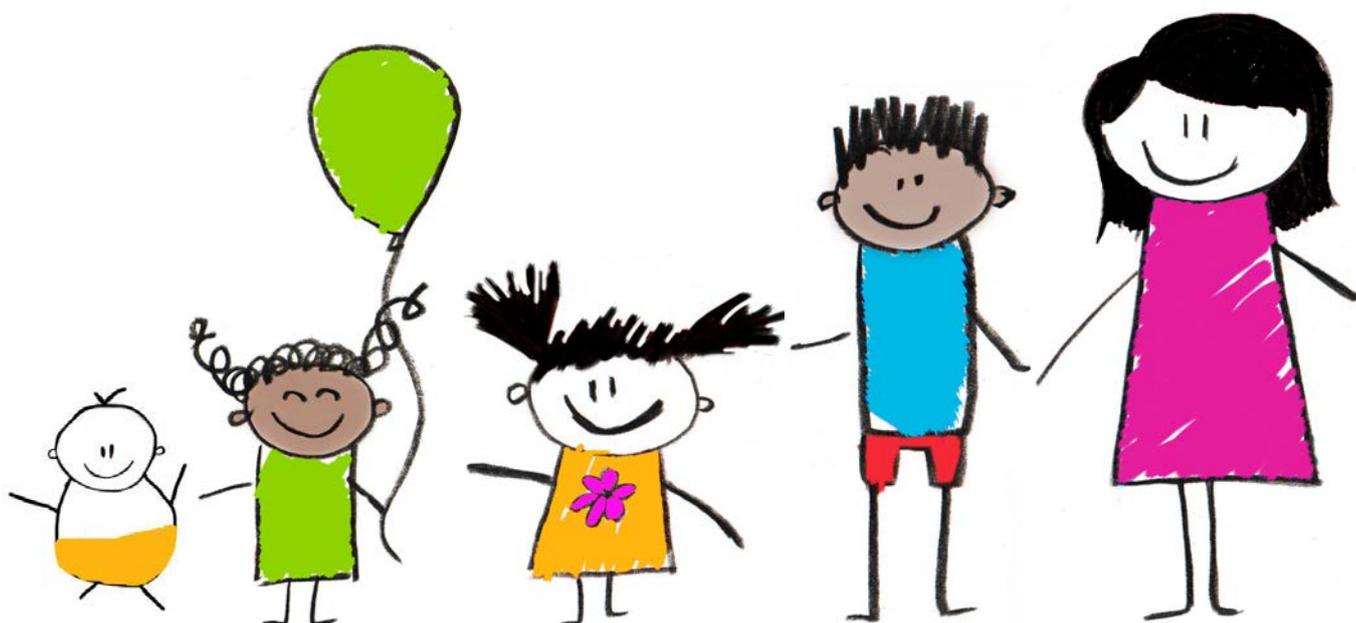


GETTING
IT
RIGHT
FOR
EVERY
CHILD
in AYRSHIRE
PRACTITIONERS GUIDE

JUNE 2017

Version 1.0





INTRODUCTION

The Children and Young People (Scotland) Act 2014

The Act is wide ranging and includes key parts of *Getting it right for every child*, commonly known as **GIRFEC**. Across Ayrshire a team was created to bring together the best **GIRFEC** practice.

Wellbeing sits at the heart of the Ayrshire **GIRFEC** practice and reflects the need to tailor the support and help that children, young people and their families are offered. The consistent terminology will support practitioners from across Ayrshire when working with children and families.

[Child - For the purposes of this document the term ‘child’ refers to persons who have not yet attained the age of 18 years.]

UNDERSTANDING WELLBEING

Considering the quality of children and young people's lives

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children in Scotland. The Act is wide ranging and includes key parts of *Getting it right for every child*, commonly known as **GIRFEC**.

Information Sharing now forms part of a new draft Bill 'Children and Young People (Information Sharing) (Scotland) 2017'. The Bill process will be followed by a formal public consultation on the revised statutory guidance for Parts 4 and 5 of the 2014 Act and the Code of Practice on information sharing. The Scottish Government will work with Parliament to agree a timetable to enable commencement in 2018.

Wellbeing sits at the heart of **GIRFEC** and reflects the need to tailor the support and help that children and their families are offered to support their wellbeing.

A child's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives.



What is wellbeing?

Wellbeing is broader than child protection and how we tend to think about welfare.

To help make sure everyone – children, families, and the services that support them – has a common understanding of what wellbeing means, we describe it in terms of eight indicators.



SAFE

Protected from abuse, neglect or harm at home, at school and in the community.



HEALTHY

Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices.



ACHIEVING

Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.



NURTURED

Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.



ACTIVE

Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.



RESPECTED

Having the opportunity, along with carers, to be heard and involved in decisions that affect them.



RESPONSIBLE

Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.



INCLUDED

Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

What do the wellbeing indicators mean?

These eight wellbeing indicators are sometimes known collectively as SHANARRI. While each indicator is separately defined, in practice, the indicators are not discrete, but connected and overlapping. In this way, they give a holistic view of each child and allow the child and the adults supporting them, to consider strengths as well as barriers to growth and development.

Child protection services will continue to protect children at risk of significant harm.

IF YOU HAVE A CHILD PROTECTION CONCERN FOLLOW YOUR CHILD PROTECTION PROCEDURES.

How are the wellbeing indicators used?

Each child is unique and there is no set level of wellbeing that a child should achieve. Each child should be helped to reach their full potential as an individual.

The wellbeing indicators help make it easier for everyone to be consistent in how they consider the quality of a child's life at a particular point in time.

Families and people working with children can use the wellbeing indicators to identify what help a child needs in order to help them access the right support or advice.

All services working with children, and those who care for them, must play their part to promote, support and safeguard children's wellbeing.

Key facts about wellbeing

- 1 Every child should be safe, healthy, achieving, nurtured, active, respected, responsible and included.** These eight indicators help make sure everyone – children, parents, and the people who work with them, such as teachers and health visitors – has a common understanding of wellbeing.
- 2 The eight wellbeing indicators connect and overlap.** For example, a health difficulty may have an effect on a child achieving their goals. When considered together the different elements of wellbeing give the whole picture of a child's life at a particular point in time.
- 3 A child's wellbeing is influenced by everything around them.** This includes their individual circumstances, the support they get from their family and community, and the services that support them. Factors such as adequate sleep, play and a healthy balanced diet have a positive impact on all aspects of a child's wellbeing. While the effects of poverty and isolation can have a negative effect on their wellbeing.
- 4 It is up to all of us – families, early learning providers, health visitors, teachers, GPs, police – to work together to promote, support and safeguard the wellbeing of all of our children.** Children have different experiences and needs at different times in their lives. Understanding how this affects their wellbeing, and providing the right support when they need it, helps them grow and develop and reach their full potential.

