

# Getting it right for every child

This framework illustrates Ayrshire's single system of assessment, planning, action and review for children.

It has been developed and agreed by East, North and South Ayrshire Councils, Health and Social Care Partnerships, NHS Ayrshire & Arran, Scottish Children's Reporter Administration and colleagues in the Third Sector. It explains each of the core components of **Getting It Right For Every Child (GIRFEC)**. The best practice centres on the Team Around the Child (TAC) to make sure that children receive support at the right time from the right people. Our approach is based on a model of staged intervention underpinned by high quality assessment.



## Key Features:

**Discussion with child**  
Children should be consistently involved in the decisions which affect their lives. Professionals are expected to encourage participation at every stage in any process of assessment, planning and review.

**Single Agency Chronology**  
An agreed format used within one agency to provide a summary of positive and negative significant events for the child. This tool helps to identify patterns and trends in a child's life and will contribute to ongoing assessment, planning and review.

**Lead Professional (LP)**  
The professional who agrees to coordinate and review The Child's Plan. They will work collaboratively with the Named Person to support the child's wellbeing.

**Information Sharing**  
An agreed Information Sharing protocol has been approved across Ayrshire. Where there is a coordinated approach to support a child's wellbeing, proportionate sharing of information is used within the TAC.

**Request for Assistance**  
A Request for Assistance can be used to seek support for child/family. Assistance can be requested via the Named Person/Lead Professional.

**Targeted Interventions**  
These are supports that are not generally available for children. If a targeted intervention is identified to meet a wellbeing need, existing Children's Planning evolves to become a statutory Child's Plan.

**Wellbeing Needs**  
If anyone has identified Wellbeing Needs for a child, they should consider sharing with the Named Person, who will review and record any actions that may need to be taken to support the child's wellbeing. If the need is assessed and meets the criteria for Child Protection, local child protection procedures should be followed.

**Team Around the Child (TAC)**  
The term used to describe a group of practitioners who contribute to improving a child's wellbeing at any given time. At the core of this group is the child and their family. The TAC could be a large group from different agencies or two or more practitioners from the same agency.

**Wellbeing Indicators**  
There are eight wellbeing indicators that support professionals to assess and encourage children/families to express and record their own views about the child's wellbeing, what help they might need and what they would like to change. Each aspect of a child's wellbeing should be considered if there are any concerns.

**Named Person (NP)**  
The professional within one of the universal services of health or education who is responsible for assisting parents/carers in developing their child's wellbeing at different stages of their lives. The Named Person will receive information about wellbeing concerns, record them and initiate actions to meet any wellbeing needs the child may have.

**National Practice Model**  
This model assists practitioners to understand and analyse the wellbeing needs of children.

**Children's Planning**  
When a non-statutory plan is required to coordinate supports within universal services, Children's Planning is used. It follows an assessment of wellbeing and identifies the desired outcomes or positive changes through SMART actions (Specific, Measurable, Achievable, Realistic, Timebound) needed to support a child's wellbeing. Each outcome has associated actions, timescales and details who is responsible for achieving them.

**AYRshare Chronology**  
AYRshare brings together information from all Single Agency Chronologies into one integrated Chronology, providing a summary of positive and negative significant events. It should be regularly updated and discussed as part of ongoing assessment and planning to make sure that everything possible is being actioned to develop the child's wellbeing.

**The Child's Plan (P)**  
The Child's Plan specifies the desired outcomes derived from any assessments, including those within the National Practice Model and the actions necessary to enhance and support a child's wellbeing. The Child's Plan will become statutory, the date is yet to be agreed.

**Resilience Matrix**  
This is used to analyse all the available information and identify the priority issues in a child's life and anything that may need to change. It is used to inform assessment of wellbeing and demonstrates the balance between adversity, protective factors, resilience and vulnerability.

**PLEASE NOTE:**  
This wall planner should not be used in isolation - always consult the Practitioner Guidance for additional information.

## The family and universal services

The vast majority of children make their journey from birth to adulthood supported by their family.

The **Named Person** from the universal services of health or education work with the child and their family making sure that the child's wellbeing is promoted, supported and safeguarded. Universal services provision includes any service which is routinely available to support children from birth until 18 years of age. Responses to a child's wellbeing should provide help and support for the child/family in an appropriate, proportionate, inclusive and least intrusive way. As children make the transition from one universal service to the next, a discussion takes place with the child/family. The Named Person maintains a Chronology and shares any relevant and proportionate information about wellbeing with the next Named Person.



