

item:	6
report:	CYP03/08

GETTING IT RIGHT FOR EVERY CHILD

By Marj Stewart

Summary

This report updates members about progress on the development and implementation of '*Getting it right for every child*' in Inverness and Highland.

1 Staff Training

- 1.1 Programme 3 core training for Lead Professionals and Named Persons is now well underway. This is being delivered around Associated School Group (ASG) areas, and 12 two day courses have been delivered to approximately 240 staff from NHS Highland, Social Work, Education Culture & Sport, Police and voluntary organisations.
- 1.2 Each Associated School Group has had access to two courses, and a further six sessions are planned from mid April. The training has been well attended and received, and evaluation from the participants has led to continuous refinement of the content.
- 1.3 Further training courses for staff involved in managing more complex cases will be scoped and planned for later in the year, as will discussions on the nature and process of training staff outwith the Inverness area.
- 1.4 The requirement for further training for staff who are not likely to be Lead Professionals but will have significant parts to play in children's plans, will be scoped in April, and planning for delivery will take place thereafter, as will training for managers and other key staff across the Highland area.
- 1.5 The Scottish Government has now held four roadshow events across Scotland to share the learning being experienced by the Pathfinder areas. Bill Alexander has delivered a presentation at each of these, and the team and other key managers from Highland have hosted three consecutive workshops at each of these events.
- 1.6 Interest from other local authorities has been generated at each of the roadshows, and requests for consultation and further information have been received.

- 1.7 The Scottish Government communication team is producing a DVD on pathfinder experiences for national dissemination and some staff from the Highland team have been filmed for this, with more sessions to be organised.
- 1.8 The team is hosting an event for North and South Ayrshire in April, at which experiences will be exchanged. There will also be an opportunity to learn about the experience of Child Protection Messaging in Ayrshire.

2 The 'Getting it right' Project Team

- 2.1 Following a short gap, a new ECS professional lead joined the team in mid-February and is working on a number of key themes to embed the GIRFEC approach in ECS practice and processes. Specifically, she will
- take forward Programme Two training, that is agency specific training, in her own organisation;
 - write guidance for ECS staff, making explicit the links between GIRFEC and, for example, the Additional Support for Learning Act and the Co-ordinated Support Plan, A Curriculum for Excellence and More Choices, More Chances;
 - contribute to new guidance at national level in respect of the Additional Support for Learning Act;
 - work with colleagues across Highland to embed the assessment framework into the new e-system in schools;
 - work with Education colleagues to develop an efficient record that meets agency and GIRFEC requirements;
 - contribute to the processes that will support and manage practice change in ASG areas.
- 2.2 Work has started in public health to develop an efficient interim solution for practitioners who are writing the Child's Plan until a longer term e-solution is in place.
- 2.3 Sandie Young, nurse consultant is now in post and is working through a variety of objectives to support implementation of GIRFEC. She is working on the practical linking of the Review of Nursing in the Community and GIRFEC; is auditing current transition processes, with a view to aligning those processes; and is working with mental health and substance misuse colleagues to consider more specialist tools that will contribute to children's plans. Additionally, she is working with colleagues, as a member of the Child Health Network management team to ensure ongoing development and implementation of GIRFEC processes within child health systems.
- 2.4 Subject to satisfactory agreement on how Highland will move forward with some of the tasks set out in Version 10 of the Project Plan, and the associated timescales, the Scottish Government is favourably considering the application for extended funding for a further year. This application has included a request for two additional posts.

- 2.5 The first post is for one year, and is to support the engagement of the voluntary sector at both local and national level, and will be advertised shortly.
- 2.6 The second post, initially for six months, is to scope the requirements in adult services with a view to beginning to develop materials to support the transition of children and young people into adulthood. This will also contribute to the development of business processes both at the interface of adult and children's services, and within services to adults who are also parents, where condition or lifestyle is likely to impact on the needs of children.
- 2.7 The extension of the timescale will not only allow for further development and testing of the approach and materials, but will support the mainstreaming of the approach into operational management across Highland.

