

<i>item:</i>	11
<i>report:</i>	CYP35/06

GETTING IT RIGHT FOR EVERY CHILD - UPDATE

By Colin MacAulay

1. Summary

This report updates members about progress on the implementation of 'Getting it Right for Every Child' in Highland.

2. Introduction

- 2.1 Since the last meeting of the Joint Committee, progress has been made in a number of areas, and a detailed report of activities carried out is attached as **Appendix 1**.
- 2.2 Draft two of the Pathfinder Framework document is now in place for consultation, and this document not only reflects the key concepts and processes that Highland would wish to see in place, but also evidences the contribution that Highland will make to National legislation and policy.
- 2.3 The HALL4 tools and processes have been agreed and the Public Health record and contribution to the Single Assessment, Record and Plan (SARP) has been completed. This is now ready for implementation in October, and midwives, health visitors and school nurses will be trained in the use of these in the period commencing in September.
- 2.4 Work to produce materials to support practitioners in the process of assessment continues and particular emphasis is being placed on assisting with the analysis of information gathered, planning interventions and defining desired outcomes.
- 2.5 Consultations have taken place with parents and children and more are planned as a priority, as is a further major practitioner event. Previous such consultations have been productive and have made significant contribution to the thinking behind the development of the Highland model.
- 2.6 Agreement has been reached at Project Board level that a phased implementation of GIRFEC commencing in early 2007 in the pathfinder area is favoured, and the broad proposals that were discussed are attached. Consultation and thorough discussion of these proposals is required across the agencies and further details need to be worked out and agreed. The initial proposals for consultation are attached at **Appendix 2**.

- 2.7 A key task of the various management and reference groups will be to take this work forward and to manage the change process to drive these proposals.
- 2.8 A detailed training needs analysis is being undertaken by the GIRFEC team and a training strategy prepared to assist with this change process. Version 9 of the Project Plan, currently in production will reflect these key decisions
- 2.9 Finally, e-solutions to support GIRFEC continue to be discussed both locally and at Scottish Executive level to ensure an end product that will meet all of the requirements. The last meeting of the Project Board agreed that a combination of ECart and local software solutions should be modelled, incorporating some manual processes, but minimal double entry of computer data. This work is now taking place, and it is anticipated that it will allow implementation within a 6 - 8 month timescale.

3. Recommendation

The Joint Committee is asked to consider this report.

Colin MacAulay
Project Manager, GIRFEC

Draft proposals for phased implementation of *getting it right for every child* in the pathfinder area.

Introduction

Work has been completed on the development of new public health documentation in the light of the Hall4 proposals and also within the context of the developing *getting it right for every child* process in both the Highland and the national contexts. Consultation has taken place throughout, to ensure that data standards are met, and to ensure that, in due course, information held on the health record will be easily transferable to the Multi agency store, and thereafter to be transferred to other agency records seamlessly should multi agency work be required.

Education records are now under consideration to ensure a fit with the health record for those children who need additional help. This will assist with the transfer of information when a child starts school and the universal agency with the key responsibilities for recording and assessment has therefore changed from health to education.

There has been ongoing development and refinement of the Police form (OP/48/1), which traditionally has been the referral mechanism to the children's reporter and to the social work service. This has been used where the police have become aware of circumstances which might indicate that a child is at risk of harm, is in need of child protection investigation, or has been the subject of child protection investigation. The police service is now sharing this information routinely with health, and within the *getting it right for every child* developments, mechanisms are being considered so that this information is also shared with school staff where a child is of school age. These changes will support not only the process of meeting the needs of children in the longer term, but should also assist with the assessment of whether the child is at immediate risk of harm. Additionally, police officers will be asked to gather information on some of the wider issues in a child's life at this critical point of contact, and to contribute to the assessment of whether a child is experiencing difficulty that might require a multi agency plan.

