



getting
it right
for every child

Dear Colleague

Implementation of 'Getting it right for every child' in Highland

We have begun the process of implementing 'Getting it right for every child' (GIRFEC) across Highland. While the focus remains on Inverness, some elements are now policy across the authority, and other aspects will be rolled out over the coming months, with a view to full implementation by March 2009.

The implementation process has been based around three phases: starting first with new-borns, then introducing processes for 0-5s and ultimately for school-aged children. This has enabled work to be undertaken first in health systems, and now increasingly in school systems.

This joint policy statement from Chief Officers for the lead public agencies makes clear what is already policy across the Highland Council area, and what will be implemented in coming months. The statement has been supported by a series of local seminars for managers, and will continue to be supported by guidance, practice tools, further awareness raising and training events.

More information regarding implementation of 'Getting it right' is accessible on the www.forhighlandschildren.org website. This now includes the overarching guidance, which has been published with the agreement of the Scottish Government.

The guidance sets out the full GIRFEC model that is being implemented. We are appreciative of the support and work of many, many colleagues across the authority that has enabled this to be developed and written. While it has been tested in workshops, business process mapping, training and also in practice, it is now out for general consultation. It also acts as a working tool, and should inform ongoing practice development. It can be accessed at: <http://www.forhighlandschildren.org/html/girfec/girfec-agencydocs.php>

The new working practices are based on a business process model that has also been agreed with the Scottish Government and each of the lead agencies. These

practices build on the established '*Getting it right*' principles to ensure children get the help they need when they need it, involving:

- reduced bureaucracy, to free up practitioners to spend more time with children and families;
- assessment defined responses to need - that are appropriate, proportionate and timely;
- an explicit threshold for compulsory measures;
- strengthening the capacity of families and communities to meet the needs of children;
- everyone working with children and young people using a consistent and equitable approach, and being clear about their personal responsibility to do the right thing for each child and how they contribute to the collective responsibility to do the right thing for each child.

Mandatory Working Practices across Highland

Collaborative Working

All Highland agencies are committed to joint working in children's services, and have a consistent record of collaborative working together to meet the needs of children and families. This approach is now strengthened by the systematic working practices involved in '*Getting it right for every child*'.

'*Getting it right*' sets out agreed processes and systems, and the roles of responsibilities of agencies. These build on existing best practice, and introduce new ways of working to ensure that there are appropriate, proportionate and timely responses to children's needs.

None of this should delay emergency action if that is required to protect children. It should though ensure that services are in place, and agencies are clear about their responsibilities, to reduce the number of times when such action is required.

While Chief Officers encourage all agencies and practitioners to collaborate, it is recognised that there will still be occasions when professionals or agencies do not agree about how a child's needs should be met. A dispute resolution procedure has been established to resolve these situations and also, if need be, an escalation route to Service Managers and Chief Officers.

Information Sharing

Each of the public agencies has endorsed the information sharing policy for the Highland Data Sharing Partnership. '*Getting it right*' provides a detailed framework for the implementation of this policy in children's services.

The '*Getting it right*' model works on informed consent, which takes account of the views of the child, young person, their family or carer. Indeed, the GIRFEC model

endeavours to achieve full engagement with the child and family to ensure effective assessment, planning and intervention.

As before, where parents and children do not consent to information being shared, a professional decision must be made as to whether there will be a consequent risk to a child or young person's well-being.

In such cases, practitioners will need to consider if the impact on the child is so serious that it means the child's wellbeing is at significant risk, involving him or her being in need of protection. In certain cases, it will be necessary for the practitioner to decide to share information and seek assistance from others without consent. Where this does not itself increase risk, parents and/or children should be informed of this.

All decisions on whether to share information or not, should always be fully documented.

Assessment Framework

The core assessment of children's needs in Highland is now based on a common assessment framework, which is the Scottish Government's *My World Triangle*, involving the three key dimensions:

- Physical, cognitive, social and psychological development: 'how I grow and develop';
- Family Support: 'what I need from people who look after me';
- Community Support: 'my wider world'.

The assessment will identify and analyse strengths and pressures against the objective of all children being safe, healthy, achieving, nurtured, active, respected & responsible and included (SHANARI).

This model has already been built into social work systems, and is now mandatory for all social work staff. It is also mandatory for community health in designated localities.

Child's Plan Meeting

Where children have higher level or complex needs (including those children previously in looked after children, child protection and co-ordinated support plan systems) there should not be different or separate meetings to agree the Child's Plan. Neither should there be formal or separate single-agency reviews of any children in receipt of multi-agency services. There should be a single Child's Plan Meeting, to agree, monitor and review the Child's Plan.

Children and families should continue to be supported to participate in Child's Plan Meetings.

There will of course be many occasions when the core group of practitioners meet together to undertake work, discuss issues and consider how the plan is being addressed, including with the child and family. These forums are not formal Child's Plan Meetings, and do not have authority to make significant changes to the plan.

Referral for compulsory measures

Referral to the Children's Reporter for consideration of the need for compulsory measures should be agreed at a Child's Plan Meeting where:

- there are significant assessed needs or risks; and
- these needs or risks can only be addressed through compulsory measures; and
- there is a Child's Plan that details how needs or risks will be addressed.

