

Meeting the needs of Children, Young People and Families in Inverclyde: Getting it Right for Every Child Practice Guidance 2016

Concerned about a child or young person's safety

If you are concerned that a child is being harmed or is at risk of suffering harm you should call Inverclyde social work services (part of Inverclyde Community Health and Care Partnership) on 01475 715365 during office hours. Out of hours phone Glasgow and Partners Emergency Social Work Services on 0300 343 1505 or call Police Scotland on

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Section 1

1 Introduction

- 1.1 Welcome to the Inverclyde Getting it Right for Every Child Practice Guidance.
- 1.2 This document is important as it contains guidance and links to tools for all agencies and organisations, involved in the lives of children and young people. It recognises that many agencies, organisations, parents, carers and other family members are involved with supporting them.
- 1.3 We are committed to improving the outcomes for **all** Inverclyde's children and young people, in particular, those who are most vulnerable. The Inverclyde Health and Social Care Partnership and Local Authority have agreed that embedding the Getting it Right approach is critical to enabling us to achieve our vision for children and young people.
- 1.4 All agencies have agreed to follow this guidance to ensure we are, *Getting It Right for Every Child*. Regardless of the role that you play in supporting children and young people, this guidance and its associated toolkit will support your practice as you work to improve the outcomes for those children and young people to whom you offer help and support. It recognises the role of agencies and services working in partnership with parents and carers to help support children
- 1.5 This practice guidance along with Inverclyde's, Getting It Right Toolkit can be found by following this link;

[GIRFEC Practice Guidance and Toolkit](#)

Section 2

2 Executive Summary – Identifying need and delivering support

- 2.1 This practice guidance encapsulates the Inverclyde approach to *Getting it Right for Every Child* and aims to provide a foundation to practitioners in their work to make a positive difference for children and young people in Inverclyde.
- 2.2 By now most of you will be used to the language of GIRFEC and here you will read about the key functions of the Named Person and Lead Professional. In the Inverclyde practice model you will be introduced to the continuum of need as a ‘whole system’ approach to providing services to children that is flexible and responsive but does not simply rely on satisfying ‘threshold’ conditions to access services. To be effective it requires something which Inverclyde practitioners are renowned for – an offer of collaborative and determined support from a team around the child or young person. This team will help to maintain its connection to universal services even when targeted statutory offers of help might be necessary to ensure the best possible outcomes.
- 2.3 Inverclyde’s approach to working with children and young people with additional needs recognise that better outcomes are secured by services working together. Our approach emphasises a commitment to collaborative and multi-agency working at all stages; from offers of early help to responding to matters of child protection and looked after children.
- 2.4 The Inverclyde guidance will be used for all children and young people and be underpinned by a shared set of values and principles. Tools from the National Practice Model such as the Wellbeing triangle, resilience matrix, genogram and chronology coupled with sound analytical assessment not only helps prove commitment to evidence informed practice but also aims to demonstrate commitment to planning the best possible outcomes for all of the children and young people in Inverclyde.

Section 3

3 Getting it right for every child (GIRFEC)

GIRFEC is about how services can best support children, young people and families so that outcomes can be improved, delivery made more efficient and the vision of making Scotland the best place to grow up can be achieved.

Getting it right for every child is the national approach to improving wellbeing of children and young people. GIRFEC grew out of concerns that service provision needed to be more responsive, with a stronger focus on early help and support; be more effectively integrated; more efficient and firmly focused on the child.

Through legislation, policy and the delivery of services at both national and local level, the GIRFEC approach:

- puts the best interests of the child or young person at the heart of decision making;
- takes an holistic approach to the wellbeing of a child;
- builds on the strengths and capacities of children, young people and their families to improve wellbeing;
- advocates preventative work and early intervention to support children, young people and their families; and, wherever possible to reduce the need for crisis interventions.

The approach supports children and young people's rights, for example, by ensuring that children are wherever possible consulted on any actions that affect them and by helping the services to support parents while respecting parents' rights and responsibilities for bringing up their children. It recognises that most children usually get the support they need from their parents, wider families and communities and from universal services. However, because families can experience difficulties which may affect wellbeing, the approach ensures that children, young people and their parents have a single point of contact they can turn to if and when they need additional advice or support.

The approach is based on children, young people and their parents engaging in partnership with services to help promote children's and young people's life chances and to support families.

The GIRFEC Principles

- **A child focused approach**

A child focused approach recognises that at different stages of his or her life each child will have different needs. Services need to be responsive to how these needs differ between children, how they change as they get older and whether they can be met with the universal services available to all children.

No matter where they live or whatever their needs, children, young people and their families should always know where they can find help, what support might be available and whether that help is right for them. This information will be clearly laid out and will be accessible for children and families as outlined in Inverclyde's Communication Plan, as agreed through SOA6 Best Start in Life. The GIRFEC approach ensures that anyone providing that support puts the child or young person, and his or her family, at the centre. At the heart of this approach exists the relationship between the family and their child's Named Person.

The Named Person service, as set out in the Children and Young People (Scotland) Act 2014, provides a structured way to ensure that a child focused approach persists through a child's life. Although the duties apply formally to children and young people between birth and 18 (or beyond if still in school) the Named Person service will have an important impact on supporting transition to adult services for those children and young people needing continuing support/care. Similarly, while the Named Person functions only formally come into play at birth, midwives supporting pregnant women have a key role to play.

When children or young people leave school before their 18th birthday, but continue to need support, the Named Person service will be able to support that transition to adult focused services and help prepare them for that next stage.

- **An holistic understanding of wellbeing**

The wellbeing of children and young people is at the heart of the GIRFEC approach. The key to this the approach is how it supports families and professionals in working together to consider a child's wellbeing.

For that reason, the GIRFEC approach is based on eight indicators of wellbeing. It focuses professionals and families' attention on how Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included a child is. These are the basic requirements for all children and young people to grow and develop

Wellbeing Wheel



- **A preventative approach**

An essential GIRFEC principle is to support the child, young person and parents ‘at the right time’. Whenever feasible, ‘the right time’ is before a child’s wellbeing is adversely affected (known as **primary prevention**) or as soon as possible after an adverse effect manifests itself (known as **early intervention**).

‘**Primary prevention**’ means providing the child, young person and parents with appropriate supports to help avoid the child or young person from experiencing significant adversity in the first place, instead of only reacting once it has already happened. Three characteristics are often present in effective primary prevention:

- Children, young people, families and communities work together to support each other to improve their quality of life and to provide opportunities for community engagement and involvement.
- Initial support from services tends to be most effective if delivered in the first few years of a child’s life (pre-birth to pre-school)
- Supporting and assisting the parents and families in the community at least as much as the child directly

Primary prevention is usually provided through families, community organisations and universal services, working together to support children and young people.

Early Help means working with families as soon as there are signs of difficulties and that can mean helping families and practitioners to recognise and respond to the early signs of any problems in a child’s life. The Named Person has a key role in providing or coordinating early intervention services.

Early Help does not apply only to early childhood. It is about recognising that needs arise at any stage of a child or young person's life. For example, it is still early intervention to act immediately to safeguard and promote the wellbeing of an eleven year old whose mother has suddenly died or is a teenage whose family life is being jeopardised for the first time by serious domestic abuse. The crucial point about early intervention is not the age at which it is provided, but rather the swiftness with which it happens after the need for assistance arises.

- **A joined up approach**

GIRFEC is important for everyone who works with children and young people – as well as for many people who work with adults who look after children. Practitioners need to work together, with each other and with children, young people and parents, to support families and provide help and support that responds to the immediate and on-going needs of the child or young person. Similarly, a joined up approach means that only those services that are appropriate to support a child, young person or family are involved, reducing unnecessary intrusion.

This means it is an approach not simply for those working in services focusing directly on children, but also for those in services with an indirect impact on children. Services which support the wider family, community or which are focused on adults can still play a powerful role in supporting children and young people.