From our consultations with parents, carers and young people there is evidence that key transition points when children need extra help are frustrating. This is particularly so when a child who has that extra help enters primary school, moves from primary to secondary or is older and is to move into college or into services for adults. The view is that information is not transferred efficiently, that stories need to be repeated, that there are frequent delays in duplicating those supports that were being given and that there is delay in agreeing where responsibilities lie.

Taking all of the above into consideration, the following is suggested as an efficient and effective roll out program. We believe that if the *getting it right for every child* implementation is structured in this way, then good practice will begin to be embedded across the authority and standardised responses will be supported both within and across agencies.

The Proposed Phasing for Implementation

Phase One 01/07 - 03/07 (Pre School Children age 0-5)

1. The first stage of information gathering, analysis and assessment using the new documentation should be in respect of all new born or expected babies. Using the assessment materials based on the Scottish assessment triangle, midwives will be able gather and analyse information and to note, in a standard way, when those babies and their parents might need more help. The record and the materials will enable them to look at the family needs in an organised way, to note their assessments in a consistent manner, to record their planning, support and intervention strategies, and to set out the desired outcomes for the child. The record and the assessment will then be transferred to the health visitor at the appropriate time and a transition meeting should, where possible take place between midwife and health visitor. There will be some children who will be noted at the ante natal stage to have multiple and complex needs, and those children and their families are likely to require immediate multi-agency packages of support. The needs of those children should be managed and organised using the *getting it right for every child* principles and processes, multi agency meetings should be held, a lead professional should be appointed and planning and review mechanisms agreed.
2. During this initial stage, there will be some children who are not yet at school, who, with their families are already known to health visitors, and who are not receiving any extra help, but who are identified and assessed in this phase to have additional needs.
3. This should include:
 - children who are likely to need a Co-ordinated Support Plan (CSP) within the meaning of the Additional Support for Learning Act.
 - children who are assessed as being at risk of harm who, with their families, should be the next group to have their information transferred to the single recording and assessment format so that services can be organised and provided according to the principles of *getting it right for every child* and the process developed in Highland.
4. From the commencement of this roll out, it is anticipated that police will note the name of the health visitor, school and GP for any children with whom they come in contact and about whom they feel may be at risk of harm. The Police will routinely share such information and their assessments with Designated Persons in health, education and social work, so that decisions about immediate action might be made. Where immediate action is not required, then agencies are prompted to discuss and assess whether additional help should be offered.

Phase Two 04/07 - 08/07 (School Age Children and Young People)

5. At the time of transition to school, health visitors normally consult with relevant school nurses, and together, they identify those children who require selective screenings, therefore who are, by definition, in need of extra help. We suggest therefore that those children who have joined primary school in August 2006 and those children who are due to start primary in August 2007 should be the next group of children whose assessments, plans and supports are organised according to *getting it right for every child*. Information and any assessment held by the school nurse and health visitor should be passed to the named teacher for inclusion in the child's record, and that information and

assessment should be documented using the assessment materials provided.

6. It is common practice also for transition meetings between primary and secondary schools to take place, and there are some children and young people who, at that stage are noted to need extra help. There will therefore be a group of children and young people who entered secondary school in August 2006 or who will move up from primary school in August 2007, and who are identified as needing extra help and support with the transition, or who were already receiving extra supports in primary school. The information contained on the school record should now be transferred on to the 'new' record, using the assessment principles and materials and their plans organised accordingly.
7. Again, during this period, a group of children and young people will be identified as needing extra help, and for this group, information should be gathered and analysed using the *getting it right for every child* record and materials, and plans put in place to meet their needs on a single or multi agency basis. This should be carried out using the liaison group processes where multi agency involvement is necessary. This group may also include:
 - those young people who are neither in training nor education
 - young people who are due to move to college and who will need extra support
 - young people with disability or ill health who are likely to need supports from adult services

Phase Three

8. By this final stage a clear process will be in place for meeting the needs of children and young people who have long term complex needs and whose plans are managed by a multi agency group. Some of these plans will be set in a statutory framework such as those for Looked After Children, or for children who have Coordinated Support Plans and arrangements should by now be in place for all plans to be managed in a single planning and reviewing arena. By following the above noted proposals for implementation, there will now be a group of children and young people about whom the agencies hold significant amounts of information, and whose plans have not been managed according to the principles of *getting it right for every child*. This would now be the time for information and assessments to be gathered and organised in the context of the single record and plan for this remaining group of children and young people.

