

Getting it right *for e✓ery Child* (GIRFEC)

Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people

Version: 20 January 2017

The reason for showing the version and date on the front of this guidance is because changes will be made as we evolve and further implement GIRFEC processes and practice. As changes are made the most recent version will be placed on the GIRFEC webpage.



FOREWARD

In Glasgow, children services, we have been working to an integrated assessment framework for approximately 10 years. To complete an integrated assessment partner agencies need to work closely together, to understand the holistic needs of the child or young person, including, but not only, the health, education, developmental, emotional, behavioural and physical needs.

Over the years, we have adjusted and improved the assessment to include the needs of all children and each of the partner agencies responsibilities. Changes have also been made to the joint assessment process to meet the duties of national guidance and the duties set out in the Children and Young People (Scotland) Act 2014. The Glasgow integrated assessment for children and young people, called the GIRFEC Assessment, is currently being reviewed and refreshed (October 2016).

Overseeing the implementation and further development of the Getting it Right for Every Child approach, in Glasgow, is the GIRFEC Board. The GIRFEC Board membership includes senior management from a range of agencies and organisations working with children and young people in the City. The Board is responsible for the implementation of the duties detailed in the various parts of the Children and Young People (Scotland) Act 2014.

The GIRFEC Board call on the experience, skills and practical knowledge of Service Managers from across Glasgow City Health and Social Care Partnership, Education Services and Third Sector; to improve processes and joint working across all partner agencies. This group is called the GIRFEC Service Managers Group (GIRFEC SMG). The GIRFEC SMG is responsible for the development of this GIRFEC Practice Guidance.

In Glasgow, we are fully committed to further improve joint working across all partners, to develop a way of working; where children, young people, families and practitioners feel: safe, respected and valued.

Contents		Page
1.	Introduction	
1.1	Who is this guidance for?	5
1.2	Where has the guidance come from?	5
1.3	What is “Getting It Right?”	5
1.4	Our Vision and Aims	6
2.	“Getting it right for every child”	
2.1	Core Components	7
2.2	The Child at the Centre of Decision Making	8
2.3	Shared Professional Standards	9
2.4	Wellbeing Indicators	10
3.	Glasgow’s Approach	
3.1	The Glasgow Practice Model	11
3.2	Glasgow’s Approach to the Named Person Role	14
3.3	The Role and Responsibility of the Named person	15
3.4	Transitions from one Named Person to Another	17
3.5	Glasgow’s Approach to Lead Professional	17
3.6	The Role and Responsibility of the Lead Professional	18
3.7	A Stepped Approach to Children’s Service in Glasgow	19
	Intervention and Screening Processes Diagram	20
	Single and Multi-agency Assessment flow chart	21
4.	Assessment	
4.1	The Child’s Views	22
4.2	Working in Partnership with Families	23
4.3	Single Agency Assessments	24
4.4	Glasgow GIRFEC Assessment = Integrated (Multi-agency) Assessment	26
4.5	National Practice Model	27
4.6	Chronology of Significant Events	27
4.7	The Child’s Plan	30
4.8	Implementing and Reviewing the Child’s Plan	32

5. Risk Assessment and Risk Management

5.1	The National Risk Framework	33
5.2	A Staged Approach to Risk Assessment	35
5.3	Considering Parental Resistance and Risk	37

6. Information Sharing

6.1	Sharing Information	40
6.2	Sharing Information on Wellbeing	41
6.3	Sensitivity to Ethical and Cultural Issues	42

Appendices

1.	Named Person Request for Assistance	44
2.	Flow Chart Glasgow Health Visitor to Education Named Person Process	46 - 47
3.	Health Visitor Leave Cover Arrangements for Named Person Flow Chart	48
4.	The My World Triangle	49 – 68
5.	The Glasgow Risk Framework, Associated Risk Tools and Processes for Social Worker	69

Section 1 Introduction

1.1 Who is this guidance for?

This GIRFEC Practice Guidance is to assist practitioners delivering services for children, young people and families to understand the role and responsibilities of the Named Person and Lead Professional; share a common approach to undertaking a professional quality assessment of children's needs, which are based on a child-centred and solution focused approach and improving outcomes for the child or young person through the development and implementation of a Child's Plan

This GIRFEC Practice Guidance is also relevant for practitioners working with adults who are parents or carers.

1.2 Where has this guidance come from?

This guidance has been reviewed and refreshed on behalf of the GIRFEC Board, by the GIRFEC Service Managers Group (GIRFEC SMG). The GIRFEC SMG is a group of practitioner managers representing Health, Social Work, Education and Third Sector organisations. The group consider the duties and requirements of the Children and Young People (Scotland) Act 2014, with a view to adapt, improve or change joint working practice or processes to enable staff to meet these duties.

The Children and Young People (Scotland) Act 2014, reinforces the Getting it right for every child (GIRFEC) approach by providing a new legal framework where services work together to focus on the: early years of a child's life; early intervention for whenever, a child, young person or their family need it and preventative measures that deliver better outcomes for the child or young person to sustain or improve their well-being.

This practice guidance will be revised once Scottish Government announces how the CYPA will change to meet the requirements of the Supreme Court judgment on information sharing.

1.3 What is 'Getting it Right'?

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of the national *Getting it right for every child* approach, commonly known as GIRFEC. It builds from universal health and education services and drives the developments that will improve outcomes for children and young people by changing the way adults think and act to help all children and young people grow, develop and reach their full potential.

The 'Getting It Right for Every Child' (or GIRFEC) approach aims to improve the lives of children and young people it set out how people working with children, young people and parents should:

- understand and consider a child’s or young person’s wellbeing;
- ensure a Named Person is available as a central point of contact for children, young people and parents, to provide advice, information, and support, and help to access other services if and when needed;
- put in place a single planning framework – called the Child’s Plan – to ensure a consistent approach to how a range of supports, not generally available, should be planned, delivered and coordinated around an individual child’s needs and circumstances.

The overarching concept of ‘*Getting it right for every child*’ is to develop a common approach across all agencies, that supports the delivery of appropriate, proportionate and timely help to all children and young people as they need it. This is expressed as:

“...the right help, at the right time, in the right way”

The National Practice Model is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people. It allows practitioners to meet the *Getting it right for every child* core values and principles by being **appropriate**, **proportionate** and **timely**.

In implementing *Getting it right for every child* in Glasgow over a number of years, there has been significant change made to the way we work and learn together, we have streamlined and improved screening and referral processes and changed practice to embed the National Practice Model, risk management, chronologies and other tools to undertake a comprehensive assessment of need. Although the different agencies have their distinctive roles, they now operate within a shared framework that underpins this approach.

1.4 Our Vision and Aims

In Glasgow we remain fully committed to earlier identification, earlier engagement and earlier intervention to meet the diverse needs of all our children and young people. Services and partnerships across the city are committed to prevention and a desire that children and their families get the help they need when they need it. Our determination is to get it right for **every** child.