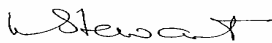
3 Practice Change

- 3.1 The initial favourable results of early information sharing by police with health and schools has continued and the new process will shortly be extended to include information about offending behaviour in the pathfinder area. Outwith the pathfinder area the police child concern form is being used in respect of care and welfare concerns by all of the command area, however is not yet being shared routinely with named persons in schools.
- 3.2 A multi agency focus group, co-ordinated by the GIRFEC police lead is now refining this process further in the light of the training now delivered and the developing information and recording processes across the agencies.
- 3.3 A set of recommendations has been drafted in respect of criteria for referral to the children's reporter and for sharing information and requesting service with the social work service, and will be presented to managers for discussion and ratification.
- 3.4 OLM have delivered software to enable the Child's Plan to be extracted from CareFirst. This will be installed and tested over coming weeks.
- 3.5 Consultation continues with the Children's Reporter and the Children's Panel in respect of the use of the Child's Plan as a report to the hearing.
- 3.6 Work has begun around the Inverness Associated School Groups, to take forward the changes in the Pathfinder area and this has been complemented by pan-Highland Children's Services events in preparation for further roll out.

- 3.7 Discussions have also taken place with Headteachers and with Children's Service Workers (CSWs) and Integrated Services Officers about the planned changes to the role and location of CSWs. This will involve some workers being attached to an Associated School Group, rather than a specific school. This will provide an equity of early intervention services, and such that services will be available on the basis of a child's need, rather than on the school attended.
- 3.8 Chief Officers have recently taken the opportunity to confirm the stage of roll-out in Inverness and beyond. This policy update is attached as Appendix 1.

Recommendation

The Joint Committee is invited to note the progress that continues to be made and to comment on this report.



Marj Stewart, Project Manager – GIRFEC

Appendix 1

Implementation of 'Getting it Right for Every Child' in Highland: February 2008 update

Introduction

Implementation of '*Getting it right for every child*' has begun in Inverness, but is also taking place incrementally across all of Highland, as improved working practices are more widely introduced.

This briefing note highlights the key developments, and the practice models that will be introduced over the next year. These models are supported by guidance, and will be reinforced in training. Further information is available on the '*Getting it right*' pages of the integrated children's services website (www.forhighlandschildren.org).

These new working practices are based on a new business process model that has been agreed by each of the lead agencies in Highland. They build on the established '*Getting it right*' principles to ensure children get the help they need when they need it:

- Reduced bureaucracy, to free up practitioners to spend more time with children and families.
- Assessment defines responses - that are appropriate, proportionate and timely.
- There is 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 uses a consistent and equitable approach.
- Everyone is clear of their personal responsibility to do the right thing for each child and how they contribute to the collective responsibility to do the right thing for each child.

Some working practices are now mandatory across all of Highland. Others will be introduced incrementally over the coming year.

Mandatory Working Practices across Highland

Information Sharing

The GIRFEC model works on informed consent, which takes account of the views of the child, young person, their family or carer.

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 of harm to a child or young person's well-being.

Decisions on whether to share information or not should be fully documented.

Assessment Framework

The core assessment of children's needs in Highland is based on a common assessment framework, based on the Scottish Government's *My World Triangle* and known widely as the child's ecology, 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 has already been built into health and social work systems, and is now mandatory for social workers.

The core assessment will inform any further and more specialist assessments.

Child's Plan Meeting

Where children have higher level or complex needs (i.e. 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 which agrees, monitors and reviews the Child's Plan.

There will of course be many occasions when practitioners meet together to 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 Hearings System for compulsory measures should be agreed at a Child's Plan Meeting, and only 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 will ensure a joined up approach to service delivery across the area, and will consider the resourcing of plans of 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 conflict resolution policy, 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 are needed.

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

The Service Managers' Group is accessed via the Integrated Services Co-ordinator.

Incremental Implementation during 2008

Assessment Framework

The assessment framework will be built into education processes in coming months, enhancing staged intervention processes, and supported by further guidance and training. It will also be introduced for community nursing staff across the authority.

Information Sharing

The Police will introduce new information sharing processes across the authority, along with associated working practices, in relation to both care & welfare and offending concerns.

Single Plan

There will be a single plan for a child, even 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

There will be established criteria within each Social Work Team for the deployment of early intervention services, such as Children's Services Workers, Early Years Workers, and family support including local 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:

- early intervention services continue to be involved with children and families for a significant period, and certainly if they are still involved after six months; or
- it is further assessed within six months that early intervention services are not likely to be adequate to address the level of need and risk, or
- early intervention services identify significant further needs and risks, not accounted for in previous assessments.

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 makes 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 & Lead Professional Roles

All agencies in Highland have agreed that every child will have a Named Person in health 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. The head teacher will decide who will be the most appropriate teacher in the school to take on this role.

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 at a Child's Plan's 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 Manager's Group will ensure that '*Getting it right*' is properly and effectively implemented across each Area / CHP / Divisional Command.
- 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.

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