What do we mean when we consider a child's wellbeing?

It is important to consider the context of the child's life with their parents/carers, wider family and community. A key element of GIRFEC is building on strengths and promoting resilience, and any assessment should therefore identify positive wellbeing as well as concerns. While it is expected that professional judgement will be used to decide whether there are any short or long term concerns, it is important that practitioners recognise that children can thrive in different environments. They must therefore be respectful of and responsive to the child's or parents/carers education, communication capacity, life experiences, socio-economic status, lifestyle and beliefs. This has relevance to all aspects of wellbeing. Each of the wellbeing SHANARRI indicators are linked to the articles with the United Nations Convention on the Rights of the Child (UNCRC).



Safe - protected from abuse, neglect or harm (UNCRC Articles 11, 19, 22, 32, 33, 34, 35, 36, 37, 38):

Every child has the right to be safe and protected, and to feel safe and protected from any avoidable situation or acts of commission or omission which might result in that child or young person:

- Being physically, sexually or emotionally harmed in any way;
- Put at risk of physical, sexual or emotional harm, abuse or exploitation;
- Having their basic needs (food, clothing, shelter, sanitation, education, healthcare) neglected or experiencing that their needs are met in ways that are not appropriate to their age and/or stage of development;
- Being denied the sustained support and care necessary for them to thrive and develop;
- Being denied access to appropriate health care and treatment, and social care support;
- Being exposed to demands and expectations which are inappropriate to their age and stage of development; and
- Being harmed by the behaviour of themselves or others.



Healthy - having the best possible standards of physical and mental health; support to make healthy, safe choices (UNCRC Articles 3, 6, 24, 39):

- Every child has the right to a standard of health that supports them in fulfilling their developmental potential;
- The health of children should be promoted, supported and safeguarded to maximise their health throughout their life course; and
- Children should have access to timely, acceptable and appropriate health care, and support of appropriate quality.



Achieving - accomplishing goals and thereby boosting skills, confidence and self-esteem; 'being all they can be' (UNCRC Articles 4, 18, 28, 29):

- Every child has the right to fulfil his or her potential.
- Improving achievement and attainment often go hand-in-hand, and both lead to improved life chances. Supporting all our children to accomplish goals and develop skills, ambition and know-how helps them to fulfil their potential and aspirations; and
- Achievement also applies to a child's development as a social being with a fully-formed and autonomous personality. An achieving child is more likely to feel they belong and be able to navigate their way through life with knowledge, understanding, and confidence in their ability to cope with new and different challenges.



Nurtured - having a loving and stimulating place to live and grow (UNCRC Articles 4, 5, 18, 20, 21, 25, 27):

- The right of every child to thrive and develop into a safe, healthy, happy, well-adjusted child – and, ultimately, a respected and responsible adult – is fundamental;
- Having clear boundaries and support from adults whose actions are predictable and can be trusted; and
- Having the opportunity to form a secure attachment with a care giver. There is clear overlap between being nurtured and being safe, healthy, achieving, respected, responsible and included.



Active - having opportunities to take part in a wide range of activities (UNCRC Articles 3, 23, 31):

Being active is not just about 'doing'. It is also about children, within their capabilities:

- having access to and being encouraged to explore their home and community environment;
- expressing themselves in different ways;
- developing new skills;
- learning how to assess and manage risks; and
- acting co-operatively within groups.

Above all, activity and play are essential to the child's subjective sense of wellbeing; the positive feelings about the self that come from having fun.



Respected - being enabled to understand their world, being given a voice, being listened to, and being involved in the decisions that affect their wellbeing (UNCRC Articles 2, 3, 4, 5, 8, 12, 13, 14, 16, 17, 18, 30):

- The UNCRC highlights the importance of parents, carers, and practitioners in children's services, recognising every child's right to be treated with respect and dignity at all times; regardless of the child or their parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status;
- Respect and being respected are multi-dimensional concepts. Every child has the right to express their views on matters that directly affect them, in the manner most appropriate to them; and to have those views given due weight in accordance with their age and developmental level, by the adults who care for them, or come into contact with them in a professional or personal capacity. Communication or learning difficulties should not be a barrier to obtaining and having regard to the child's views;
- Where decisions are being taken in respect of a child in a legal forum or elsewhere, there should be a record of the child's views, which should be considered before any decision is taken, and where necessary, advocacy or other appropriate support should be provided to assist the child;
- The child who is treated with respect is more likely to be safer, emotionally, physically and spiritually healthier, happier, more nurtured, more likely to feel and be included, more likely to be active, and more likely to respect themselves and others, and behave in a considerate and responsible way.



Responsible - taking an active role within their home, school and community (UNCRC Articles 3, 12, 14, 15, 40):

Being responsible is about:

- accountability;
- understanding the rules and parameters which guide how we live alongside each other;
- leadership and decision making, with support as appropriate;
- the capacity for moral judgement;
- showing respect and compassion for others;
- being honest with yourself and others;
- taking an active role in your peer group;
- resisting pressure to engage in inappropriate, dangerous or anti-social behaviour;
- self-control;
- being patient when your wishes are not instantly gratified;
- not resorting to aggression or violence to get your own way; and
- learning how to negotiate with others.



Included - being a full member of the communities in which they live and learn; receiving help and guidance to overcome inequalities (UNCRC Articles 3, 6, 18, 23, 26, 27):

- Every child has the right to be included;
- Inclusion is about the acceptance of all, and the recognition that each person, regardless of their differences, can make a valuable contribution to the community; and
- Involves the removal of social, economic, cultural, religious, personal, communication and physical barriers that prevent children and their families from accessing services, exercising their rights and engaging with their community, and society at large.

As a practitioner what does this mean for me?

A wide range of practitioners are required to think about children's wellbeing in the course of their day-to-day activities when exercising functions under the Act. This will include practitioners with direct responsibilities for children, and those with indirect responsibilities (for example, those delivering services to parent(s)/carers).

Clearly, those practitioners directly involved in delivering services to children need to consider their wellbeing. For example, a teacher who notices a change in a child's school attendance, or a youth worker who becomes aware that a child is a victim of bullying, must consider whether these circumstances are a consequence of, or an influence on, the child's wellbeing.

Practitioners providing a service to, or coming into contact with, adults who are parents; adults who are siblings of children and adults who have regular contact with children, are also required to consider children's wellbeing. For example, a GP treating an adult with a chronic health condition must consider whether the adult's condition is affecting their child or children's wellbeing.