From the Leaders the Children’s Services Executive Group and through the leadership of services and partners, there is determination to ensure that every intervention contributes strongly to breaking the cycle of poverty, deprivations, poor life changes and poor outcomes. We wish to promote the best opportunities for every child.

Through effective partnerships, services work with and build on families strengths to resolve issues that may have a detrimental effect on the child or young person’s wellbeing and development. We aim to act and operate with every child’s best interest at the heart of all we do

Section 2 Child Focused

2.1 Getting It Right for Every Child: Core Components

'Getting it right for every child' is founded on 10 core components that **should be applied in all settings by all Glasgow practitioners**:

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.
2. A common approach to requesting involvement, gaining consent, and to sharing information where appropriate.
3. An integral role for children, young people and families in assessment, planning and intervention.
4. A unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, co-ordinated through planning meetings.
5. Planning, assessment and decision-making processes that lead to the right help at the right time.
6. High standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland.
7. A Named Person within universal services to address needs and risks at the earliest possible time.
8. A Lead Professional to co-ordinate and monitor multi-agency activity where necessary.
9. A confident and competent workforce across all services in Glasgow for children, young people and their families.
10. The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries

2.2 The Child at the Centre of Decision Making

The GIRFEC approach puts the child and their needs at the centre of everything we do. Universal Services (Health and Education services) and Communities (friends, family and the third sector) play a vital role in identifying the wellbeing needs of a child. Universal services are services that every child is entitled to. These services spend the most time with the families, children and young people and know them well.



Getting it right for every child aims to have support in place so that children and young people get the **right help at the right time**.

Parents/carers, other family members and universal services' where involved, **will meet most needs** of the child and family.

Only when support from the family, community and the universal services can no longer meet their needs will **targeted and specialist help** be called upon.

Only when voluntary measures no longer effectively address the needs or risks will **statutory measures** be considered.

Getting it right for Glasgow's children and young people - **Building on good practice:**

- The child or young person is at the centre of assessment and planning.
- The child or young person is considered as a whole person.
- The individual and family feel confident about the help they are getting.
- Children and their families understand what is happening and why.
- They have been listened to carefully and their wishes have been heard and understood.
- They are appropriately involved in discussions and decisions that affect them.
- They can rely on appropriate help being available as soon as possible.
- They will experience a coordinated response when required.

2.3 Shared Professional Standards

Practitioner expectations shared across discipline boundaries are:

Practitioners are required to:

- Use resources and techniques that are 'child-friendly' when eliciting children's views.
- Prepare children to take part, as far as possible, at their meeting.

- Practitioners in each agency respect the professional concern of colleagues in other agencies and engage in joint discussions.
- Assessment and interventions should not be intrusive; they will be proportionate and relate to the circumstances of the child.

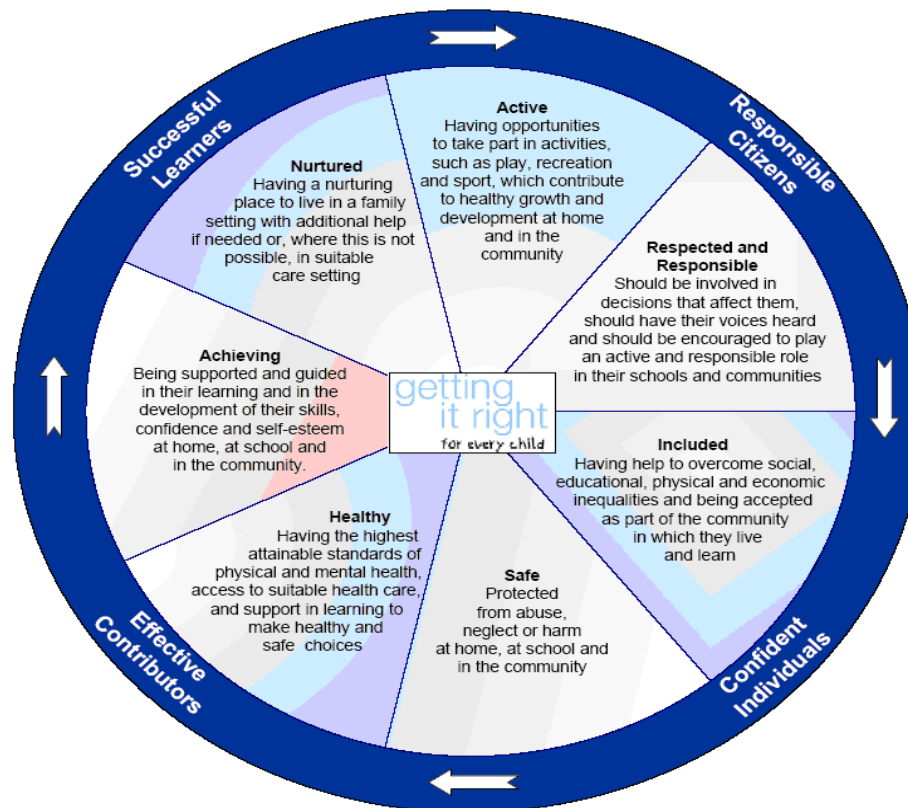
When they are concerned about a child or young person Practitioners need to ask themselves the '*Getting it right for every child*' five questions:

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

2.4 The Wellbeing Indicators

The Wellbeing Indicators are a set of concepts that all Glasgow agencies have agreed to use. Each practitioner is expected to:

- Consider each of the headings for every child and young person they work with
- Consider areas of unmet need.
- Take responsibility for identifying possible areas of need and taking steps to ensure they are met.



The sectors of the Wellbeing Indicators wheel are sometimes referred to as ‘**SHANARRI**’ because of the acronym formed by their first letters:

Safe...	protected from abuse, neglect or harm
Healthy...	experiencing the highest standards of physical and mental health, and supported to make healthy, safe choices
Achieving...	receiving support and guidance in their learning – boosting their skills, confidence and self-esteem
Nurtured...	having a nurturing and stimulating place to live and grow
Active...	having opportunities to take part in a wide range of activities – helping them to build a fulfilling and happy future
Respected...	to be given a voice and involved in the decisions that affect their wellbeing
Responsible...	taking an active role within their schools and communities
Included...	getting help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn

Section 3 Glasgow Approach

3.1 The Glasgow Practice Model

Regardless of our different professional backgrounds, all practitioners are striving for the best outcomes for the children and young people they work with. The ‘Getting it Right’ approach enables practitioners to share: the same values and principles; a common approach to assessment of needs and to develop ways of working that transcend the boundaries of distinct disciplines.

This section of the Guidance deals with the contributions at **practitioner-level** from all disciplines to ‘Getting it right for every child’.

Examples of the good practice inherent in ‘Getting it right for every child’ are:

- Maintaining the child at the centre
- Sharing information proportionate
- Reducing the number of meetings/appointments for families
- Keeping assessment and intervention proportionate and relevant to the concerns
- Working ‘with’ children and families rather than doing things ‘to’ them
- Empowering individuals to take effective control of their own lives.