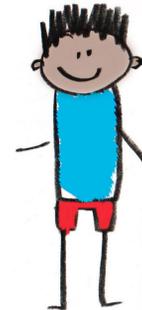
The **Health Visitor** or **Family Nurse** will meet with parents/carers before the birth of their child and explain that he/she will become the **Named Person** until their child starts school. The child's wellbeing is assessed through regular home visits as part of what is called the health visiting pathway.



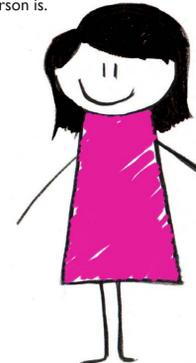
At transition to an early years establishment, the **Named Person** will, in discussion with child/family, share relevant and proportionate information about the child's wellbeing with early years practitioners. **A member of the senior management team** in the early years establishment will explain to parents/carers that although the health practitioner will remain the Named Person until the child reaches school age, early years staff will also support parents/carers to develop the child's wellbeing and they will communicate with the **Named Person** where necessary. Partnership and private early years establishments will do the same.



At transition to primary school the **Named Person (Health)** will, in discussion with child/family, share information about a child's wellbeing with the **Named Person (Education)** a member of the senior management team in the primary school. They will advise parents/carers who their Named Person will be.



At transition to secondary school the **Named Person** in the primary school shares information regarding the child's wellbeing with the **Named Person** in the secondary school. Transition planning takes place up to one year prior to transfer to secondary school. The primary school will explain to the child/family who their Named Person is.



If the child is under 18 years of age and not in education, the **Named Person** will continue to support any wellbeing needs that they may have. Transition planning takes place up to one year prior to a young person's school leaving date. The Named Person will be provided by the local authority. After the age of 18, the young person no longer has access to the Named Person unless they are still attending school.



## Some children will need more help...

### Additional support within universal services

Some children/young people need a bit of extra help from universal services to make sure their wellbeing develops as it should.

The Named Person uses the appropriate assessment from the National Practice Model to identify the child's wellbeing needs. Assessment and planning make sure that the child's views are heard. The Named Person will discuss the information being shared with the child/young person/family. Requests for Assistance to those who can provide support are made using the agreed format. Children's Planning and the Single Agency Chronology help track and support the actions taken to support the child's wellbeing.



The **Named Person** is concerned that the child's wellbeing may not develop through universal service provision.



The **Named Person** and the **child/family** discuss the concerns and contribute to a **Wellbeing Assessment** using the **National Practice Model**.



The **Named Person** discusses any assessment/s with the child/family and they agree if support is needed and what that support may look like. Depending on information go to 4/5 or 1-5



Where a wellbeing need is identified the **child/family** discuss the support needed from within universal services. A **Request for Assistance** may be used.



Where a more detailed picture is needed, further **Assessment** is initiated and completed. The **child/family** discuss and agree any help or support that may be needed with the **Named Person**. A **Request for Assistance** may be used. Depending on information gathered go to 6 or 1



The desired outcomes and actions are agreed and recorded in **Children's Planning**. This is recorded within the **Single Agency Chronology**.

The child/family and Named Person review wellbeing and decide whether more or less support is needed.



### Specialist help from a multiagency team

A small proportion of children will need services or agencies to integrate their working practices to support the child's wellbeing. The TAC will depend on each other, regularly sharing skills, information and expertise to improve outcomes for the child.

The child/family participate in a process of gathering, structuring and analysing wellbeing information into a multiagency assessment and a Child's Plan is developed. Single agency chronologies will be integrated via AYRShare to create a multiagency chronology and further requests for assistance may be needed to involve other supports. For example involvement of CAMHS, social work. The wellbeing needs are likely to be more complex than those at the additional support within universal services level. The multiagency wellbeing assessment will inform the Child's Plan. A lead professional will be agreed, dependent on the most appropriate lead agency.



The **Named Person** is concerned that the child's wellbeing will not develop through universal service working alone. They discuss their wellbeing concerns with the child/family and they agree who should be involved in the TAC.