Overview of the Children and Young People (Scotland) Act 2014

Getting it Right for Every Child is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families. A number of key initiatives are now in statute

- This Act places a duty on local authorities and health services to ensure that every child, from birth to 18 years of age has access to a Named Person.
- A single assessment and planning process is in place to support those children that require it.
- A duty is placed on public bodies to co-ordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and to report collectively on how they are improving those outcomes.
- Places a definition of wellbeing in legislation.

There will always be a requirement for the implementation of specialist policies for children who are living within particular circumstances. However these policies do not stand fully on their own, but become much more integrated and meaningful for children and families when they are connected through the GIRFEC approach.

The Act also strengthens children and young people's rights; as described in the United Nations Convention on the Rights of the Child (UNCRC). There is now a duty on local authorities to produce a report every three years which set out what they are doing to encourage and support children's rights as set out in the UNCRC.

Section 4

4 The Inverclyde Practice Model

4.1 The GIRFEC Pathways

4.1.1 There are four GIRFEC Pathways; Universal, Enhanced Universal, Collaborative, Enhanced Collaborative. All children are on a GIRFEC Pathway at all times. (See [figure 1](#)).

Throughout their lives children and families may experience a range of different needs at different times. As their needs are met through support services and as new needs are identified universal services will remain involved with children and their families regardless of their Pathway. There is a presumption that children will follow the Universal Pathway unless an unmet need is impacting upon an individual's wellbeing outcomes.

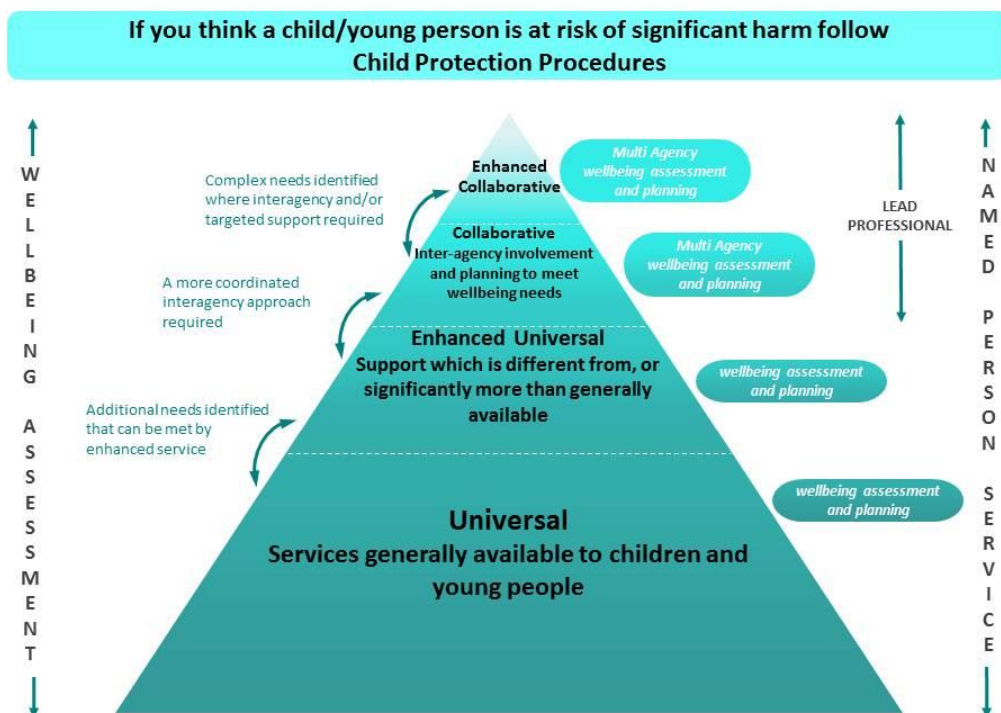
4.1.2 A small proportion of children and young people will have more significant and/or complex needs. Response to these needs will become increasingly targeted and specialist and may involve statutory interventions and/or specialist services. The aim is to ensure that children and young people can access the right support at the right time.

4.1.3 This model is based on the principle that services should be provided, in a timely fashion, with the least intrusive support required to address the needs of the child/young person.

The Inverclyde practice model – a whole system approach

Figure 1

Inverclyde Practice Model - the GIRFEC Pathways



The Inverclyde GIRFEC Pathways

getting it right
for every child
in Inverclyde



4.2 Universal - Children and young people on the universal pathway have their needs met within the Universal Service pathway

4.2.1 Universal Services are provided to everyone. Children, young people, parents and carers access these services directly. Key Universal Services that may provide support to children, young people and their families at this stage are:

Schools, Colleges and Training Providers, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, Youth Support Service, Police, Housing, Voluntary & Community Sector.....

4.3 Enhanced Universal – Children and young people on an Enhanced Universal Pathway require support that is different from or significantly additional to what is provided through Universal Services.

4.3.1 The Enhanced Universal Pathway is followed when a child is assessed as needing something different from, or more of what is normally provided within the Universal Service. Universal Services have access to additional support services which can be provided within their agency. When the unmet needs of a child are deemed in the judgement of the Named Person to be impacting upon his or her wellbeing outcomes, a single agency led wellbeing assessment is initiated to analyse those unmet needs. Where this assessment informs the development of a single agency led plan, outcomes and interventions are agreed within the scope of the Enhanced Universal Pathway. For example within education services Named Persons can access the inclusion support services including educational psychology. Health services are able to access, speech and language therapy or specialist children service.

4.3.2 The Named Person services for Health and Education will follow their respective single agency guidelines for accessing additional support from their own services to meet the needs of children and young people

4.4 Collaborative - Children and young people who require a more coordinated approach to meet their requirements more fully. The wellbeing needs are likely to be more complex than those at Enhanced Universal.

4.4.1 The Collaborative Pathway is followed when a child is assessed with needs that cannot be met by the single agency alone. When a single agency led assessment has highlighted that unmet needs of a child are deemed to be adversely impacting on the child's wellbeing, then a Named Person may initiate a team around the child meeting to support delivery of an single agency led plan, or to initiate a multiagency assessment of wellbeing in order to consider the need for a multi-agency plan. The child or young person and parent(s) or carer(s) will be an integral part of this assessment and development of any plan. A Lead Professional will be identified dependent on the most appropriate lead agency. It is that person's role to draw together and complete the multi-agency wellbeing assessment and a multi-agency plan.

For example, children or young people may be eligible for a social work assessment as a child in need under s22 of Children (Scotland) Act 1995. Based upon the wellbeing assessment already completed, the Named Person may decide to request assistance from children and families social work services.

In other instances social workers may be invited or offer to attend a multi-agency team meeting in order to offer consultation and advice on risk if needs remain unmet. Depending on the next steps decision by the team the role of Lead Professional may stay the same or transfer to a social worker or other professional as appropriate. Children at this stage who are assessed as requiring more targeted intervention, their current plan may become a statutory plan under the Act 2014 and they would move onto the Enhanced Collaborative GIRFEC Pathway.

4.5 Enhanced Collaborative - Children and young people require intensive collaborative support and planning in order for their complex needs to be met.

4.5.1 They are often children and young people who are in need of protection from harm and may need to become looked after, they may also be children who have significant health needs and require specialist health/nursing services. Amongst these children a proportion is likely to require referral to the Children's Reporter to determine the need for the introduction of compulsory measures of care.

They will have increasingly specialist support. The Lead Professional responsible for the coordination of the multi-agency wellbeing assessment and Child's Plan is likely to be a social worker, youth justice worker or a specialist health professional.

Children's needs assessed and considered as requiring enhanced collaborative, Planning will be considered as statutory child's planning under the Act.

Key services that may provide support to children, young people and families on this pathway are:

Children and families social work, youth justice or specialist health professionals, such as CAMHS.