The National Practice Model highlights the following good practice for all professionals working with children and young people:

- The child/young person is central to the process and their perspective is taken account of, unless this places them or others at additional risk.
- the assessment is proportionate and relates to the child's circumstances

There are **6 parts** in the Glasgow practice model. Practitioners endeavour to address all of these parts in the way most appropriate to the child or young person's needs. Recognising this shared agenda makes it easier for practitioners from different disciplines to work collaboratively.

Glasgow Practice Model

1. Using the Wellbeing Indicators to record and share information that may indicate a need or concern.
2. Using the My World Triangle (and any specialist assessments that are relevant) to construct a holistic picture of the child or young person: his or her strengths, the strengths in his or her caring and wider environment and the pressures that are impacting on him or her. Reference should be made to the National Risk framework where appropriate.
3. Analysing this information to make sense of the child's needs, using the Resilience Matrix where necessary.
4. Summarising the child's needs using the Well-being Indicators as an organising tool and identifying the intended outcomes for the child.
5. Constructing a plan and taking the appropriate actions;
6. Reviewing the plan and the progress made towards achieving the intended outcomes for the child.

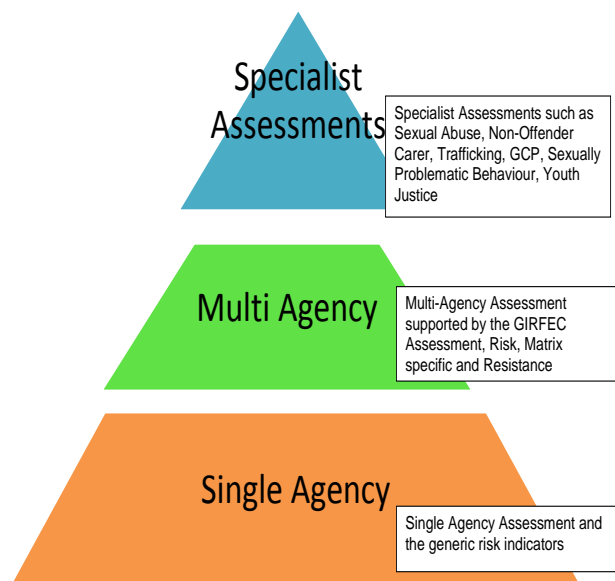
Regardless of where the concern originates, a practitioner:

- Needs to ask whether there may be unmet needs beyond the scope of their own service.
- Can contact other professionals who may be able to contribute to a discussion that will determine whether a child has 'unmet needs'.

If it becomes apparent that there is **not** an unmet need beyond the scope of the single service already implemented, then the assessment and planning continues as a single service or single agency plan.

The tools used to examine concerns and determine unmet needs are those of the Scottish Government's National Practice Model (The Wellbeing indicators, My World Triangle, and Risk/Resilience matrix) which are universally applicable. The tools are described in more detail in this document.

Glasgow's integrated GIRFEC assessment has been developed over several years to include wellbeing indicators, chronologies, risk management and a child's plan. The core data based on the minimum national core data set and a shared language of assessment is collected by each agency in single service assessments, as well as the joint GIRFEC assessment. Some Third Sector partners have made similar changes to core data, which allows easy information sharing between services.



3.2 Glasgow’s Approach to the Named Person

Most children and young people will get all the help and support they need from their families, the universal services of Education and Health and the provision available to everyone within their neighbourhoods and communities. However, at various times in their childhood and adolescence, many children and young people will need some extra help that can be provided from universal services, i.e. Health Visitors and Education staff.

The Named Person may have concerns about the child’s wellbeing that suggest further action is needed. Other individuals or agencies may have concerns about the child’s well-being that they wish to bring to the attention of the Named Person. In Glasgow we have been working to and are currently working in a culture where there is a natural role for agencies to take over the care and transfer of a child to another agency. We just haven’t called this activity the Named Person, before. Therefore, implementing the Name Person should not be seen as creating new tasks, but simply ensuring we continue to work collaboratively, in the best interest of the child, young person or their family. We will continue to work this way in Glasgow, while implementing the Named Person role will allow us to work in a consistent way across disciplines.

In most cases, the Named Person will not have to do anything more than they normally do in the course of their day-to-day work. The major difference will be that they use the National Practice Model as a starting point for recording both routine information about a child or young person and for when they have particular wellbeing concerns.

AGE & STAGE	NAMED PERSON
Pre-birth until entry to School	Health Visitor
School Aged children up to the age of 18	Education Services*
	LEAD PROFESSIONAL
All Children whose needs require input from more than one agency	agreement on which service takes the lead role
All Looked After Children	Social Work Services
Children with Complex Health Needs	Specialist Child Health Services

*The Head Teacher may designate to a promoted member of staff of the Primary or Secondary School that the child is enrolled will be the Named Person.

Maternity services are not a Named Person, but they are responsible for the mother and child pre-birth and up to the baby is 10 days old.

Pre-primary school the Named Person for the child will be **Health Visitors**. However, **Early Years Education staff** will play a vital role and work closely with the Named Person in Health to ensure the wellbeing needs of every child are being met.

Education Heads of establishments and **child development officers** have a vital role in reinforcing the parent’s and/or carer’s contribution to well-being and in monitoring the progress of the child.

3.3 The Role and Responsibility of the Named Person

Anyone who has a concern about a child's wellbeing should raise this with the Named Person. Once a concern has been brought to the attention of the Named Person, it is the Named Person's responsibility to take action to provide help or arrange for the right help to be provided to promote the child's development and well-being.

The Named Person:

- Is the key point of contact, for the child and young person and their parents/carers when the child has a wellbeing need.
- Is in a position to provide help early to prevent difficulties escalating
- Should follow single agency procedures until such time as the needs of the child requires the involvement of other partner agencies.
- Should make sure that the views of children and families are sought and recorded at every stage
- Should consider any concerns in the light of the child's history and current circumstances.
- Will lead on implementing and keeping under review the outcome and effectiveness of the single agency plan.
- assess if anything needs to be done and any extra help needs to be provided
- Is the person who makes sure children and families are fully involved in decisions that affect them.
- Should ensure that core information about the child in their agency is up to date and accurate.
- Should record any concerns that children, families, or practitioners in their own or other agencies bring to them about a child's well-being;
- Is in a position to have an overview of the child's wellbeing and will know if the child already has a Child's Plan in place, to address their needs.