Practitioners providing general services in the community may have information relevant to children's wellbeing. For example, a Police Officer charging a 14 year-old boy following an ongoing dispute between two groups of youths is required to consider the boy's wellbeing and to assess whether he is eligible for support via the local Early and Effective Intervention (EEI) process. EEI is designed to facilitate a multi-agency assessment of wellbeing concerns in relation to the alleged offence, and with the Named Person, to identify the most appropriate support for the child, with the aim of preventing further offending and meeting identified needs.

Practitioners with a particular focus in a specialist area (for example, oncology consultant, substance misuse support worker) have specialist assessment tools that they use to analyse information about a specific area of a child's needs. These specialist assessments form part of the holistic assessment of wellbeing, and should be considered in the context of the child's life at home and in the wider community.

As a practitioner how do I assess wellbeing?

Assessments of wellbeing will be required in a wide and varied range of circumstances. Local authorities, health and social care partnerships, directing authorities, other service providers and related services have local training, policies and procedures in place to support their employees in assessing wellbeing.

All practitioners should know how to identify a wellbeing need.

A wellbeing need may be identified by the child or by anyone who knows or supports the child and can be identified for many reasons, such as (but not limited to) the following:

- a) a child may be worried, anxious or upset about an event/set of circumstances, including socio-economic circumstances;
- b) a parent(s)/carers or family member may have noticed a change in the child's behaviour, demeanour or developmental progress;
- c) a parent(s)/carers or family member may have concerns about the impact on their child of an event or set of circumstances;
- d) a practitioner may have concerns for a child's health, or may have noticed a change in their behaviour, demeanour or development
- e) a child may be offending, or putting themselves at risk of harm.

Any indication that a child's wellbeing is, or is at risk of being adversely affected, can constitute a wellbeing concern.

The wellbeing need will arise from observation or assessment which indicates that one or more aspects of wellbeing is, or is at risk of being, adversely affected or subject to an effect by factors related to the child. Professional judgement based on experience and training and information about the child and their circumstances, will be key to identifying wellbeing needs. In some cases a single observation or incident may be judged to represent a risk to wellbeing and be considered a need. In other cases the context of the observation or assessment and wider knowledge of the child's general wellbeing and circumstances, may either heighten or reduce the need. The nature of the need will be specific to the individual child, their age, stage of development and circumstances, so what represents a wellbeing need for one child, may not be judged a need for another child. Consideration should be given to whether or not these wellbeing needs should be communicated to the child's Named Person.

How do you reach a child's Named Person?

Contact details of how to reach the Named Person will be maintained on the Ayrshire GIRFEC website.

www.girfec-ayrshire.co.uk

What will the Named Person do with wellbeing needs raised?

A Named Person will be available to listen, advise and help a child and their parent(s)/carers, provide direct support or help them access other services. For example, a health visitor may request assistance from a speech and language therapist, or a guidance teacher may put parent(s)/carers in touch with a local bereavement counselling service.

When the child, their parent(s)/carers, or someone who works with them raises a wellbeing concern, a Named Person will use the wellbeing indicators and carefully consider the situation by asking five questions:

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 others?

Once they have considered the situation, a Named Person will discuss this with the child's parent(s)/carers and Team Around the Child (TAC) if required, to complete a wellbeing assessment and determine what needs to be done to improve the child's wellbeing.

They will then plan what action(s) will be taken with the child and their parent(s)/carers and arrange appropriate review dates for any children's planning including a Child's Plan. Each situation and information will be unique to the child and the way they are supported will be tailored to their individual needs.

A Named Person will offer advice or support in response to a request from a child or parent, or when a wellbeing need is identified. They can help a child or their parent(s)/carers address their concerns early and in some cases avoid bigger concerns or problems developing.

These questions will be useful for all practitioners to ask before deciding on whether to share information with the Named Person.

SHARING INFORMATION

We have prepared this guidance to assist front line staff who work in Partner Agencies in Ayrshire.

The Partners are East, North and South Ayrshire Council's, Health and Social Care Partnerships, NHS Ayrshire & Arran, the Voluntary Sector, Police Scotland, Scottish Fire and Rescue Service and the Scottish Children's Reporter Administration.

All of the partners have different functions and responsibilities but we need to share information between and among ourselves at different times and for different purposes. We can do this electronically, verbally or in writing.



Under our Information Sharing Protocol, each agency's staff has different access and 'input' permission levels to shared information. This will vary according to the roles of different staff, in order that only information which needs to be shared, is shared. The guidance relates to sharing information about children who may require intervention from different partner agencies. It covers sharing information with and without the child's consent. It is clearly unacceptable for inter and intra agency information sharing processes to fail children.

[Child – For the purposes of this document the term 'child' refers to persons who have not yet attained the age of 18 years.]

Background

Significant information sharing already exists in areas such as: referrals for assessment of need because of difficulties in learning; for assistance/ support because of concerns about a child's wellbeing, health or behaviour; a family's homelessness; etc. All of these circumstances routinely require us to share some information among some or all of the partner agencies. In some circumstances, we have a duty to share information. A decision not to do so, or failure to do so, would require to be justified and recorded by the individual concerned.

If there are concerns that a child may be at risk of future harm, with consent, relevant information can be shared with appropriate agencies to enable a multiagency wellbeing assessment to take place.

If a child is considered to be in imminent danger; child protection procedures should be instigated.

The child's right to privacy is central to any decisions that are made about them. Where the child is able to consent, they should be asked to do so before any information is shared about them. If the child is unable to consent then the parent(s)/carers should be asked to do so on his/her behalf. Further information about consent is detailed below:

Who can consent to the sharing of personal information?

- a) Children are presumed from the age of twelve to understand what it means to give consent to the processing or sharing of their personal information. Children under the age of 12 may be deemed to have that capacity depending on their level of understanding and level of maturity.
- b) Children 12 - 15 years are presumed to have a sufficient level of understanding of the nature of consent and its consequences. Staff should be clear that they believe the child has the capacity to consent and they should not be treated as unable to make a decision until all practicable steps to help them have been taken. When assessing a child's understanding, staff should explain the issues using the child's preferred mode of communication and language in a way that is suitable to the child. If staff are unsure whether the child has the capacity to consent then they should consult their manager or another professional adviser. The child's parent(s)/carers, another professional working with them or an advocate may be able to provide relevant information or advice. If the child does not have the capacity to consent then consent should be sought from the parent(s)/carers or person with legal authority to act on behalf of the child.
- c) Parental rights and responsibilities largely cease when the child is age 16. The exception to this is a parent(s)/carers responsibility to continue to provide guidance to their child from age 16-18. So practitioners should seek to keep parent(s)/carers involved in issues affecting their children, but only to the extent that this is compatible with the rights and autonomous choices of the child.
- d) If we disclose any information about a child, who has the requisite mental capacity, to their parent(s)/carers without that child's consent, we require to justify this in the same way as any other disclosure of information without consent.

