Resource/Doc/299703/0093436.pdf>

<http://www.gov.scot/Resource/0039/00399456.pdf>

- **Parents with learning disability – good practice guide**

http://www.sclld.org.uk/wp-content/uploads/2015/06/Supported_Parenting_web.pdf

- **Overview of protection of children in the UK**

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

<http://www.rapecrisisscotland.org.uk/workspace/publications/YesYouCan.pdf>

- **Ethnic minority communities – perceptions of abuse of children**

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

- **Physical abuse**

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

- **Neglect – research evidence / resource**

https://www.actionforchildren.org.uk/media/3368/neglect_research_evidence_toinform_practice.pdf

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404 - Indicators of neglect missed opportunities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf)

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

https://www.actionforchildren.org.uk/media/3225/action_on_neglect_resource_pack_v5.pdf

- **Domestic violence and abuse**

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

- **Child sexual abuse and offending**

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

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

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/research-resources/>

- **David Howe**

Child Abuse and Neglect: Attachment, Development and Intervention

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David Howe

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