- Has responsibility to consider any well-being concerns that are identified and take appropriate actions to promote, support and safeguard the child's wellbeing in partnership with the child, young person and their parents.
- Make sure, when information needs to be shared that children and families know why this information should be shared, and that consent has been given and recorded, unless, in exceptional circumstances, there is good reason not to (require new guidance from Scottish Government about information sharing. Expected August 2017).
- Should record any decisions or actions taken, including what immediate help, if any, has been put in place
- Should prepare a plan for the child when a child needs extra help, this should be based on appropriate and proportionate information. This plan should identify which of the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included are being impaired and need to be addressed.
- should review any other knowledge held within their agency, gather and analyse any other information needed to identify what might be causing the problems, using *My World Triangle*.
- *Needs to recognise when a compulsory supervision order might be needed in relation to the child.*
- Must be aware of risks, needs, patterns of activity and identify concerns that suggest a child may be at risk of significant harm, arising from observations or information received. In these circumstances **Child Protection Procedures** must be followed at all times.
- will enter in to collaborative discussion with other relevant service providers, (such as third sector, health, social care, education, Glasgow Life, Police Scotland, etc.) when asking another provider for help to support, promote or safeguard the wellbeing needs of a child or young person. In Glasgow, it has been agreed that a "request for assistance" will only be used in circumstances where the Named Person and the service provider are unable to reach agreement about the intervention required to meet the wellbeing needs of the child. For more detail please refer to Appendix 1.

Education staff should refer [to Every child is included and Supported Getting it right for every child in Glasgow Policy Guidelines June 2016](#).

3.4 Transitions from one Named Person to Another

At the point when a Named Person responsibility changes from the Health Visitor to the Primary School, it is the responsibility of the outgoing Named Person to ensure that where there have been concerns about a child, all relevant information is passed to the new Named Person. This process is detailed in a flow chart shown in Appendix 2.

Health Visitors should refer to Appendix 3 which is a flow chart detailing to standard procedure for Named Person leave.

Other organisations, such as: **Independent or Grant Aided schools, Secure Accommodation** services and the **Scottish Prison Service** (for the small number of young people held in custody), have a duty to make sure a Named Person is available to the children and young people in their care.

3.5 The Glasgow Approach to the Lead Professional

The Lead Professional is the second key role in the Getting it right for every child approach. It is seen alongside the role of the Named Person.

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

A local multi-agency decision needs to take place to discuss which agency is best placed to meet their needs and take on the role of Lead Professional. In all cases, where two or more agencies are required a Lead Professional must be identified. The Named Person can also be the Lead Professional. The Lead Professional will be dependent on the prevailing needs of the child or young person and will be the most appropriate person to coordinate the plan. For example a social worker will be the Lead Professional if the child is on the child protection register or Looked After. A health professional if additional health needs requiring intensive planning and help

A local multi-agency decision needs to take place to discuss which agency is best placed to meet their needs and take on the role of Lead Professional. In all cases, where two or more agencies are required a Lead Professional must be identified.

For example: A child attending Primary School their Named Person is the Head Teacher of the school or another nominated member of staff. The child may also require health input to manage an enduring illness.

Following a joint discussion between Health Consultant and the Named Person, to determine who is best placed to meet the needs of the child, there could be agreement that the Health consultation becomes the child’s Lead Professional; as they are in regular contact with the child and their family to manage the illness. The Head Teacher or another nominated member of staff will continue to be the child’s Named Person.

In these situations both the Lead Professional and the Named Person will work closely to inform each other of the child’s progress or otherwise.

Dependent on the age of the child or young person the discussion will take place in either the local Early Years Joint Support Team (EYJST) or in the Learning Community Joint Support Team (LCJST). LCJST & ISG Web link.

- Early Years Joint Support team (EYJST) pre-school aged children, via the child's Named Person the Health Visitor.
- school aged children the Learning Community Joint Support Team (LCJST) is the key process for discussion to determine which agency will become the Lead Professional.

Based on the outcome of the discussion at the EYJST or the LCJST, the Third Sector may be the best appropriate organisation to provide the type of support or service required for the child, young person or their family.

A Third Sector organisation can never be the Named Person, nor the Lead Professional. The Third Sector organisation will work closely with the Named Person or Lead Professional to inform them on the progress in meeting the child, young person or family's needs.

3.6 The Role and Responsibility of the Lead Professional

The Lead Professional will:

- use the National Practice Model, to co-ordinate the **GIRFEC Assessment** , including information from any specialist assessments,
- Co-ordinate the provision of other help or specialist assessments which may be needed, with advice from other practitioners where necessary
- make sense of the information provided in the assessment and lead on constructing the **Child's Plan**
- *consider whether a compulsory supervision order may need to be made and if so, make a referral to the Children's Reporter. This does not alter the duties of other professionals in relation to their ability to make a direct referral to the Reporter.*
- *Please click here to access the guidance. [Referral to the Reporter – CHIP Guidance](#)*
- be the point of contact with the child and family for the purpose of setting review dates, discussing the plan and how it is working, as well as any changes in circumstances that may affect the plan
- be a main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or raise any issues;
- make sure that the help provided is consistent with the **Child's Plan** and that services are not duplicated.

- work with the child, family and the practitioner network to make sure that the child and family's views and wishes are heard and properly taken into account and when necessary, link the child and family with specialist advocacy
- support the child and family to make use of help from practitioners and agencies;
- Monitor how well the **Child's Plan** is working and whether it is improving the child's situation
- Arrange for the agencies to review together their involvement and amend the **Child's Plan** when necessary.
- arrange for the production of materials for the review, if this is to take place at a meeting. Materials will be circulated to everyone involved, especially children and families.
- Make sure the child is supported through key transition points and ensure a careful and planned transfer of responsibility for these roles when another practitioner becomes the *Lead Professional*, for example if the child's needs change or the family moves away, or the named person resumes responsibility for the child when a multi-agency **Child's Plan** is no longer needed
- Ensure effective transfer of information when another **Lead Professional or Named Person** takes over, or when the family moves away or when the multi-agency **Child's Plan** is no longer needed.