- e) For children over the age of 16, we should seek consent from the individual themselves, in line with the rights of other adults.
- f) In circumstances where there may be a question about the capacity of a child over the age of 16 to give consent to sharing personal information, we should consider their understanding of the issues. If we believe that the person is not able to do this, we should make reference to other relevant persons and the context around the need to share the information.

How to seek, obtain and record consent (in appropriate circumstances)?

When it is appropriate for us to seek consent, we need to make sure that consent is given on an informed basis by explaining:

- The purpose for which information is to be shared;
- What information is to be shared; and
- With whom it is to be shared.

We need to obtain the consent of the child and/or their parent(s)/carers to share their individual information when seeing them for the first time or at the point when we decide that another partner agencies services/input are required.

'Information Sharing' should be explained but should never be used as the sole means of explaining and obtaining informed consent. We must obtain this by means of good verbal communication between the child and/or their parent(s)/carers and the member of staff who wishes to share their information with another agency.

In exceptional circumstances, verbal permission to share is acceptable. However, we should follow this up by obtaining written consent or, if this is not possible, we should advise the individual in writing that their verbal consent has been recorded as given.

We should record in the individual's case notes:

- What information is being shared;
- With whom the information is being shared; and
- That consent has been given.

In the case of existing protocols and procedures, this may also entail recording or indicating that information is to be shared, by opening up a 'sharing box/pick list' on an agency's electronic service user/patient data base/system.

NOTE: It is important that consent is entirely voluntary and you should always make it clear to children and/or their parent(s)/carers, that they have a choice about whether to give their consent or not. Consent must not be sought where a decision has already been made, in good faith, by the relevant professionals, to share the information whether or not consent is given. Details are given below of the very limited circumstances in which sharing without consent may be necessary and/or justified.

Dealing with consent being refused?

In some cases, the individual may refuse to give consent. If a child withholds consent against parental agreement, then the wishes of the child should be considered as paramount, in so far as this does not adversely affect the care of the child or place the child in any danger.

If an individual refuses to give their consent to their information or that of their child being shared, we must explain the consequences of our not sharing information to them or their parent(s)/carers. The professional should explain that the person may have to provide the same information to several professionals and delays in service may occur as a result. For example, a service from Social Services cannot be provided on request from a health practitioner, unless information is shared between the two agencies so that social work staff understand the person's needs and how to meet these.

Equally, we need to record a decision not to share information with other agencies if permission to share is refused. The practitioner needs to discuss this decision with their line manager and have it endorsed. It is important that the basis for not sharing is recorded and noted in the case notes and the service user informed of the decision.

NOTE: Irrespective of any refusal of consent, if there are concerns that a child is suffering significant harm or will do so in the future, then immediate action should be taken and child protection procedures should be instigated.

Consent is withdrawn?

If a service user/parent/carer withdraws consent, the practitioner needs to explain fully the consequences of this action, advise their line manager and record the decision in the case notes. (This may also require practitioners to 'switch off' permission to share on the agency's electronic database). The practitioner should advise the agency receiving the information that consent has been withdrawn and that they should cease processing and sharing the information from that point onwards.

NOTE: An individual cannot withdraw consent to sharing retrospectively i.e. if information has been shared already it cannot be un-shared. If information has been shared, an individual has the right to ask for wrong information to be corrected. The receiving agency should be notified accordingly and the information should be corrected and this recorded, but information previously shared cannot be withdrawn.

Following the withdrawal of consent, further information should not be shared and it should be clearly explained to the individual that information already shared cannot be recalled. These details should also be recorded on file.

Someone may be unable to provide consent?

If an individual cannot give consent to share information at the point when consent is required, the practitioner should ask 3 basic questions:

1. Does the person, (including child over 12) understand the nature of consent and its consequences?
2. Is there a legitimate need to share?
3. Will failure to share place the child at risk of significant harm?

The practitioner should discuss sharing without the individual's consent with a relevant person (depending on the person's family and social circumstances) e.g. a parent(s)/carers, Named Person, Lead Professional, GP or the practitioner's line manager.

In the case of a child, consent may rest with the parent(s)/carers if the child is under 12 years of age or not considered to have capacity. In such cases, we will need to consider the parent(s)/carers capacity to understand the nature and consequences of consent being withheld. Serious concerns about risk of harm to a child would override parental withholding of consent.

Where a parent(s)/carers or child is considered not to have capacity, and the decision is to share information, the practitioner should record in the individual's case notes:

- Why the decision was made;
- Who was involved;
- The purpose of sharing information; and
- What information is to be shared, with whom and the date.

We should inform the parent(s)/carers and, where appropriate, the child of the decision. We need to inform the recipient of the information of the basis on which the decision to share was made.

Sharing information without consent?

The sharing of information without consent should take place only where clearly justified in the circumstances of an individual case, and not as a matter of routine.

Information should be shared without consent where there are concerns that a child is at risk of future harm, abuse or threat to life. If there is considered to be an imminent danger, child protection procedures should be instigated.