Section 5

5 The Request for Assistance Process

- 5.1 It is generally expected that a single agency or multi-agency wellbeing assessment and plan would have been completed prior to a Request for Assistance from services beyond those available at either Universal or Enhanced Universal
- 5.2 Having become aware of a wellbeing need and after analysing information using the GIRFEC National Practice Model, the Named Person should respond in the most appropriate way to promote, support and safeguard the child or young person's wellbeing. The Named Person may consider that there is a need to request assistance to further assess or support the child or young person or parents. The team which has developed the wellbeing assessment leading to the Request for Assistance from a specialist service provider will remain engaged with the child/young person and the family. If there is the need for a Lead Professional is likely to be (once accepted) for example, a social worker or specialist health professional.
- 5.3 The wellbeing assessment and plan, where this is in place, can be used as a basis for a Request for Assistance.
- 5.4 It is expected that the wellbeing assessment and planning process is completed to support the transition of a child or young person through the different Pathways from the Enhanced Collaborative to Collaborative or Universal, including significant transitions such as children who are leaving care through a 'step down' process.

The Request for Assistance form can be found by following this [link](#)

Section 6

6 Sharing information with the Named Person

A wide range of practitioners are required to think about children's and young people's wellbeing including practitioners who may have indirect involvement with children and young people. For example many practitioners provide a support to adults who have children or are adult siblings to younger children or young people. Practitioners within these roles also need to consider children or young people's wellbeing.

There are three tests to be met when considering the sharing of information with the Named Person service.

- The information is likely to be relevant to the exercise of the functions of the Named Person in relation to a child or young person as laid out in section 19
- The information ought to be provided for the purpose of the exercise of the Named Person functions; and
- That sharing this information with the Named Person service provider would not prejudice the conduct of a criminal investigation or the prosecution of any offence or proceedings pursued by The Children's Reporter under the Children's Hearings (Scotland) Act 2011.

For more detailed guidance regarding the information sharing duties please refer to the Draft Statutory Guidance Section 10 and the Inverclyde Council and HSCP guidance '[A Practitioner's Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing February 2016](#)'.

If any concerns arise that the child may be at risk of significant harm, it is essential that child protection procedures are followed immediately and Police and / or Social Work are contacted without delay.

When would a referral be made to the Scottish Children's Reporter Administration?

Where any member of the team around the child believe that compulsory measures of supervision may be necessary they may refer to the Scottish Children's Reporter Administration. Any assessment information including **Single Agency or multiagency wellbeing Assessments** and **Plans, Single Agency or Integrated Chronologies should be attached** to enable the Reporter to act on the best available information. The information will provide details of collaborative work which has been undertaken and detail why compulsion may be necessary. The Children's

Reporter may require additional information. Where this is required the children and families social work will be the Lead Professional.

Guidance on Referral to the Reporter and the criteria when making referral can be found under the heading 'Resources for Partners' through the attached hyperlink to [Reporter](#).

Section 7

7.1 GIRFEC Pathway ‘stepping up’ and ‘stepping down’ as assessed needs change

7.1.1 A Child who is no longer subject to a Social Work led wellbeing assessment and plan (Child in Need, Child Protection or Child Looked After), who continues to need support, will find it through a multi-agency wellbeing assessment and plan at the Collaborative or a single agency led assessment and plan at Universal or Enhanced Universal ([see figure 1 above](#)).

7.1.2 It is expected that the multi-agency team which delivered the Social Work led wellbeing assessment and plan will maintain its membership changing only the Lead Professional, if required, as the plan changes.

7.1.3 Changes to team membership must always be clearly recorded as must the reason for the change.

Or similarly;

7.1.4 At the Collaborative stage, as a child’s needs become more complex, the team will agree that other specialist supports are needed and the Lead Professional or a delegated team member will seek specialist support via a Request for Assistance (see section 5 above).

7.1.5 Agencies are generally expected to complete a wellbeing assessment and plan as soon as they have identified the changes in children and young people’s needs. They should not wait until their concerns are so heightened that they feel the only path available to them is a referral to specialist support from children and families social work services. Such reactive practice is to be avoided.

7.1.6 However, the completion of a multi-agency wellbeing assessment must not delay a referral to a specialist support particularly when a child is believed to be suffering or likely to suffer harm. Referral to the Reporter may also be made in these circumstances, where it meets the criteria as outlined in the Referral to the Reporter guidelines.

7.2 Children in Need of Social work led Support

7.2.1 The provision of children and families social work support at Collaborative and Enhanced Collaborative stages occurs after a Request for Assistance, ideally supported by a single agency or multi- agency wellbeing assessment and plan. Social Work should be the Lead Professional where the assessment indicates one of the following levels of need:

- Children in need of **targeted intervention from social work services**
- Children suffering from significant harm or likely to suffer significant harm
- Children subject to compulsory supervision orders
- In Need of Compulsory Supervision through the children's hearing.

7.2.2 Although the Inverclyde practice model offers a whole system approach to providing services to children that is responsive and flexible, which does not rely on satisfying threshold conditions in order to access services it is important to recognise that the assessed level of need or risk should determine which services should be offering help.

7.2.3 For the purpose of needs analysis and planning Inverclyde uses the definition of a **child in need** provided by, **section 93 (4) (a) of The Children (Scotland) Act 1995**.

An Inverclyde child or young person becomes eligible for a social work led multi-agency assessment and plan if he or she is;

- I. A child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority.
- II. A child whose health or development is likely to be significantly impaired or further impaired, without the provision of services
- III. A child who is disabled
- IV. A child who is adversely affected by the disability of any other person in their family

7.3 Child in need support explained

7.3.1 Before requesting assistance for a **child in need**, from the Children & Families **Receiving Services Team** practitioners are generally expected to ensure that a single agency or multi-agency wellbeing assessment and plan has been completed (with a Lead Professional identified where appropriate), and that request(s) have been made to appropriate specialist services.

A Request for Assistance to the Children and families, Receiving Services team should be made; if initial attempts to improve a child or young person's situation have been unsuccessful, accompanied by evidence of the actions taken (except in instances of Child Protection).

7.3.2 On receipt of a Request for Assistance form or telephone request, the Children & Families Receiving Services team will determine and feedback the next course of action which may result in one of the following outcomes:

- A Social Work led multi-agency wellbeing assessment and plan will be undertaken
- The person requesting assistance is sign posted to other services; information and advice is offered which may include the need to complete a multi-agency wellbeing assessment and plan or social work consultation being offered at the next team around the child meeting.
- No further involvement by social work services at this stage

7.3.3 *In all cases a professional requesting assistance will receive notification of the outcome of their request within two working days.*

7.3.4 In some cases there may be disagreement with the decision made by the Receiving Services team. In this situation the referrer should consult his or her line manager without delay. This may result in a discussion between the line manager and the manager of the Receiving Services team in order to clearly understand and agree next steps.

7.4 Child Protection support explained

Inverclyde's Child Protection procedures remain – these guidelines do not change CP procedures

- 7.4.1 If you are concerned that a child is being harmed or is at risk of suffering harm you should, without delay, call Inverclyde social work services (part of Inverclyde Community Health and Care Partnership) on 01475 715365 during office hours. Out of hours phone Glasgow and Partners Emergency Social Work Services on 0300 343 1505 or call Police Scotland on 101 (24 hours).
- 7.4.2 When a practitioner has made a telephone referral to the Children & Families Receiving Services team it should be followed up the paperwork as in established practice contained in the Child Protection guidance
- 7.4.3 If the referral is accepted by social work for further enquiry and investigation then the case will be allocated.
- 7.4.4 The means by which a child protection investigation is carried out is through a Social Work led multi-agency wellbeing assessment which will determine if the child or young person is suffering or is likely to suffer significant harm. Police, health, education and other services have a statutory duty to help children's social care to carry out the investigation.
- 7.4.5 Where it is established that a criminal investigation is required this will be carried out by the police.
- 7.4.6 There should be no delay in seeking immediate supervisory guidance about referring by telephone any child that is considered to be at immediate risk of harm, which may include;
- Child who have been physically or emotionally abused or significantly harmed through a deliberate act, neglect or domestic violence
 - Child who has been sexually abused or is being groomed for sexual purposes
 - Fabricated or induced illness
 - Forced marriage of a minor
 - Parent involved in serious criminal acts that may impact on the child, e.g. abusive images of children, drug dealing

- Sexual exploitation through prostitution
- An adult assessed as being a risk to children is having contact with or living with a child in the same household
- The child witnesses domestic violence or other violent or sexually harmful acts
- Radicalisation

Section 8

8 Core Components

- 8.1 *Getting it right for every child* is founded on **ten** core components which can be applied in any setting and in any circumstance. The Core Components can be found in the Scottish Government's, *A Guide to Getting it Right for Every Child*, 2012 by following this link and scrolling to page 7;

[GIRFEC Core Components](#)

When you have identified a concern about a child or young person that would benefit from support, all agencies will follow the agreed Inverclyde GIRFEC Pathway to ensure that the most effective support is put in place as quickly as is possible. The GIRFEC approach should be used by practitioners who are in contact with children or young people including those in adult services where the adults are parents. This model is used on a single and multi-agency basis.