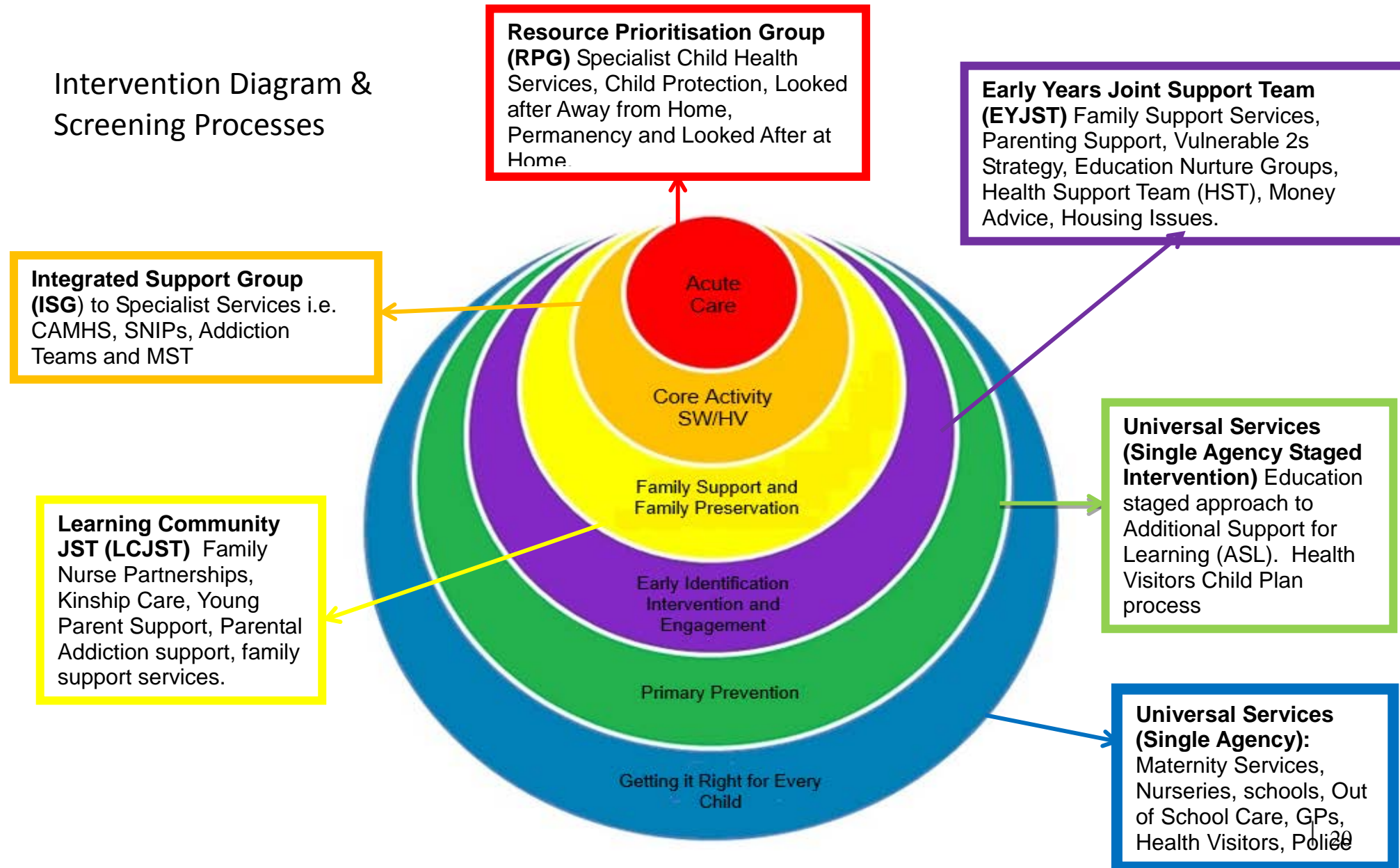
3.7 A Stepped Approach To Children's Services in Glasgow.

The diagram on the next page shows, Glasgow children's service stepped approach to aiding and support children, young people and their families. The stepped approach includes a wide range of services, for example:

- providing services for children in universal services;
- working jointly with the family to improve the child's development and wellbeing;
- building on the families strengths to keep them together;
- providing a range of family support services,
- offering respite,
- Child Protection,
- children and young people looked after at home,
- children and young people looked after away from home,
- adoption.
- Children's universal services

- Meeting the various needs of children and families when a child or young person has been identified as requiring extra help or additional support, to improve their development, well-being and fulfilling their potential.

Intervention Diagram & Screening Processes

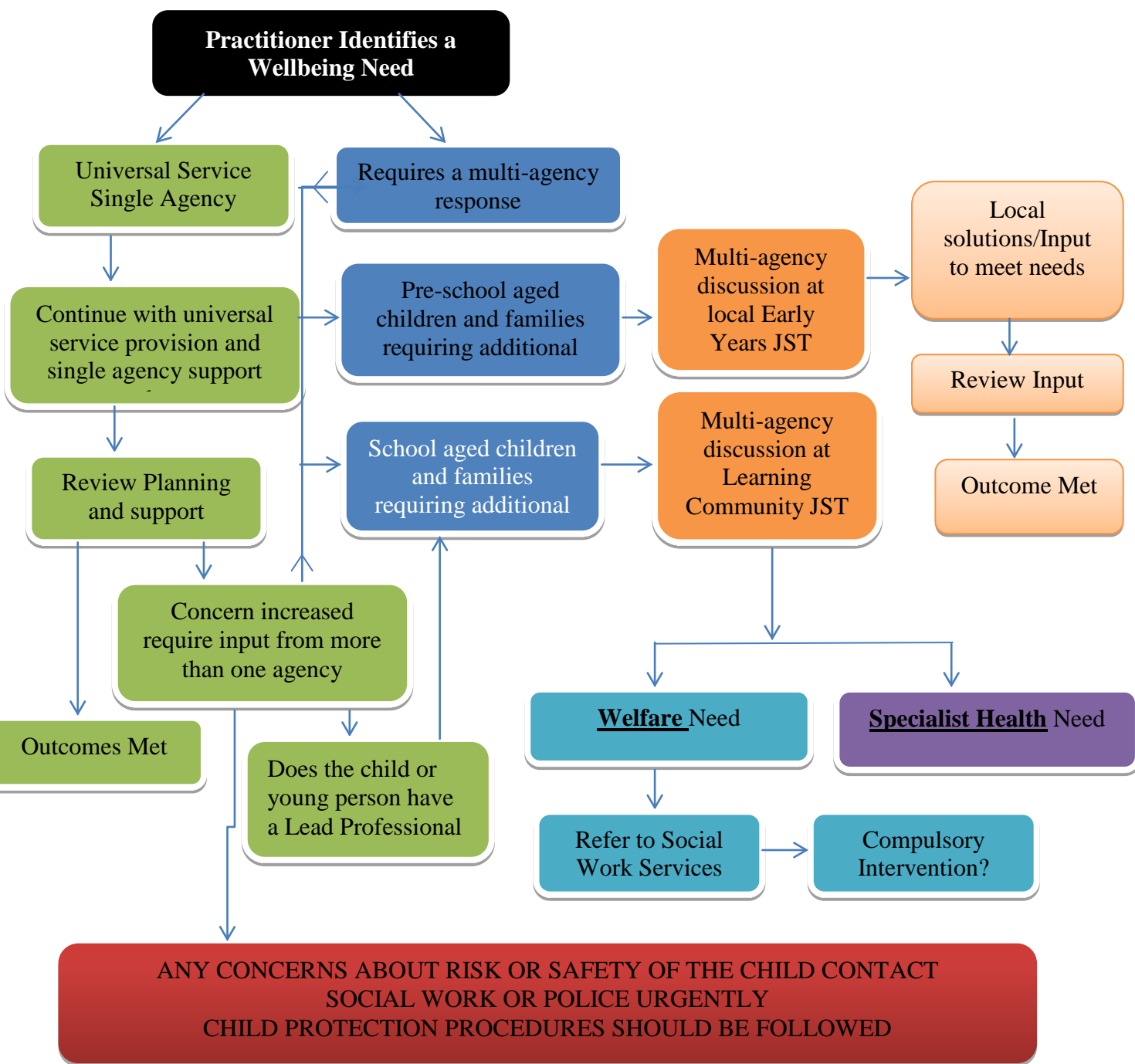


The following flowchart shows the system that has been developed in Glasgow for recognising, sharing and processing concerns regarding children and young people. The majority of concerns will be about children who require **support** rather than **protection**, and who need universal or additional services rather than compulsory intervention. We are therefore focusing on the central and left sections (blue and white boxes) of the flowchart.