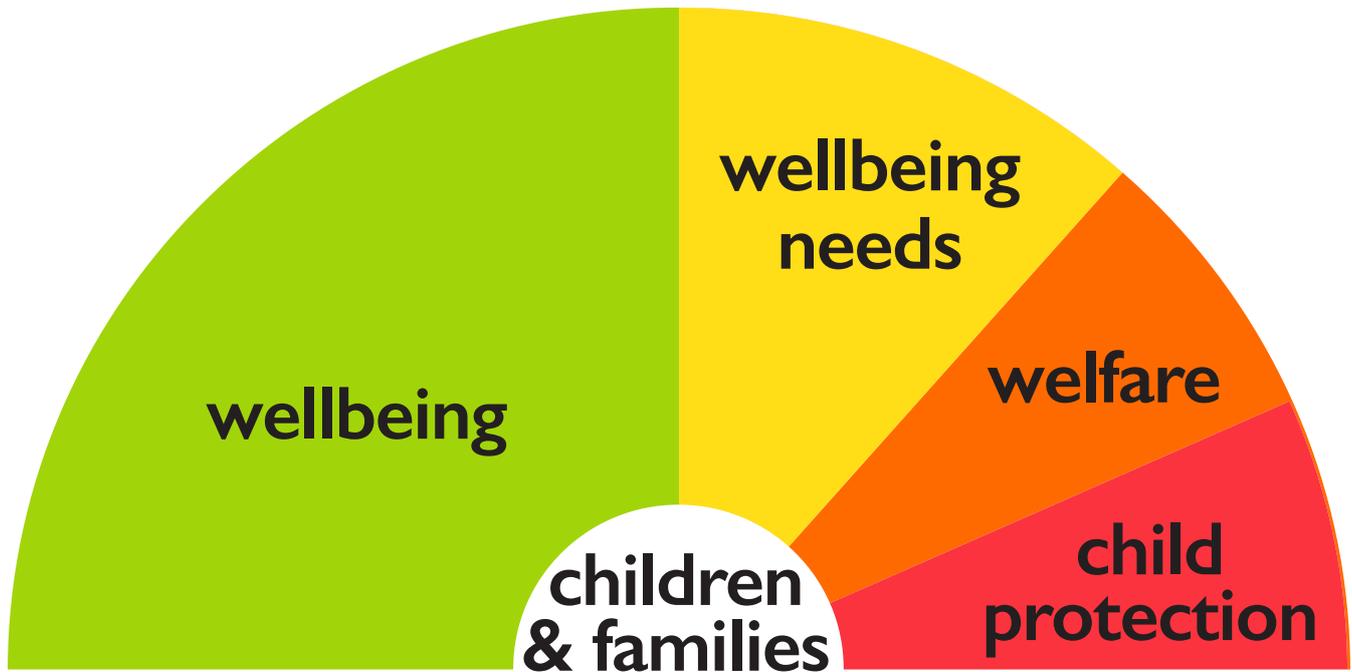
A practical example of a situation where no consent would be required would be in the case of a 5 year old child, who may be at risk of abuse by a parent, or a 13 year old child, who is considered to have capacity telling a practitioner about information which merits child protection procedures.

Equally, if it is believed the child has been abused, or is at risk of abuse or serious harm, or that other children may be at risk, the withholding of consent by the child should not prevent any decision to share information. The issue may require sensitive and supportive handling but consent to allow sharing should not be a barrier.

The decision to share information without the consent of a parent(s)/carers or a child, is a difficult one and can pose challenges for staff. This may apply in relation to circumstances which may arise when staff have a primary involvement with one member of a family or extended family but concerns arise about the safety of another family member e.g. a child, because of that individual adult's behaviour. An example of this would be where an Addiction Worker becomes aware that a service user has bought no food for their young family and has spent all their income on drugs.

In such circumstances, practitioners must make an assessment of the risk of significant harm which the child may face and whether this risk justifies a breach of the duty of confidentiality owed to the parent.

In all circumstances, the welfare and protection of the child is paramount.



If the perceived risk to a child has not reached child protection levels, but there are concerns surrounding the child's wellbeing and risk of harm, any practitioner making a considered assessment on sharing information about such a child without their consent should take into account:

- Is the child at risk of harm?
- Would sharing the information protect the child from harm?
- Would the risk of harm to the child be increased by not sharing the information?
- Is the sharing of information necessary and proportionate?

It is vitally important in such circumstances, that staff record why the decision was made, what information is being shared, with whom and who was involved in the decision. This should include notification to the receiving partner of the decision to share information without consent.

There are other, very limited, circumstances where sharing information without consent is likely to be necessary and/or justified, as follows (this is not an exhaustive list):

- Where sharing information is necessary in order to prevent serious crime or other seriously improper conduct and/or to support the detection, investigation and/or punishment of serious crime;
- Where sharing information is necessary in order to comply with an instruction or order issued by a court; and
- Where sharing information is necessary to comply with a statutory requirement e.g. where the information is required by a Children's Reporter as part of their investigation of a child referred to them.

In all such cases, the decision making process should be recorded and retained.

Information sharing pre birth?

Practitioners should involve parents in decisions about sharing information, unless there is a risk of significant harm to the unborn child and this would increase the risk.

Practitioners caring for a pregnant woman should always consider if the unborn child may be endangered by the adult's condition, behaviour or lifestyle. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

In these circumstances when a pregnant woman refuses to consent to information being shared, health professionals must discuss this refusal with the child protection advisor. Based on circumstances, action could be taken to share without consent.

The decision making process together with why, what and when and with whom information has been shared should be recorded in the individual's notes. The recipient of the information should be informed of why we decided to share information.

Review process?

We need to formally review the receipt of consent at least annually and this consent should be an ongoing part of the individual's care during their Child's Assessment and Plan review. Where the consent status changes, we need to update the appropriate system and the individual's case notes accordingly.

Sharing information about a person who may pose significant risk to staff?

If a practitioner wishes to share an individual's information in order to protect employees and others then this should be discussed in the first instance with their line manager and progressed via their agency's procedures. These procedures should be compliant with The Data Protection Act (DPA) provisions and guidance, as well as the agency's general duties as contained within the Health & Safety at Work Act and obligations under the Management of Health and Safety at Work.

Seven golden rules for information sharing?

Regulations 1999 (Regulation 10 & 12).

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared fairly, lawfully and proportionately;
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your

judgement, the child is at risk of future harm. You will need to base your judgement on the facts of the case and fully record your decision;

5. Consider safety and welfare: Base your information sharing decisions on considerations of the safety, protection, wellbeing and welfare of the person and others who may be affected by their actions;
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to- date, is shared in a timely fashion, and is shared securely; and
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

NAMED PERSON

Access to a Named Person is part of Getting it right for every child (GIRFEC) to promote, support and safeguard the wellbeing of children.

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of *Getting it right for every child*, commonly known as **GIRFEC**.

Most children get all the help and support they need from their parent(s)/carers, wider family and community, but sometimes they may need a bit of extra support. The Act gives all children from birth to 18, or beyond if still in school, access to a Named Person to help support their wellbeing.

A Named Person will be a central point of contact if a child or their parent(s)/carers want information or advice, or if they want to talk about any worries and seek support. The Named Person can also, when appropriate, reach out to different services who can help.





Who will be a Named Person?

A Named Person will normally be the health visitor or family nurse practitioner for a pre-school child and a promoted teacher - such as a headteacher, or guidance teacher or other promoted member of staff - for a school age child.

The Named Person duties are integrated into their current role and strengthen the support they currently provide, formalising their role as a central contact for children, young people, parents and the 'team around the child' supporting them.

All children are entitled to a Named Person they can decline the support offered by the Named Person at any time.

What will a Named Person do?

The Named Person will promote, support and safeguard a child's wellbeing. These functions are: to offer information, advice or direct support; or help to access a service or support; or to raise a matter with other services or authorities.

A Named Person will be available to listen, advise and help a child or young person and their parent(s)/carers, provide direct support or help them access other services. For example, a health visitor might ask for help from a speech and language therapist, or a guidance teacher may put parents in touch with a local bereavement counselling service.