Section 9

9 The Named Person service and Lead Professional

9.1 The Named Person. The Named Person is always based in the universal services of health or education (see table below)

| CHILD'S AGE | NAMED PERSON | TIMESCALE OF RESPONSIBILITY | COMMENT |
|--|---|--|---|
| Birth to Primary School entry to P1 | Health Visitor | From birth until first day at primary school | Named person function only formally begins at birth; however midwives have a key role to play. |
| Primary School P1- P7 | Head Teacher or designated other such as Depute Head Teacher or Principal Teacher as appropriate | From first day at P1 until first day at secondary | |
| Secondary School until 18 th birthday | Head Teacher; Depute Head Teacher, Pupil Support or Guidance Teacher as appropriate | From first day at S1 until leaving school | |
| Children or young people who leave school before 18 th birthday | Opportunities for All team member, as appropriate | From date of leaving school until their 18 th birthday | |
| School age children or young people who are educated at home | Local Authority identified officer (senior education officer) | The Act makes provision for the Named Person service to be made available for those children whose parents are fulfilling their duty to educate their children by education at home. When a local authority becomes aware that a child or young person is being home educated, they will, as soon as practicable, tell the child and parents about the arrangements in place for contacting the child's Named Person | The rights of parents to home educate is unchanged by this Act, and any arrangements to put in place the Named Person service should take account of the Scottish Government guidance to local authorities on supporting home education |
| School Age children or young people who are in out of authority educational placements | Head Teacher or nominated member of the school management team or pastoral support team for that establishment as appropriate | From the first day of entering the school until last day they attend the school | |
| Secure Accommodation | Head of the unit | From the first day of entering the establishment until their 18 th birthday or until their date of leaving | The outgoing Named Person should provide information to the incoming Named Person |
| Scottish Prison Services | Unit Manager within the penal establishment | From the first day of entering the establishment until their 18 th birthday or until their date of leaving | The outgoing Named Person should provide information to the incoming Named Person |
| Independent/grant aided schools | The manager of the grant-aided school or proprietor of the independent school | From the first day of entering the school until last day they attend the school | The outgoing Named Person should provide information to the incoming Named Person |

Where a single agency or multi-agency assessment indicates that the child may be at risk of harm, abuse or neglect, the Inverclyde Child Protection Committee Child Protection Guidelines must be followed

9.1.2 The Named Person functions are designed to promote, support and safeguard the wellbeing of the child or young person. The role will be part of the Named Person's day-to-day work and should build on a partnership approach to working with children and parents.

9.1.3 The Named Person's response to any wellbeing need should be proportionate, informed by the child's views, and where possible the views of parents.

9.1.4 The support of the Named Person comes into play;

- if the child or parent seeks advice or support,
 - if the Named Person identifies a wellbeing need,
- Or
- if others provide information or raise concerns about the child's wellbeing.

9.1.5 Named Person functions fall into three main categories:

- **Advising, informing or supporting the child or young person, or a parent of the child or young person.** This may involve the Named Person providing direct help to the child, young person or parent, when a wellbeing concern has been identified, or following an assessment of the child's or young person's wellbeing;
- **Helping the child or young person, or a parent of the child or young person, to access a service or support.** The Named Person may feel that the child or young person might benefit from support from a service other than his or her own. The Named Person will discuss the most appropriate approach with other practitioners and seek assistance to support the child, young person or parent to access the service as appropriate.
- **Discussing or raising a matter about a child or young person with a service provider or relevant authority.** The Named Person may identify or be made aware of a wellbeing need, which – in his or her professional judgement – requires advice and support from another agency. The Named Person will discuss this with the child or young person and parents, as appropriate, and may then need to discuss the wellbeing issue with professionals in other agencies, sharing information in order to complete the assessment of the child's or young person's needs. The Named Person may also need to share information to get specialist advice about what kind of service or support would be most appropriate for the child or young person.

9.1.6 While the Named Person will be available to offer advice and support as outlined above, children, young people and parents will continue to access advice and support from a range of services as they currently do without reference to the Named Person. It will be for other services or practitioners to exercise their professional judgement when considering whether there is a wellbeing need or whether there is relevant information that they ought to share with the Named Person service.

9.1.7 The Named Person should be trained and skilled in carrying out an assessment proportionate to the individual child's or young person's circumstances and the potential wellbeing need being considered. The child or young person and parent should be involved in this process as a matter of routine practice. Working with, and supporting them, the Named Person will help find solutions and where necessary arrange access to appropriate services and support. This builds on professional responsibilities of those individuals who are identified as Named Persons, and will form part of their day-to-day work.

9.1.8 The role of the Named Person does not remove responsibilities from practitioners in other services. Other practitioners directly involved in delivering services to individual children and young people (such as health practitioners or youth workers) may need to contribute to a wellbeing assessment.

9.1.9 Managers have responsibilities to:

- Actively promote the Getting it Right approach through their comprehensive understanding of the Getting it right for every child Core Components, Values and Principles
- Help the Named Person to identify how best to support the child or young person
- Make sure that the Named Person is supported to deliver all the responsibilities of the role as Named Person or lead professional
- Act quickly to address misunderstandings and practical difficulties through mediation and where necessary be willing to resolve disputes about who should act as Lead Professional
- Ensure that the Named Person has the time to perform the duties of his or her role
- Offer regular professional supervision to help the Named Person reflect on needs and risk which might be stepping up and therefore need more specialist support
- Support the Named Person in preparation for the review of a child's assessment and plan including making sure that an appropriate team that includes all the relevant agencies is formed around the child

9.2 The Lead Professional

9.2.1 Where a wellbeing assessment and plan requires a more coordinated multiagency approach to meet the needs more fully there will be a Lead Professional to prepare the assessment and plan. Where the child's needs lie predominantly within the scope to the Named Person's agency the Named Person will initiate the preparation of the Child's Plan. In some situations it will become clear that having initiated the Child's Plan the Named Person is not the most appropriate person to prepare the Child's Plan, and as such a Lead Professional should be appointed.

The **Lead Professional** should generally be the professional with the most expertise in relation to the Child's Plan.

It always remains the case that where a single or multi-agency assessment indicates that a child or young person is or is at risk of becoming a **child in need** (see section 7.2 above), the Lead Professional role will be allocated to a social worker.

9.2.2 Taking account of the views of the child and family, the choice of the Lead Professional will depend on the kind of support that the child needs, previous contact and/or relationship with the child or family, and if there are statutory responsibilities under the children (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011, Adoption and children (Scotland) Act 2007, Education (Additional support for learning) Scotland Act 2004/2009

Where a child is looked after or whose name is on the child protection register, the Lead Professional will always be a social worker.

9.2.3 The Lead Professional will co-ordinate the assessment and plan, they will not replace the Named Person. The Named Person will stay in contact with the child and their family and liaise closely with all the team around the child helping to ensure things get done.