'Getting it right for every child' shapes the culture for **all** children's services, within which the more specific elements of legislation for small groups of children applies.

Getting it Right for Every Child

Single and Multi-agency Assessment Process



4. Working with the Child, Young Person, Parents/Carers

4.1 The Child's Views

Practitioners can find it difficult to engage children and young people in the assessment process, and developing a partnership with children takes time, commitment and skill.

The child or young person has a right to be heard and a right to be protected. Their viewpoint is valid and it is important that the child or young person understands this from the worker undertaking the assessment.

The task of trying to ascertain the views of children as part of the assessment process can be divided into three stages:

- To build a rapport in which the child gains trust, feels understood and accepted
- To create a safe space where the child's needs can be expressed
- To reassure the child that his/her voice has been heard and that his/her opinions will be taken into consideration

The extent to which a child or young person participates in the process and the manner in which he or she is enabled to do so, depends on a variety of considerations e.g. age and understanding, cognitive development, cultural and ethnic background, personality and personal preferences.

Each practitioner will involve the child in their own assessments, but reviews and planning meetings are usually best prepared for by having one person (possibly the Lead Professional) taking responsibility for eliciting the child's views in advance.

The person chairing or facilitating the review will also make sure the child gets to comment on things that are said, and to rate the relative importance or significance of the issues raised. The child can often be given the lead in choosing which issues should be prioritised, or judging which interventions are most likely to be effective.

The child's views should include:

- ✓ Observations of behaviour, interactions and relationships. Although relevant for all children, it will be especially applicable to very young children and babies.
- ✓ Who has had contact with the child, where and when? How were the child's views obtained?
- ✓ If the child/ young person was spoken to alone.
- ✓ The child / young person's understanding of the purpose and process of assessment?
- ✓ The child's views on the situation leading to the assessment including whether they are in agreement with the need for the assessment.
- ✓ What the child would like to happen next.
- ✓ What the child thinks would help.
- ✓ Worries / concerns/ optimism about the future
- ✓ How they feel about their information being shared on an integrated basis.

It is important to emphasise to parents or carers that their views are important. Their views must be accurately recorded and any areas of disagreement highlighted.

Children and young people can be helped to give their views. There are many tools used by staff to engage with children and young people, such as: Talking Mats, Viewpoint, etc.

4.2 Working in Partnership with Families

Practitioners' should work in partnership with children and families where possible, ensuring that the welfare of the child is of paramount importance. Children and families should be treated with courtesy and respect. The aim of working in partnership with the children and families is to:

- Keep children and families fully involved and informed at all stages of the assessment process
- Afford them opportunities to influence events
- Assist them to articulate their views

It is acknowledged that in some circumstances it will not be possible to engage with some families in the spirit of participation. It is important to ensure that the child's welfare and need for protection is not diluted in our efforts to work in participation with the family.

The views of parents/ carers should include:

- ✓ Who has discussed with the parent / carer the need for the assessment? Where and when?
- ✓ Where the parent has communication needs how these were overcome.
- ✓ Parents/ carers understanding of the need for and the process of assessment.
- ✓ Parents/ carers views on the situation leading to the assessment including whether they are in agreement with the need for the assessment.
- ✓ What the parents/ carer thinks would help.
- ✓ What the parents/ carers view are about the future and what should happen next.
- ✓ Areas of disagreement/ differences of opinion and issues about levels of cooperation. Any disagreements should be noted in detail including whom the disagreement is with and what it is about.
- ✓ Their views about information being shared about their children on an integrated basis.

While disabled children's basic needs may be the same, impairments may create additional need. Disabled children may experience barriers that inhibit or prevent their inclusion in society. The assessment of a disabled child must also address the needs of the parents/carers.

Children with a disability are likely to experience a range of different assessments and for families "assessment" may be a familiar process. To work in partnership with families, professionals need to take account of individual past experiences and their impact on the child and family's attitudes to assessment and professionals.

In undertaking an assessment on a child with a disability, it is important not to marginalize the disabled child by favouring family members who are more vocal.

4.3 Single Agency Assessment

Children and young people's needs are usually met by Universal Services and they may never need an assessment. However, there will be children and young people who require additional support from another Team within the same service. The Named Person is required to develop a single agency assessment to meet those needs.

There is a shared understanding that assessment is a continuous process that informs planning and reviews the impact of interventions. Assessment takes place through the gathering and analysis of information. It does not necessarily imply direct work with a child or young person, or the use of formal or standardised tests. Assessment information can come from observation in a range of settings, discussion with parents and other practitioners, checklists, questionnaires, etc.

The purpose of an assessment is to understand the barriers to the child or young person's wellbeing or development. Through analysis of the information the Named Person (the assessor) is looking at what kind of intervention might be most helpful and appropriate in the circumstances. The interventions will inform a plan that sets out the interventions against the outcomes to be achieved and timescale.

The '**My World Triangle**' is one of the Scottish Government's national practice tools provided to ensure that all factors influencing a child's wellbeing are considered when assessments are being developed. For more detail on "My World" assessment triangle and questions to consider see **Appendix 4**.

The practitioner is prompted to inquire into:

- how the child or young person is growing and developing
- what the child or young person needs from the people who look after him or her
- the impact of the child or young person's wider world of family, friends and community

4.4 Glasgow GIRFEC Assessment = Integrated (Multi-agency) Assessment

Most children and young people will never require a GIRFEC Assessment, as stated above generally, the needs of children and young people are met by universal services. A critical part of the assessment process is the decision by a single agency professional (the Named Person) that the child's wellbeing needs and/or circumstances require an intervention from another or other services and this requires an integrated assessment to be undertaken.

Practitioners should be thinking about:

- The added value of integrating information from various sources (such as different viewpoints) is that the whole is greater than the sum of the parts.
- How one bit of the jigsaw affects another bit and how these things combine to impact on the child or young person.
- Seeking the child or young person's view, taking this into account and including this as part of the jigsaw.

This synergy should help us answer the big 'So what?' questions about all the bits of assessment information:

- What does that tell us?
- Why does that matter?
- How does that help us move forward?

No one professional can do an integrated assessment. It is not about collecting more information, it is about placing together information from health, education and sometimes third sector organisations relevant information together, to obtain a comprehensive understanding of what is happening in the child or young person's life that is adversely affecting their development, wellbeing or learning. Collating useful information makes staff better equipped to identify needs clearly and to plan effectively using strengths and strategies that are likely to work.