Conclusion

- It is believed that phasing implementation in the above way will have a number of advantages:
- It reflects the process and stage of the Hall4 developments with which health workers are already familiar and partially trained. Plans are in place for further training with this group of professionals
 - There are discreet groups of children and young people at every stage and there should therefore be clarity about who, what, when, at a time of significant change, therefore reducing the risk of children 'falling through the net'
 - Changes are made at key transition stages. The *getting it right for every child* principles and processes will contribute to and enhance the existing transition arrangements, and children, young people and their families will feel more confident that needs are being properly met and appropriate plans are being put in place. It is

anticipated that this will not only improve their experiences but that children's journeys through services will also be better supported

- By implementing in a staged way, good practice can be embedded in to the working practice and professionals will become familiar and comfortable with the new ways of working
- At this time of significant change, practitioners should be able to experience this as a positive and manageable event, and to feel that they have a contribution to make at every stage. This will encourage ownership of the process as a whole and will increase the likelihood of longer term 'success'

Annexe 2

(1) THEME	COMMUNICATION AWARENESS AND UNDERSTANDING OF STAKEHOLDRES (VISION AND COMMUNICATION WORK STREAM)		
REPORTING PERIOD	Week beginning	LEAD OFFICER	Colin MacAulay
TASKS	DESCRIPTION	STATUS	
Enhance and agree detail of project plan		In process	
Develop and complete communications strategy		In process	
Parental Consultation		Work in progress	
Children's Consultation		Work in progress	
Practitioners Consultation		Work in progress	

1.	ACHIEVEMENTS THIS PERIOD
	<p>Project Plan Version 9 in process</p> <p>Contributions to For Highland's Children 2 / linkage with voluntary sector forum created / contribution to child protection training strategy planning and multi-agency training strategy. Also contributed to National Training event.</p> <p>Access to Health Reference Group minutes.</p> <p>Newsletter and web-links distributed to stakeholders within the police.</p> <p>Awareness raising of GIRFEC on a National level within the police.</p> <p>Awareness raising session Pan-Highland regarding GIRFEC.</p> <p>Implementing HALL 4 forums / Pan Highland Road Shows – GIRFEC / HALL 4 / Creation of Reference Groups Health / Education / Police</p> <p>Separate specialist health and lead nurse forums.</p> <p>Parental consultation taken place, further one organised (children with special needs).</p> <p>Parental consultation (PTA) and consultation with secondary school children being organised.</p> <p>Significant consultation with Inverness Practitioners has taken place and an additional day is planned.</p> <p>Clarification of SE / Highland Reference Group.</p> <p>Consultation with Child Protection Lead Officer's Group and review of current Child Protection Guidelines.</p> <p>Draft leaflet for education staff completed</p> <p>Initiating draft matching of ASL and GIRFEC agendas</p> <p>Initiating matching of GIRFEC with ACE agenda (GRACE)</p> <p>Scoping of education staff training needs</p>

2.	PLANS FOR NEXT PERIOD:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Further practitioner consultation</p> <p>Further parental consultation</p> <p>Further children's consultation.</p> <p>Establish social work reference groups and re-establish multi-agency reference group.</p> <p>Stakeholder analysis / stakeholder plans</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;"><u>Previous Plans</u></p> </td> </tr> </table>	<p>Further practitioner consultation</p> <p>Further parental consultation</p> <p>Further children's consultation.</p> <p>Establish social work reference groups and re-establish multi-agency reference group.</p> <p>Stakeholder analysis / stakeholder plans</p>	<p style="text-align: center;"><u>Previous Plans</u></p>
<p>Further practitioner consultation</p> <p>Further parental consultation</p> <p>Further children's consultation.</p> <p>Establish social work reference groups and re-establish multi-agency reference group.</p> <p>Stakeholder analysis / stakeholder plans</p>	<p style="text-align: center;"><u>Previous Plans</u></p>		