9.2.4 The Lead Professional should:

- Maintain productive working relationships with the child or young person's family
- be the first point of contact for the child or young person, their family and for the members of the team around the child;

- Make sure the assessment and plan represent the day to day experience of the child or young person
- Co-ordinate the assessment, planning and action and make sure things get done
- Record the child and young person's plan and circulate it within 5 working days
- Agree a date to review the plan every **3 months***
- Make sure that all the members of the child or young person's network of support are clear about their responsibilities;
- Be familiar with the working practices of the different agencies;
- Act as an advocate for the child or young person if necessary;
- Ensure that the views of the child or young person and his or her family are taken into account when decisions are made;
- Make sure that the child or young person understands (age and stage appropriate) what is happening, support them so that he or she can participate in the decisions that affect them
- Ensure that the child or young person and/or the family understand the on-going need for practitioners to share their personal information;
- Seek and regularly review views of the child and parents /care givers, for the sharing of information to happen;
- Make sure the child or young person is supported through key transition points;
- Be familiar with the remit of other agencies
- Ensure the child or young person's plan is agreed and that it is based on an accurate multi-agency assessment of need and risks.

*Child Protection plans are required to be reviewed at least every 3 months. This gives actions a chance to make a difference and also ensures that matters are not allowed to drift.

Outside the child protection arena it remains good practice to hold multi-agency review planning meetings every 3 months. In line with the Children & Young People (Scotland) Act 2014, if a Child's Plan becomes statutory under this Act, then the review must take place 12 weeks after the Child's Plan has been prepared. Subsequent reviews should be undertaken at 3 monthly intervals, however this will be agreed by the managing authority. The plan must include the high level targets from other specialist plans (e.g. health and education) where such plans exist.

9.3 Transferring Responsibility

9.3.1 The Named Person

When Named Person responsibility changes for any reason, for example when a child starts primary school, or moves school or house, it is the responsibility of the outgoing Named Person to ensure that all relevant information about the child is passed to the new Named Person without delay. For detailed guidelines follow this hyperlink to Part 4, section 23, **page 57** of the Children and Young People (Scotland) Act 2014 December 2015 statutory guidance;

[When a child or young persons Named Person changes](#)

Fundamentally, each transition should be seen as an information sharing decision point. The outgoing Named Person has a duty to give the incoming Named Person service provider:

- a) The name and address of the child or young person and each parent of the child or young person; and
- b) All information the outgoing service provider holds and which is **likely to be relevant to:**
 - i. The incoming Named Person service provider's functions or
 - ii. The Named Person functions in the future.

The new Named Person must confirm in writing to all concerned that he or she has taken on the responsibilities of Named Person for the child, and from what date the Named Person did so.

9.3.2 Changing the Lead Professional

The discussion and the decision about the change of Lead Professional will be undertaken by the multi-agency team around the child at a child or young person's planning meeting. The change will be clearly recorded in the updated plan which should be circulated to all concerned within five working days.

Section 10

Links with other Planning Systems for Children and Young People

Scottish Government statutory guidance states that the aim of Part 5 of the Act is to improve outcomes in relation to children's wellbeing by ensuring that a statutory plan called the Child's Plan is prepared for every child who needs one.

The Child's Plan will form the basis of a single planning framework which will be able to incorporate elements of the plans that are required under other guidance and legislation. This includes Looked After Children (LAC) plans and pathway plans under the 1995 Act, Coordinated Support Plans (CSP) under the Education (Additional Support for Learning) (Scotland) Act 2004 and 2009 (as amended), and also the non-statutory child protection plan that is described in the National Guidance for Child Protection in Scotland (2014).

The Statutory and non-statutory requirements to consider, prepare, deliver and manage these existing plans remain in place however they have been incorporated into the Child's Plan framework in line with the Inverclyde GIRFEC service delivery model. The Named Person has a key role in promoting, supporting and safeguarding the wellbeing of a child. In most situations, the Named Person will initiate preparation of the Child's Plan. This is because the Named Person is the single point of contact for information about a child's wellbeing, and may therefore already hold relevant information. The Named Person will initiate the process in collaboration with the child and parents, and with colleagues from other services/agencies as appropriate. Acting on behalf of the responsible authority the Named Person will always be involved in deciding if a Child's Plan is required.

Education: Co-ordinated Support Plans (CSP)

The Education (Additional Support for Learning) (Scotland) Act 2004 "the Act" introduced Co-ordinated Support Plans. "The Act" was subsequently amended by the Education (Additional Support for Learning) (Scotland) Act 2009, which is known as "the 2009 Act". The Coordinated Support Plans are statutory plans that have very clear governance, responsibilities and process for their production. There may be instances where a child or young person has a Child's Plan and where other statutory planning requirements also apply, such as a Coordinated Support Plan. A judgement will need to be made about what should be summarised for inclusion in the Child's Plan and what should be retained in other records. This should be determined on a case by case basis.

Looked After and Accommodated Review System

It would be anticipated that almost all children and young people who become 'Looked After Away from Home' would already have been the subject of multi-agency planning and have had a Child's Plan developed for them. In cases where a child/young person has not been subject to a multi-agency plan a Child's multiagency wellbeing assessment and plan will be requested by the officer reviewing the LAAC status.

The status of the multi-agency plan in these circumstances is determined by the legal and procedural guidance for the Review System.

Youth Justice System

All young people who have committed an offence should have an YLS-CMI completed which assesses the risk of re-offending. The plan within this YLS would address the criminogenic needs. This should be completed by the Lead Professional; many young people who meet these criteria may already have a framework for planning on a multiagency basis.

Pathway Plans

Amendments to section 29 of the Children (Scotland) Act 1995 require the authority to carry out a needs assessment for each young person who ceases to be looked after beyond school age, with a view to determining what advice, assistance and support the authority should provide. In addition, the regulations require the local authority to carry out a pathway assessment for aftercare services on young people who are over school leaving age but are still looked after. The Child's Plan transitions from a looked after plan to a Pathway plan when a child ceases to be looked after or chooses to be in Continuing care.

Young Carers

The Carers (Scotland) Act 2016 places a duty on Inverclyde HSCP to prepare a Young Carers Statement that will set out a young carer's identified outcomes, identified needs and the support a young carer may need. In Inverclyde, where this has been identified, a wellbeing assessment will be offered to identify need and be accompanied by a Child's Plan that will be the Young Carers Statement. This will identify personal outcomes and actions to be taken that will be promoted, supported and safeguarded through the function and role of the Named Person.

Inverclyde's GIRFEC Pathway is the process by which the Young Carers Statement will be promoted and supported. The Named Person can make a Request for Assistance from other services, and the convening of a multi-agency meeting can agree the role of a Lead Professional where unmet wellbeing need is supported, promoted and safeguarded through enhanced collaboration.

This pathway is underpinned by informed consent from the child or young person (age appropriate and maturity) who is being assessed and in discussion with the parent.

Section 11

11 Sharing Information

- 11.1 There are times when we need to share information in order to make sure that a child or young person gets the appropriate support. Sharing information openly, securely and appropriately is key to Getting it Right. When a child or young person needs help from more than one agency (except when concern of abuse and neglect is suspected) the Named Person should be the first point of contact.
- 11.2 If the Named Person considers that the involvement of another agency is appropriate he or she must, where reasonably practicable, seek and take into account the views of the child or young person. This should happen in all but exceptional circumstances and the outcome of these process should be recorded. It is routine good practice to seek parents' views unless it would be against the child's wishes, where the child is considered capable of making that decision, or where seeking the views of the parent may be detrimental to the child's wellbeing. Parents' views if sought and expressed should be recorded.
- 11.4 When we consider that a child's or young person's wellbeing would be best supported through more than one agency working together then information must be shared. The child and family must be told of the need to share information and you, as the practitioner, must inform them why you are to share information, with whom you are going to share the information and why you are going to do so. The discussion should include how the sharing of information will promote the child or young person's wellbeing.
- 11.5 When you inform the child or young person and family that you are to share information you must be explicit about what information is to be shared, with whom and why it needs to be shared. There may be occasions when the need to share information is governed by the requirements of Child Protection and advice to the parents may be judged as a potential risk to the child. In addition there are circumstances where primary legislation requires information be shared
- 11.6 When a child or family disagree with your decision to share information you should discuss the position with your line manager, particularly when as a practitioner you are worried or concerned about a child's wellbeing. You should record your conversation with your line manager and consider the sharing of information as appropriate. There are circumstances when the sharing of information is required by statute. Cf section 6 above "**Section 60** of