A GIRFEC assessment should be undertaken:

- Where there are child protection concerns or a child is on the child protection register
- A child has complex, additional learning or practical needs requiring substantial support from a number of services
- Where a professional observes a significant change or worrying feature, which could impact on the child's or young person's health or well-being.

The following list is not exhaustive, but is here to give an example of circumstances that could include either singly or a combination of:

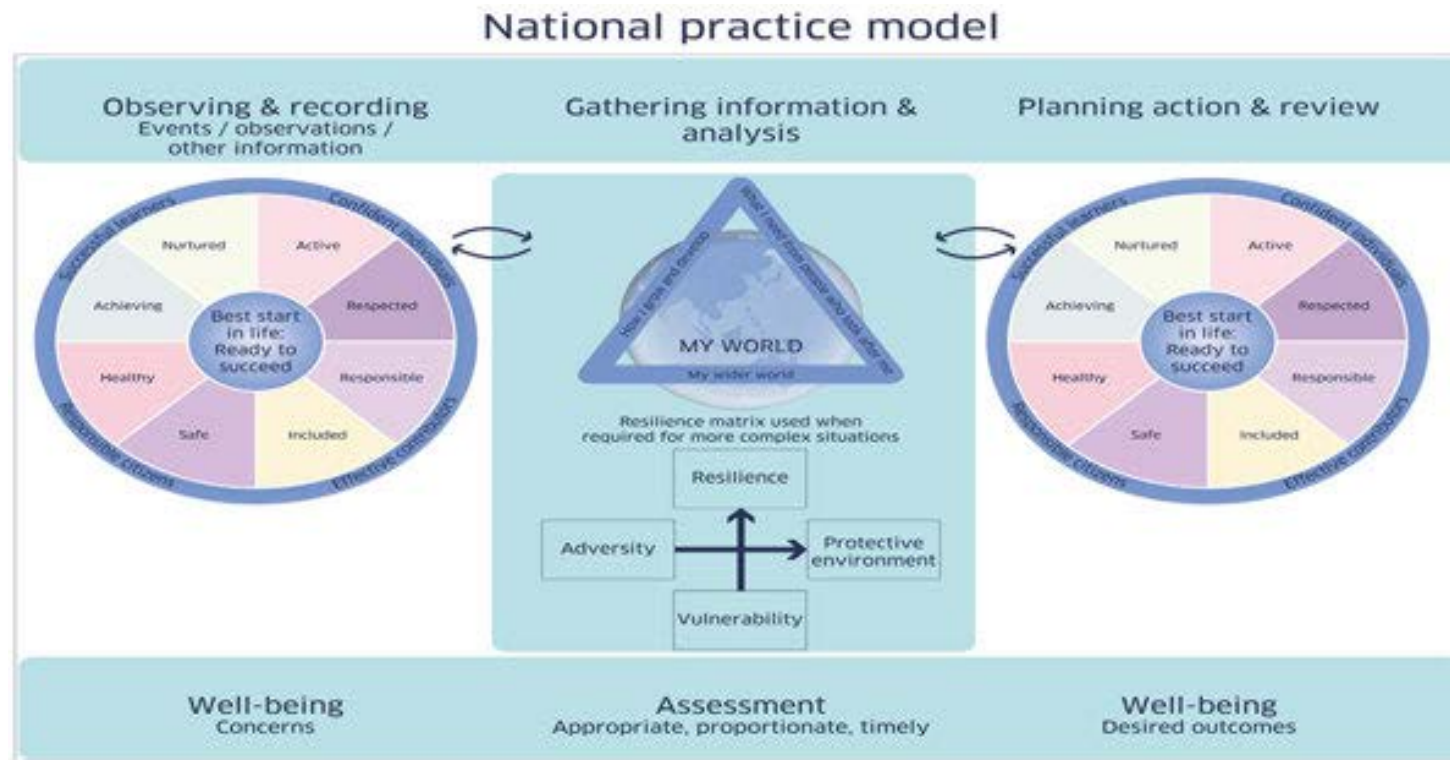
- Misusing substances
- Abuse or neglect
- Presenting challenging or difficult behaviour
- Unaccompanied young people seeking asylum
- Young offender
- Domestic abuse
- Homelessness
- Affected by disability
- Physical or mental ill health
- Bullies or bullied themselves
- Suffering family breakdown or bereavement
- Difficulty in learning
- Non-attendance at school
- Missing from school and untraceable

It is essential that decisions in the assessment process are evidenced based. This refers to the process by which practitioners gather relevant information about what is happening to a child and use their knowledge from research findings, theoretical ideas and practical experience (including the use of appropriate tools) to arrive at a greater understanding of a particular child and family experience.

- Practitioners and family members need to discuss who is best placed to take on the Lead Professional role.
- Assessment information from a range of practitioners is brought together
- Contributors jointly consider the impact of the various strengths and challenges facing the child or young person
- Contributors may refer to data they have gathered through tests, surveys and other investigations
- Outcome is a jointly produced Glasgow GIRFEC Assessment and a related Child's Plan
- The shared assessment leads to a shared approach to meeting the child or young person's needs.

4.5 National Practice Model

The **National Practice Model** and other tools shown below should be used by all practitioners to ensure good practice and continuity of activity to assess the needs of a child or young person.



4.6 Chronology of Significant Events

A chronology is an important record of significant events in a child's life. The chronology should be factually based and the source of the information should be made clear. It should be historical covering the entirety of the child's life with the most recent event recorded below all other events.

The chronology should also contain information on positive events i.e. strengths within the home environment in addition to the negative. The chronology should clearly indicate the key pieces of information which show the issues present and causing concerns in a child or young person's life.

Chronology serves the following functions:

- allows professionals to see at a glance any concerning pattern of events
- identifies key agencies involved with the child
- allows families to see a summarised account of key events and help them make sense of a range of information
- helps the child understand his life experiences

The chronology must be kept up to date to ensure that no important information is lost. All agencies involved with the child and family should ensure that any information about significant events, are passed to the lead professional as soon as possible.

The Lead Professional will:

- Co-ordinate a chronology based on information from all agencies involved with the child and family.
- Have a specific responsibility to ensure that the chronology held on the child and family is updated if required.

The following list are examples of the type of information that will be recorded in the chronology, this list is not exhaustive:

Education

- ✓ Changes in family/ care structure e.g. through separation/ divorce/ bereavement/ custodial sentence etc.
- ✓ Changes in family circumstances e.g. homelessness/ birth of sibling.
- ✓ Referral e.g. Integrated Support Team, Psychological Services, and other agency.
- ✓ Requests for a coordinated support plan.
- ✓ Attendance
- ✓ Attainment
- ✓ Achievement
- ✓ Exclusion
- ✓ Significant periods of absence e.g. illness, pregnancy, etc.
- ✓ Incidents of bullying

Health

- ✓ Changes in family/ care structure e.g. through separation/ divorce/ bereavement/ custodial sentence etc.
- ✓ Changes in family circumstances e.g. homelessness/ birth of sibling.