They will also be a point of contact for other services if they have any concerns about a child's wellbeing needs.

Key facts about the Named Person role

- 1 A Named Person will be available to children and young people across Scotland from birth to age 18, or beyond if still in school.** This means a child, young person, parent, or someone who works with them, knows who they can approach for help or advice if they need it. A Named Person will normally be a health visitor or family nurse for pre-school children and a head teacher, guidance teacher or other promoted member of staff for school aged children and young people.
- 2 The Named Person will work with children, young people and their parent(s) to get the help they need, when they need it.** A Named Person has a responsibility to respond to a wellbeing need for a child but there is no requirement to take up the offer of advice or support. A Named Person does not replace or change the role of a parent or carer. The rights and responsibilities of parents to raise their children and provide for their wellbeing needs stay the same.
- 3 The Named Person will help families and the services that support them to work in partnership.** A Named Person will be a single point of contact available to parent(s)/carers, children and young people by law to make getting help and advice more straightforward and joined up. There is no obligation to take up the offer of advice or support. Named Persons have no new legal powers to compel parent(s)/carers or children or young people to accept advice, support or help.
- 4 Effective communication, including sharing relevant information where appropriate, is essential to ensure children, young people and families get the right help at the right time.** Every child's needs and circumstances are unique and a Named Person will work with a child or young person and their parent(s)/carers to offer the right advice and support. Information about the child's needs and circumstances may be shared with a Named Person

if it's relevant to understanding what help they may need and it supports their wellbeing. This will be done in discussion with the child and their parent(s)/carers, unless there is a child protection concern. The Named Person will not directly access personal information held by other services.

- 5 The new law makes good practice the national standard across Scotland to ensure that support is available to all if they need it.** The Named Person builds on the supportive role teachers and health visitors have long offered to children and parents.
- 6 The Named Person is provided by health and education services.** A Named Person will support specialist services, such as social work and mental health services, as they continue to respond to the needs of vulnerable children and families. A Named Person does not remove the responsibilities of others working with children, young people and families or change current child protection procedures. The police and or social work will continue to be contacted immediately if a child is believed to be at risk of significant harm.
- 7 The GIRFEC approach makes better use of available resources.** GIRFEC provides a common approach to thinking about wellbeing and co-ordinated planning. This helps to ensure that targeted support is provided where it is required to help a child.

What happens when a wellbeing need is raised?

When the child, their parent(s)/carers, or someone who works with them raises a wellbeing need, a Named Person will carefully consider the situation by asking five questions:

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

Once they have considered the situation, a Named Person will discuss this with the child's parent(s)/carers and other appropriate professionals if required, to assess what needs to be done to improve the child's wellbeing.

They will then plan what action(s) will be taken with the child and their parent(s)/carers and arrange appropriate review dates for the plan. Each situation and information will be unique to the child, and the way they are supported will be tailored to their individual needs.

A Named Person will only offer advice or support in response to a request from a child or parent(s)/carers, or when a wellbeing need is identified. They can help a child, young person or their parent(s)/carers address their concerns early and in some cases avoid bigger concerns or problems developing.

There is no obligation to accept the offer of advice or support from a Named Person.

Who will provide and support the Named Person?

Health and Education services make sure a Named Person is available to children wherever they live or learn. They will make sure children and parent(s)/carers know the roles and responsibilities of the Named Person and what it means for them.

Other organisations, like independent or grant-aided schools, secure accommodation services and the Scottish Prison Service (for the small number of young people held in custody), have a duty to make sure a Named Person is available to the children and young people in their care.

Information about a child's needs, specific circumstances and the help they have already received may be shared with a Named Person and proportionately with other services if they are asked to provide additional support.

Named Persons have processes and procedures to make a 'request for assistance'. This should include providing dialogue with service providers and relevant authorities to address wellbeing needs where a request for assistance is declined or alternative assistance is suggested or offered. In most circumstances, the child and parent(s)/carers will know what information is being shared, with whom and for what purpose, and their views will be taken into account. This may not happen in exceptional cases, such as where there is a concern for the safety of a child.

What does a Named Person do if a child and parent does not wish to engage with the Named Person?

The Children and Young People (Scotland) Act 2014, Part 4, requires a Named Person to be made available for children from birth to their 18th birthday, and to young people beyond their 18th birthday if they remain on a school roll. (The legislation does not apply to those under the age of 18 serving in the armed forces, as the armed forces have a duty of care at this time.) While the Named Person may offer support, it is up to individual children and parent(s)/carers, whether they wish to engage with the Named Person.

The Named Person will promote, support and safeguard a child's wellbeing. These functions are to offer information; advice or direct support; help to access a service or support; to raise a matter with other services or authorities.

What does having a Named Person available mean where parent(s)/carers indicate that they do not wish to engage with the Named Person?

The role of the identified Named Person for each child, will be integrated into GIRFEC practice. This means that:

- Health and Social Care Partnerships are integrating the Named Person functions for pre-school children into the role of Health Visitors, hence for the vast majority of pre-school children, their Health Visitor will be their Named Person. For a small number of children, alternative arrangements will be put in place by the Health and Social Care Partnerships to make a Named Person available for the child, for example a Family Nurse fulfilling these functions.
- Local authorities will identify suitably qualified and experienced promoted teachers in schools, and appropriately qualified and experienced officers, to carry out the Named Person functions as part of their professional role and day to day work.

- Similarly, in independent and grant aided schools promoted, suitably qualified and experienced teachers will be identified to carry out the Named Person functions as part of their professional role and day to day work.
- For a child in secure accommodation, the Head of Unit will carry out the Named Person functions, as part of their responsibility for the care and support for the child accommodated in the establishment.
- The Scottish Prison Service will identify Unit Managers to provide the Named Person role to those under 18 in legal custody, and this will form part of the support offered by the institution.

What happens when the Named Person function is already being provided as part of current roles?

For example, health visitors and promoted teachers routinely offer advice, information, support, and help to access other services in order to promote, support and safeguard the wellbeing of the child. The Act will ensure that this support is consistently made available to parent(s)/carers and children. These practitioners also on occasion already receive and share information when there is a concern regarding the wellbeing of a child. Hence, health visitors and promoted teachers in providing the Named Person functions under the Act, will be doing so as part of their well established roles in supporting children and their parent(s)/carers. If a child or parent(s)/carers does not wish to engage with the Named Person then service providers should try to discuss this with them. The aim of the discussion would be to try to understand concerns, challenge misconceptions, allay fears and provide reassurance.

Who is the Named Person for children leaving school before their 18th birthday?