<p>National Communication Strategy to be developed Consider communication links with specialist health services Development of SARP guidance leaflet for practioners, parents, carers & children Reference Groups embedding GIRFEC in practice and processes Consider consultation with user groups Further consultation on liaison group processes Refine and agree key messages Implement information log commenced All Highland GIRFEC roles defined</p>	
---	--

<p>3. MATTERS FOR MANAGEMENT ACTION / AWARENESS</p> <p>Support required to establish Social Work Reference Group Highland social work lead required A review of current communications strategy is ongoing Police secondment due to end 1st Sept 06 – consideration to be given to continuing this commitment for duration of pathfinder</p>

<p>4. COMMUNICATION STRATEGY PROGRESS</p>
--

<p>5. OVERALL "RAG" ASSESSMENT</p> <p>AMBER</p>
--

KEY RISK LOG

RISK	LIKELIHOOD /IMPACT	RESPONSE	ACTION	WHO	WHEN

(2) THEME	TECHNOLOGY AND INFORMATION SYSTEMS (IMPROVED PRACTICE WORKSTREAM)		
REPORTING PERIOD	Week beginning	LEAD OFFICER	Colin MacAulay

TASKS	DESCRIPTION	STATUS
Confirm all new Business processes		Red
Set up IT Sub-Group	For Pathfinder Board to agree	Red
Score Options 1, 2 and 3	For special IT meeting	Green

1. ACHIEVEMENTS THIS PERIOD
Held IT options appraisal meeting Provided documentation for Pathfinder Board

2. PLANS FOR NEXT PERIOD:	
New Plans Dependent on acceptance of recommendations by Project Board	Previous Plans

3. MATTERS FOR MANAGEMENT ACTION / AWARENESS
See IT options report

4. COMMUNICATION STRATEGY PROGRESS
To be defined, dependent on board decisions

5. OVERALL "RAG" ASSESSMENT
RED

KEY RISK LOG

RISK	LIKELIHOOD /IMPACT	RESPONSE	ACTION	WHO	WHEN

(3) THEME	CHANGING PRACTICES AND THE DEVELOPMENT OF THE ASSESSMENT PLAN AND RECORD (IMPROVE PRACTICE WORK STREAM)		
REPORTING PERIOD	<i>Week beginning</i>	LEAD OFFICER	Colin MacAulay

TASKS	DESCRIPTION	STATUS
Continue development of IAF		In process
Development of working tools		In process
Development of linked Hall 4 tools & processes		Completed

1. ACHIEVEMENTS THIS PERIOD
<p>Hall 4 tools & processes completed Second Draft Guidance produced incorporating analysis of existing and emerging legislation and first draft of glossary and terms. Second Draft Data Standards produced Conflict Resolution Draft Paper circulated for comment Draft Child's Pathway completed Health contribution to SARP completed Education and Police contribution to SARP in development stage Consultation with Child Protection Lead Officer's Group and review of current Child Protection Guidelines. Consultation with Children's Panel members regarding changing practice Practitioner scoping continually updated Multi agency flow chart developed Police flow chart and guidance developed Mapping of children's services and meetings in development stage</p>

2. PLANS FOR NEXT PERIOD:		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Consideration for guidance for non statutory groups to raise concerns about a child or young person. Revised police forms and processes to be reviewed within Reference Group Review existing forms and processes around LAC Education and Police contribution to SARP to be finalised Commence development phase of aid memoir and IAF questions Explore and test IAF recording mechanism and process Finalise Conflict Resolution protocol First draft of information sharing guidance</p> </td> <td style="width: 50%; vertical-align: top; text-align: center;"> <p>Previous Plans</p> </td> </tr> </table>	<p>Consideration for guidance for non statutory groups to raise concerns about a child or young person. Revised police forms and processes to be reviewed within Reference Group Review existing forms and processes around LAC Education and Police contribution to SARP to be finalised Commence development phase of aid memoir and IAF questions Explore and test IAF recording mechanism and process Finalise Conflict Resolution protocol First draft of information sharing guidance</p>	<p>Previous Plans</p>
<p>Consideration for guidance for non statutory groups to raise concerns about a child or young person. Revised police forms and processes to be reviewed within Reference Group Review existing forms and processes around LAC Education and Police contribution to SARP to be finalised Commence development phase of aid memoir and IAF questions Explore and test IAF recording mechanism and process Finalise Conflict Resolution protocol First draft of information sharing guidance</p>	<p>Previous Plans</p>	