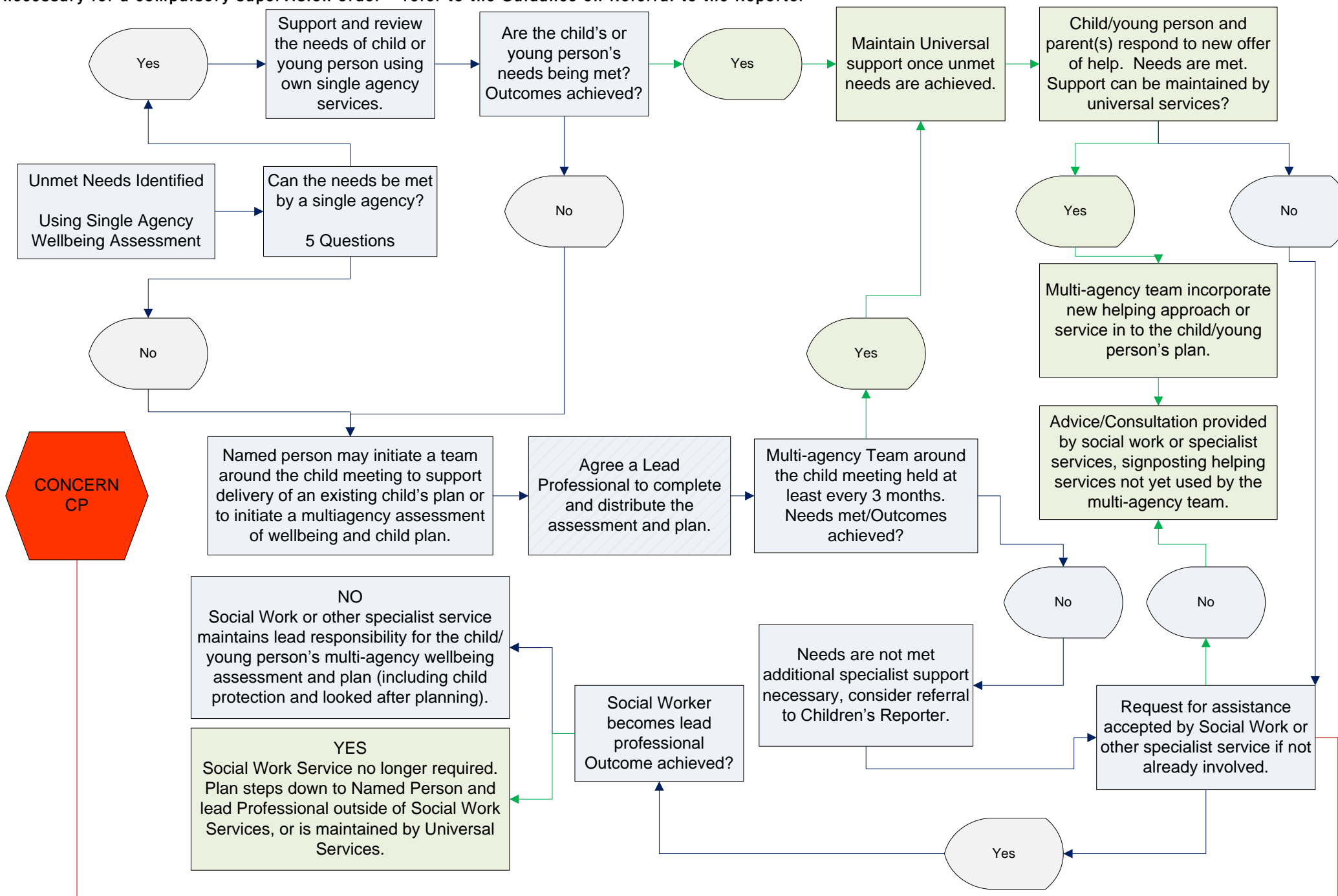
The Children's Hearings (Scotland) Act 2011 specifies the Local authority's duty to provide information to the Principal Reporter.

If a member of staff within the local authority considers that it is likely the child is in need of protection, guidance, treatment or control and that it might be necessary for a compulsory supervision order to be made in relation to the child the member of staff must give any information that it has about the child to the Principal Reporter

- 11.7 Where the information is to be shared is about a child aged 12 or under it is the responsibility of the person with parental rights to give the consent for information to be shared although the child or young person should be involved in the discussion, have the circumstances explained to them and have the young person's views sought. It should be made explicit that the question of consent does not apply in the circumstances where the requirement to share information is prescribed, e.g. Section 60 of The Children's Hearings (Scotland) Act 2011 specifies the Local authority's duty to provide information to Principal Reporter.
- 11.8 Where the information to be shared is about a young person aged 12 or over he or she should have the reason for the need to share information explained to him or her, the young person should be told what information is to be shared with whom and why. If the issue is not related to a wellbeing concern then they would be able to give their consent for the information to be shared and to sign a consent form. Again age and stage dependent, the parent or carers should be kept informed of what is happening.
- 11.9 Where it is determined that the young person does not have the capacity and or understanding to give his or her consent the person with parental rights and responsibilities will be informed of the decision to share.

For more information on sharing information appropriately and safely refer to the [Practitioner's Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing](#).

12 Flow of support - At any stage in this process the child may be referred to the Reporter if the Named Person considers that it might be necessary for a compulsory supervision order – refer to the Guidance on Referral to the Reporter



Appendix

Appendix A: Inverclyde - Getting it right Toolkit

A.1 To complement the summary information in this operational guidance we have produced more detailed information and guidance in the Inverclyde - Getting it Right Toolkit which is available by following this link:

[GIRFEC Practice Guidance and Toolkit](#)

- [The National Practice Model](#)
- Organising meetings (planning and reviewing)
- [The National Risk Assessment Framework](#)

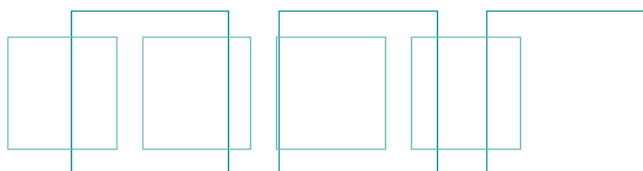
- The Graded Care Profile
- The Wellbeing Indicators and Wellbeing wheel
- Gaining a Child's views
- Working with families
- [Guidance on referral to The Reporter- Information for Partners](#)

A.2 Inverclyde's GIRFEC forms can be downloaded for use by practitioners by following this link:

[GIRFEC Practice Guidance and Toolkit](#)

- Wellbeing Concern form
- Request for Assistance form
- [Wellbeing assessment tools](#)
- Multi-agency Wellbeing Assessment and outline plan
- Child's Plan
- Shared Chronology

Request for Assistance



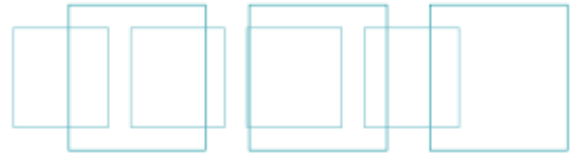


Request for Assistance

| | | |
|--|-------------------------------------|---|
| Child's name: | | |
| Unique Identifier: | | |
| Is this Request for Assistance related to Child Protection? | Yes | No |
| If yes, date on which you made the referral regarding Child Protection: | | |
| Request for Assistance to: <i>specify service here</i> | | |
| | | |
| Date of any phone call to seek advice prior to completing | Date and time form completed | Name of Practitioner and Service Requesting Assistance |
| | | |
| Is the Named Person aware of the Request for Assistance? | Yes | No |
| Has the child/parent been advised that information will be shared? <i>Tick YES box only if communication has taken place</i> | Yes | No |
| Has informed consent been given to share information with other agencies? <i>This relates to the Inverclyde information sharing protocol and consent form</i> | Yes | No |
| From child/young person | Yes | No |
| From Parent/Carer 1 | Yes | No |
| From Parent/Carer 2 | Yes | No |
| Decision to share information without consent | Yes | No |
| If you were unable to gain consent, are unsure whether consent is informed or no consent was given please provide details. | | |
| | | |



| | |
|--|---|
| Summarise your current concern(s) including the child/young person, parent/carer views. Specify any other relevant contextual factors relating to the family which are not provided elsewhere <i>(any Single Agency or Integrated Assessment/Plans/Chronologies should be attached)</i> | |
| | |
| What are you or your agency currently doing to support this child/young person? | Are you aware of concerns or actions being taken to support this child/young person by any other agency? |
| | |
| What are the desired outcome(s) for this child/young person of this request for assistance and what do you see as the next steps to achieve long-term outcomes? | |
| | |
| What is the best way to make contact with you about this request for assistance? <i>(Please include any practical issues that need to be taken into account to enable you to work with other agencies)</i> | |
| | |
| Named Person including contact details | Lead Professional including contact details |
| | |