For children who leave school before their 18th birthday, the local authority where they live, will make available a Named Person, who meets the following criteria:

- a) holds a post within the organisation which is the service provider in relation to the child; and**
- b) has had training and experience in providing educational and personal support to children.**

Given the potential needs of this group, the Named Person will be someone with the experience and knowledge to provide educational and personal support to children relevant to their age, their wellbeing needs and the nature of their participation in post-school activity. This support may be provided directly from or via signposting to other services. They should be able to access and assess relevant wellbeing information from the child's previous Named Person, or their systems, and help children access local support networks if required. The Named Person should also be able to give information and advice to other services and practitioners, for example, the police or social work.

Where children have more significant wellbeing needs the post school Named Person may need to initiate the Child's Plan process, and then link with the Lead Professional. Where a Child's Plan is in place at the transition from school, the Named Person will be a partner to the plan and will link with the Lead Professional to agree their role.

Who is the Named Person for travelling children?

For children who travel, the local authority where they are living, will make available a Named Person.

Given the potential needs of this group, the Named Person will be someone with the experience and knowledge to provide educational and personal support to children relevant to their wellbeing needs and the nature of their participation in education. This support may be provided directly from the Named Person or via signposting to other services. They should be able to access and assess relevant wellbeing information from the child's previous Named Person, or their systems, and help children access local support networks if required. The Named Person should also be able to give information and advice to other services and practitioners, for example, the police or social work.

Where children have more significant wellbeing needs, the Named Person will need to initiate the Child's Plan process, and TAC identify a Lead Professional. When a Child's Plan is in place the Named Person will be a partner to the plan and will link with the Lead Professional.

THE LEAD PROFESSIONAL

The Lead Professional is the person who works alongside the Named Person and coordinates multiagency planning and makes sure that the different services provide a network of support around the child in a seamless, timely and proportionate way.

There are some circumstances where children's needs involve two or more agencies working together delivering services to the child and family. Where this happens, in all cases, a Lead Professional will be needed. The Lead Professional becomes the person within the network of practitioners supporting the child and family who will make sure that the different agencies act as a team and the help they are all offering fits together seamlessly to provide appropriate support for the child and family. The Lead Professional has a significant role in working with other agencies to coordinate the Child's Plan.



What is the role of the Lead Professional?

Where it has been agreed that identified interventions are required to support a child's wellbeing a Child's Plan should be prepared. There will be a Lead Professional to make sure that the Child's Plan is managed properly and to co-ordinate the support described in the Plan. The Lead Professional will;

- make sure that the child and their parent(s)/carers understand what is happening at each point so that they can be involved in the decisions that affect them;
- ensure the Child's Plan is accurate, up-to-date, implemented and reviewed regularly; and
- consult and work with the child's Named Person.

The Lead Professional will be a practitioner who is chosen because they have the right skills and experience to ensure the Child's Plan is managed properly, and who can work with the child, their parent(s)/carers, their Named Person and the other services who support the child. Depending on the situation, including consideration of the child's needs, the Lead Professional and Named Person may be the same person.

Information about a child's needs, specific circumstances and the help they have already received may be shared with the Lead Professional and other services involved in the Child's Plan.

In most circumstances, the child and parent(s)/carers will know what information is being shared, with whom and for what purpose, and their views will be taken into account. This may not happen in exceptional cases, such as where there is a concern for the safety of a child or someone else.

Who can be a Lead Professional?

The Lead Professional will be someone employed by one of the services involved in supporting the child and family. When a Child's Plan is prepared the partners to the plan, including the child and parent(s)/carers where appropriate, will need to consider who is the right person to take on the role of Lead Professional. In making that decision they will need to choose the practitioner who has the right skills and experience, and who can work with the child, the parents, the Named Person and the 'Team Around the Child' to support the child. Where a child is looked after or involved in a child protection investigation or proceedings the Lead Professional will be a Social Worker.



How will a Lead Professional be appointed?

The Lead Professional should generally be the professional with the most expertise in relation to the Child's Plan. When deciding who should take the role of Lead professional, practitioners should ask who can:

- bring the most relevant knowledge and expertise to the Child's Plan;
- lead and co-ordinate the Child's Plan;
- arrange the review of the Child's Plan;
- provide confident leadership; and
- work effectively with the child and family.

CHILDREN'S PLANNING

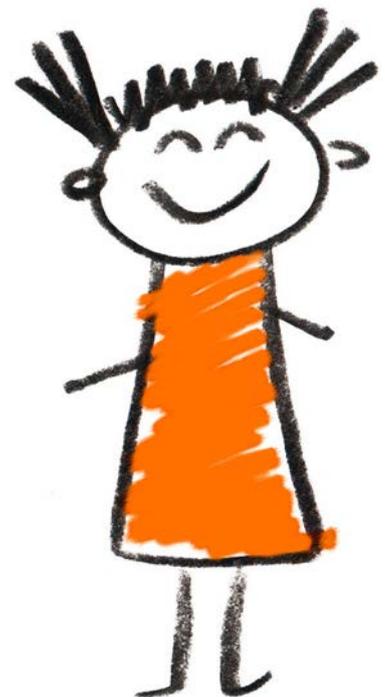
Providing a consistent approach to planning, delivery and coordinated support

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of *Getting it right for every child*, commonly known as **GIRFEC**.

A wide range of children may present with a wellbeing need at some point and these can most often be met with support from their family, community resources or the support generally available within universal services provided by the Health and Social Care Partnership or Local Authority. This is assessed and recorded using Children's Planning.

The Act ensures a single planning framework – the Child's Plan – will be available for children who require extra support that is not generally available to address a child's needs and improve their wellbeing.

The Child's Plan is part of GIRFEC to promote, support and safeguard the wellbeing of children. The Child's Plan will become statutory under the Children and Young People (Scotland) Act (2014) the date is yet to be agreed.





What is a Child's Plan?

A Child's Plan supports the child and their family by detailing what support is required to improve wellbeing outcomes. The plan is considered and developed in partnership with the child, their parent(s)/carers and the TAC.

Not every child will require a Child's Plan. It supports and streamlines planning for children who need it.

It brings together current planning processes used for children, including children with additional support needs or child protection arrangements, to ensure plans are coordinated and tailored to meet the specific needs and circumstances of individual children.

When is a Child's Plan required?

If a wellbeing assessment has been carried out and a plan is required to measure improved outcomes for the child, a Child's Plan is developed.



What is a targeted intervention?

A 'targeted intervention' is a service which is provided by and/or arranged by a relevant authority. The Lead Professional coordinates the Child's Plan in collaboration with the Named Person and ensures that SMART actions are taken to meet the wellbeing needs of children whose needs are not able to be met, or fully met, by the services provided generally to children by the health board or local authority, or independent/grant aided school. This means that a targeted intervention will be a service or some type of support which is more specialist, or targeted at addressing particular wellbeing needs and is therefore not made available generally to children by that authority.