3. MATTERS FOR MANAGEMENT ACTION / AWARENESS

Senior managers agree and support practice change
Potential confusion between Health Surveillance System and GIRFEC systems, tensions have been acknowledged and require to be addressed

4. COMMUNICATION STRATEGY PROGRESS

5. OVERALL "RAG" ASSESSMENT

GREEN

KEY RISK LOG

RISK	LIKELIHOOD /IMPACT	RESPONSE	ACTION	WHO	WHEN

(4) THEME		STAFF TRAINING AND DEVELOPMENT (WORKFORCE PLANNING WORK STREAM)		
REPORTING PERIOD	Week beginning	LEAD OFFICER		
TASKS	DESCRIPTION			STATUS
Practioner Training				In progress
Management Training				In progress

1. ACHIEVEMENTS THIS PERIOD
Scoping exercise commenced Contribution to multi agency Child Protection Training Training needs analysis completed for police

2. PLANS FOR NEXT PERIOD:	Previous Plans
Training strategy prepared Training needs analysis completed GIRFEC Team to be trained to train Awareness raising for children and families / youth justice / education staff / children and families social work teams / police officers	

3. MATTERS FOR MANAGEMENT ACTION / AWARENESS
Acknowledgement that this work stream must be progressed over the next period for the project to remain on schedule

4. COMMUNICATION STRATEGY PROGRESS

5. OVERALL "RAG" ASSESSMENT
RED

KEY RISK LOG

RISK	LIKELIHOOD /IMPACT	RESPONSE	ACTION	WHO	WHEN

(5) THEME	EVALUATION AND OUTCOMES (PERFORMANCE MANAGEMENT WORK STREAM)		
REPORTING PERIOD	Week beginning	LEAD OFFICER	Boyd MacAdam

TASKS	DESCRIPTION	STATUS
Develop Evaluation Framework for national evaluation	For Scottish Executive to take forward	Amber - but considerable progress
Apply national framework to Highland pathfinder	For Highland project team Dependent on framework	Not started
Identify data collection requirements for Highland to establish baseline data	As immediately above	Not started but framework developing
Develop monitoring arrangements and systems for Highland pathfinder	For researchers	As immediately above
Secure clearance from relevant Ethics Committees		Amber - in progress

1. ACHIEVEMENTS THIS PERIOD

SE met with researchers to clarify further work on evaluation. Second draft framework prepared for discussion with SE.
Highland Health Board Ethics Committee contacted by researchers.

2. PLANS FOR NEXT PERIOD:

New Plans	Previous Plans
SE working up project plan with researchers SE and researchers continuing to work up framework SE to share project plan and framework more widely with Highland before next board meeting	Determination of information needs prior to pilot (Researchers). Development of baseline information (Researchers). Tools for evaluation (Researchers).

3. MATTERS FOR MANAGEMENT ACTION / AWARENESS

Need to start information collation very soon
Need to clear with relevant ethics Committees

Need to consider how evaluation of domestic abuse pilots is incorporated in to work stream based on evaluating success
 Need to co-ordinate evaluation activity across a range of policies

4. COMMUNICATION STRATEGY PROGRESS

Evaluation not yet factored in.

5. OVERALL "RAG" ASSESSMENT

AMBER

KEY RISK LOG

RISK	LIKELIHOOD /IMPACT	RESPONSE	ACTION	WHO	WHEN