The **Named Person** coordinates the TAC and, through discussion and combining their Assessments, conclude that two or more agencies need to work together to make sure the child's wellbeing needs are met. The TAC agree who should take the role of **Lead Professional** to work in collaboration with the **Named Person**. Depending on information gathered go to 3 or 1



The **Lead Professional** coordinates a TAC to review any existing Wellbeing Assessment and review any existing Children's Planning. The Assessment, Single Agency Chronologies and Children's Planning are proportionately shared with the TAC. The **Named Person** coordinates the AYRshare Chronology.



The TAC analyse all available Assessment information using the National Practice Model, including the Resilience Matrix if required. At this point if Targeted Intervention/s are required to support the desired improvements to wellbeing, SMART actions are agreed and these are detailed in a statutory Child's Plan. Each partner is clear about their own contribution to the Child's Plan. (Where a statutory CSP exists, outcomes will be included in the Child's Plan.) Depending on information gathered go to 5 or 1



The **Lead Professional** monitors, coordinates and reviews the Child's Plan as a minimum once a year. AYRshare is used to store the Child's Plan and the AYRshare Chronology. The TAC review existing supports and consider any new support required. Further Request for Assistance may be required.



The **Lead Professional** ensures that any Requests for Assistance agreed in the Child's Plan are completed and attaches a copy of any Assessment(s) and the Child's Plan to AYRshare as required. Depending on information gathered go to 4 or 1

The child's TAC review wellbeing and decide whether more or less support is needed.



### Enhanced multiagency to overcome adversity and risk

This is part of multiagency working and refers to situations where there is consideration of a compulsory role for Social Work Services. This will be a very small proportion of children. It may also mean that there is consideration of Child Protection.

A child may already have a multiagency assessment, Child's Plan and TAC which identifies a possible Request for Assistance to overcome adversity and risk. The TAC agree a referral to the Children's Reporter is required. The TAC will make the referral using the National Practice Model assessment and Child's Plan. The Children's Reporter will assess the referral and take the appropriate action to overcome adversity and risk for the child.

If there is a compulsory role decided by the Children's Hearing, Social Work will take the role of Lead Professional. This includes all children who are Looked After.

If Child Protection concerns are initiated for a child, Social Work will take the role of Lead Professional. Concerns will be assessed and where a child requires a Child's Plan to manage risk(s), a multiagency assessment and Child's Plan will follow where it does not already exist.



The TAC review the existing Assessment and Child's Plan and agree that the existing Targeted Intervention is not addressing adversity or risk. Wellbeing Concern/s continue to be assessed. A Request for Assistance referral to the Children's Reporter is agreed.



The **Lead Professional** requests assistance from relevant partners in the TAC to share all available information via AYRShare. Existing Assessments, Plans and Chronologies are gathered on AYRShare and analysed by the **Lead Professional** using the Resilience Matrix and/or other appropriate tools.



The **Lead Professional** has a discussion with the child/family and collates the information from relevant partners, recording their views.



The **Lead Professional** reviews and coordinates all available information, updating any changes that require to be made to the Child's Plan. Using the collated Assessment and Child's Plan the **Lead Professional** makes a referral and recommendation to the Children's Reporter. All relevant partners are given the opportunity to comment and their views are recorded. Depending on decisions taken by the Children's Reporter return to 4 or 5



The Children's Hearing considers the Multiagency Assessment and Child's Plan and decides which measures are required. The child will receive the level of response identified, either voluntary Integrated Working or Compulsory Measures alongside Integrated Working. Depending on decisions taken at the Children's Hearing return to 4 or maintain review of Child's Plan and return to 4 as required.

### If a Child Protection Investigation is required:



The **Lead Professional** has a discussion with the child/family to record their views as long as this will have no adverse effect on the child's wellbeing or place the child at further risk.



The **Lead Professional** gathers all information including any existing Assessments, Plans and Chronologies from the existing TAC. A decision by Social services is taken whether to proceed to an investigation or support through joint or multiagency working. A decision may also be taken to refer to the Reporter. Depending on information gathered go to 2, 4 or 3



Where the decision is to present to a Child Protection conference, all information is gathered and analysed using the National Practice Model. The conference may decide not to place the child on the register but to make sure a **Lead Professional** and TAC is in place. Depending on information gathered go to 2 or 4



Where the decision at a Child Protection conference is to place the child on the Child Protection register, a TAC (core group) and Child's Plan are put in place to manage risk(s).

The child's Team Around the Child review wellbeing and decide whether more or less support is needed.