Request for Assistance - Guidance

| | |
|---------------------------|--------------------------|
| Child's name: | |
| Unique Identifier: | CHI/SEEMIS/Date of Birth |

| | | |
|--|-----|----|
| Is this Request for Assistance related to Child Protection? | Yes | No |
| If yes, date on which you made the referral regarding Child Protection: | | |

If the answer to this question is yes, please enter the date that you contacted children and families social work service to report your concern. This must be done before completing the written Request for Assistance. This will allow your colleagues to provide an appropriate, proportionate and timely response.

| |
|---|
| Request for Assistance to: <i>specify service here</i> |
| Provide information about which service/agency or professional assistance is being requested. Recipients should be able to see at a glance whether this is a generic or specific request and which other agencies are being asked to be involved. |

| Date of any phone call to seek advice prior to completing | Date and time form completed | Name of Practitioner and Service Requesting Assistance |
|--|---|---|
| If unsure about whether a Request for Assistance is appropriate and proportionate, a telephone call may save time. | This information can be used to monitor process time and responses. | Identify the service, practitioner requesting assistance. |

| | | |
|--|-----|----|
| Is the Named Person aware of the Request for Assistance? | Yes | No |
| Has the child/parent been advised that information will be shared? <i>Tick YES box only if communication has taken place</i> | Yes | No |
| Has informed consent been given to share information with other agencies? <i>This relates to the Inverclyde information sharing protocol and consent form</i> | Yes | No |
| From child/young person | Yes | No |
| From Parent/Carer 1 | Yes | No |
| From Parent/Carer 2 | Yes | No |
| Decision to share information without consent | Yes | No |

| |
|---|
| If you were unable to gain consent, are unsure whether consent is informed or no consent was given please provide details. |
|---|

This section should reassure practitioners that ethical practice is in place and that the child/family's rights are being respected and protected.



| | |
|---|--|
| Summarise your current concern(s) including the child/young person, parent/carer views. Specify any other relevant contextual factors relating to the family which are not provided elsewhere <i>(any Single Agency or Integrated Assessment/Plans/Chronologies should be attached)</i> | |
| Provide a concise summary of any concerns that have been identified as needing addressed by another practitioner, service or agency. | |
| What are you or your agency currently doing to support this child/young person? | Are you aware of concerns or actions being taken to support this child/young person by any other agency? |
| Provide a concise summary of the actions currently taking place to support the child/young person to help the recipient make the right judgement. | Any details you are aware of that could help the other practitioner, service or agency to respond appropriately should be included here. |
| What are the desired outcome(s) for this child/young person of this Request for Assistance and what do you see as the next steps to achieve long-term outcomes? | |
| Detail exactly what the practitioner/child/parent/carer hope to gain from the Request for Assistance. Is it advice, a specialist assessment, a service, a specific action, short-term or long-term support? This will help the recipient to provide an appropriate, proportionate and timely response. | |
| What is the best way to make contact with you about this Request for Assistance? <i>(Please include any practical issues that need to be taken into account to enable you to work with other agencies)</i> | |
| This section ensures that time is not wasted with ineffective means of communication or approaches to communication. For example, some practitioners may only have weekly access to their emails, many clinicians arrange clinics in six-weekly cycles and this is the kind of notice they need to participate in joint or integrated meetings. | |
| Named Person including contact details | Lead Professional including contact details |
| If it is not the Named Person who is requesting assistance the Named Person should <i>always</i> be informed if assistance is being provided. | If the child/young person has a Lead Professional, the Lead Professional should always be aware if assistance is being requested/provided. |

Appendix C – Child's Plan

Child's Plan

Basis for meeting

Choose an item.

Date of Meeting: [Click here to enter a date.](#)

1. Child/Young Person's Details

| Name | Known As | Child and Family Centre/Nursery/School Currently attending (if appropriate) | | | |
|---------------|-----------------|--|--------------|---------------|------------------------|
| | | <div> <div>Child and Family Centre/Nursery</div> <div>School</div> <div>Other:</div> </div> <div> <div>Choose an item.</div> <div>Choose an item.</div> </div> | | | |
| Date of Birth | Year Group | CHI Number | SWIFT Number | SEEMIS Number | Scottish Candidate No. |
| | Choose an item. | | | | |

Who was at the meeting and who gave apologies? (to **add** another row – place cursor in the last box in the table and press tab '↩' on your keyboard)

| Name | E-Mail Address | Telephone Number | Job Title/Relationship to Child/Young Person | Apologies received |
|------|----------------|------------------|--|--------------------|
| | | | | |
| | | | | |
| | | | | |

2. Discussion of Everyone's Views

| | |
|--|--|
| Strengths or resiliencies | |
| Risks or unmet needs | |
| Desired Outcomes/ Goals | |
| Helping strategies | |

3. Action Plan

| Action Plan (to add another row – place cursor in the last box in the table and press tab ‘↹’ on your keyboard) | | | | |
|---|-----------------------------------|-----------------|-----------------|---------------------------|
| Desired Outcomes/Goals | Possible Solutions/Actions | By Whom? | By When? | Evaluation/Comment |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. Contacts

| Lead Professional | Job title and agency | Named Person | Job title and agency |
|-------------------|----------------------|--------------|----------------------|
| | | | |

| Completed and Distributed by | Job Title | Date |
|------------------------------|-----------|-----------------------------|
| | | Click here to enter a date. |

| Date of Next Meeting | Time | Venue (including address and postcode) |
|-----------------------------|------|--|
| Click here to enter a date. | | |

LEGISLATIVE AND POLICY CONTEXT

Information Sharing, Confidentiality and Consent is underpinned by a UK Government and/or Scottish Government, Legislative and Policy Framework.

Practitioners may find the following key electronic links useful:-

Key Legislative Framework

- [The Social Work \(Scotland\) Act 1968](#)
- [The Age of Legal Capacity \(Scotland\) Act 1991](#)
- [The Children \(Scotland\) Act 1995](#)
- [The Human Rights Act 1998](#)
- [The Data Protection Act 1998](#)
- [The Freedom of Information \(Scotland\) Act 2002](#)
- [The Children's Hearings \(Scotland \) Act 2011](#)
- [The Education \(Additional Support for Learning\) \(Scotland\) Act 2004 & as amended the 2009 Act](#)
- [The Children and Young People \(Scotland\) Act 2014](#)

Key Policy Framework

- [UN Convention on the Rights of the Child](#)

- [Common Law and Statutory Obligations of Confidence](#)
- [Scottish Executive's Audit and Review Report \(2002\) entitled "It's everyone's job to make sure I'm alright"](#)
- [Protecting Children and Young People: Children's Charter](#)
- [Protecting Children and Young People: Framework for Standards](#)
- [HMle Services for Children Unit \(2006\): Self Evaluation and Quality Indicators Framework: *How well are children and young people protected and their needs met?*](#)
- [HMle Services for Children Unit \(2009\): How good are we now? How well do we protect children and meet their needs? How good can we be? Self Evaluation Using Quality Indicators](#)
- [Scottish Government \(2010\) National Guidance: Under-Age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#)
- [National Guidance for Child Protection in Scotland 2014](#)
- [Getting it Right for Every Child](#)
- [\(UK\) Information Commissioner's Office \(ICO\) Letter of Advice 2013 – Information Sharing](#)
- [Scottish Government GIRFEC Programme Board Letter of Advice 2013 – Information Sharing](#)
- [Scottish Government GIRFEC Bulletin Issue 1 2013 – Information Sharing](#)