What is in a Child's Plan?

Every plan should include and record:

- information about the child's wellbeing needs including the views of the child and their parent(s)/carers;
- details of the action to be taken;
- the service(s) that will provide the support;
- the way in which the support is to be provided;
- the outcome that the plan aims to achieve;
- when the plan should be reviewed; and
- when the outcome is achieved.

A Child's Plan will also record who will coordinate the support. This person is known as the Lead Professional for the plan who will work with the child and their parent(s)/carers to keep them informed.

Who manages a Child's Plan?

Overall responsibility for delivering a Child's Plan sits with an organisation, such as a health and social care partnership, local authority or independent school, called the 'managing authority'. The Lead Professional, on behalf of the managing authority, will ensure that the Child's Plan is managed properly.

The Lead Professional will:

- make sure that the child and their parent(s)/carers understand what is happening at each point so that they can be involved in the decisions that affect them;
- ensure the Child's Plan is accurate, up-to-date, implemented and reviewed regularly; and
- consult and work with the child's Named Person.

The Lead Professional will be a practitioner who is chosen because they have the right skills and experience to ensure the Child's Plan is managed properly, and who can work with the child, their parent(s)/carers, their Named Person and the other services who support the child. Depending on the situation, including consideration of the child's needs, the Lead Professional and Named Person may be the same person.

Information about a child's needs, specific circumstances and the help they have already received may be shared with the Lead Professional and other services involved in the Child's Plan.

In most circumstances, the child and parent(s)/carers will know what information is being shared, with whom and for what purpose, and their views will be taken into account. This may not happen in exceptional cases, such as where there is a concern for the safety of a child or someone else.

Key facts about the Child's Plan

- 1 The Child's Plan will offer a consistent approach to how support is planned, delivered and coordinated.** It will help services to coordinate additional help offered to a child, tailored to meet their specific needs and circumstances.
- 2 Not every child will require a Child's Plan.** A Child's Plan will be available for any child who requires one to address their needs and improve their wellbeing.
- 3 A Child's Plan is developed in partnership with the child, their parent(s)/carers and the services involved.** It will be coordinated by a Lead Professional who will ensure that the plan is managed, coordinated and reviewed to meet the needs identified.
- 4 The Child's Plan will contain information about why the plan has been created, what it is aiming to achieve, and the actions to be taken to improve the child's wellbeing.**
- 5 The child's Named Person will be a partner to the Child's Plan.** A child's Named Person will usually be their health visitor for pre-school children or a promoted teacher - such as their head teacher, guidance teacher or other promoted member of staff - for school age children.

FURTHER INFORMATION



Request for Assistance

A Request For Assistance (RFA) is not to be used in a directive way, but instead, will empower the Named Person to secure collaborative discussion with other service providers and relevant authorities in order to address wellbeing needs. When asking a service provider or relevant authority for help by acting to support, promote or safeguard the wellbeing of a child, a Named Person will be specific in identifying the wellbeing need to be addressed and where possible the desired outcome anticipated. The assistance a service provider or relevant authority may provide could include: undertaking an assessment; providing a service; change in provision of service; provision of information; provision of a resource; and change in provision of a resource. A service provider or relevant authority must comply with an RFA from a Named Person unless to provide the assistance would:

- be incompatible with other duties of the service provider or relevant authority;

or

- unduly prejudice the exercise of any function of the service provider or relevant authority.

When considering an RFA from a Named Person, a service provider or relevant authority should consider the potential affect or effect on the wellbeing of the child. They must do this taking into consideration all wellbeing indicators. This may be of particular significance when prioritising the provision of a service or resource, for example;

- request to provide a service urgently when a waiting list exists; or
- request to provide an extraordinary resource.

When declining to comply with an RFA from a Named Person, a service provider or relevant authority must provide clear reasoning. An agreed RFA form is in place across Ayrshire and there are a number of guides on how to respond to an RFA available on the Ayrshire GIRFEC website.

Websites

For more information on Getting it right for every child (GIRFEC) visit:

Ayrshire www.girfec-ayrshire.co.uk

Scotland www.gov.scot/girfec



It is best practice for the Named Person or Lead Professional to discuss with the receiving service.



Named Person and Lead Professional Request for Assistance Form

Service(s) Requested:									
Named Person or Lead Professional Requesting Assistance									
Name					Role		NP	LP	
Location					Contact Number				
E-mail									
Designation									
Child/Young Person									
Name of Child						Address/Postcode			
Date of Birth						Age			
Phone Number						School/Early Years Provider			
Home Language(s)						Preferred language for communication			
Parent/Carers									
Name of Parent/Carer						Phone number			
Address and Postcode						Email address			
Reason for Request									
Safe <input type="checkbox"/>	Healthy <input type="checkbox"/>	Achieving <input type="checkbox"/>	Nurtured <input type="checkbox"/>	Active <input type="checkbox"/>	Respected <input type="checkbox"/>	Responsible <input type="checkbox"/>	Included <input type="checkbox"/>		
<p>Explain your reason for request by outlining the situation (what has been tried previously and current situation), background (factors which may be contributing to situation above), assessment (summary of needs and general recommendation (outline your request).</p>									
Desired Outcome (Please state the proposed impact to be achieved.)									
Information Sharing									
Has informed consent been received to request assistance and share relevant information -									
from Parent?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
from Child (within their capacity)?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Date Completed			Click here to enter a date.			Date response anticipated		Click here to enter a date.	

Ensure form is sent securely as per your area's guidance and a significant event added to the child's chronology.

Please complete and return the Request for Assistance feedback form and return to the Named Person or Lead Professional, where possible, within 10 working days. There is a duty to provide timely feedback.



Request for Assistance Feedback Form

Name of Service Provider			
Feedback provided by			
Name	Role/Designation	Contact No	Email Address
Child/Young Person			
Name		Address/Postcode	
Date of Birth		Age	
Phone Number		School/Early Years Centre	
Action Taken (please state in respect of the recommendation/request and any suggested next steps, e.g. complete assessment, to achieve the desired outcome)			
Has informed consent been received to share relevant information - from Parent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
from Child (within their capacity)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Completed	Click here to enter a date.	Date sent to Named Person or Lead Professional	Click here to enter a date.

Ensure form is sent securely as per your area's guidance and a significant event added to the child's chronology.

Please complete and return the Request for Assistance feedback form and return to the Named Person or Lead Professional, where possible, within 10 working days. There is a duty to provide timely feedback.