Service Managers Group

The Service Managers Group replaces the Area Children's Services Forum, the Caseworking Subgroup and the Youth Offender Forum. It involves the area managers from health, education, social work and police. In order to enhance discussions about young offenders at the Service Managers Group, the Children's Reporter is invited as well as the Area Housing Manager.

The Service Managers Group collectively ensures the effective operation of assessment, planning and intervention processes within the Area. As part of this function, it will consider the needs of some children in very specific circumstances:

- where the requirements of the plan cannot be achieved from within area resources;
- where allocation of a significant resource needs to be sanctioned;
- where disagreement between professionals, agencies, or children and their families cannot be resolved by following the dispute resolution procedure, or through single agency management structures;
- for those tasks previously fulfilled at the Youth Offender Forum in relation to persistent offenders, the use of Anti-Social Behaviour Orders (ASBOs), Parenting Orders and the Intensive Support & Monitoring Service.

Incremental Implementation during 2008

Assessment Framework

The assessment framework will be built into individual education plans and associated school-based processes in coming months, enhancing existing staged intervention systems.

It will also be introduced for all community nursing staff across the authority.

Information Sharing

The Police will introduce the new information sharing processes that have been established in Inverness across the authority, along with associated working practices, in relation to both welfare and offending concerns.

Single Plan

There will be a single plan for a child, including where a range of services or agencies is involved. The Lead Professional will co-ordinate the delivery of that plan, and ensure it is monitored and reviewed.

Access to early intervention services

Criteria will be agreed by Area Service Managers for the deployment of local early intervention services, such as Children's Services Workers, Early Years Workers, and family support including appropriate voluntary sector services. These resources should be deployed on the basis of assessed need, and will not require Liaison Meetings.

Liaison Meetings will only take place where:

- further assessment suggests an acute level of complexity that requires a targeted service;
- complexity is increasing despite the provisions of an existing Child's Plan and advice is required;
- concerns are not reducing despite the Child's Plan having been in place for six months and advice is required;
- referral to the children's reporter is being considered;
- a lead professional may need to be appointed from an agency providing a targeted service;
- volume exceeds agency capacity to deliver the Child's Plan;
- additional resources are required that cannot otherwise be met.

The Liaison Meeting is a formal Child's Plan Meeting, albeit each Liaison Meeting will consider the plans of a number of children within each Associated School Group area. The meeting will involve the representatives of each Area Service Manager, and make decisions on their behalf.

In agreeing the Child's Plan, the Liaison Meeting will confirm whether the plan is being managed at an appropriate level and by the appropriate Lead Professional, or whether these arrangements should be changed.

The Integrated Services Officer will ensure that early intervention assessment, planning and service delivery processes are working effectively, and will co-ordinate access to Liaison Meetings.

Named Person and Lead Professional Roles

All agencies in Highland have agreed that every child will have a Named Person in the health system or - if they are of school age - in education.

These individuals in the universal services will be responsible for making sure that, whilst the family is in touch with that service, the child has the right help in place to support his or her development and well-being:

- from pre-birth until 10 days old it is the hospital or community midwife;
- from 10 days old until entering primary school (P1) it is the Health Visitor;
- from P1 until leaving school it is a teacher. Throughout the primary school years it will be the Head or Depute Head. When the child moves into S1, it will become the pupil support teacher.

In most cases, the Named Person will not undertake anything more than they presently do in the course of their day-to-day work.

The Lead Professional is the person who co-ordinates a multi-agency plan, where two or more agencies are working together to deliver services.

Where this is an early intervention plan, the Named Person is likely to become the Lead Professional for the duration of the early intervention. Where there are higher level or more complex needs or risks, and more services are involved, the Lead Professional is likely to be a dedicated case worker in health or social work.

The Lead Professional can only be changed by agreement at a Child's Plan Meeting, be this a Liaison Meeting or an individual Child's Plan Meeting.

Quality Assurance and Review

'Getting it right for every child' involves reduced bureaucracy in children's services. This means less overlap and duplication, and fewer meetings and reports.

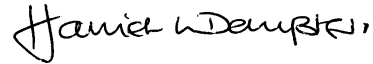
However, it is important that safeguards remain within the system, to ensure that legislation is being complied with, that children have robust assessments and plans, and that services are effective and improve outcomes. Accordingly, there will be an increased focus on Quality Assurance and Review:

- The Service Managers Group will ensure that *'Getting it right'* is properly and effectively implemented across each Area.
- Reporting to the Senior Manager (Additional Support), the Integrated Services Co-ordinator will oversee the quality assurance of assessment, planning and review processes across the area.
- Child's Plan Meetings will quality assure the appropriateness and effectiveness of each plan at these levels of intervention.

- Along with line managers of the Lead Professionals, the Integrated Services Officer will quality assure the appropriateness and effectiveness of early intervention across each Social Work Team.
- Area-based Quality Assurance & Review Officers will undertake a range of activities across the area to ensure effective assessment, planning and review systems, and will chair higher level Child's Plan Meetings.



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Note: the term 'Area' is used throughout this statement, to refer interchangeably to the Council administrative Area, NHS Highland Community Health Partnership and Northern Constabulary Divisional Command (from April 2008).