Useful Links – Key Local Guidance

- [Inverclyde Child Protection Committee](#)
- Joint inspection of services to protect children and young - January 2011
- Information and Advice Leaflet on Information Sharing, Confidentiality and Consent (Children and Young People)

- Information and Advice Leaflet on Information Sharing, Confidentiality and Consent (Parents and Carers)
- [ICPC - Inverclyde Leaflet for Young People](#)
- [ICPC - Information for families involved in the Child Protection Process](#)
- [ICPC - Information for People Worried about Child Abuse or Neglect](#)

Directorate for Children & Families
Children's Rights & Well Being

T: 0131-244 5320 F: 0131-244 5320
E: Boyd.McAdam@scotland.gsi.gov.uk



All Community Planning Partnership Managers

08 April 2013

Dear CPP Managers

Information sharing between services – guidance and clarity

The GIRFEC Programme Board recently met with Ken Macdonald, Assistant Commissioner for Scotland with the (UK) Information Commissioner's Office (ICO). Information sharing in response to wellbeing risks and the matter of consent was discussed. To provide clarity the ICO has produced the attached advice, which specifically relates to information sharing where a child's wellbeing is at risk and the concern is less than that required to trigger child protection procedures. The GIRFEC approach promotes engagement with the child and family at all stages during which practitioners will want to keep them informed and seek their views obtaining consent to the disclosure of information as appropriate. But where circumstances exist such that consent may not be appropriate or required, the Data Protection Act 1998 provides conditions to allow processing to proceed. Importantly the advice dispels the common misconception that the Act is a reason not to share information.

The advice will be important reading for:

- Professionals who work with children and young people
- Professionals who work with adults who impact on the lives of children and young people
- Senior managers and data controllers


Information sharing between services is vital to ensure that our children's life chances are maximised and that Scotland is the best place to grow up in.

Whilst the ICO in its capacity as a regulator does issue substantial penalties for breaches of the Data Protection Principles, Ken Macdonald emphasises that these penalties are aimed at systemic failures and not practitioners making good faith decisions to share information in the best interests of children.

Please circulate the attached advice around chief officers, within your Community Planning Partnerships.

If you need further advice, please contact Boyd McAdam, Head of the Better Life Chances Unit at the Scottish Government on 0131 244 5320.

Yours sincerely

A handwritten signature in black ink that reads "Martin Crewe". The signature is written in a cursive, slightly slanted style.

Martin Crewe
Deputy Chair of the Getting it Right for Every Child Programme Board
C/o Life Chances Unit, Children's Rights and Well Being
The Scottish Government,
2B North, Victoria Quay, Leith
EDINBURGH
EH6 6QQ

Attached –Information Sharing Advice from ICO

28 March 2013

Information Sharing Between Services in Respect of Children and Young People

The Information Commissioner's Office (ICO) is contacted regularly by practitioners seeking advice and guidance on whether they can share professional concerns about their clients/patients and, if so, what level of information may be shared. Often, the Data Protection Act 1998 (the Act) is viewed as preventing such sharing and it can be fear of non-compliance that becomes a barrier, even though there may be a concern about a child's or young person's wellbeing. While it is acknowledged that practitioners need to be sure their actions comply with all legal and professional obligations, fear that sharing genuine concerns about a child's or young person's wellbeing will breach the Act is misplaced. Rather, the Act promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.

Most practitioners are confident about appropriate and necessary sharing where there is a child protection risk. The problem can be where the circumstances do not yet reach the child protection trigger yet professional concerns exist, albeit at a lower level. Getting It Right For Every Child (GIRFEC) introduced eight indicators of wellbeing: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed. As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis. In the GIRFEC approach, a child's Named Person may have concerns about the child's wellbeing, or other individuals or agencies may have concerns that they wish to share with the Named Person. While it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm.

Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances.

The Act requires that an individual's data be processed fairly and lawfully and that specific conditions/justifications for processing are met. The Act provides

several conditions/justifications for processing, only the first of which rely on consent and, where required, it should be fully informed and freely given. However, the issue of obtaining consent can be difficult and it should only be sought when the individual has real choice over the matter. Where circumstances exist such that consent may not be appropriate, for example where an assessment under the SHANARRI principles raises concerns, the Act provides conditions to allow sharing of this information, such as 'for the exercise of any other functions of a public nature exercised in the public interest by any person' or 'in the legitimate interests of the data controller or the third party to whom the data are disclosed so long as it is not prejudicial to the child', and procedures should be clear about those circumstances which may necessitate processing without consent.

It is vital that data controllers put appropriate and relevant protocols in place and that they are conveyed to practitioners to provide them with a support mechanism for the decision making process. It is also vital that a recording process is included in the protocol so that the decision – including the rationale behind making it – is formally recorded. Such protocols will assist in providing confidence to practitioners in the event the decision is challenged.

It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the case. If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.

Dr Ken Macdonald
Assistant Commissioner Scotland & Northern Ireland
Information Commissioner's Office

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Information for Staff

Everyone who works with a child or their family has a responsibility to help *Get it Right*.

Getting it Right for Every Child is important for everyone who works with children - and for the many people who work with the adults who look after children.

Professionals need to work together to support families and, where appropriate, take early action at the first signs of any difficulty, rather than only getting involved when a situation has already reached crisis point. This means working across organisational boundaries and putting children and their families at the heart of decision making.

To ensure children, young people and their families get the right help at the right time, each child or young person will have a Named Person in the universal services of health (pre-school) and education (school age) who will trigger additional help for a child or their family if required.

The Named Person will:

- Be a point of contact for the child, parents, professionals and anyone who has a concern about that child
- Maintain the child's records
- Update core information

Who is the Named Person?

| | |
|---|---|
| Birth until - Primary School entry to P1 | Health Visitor |
| Primary School P1 - P7 | Head Teacher or designated other; this is likely to be a Depute Head Teacher or Principal Teacher |
| Secondary School | Head Teacher or designated; Depute Head Teacher or Support or Guidance Teacher |

The Named Person will ask five questions when he or she is concerned about a child or young person:

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

The Lead Professional

To ensure that children, young people and their families receive a more coherent, child-centred and effective service a Lead Professional will be identified to co-ordinate and monitor multi-agency activity where necessary. The Lead Professional must have the knowledge, competence and confidence to:

- develop a successful and productive relationship with the child and family
- organise meetings and discussions with different practitioners
- use the Integrated Assessment Framework and develop action plans
- work in partnership with other practitioners to deliver the action plan

Choosing the Lead Professional will also be influenced by:

- the kind of help that the child or family needs
- previous contact, or currently a good relationship, with the child
- any statutory responsibility to co-ordinate work with the child or family

The Lead Professional will:

- make sure that the child or young person and family understand what is happening at each point so that they can participate in the decisions that affect them
- be the main point of contact for children, young people, practitioners and family members, bringing help to them and minimising the need for them to tell their story several times
- promote teamwork between agencies and with the child or young person and family; be familiar with the remit of other agencies
- co-ordinate workers who have specific roles or who are carrying out direct work or specialist assessments to reduce overlap and inconsistency in the services received
- be responsible for ensuring an integrated assessment is produced
- ensure the child's action plan is developed, implemented and reviewed within agreed timescales
- ensure the child or young person is supported through key transition points, particularly any transfer to a new lead professional
- ensure the information contained in the child assessment and plan is accurate and up-to-date and shared with the family and across agencies.

By engaging with GIRFEC approaches and tools, staff will:

- Deliver the most positive outcomes for our children

- Provide co-ordinated support for children, young people and their families - the right help at the right time
- Promote effective integrated working