- ✓ Referral e.g. hospital paediatrician, therapy service, other agency.
- ✓ Attendances at Accident and Emergency, Out of Hours and NHS24
- ✓ Hospital admissions
- ✓ Childhood illnesses
- ✓ Childhood disability
- ✓ Missed appointments for immunisations child health surveillance, hospital appointments
- ✓ Dates of immunisations and screening
- ✓ Formal health assessments e.g. developmental, LAAC

Social Work Services

- ✓ Changes in family/ care structure e.g. through separation/ divorce/ bereavement/ custodial sentence etc.
- ✓ Changes in family circumstances e.g. homelessness/ birth of sibling.
- ✓ Referral e.g. additional support, other agency.
- ✓ Dates of Social Work Services Involvement
- ✓ Reason for involvement
- ✓ Dates of child protection enquiries
- ✓ Dates of child protection related meetings e.g. case discussions, case conferences.
- ✓ Dates and categories of previous child protection registrations
- ✓ Dates and reason for child being looked after and accommodated
- ✓ Legal basis for Social Work Services involvement

Scottish Children's Reporters Administration

- ✓ Dates of referral
- ✓ Referral reason e.g. care and protection, youth justice, domestic abuse, school attendance. Will be detailed as follows;
 - Section 52(2) a, out with control
 - Section 52(2) b, moral danger
 - Section 52(2) c, lack of care
 - Section 52(2) d, schedule 1 against child
 - Section 52(2) e, member of same household as a child who is victim of a schedule 1
 - Section 52(2) f, member of same household a schedule 1 offender
 - Section 52(2) g, member of household where the offence of incest or intercourse against a child has been committed by a member of that household
 - Section 52(2) h, has failed to attend school
 - Section 52(2) i, has committed an offence
 - Section 52(2) j, has misused alcohol or drugs

- Section 52(2) k, has misused a volatile substance
- Section 52(2) l, special measures to deal with behaviour

- ✓ Legal status and changes to legal status
- ✓ Dates of any Children's Hearing

Scotland Police

A police single agency chronology will contain relevant and proportionate significant event data to the concerns being discussed about the child or young person, this could include:

- Instances of previous police involvement at the home address (STORM incidents including disturbances, domestic incidents, violence, criminality etc.),
- Crime reports involving the child/young person, Crime reports involving parents/carers/significant adults and/or siblings when relevant to the child/young person,
- Previous criminal convictions of the child or young person,
- Previous criminal convictions of the parents/ carers/ significant adults and/or siblings when relevant to the child/young person,
- Previous domestic incidents (criminal and non-criminal) involving the parents/ carers or significant adults, whether the child or young person was present or not,
- Intelligence information in relation to the child/ young person, parents/ carers/ significant adults and/or siblings when relevant to the care or protection of the child/young person,
- Previous child protection investigations involving the child/young person, the parents/ carers/ significant adults and/ or siblings (when relevant to the child/ young person); and
- Missing person reports involving the child/ young person, parents/carers/significant adults and/or siblings when relevant to the child/young person
- Visor records in relation to parents/ carers/ significant adults and/or siblings when relevant to the child/young person.

4.7 The Child's Plan

The Child's Plan principle in "*Getting it right for every child*" each child who requires support whether from a single universal service or several agencies will have this support co-ordinated and recorded within a Child's Plan.

The key parts of the plan are:

- ✓ A summary of the needs which have to be addressed.
- ✓ What is to be done?
- ✓ Who will do it?
- ✓ How will we know if there are improvements?

Plans are working documents and it is more important to share their content quickly to promote interventions than to have long delays while lengthy minutes are typed up.

In Glasgow, Education services are developing the concept of “nested plans” whereby the statutory plans can refer to other plans that relate to the child’s needs. For example, as Co-ordinated Support Plan (CSP) details what the staff in “appropriate Agencies” other than Education are doing to support educational objectives and does not itself contain all the details included in the child’s Individualised Education Plan (IEP).

The Child’s Plan should detail the following:

- The objective of the plan should be clear and stated at the outset in the purpose.
- Plans need to be clear and specific desired outcomes should be identified
- Children and their families need to know what is expected of them.
- Children and their families should be encouraged to contribute to their plan.
- Objectives should be reasonable and timescales not too short or unachievable. This is relevant for both professionals and for children and their families.
- Consideration needs to be given to what resources are available to meet the needs of a child/young person. Where a resource is required but not available this should be recorded.
- Show outcomes which are the specific changes, benefits, learning and effect that actually happen or are expected to happen as a result of your activities.
- *Where assessment indicates that a compulsory supervision order might be necessary, the Child’s Plan should include clear details as to what specific measures are recommended and the reasons why.*

4.8 Implementing and Reviewing the Child's Plan

The practitioners named in the plan are responsible for:

- carrying out their own interventions in the set time-frame
- Sharing relevant information with the Lead Professional prior to the review of assessment.
- ensuring that the review focuses on action taken towards meeting the goals set at the previous meeting, and the extent to which this has been successful
- ensuring that the review will decide whether to continue the multi-agency planning and reviewing process, revert to single agency planning, or terminate the planning process altogether.

Section 5 Risk Assessment and Risk Management

5.1 The National Risk Framework

The [National Risk Framework](#) supports and complements the Glasgow GIRFEC practice model and assists practitioners at all levels, in every agency/service, to approach the task of risk identification, assessment, analysis and management with more confidence and competence. This generic risk framework can be used by any practitioner in any circumstance where agencies are exploring a child's needs.

Any assessment of a child's circumstances should always consider the child's need to be safe and protected. Where the assessment process identifies concerns, the framework can support practitioners to explore potential risk in greater detail. It can assist in deciding whether a single agency response will meet the child's needs or whether there is a need for a multi-agency approach that may ultimately require intervention under child protection.

Practitioners require to be familiar with the [National Risk Framework](#) which contains Step by Step Guidance to assessing and managing risk, a set of tools to assist in the gathering of information and analysis of information



The Framework tools are not to be viewed as prescriptive, practitioners need to consider how and when the tools can be used in each individual circumstance. The tools seek to support and complement existing **single** and **multi-agency** assessment processes within the City.

The Framework has three key risk components (3 R's) that build upon the GIRFEC practice model - **Risk, Resilience and Resistance**. These three factors require to be considered when undertaking any assessment of need and/or risk. It is the complex interplay and weighting of these three factors that requires close exploration to help reach a clear understanding of risk. In addition, any assessment of risk must also consider the following:

Source of the Risk

- Who or what presents the danger/threat to the child's well-being?
- Where does the abuse occur – at home or in the wider community?
- What is the level of intent – is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?

Capacity of the parent/carers to effect the necessary changes

- Are they able and willing to work with services to effect change?
- Do we have the resources to help address needs/risk(s) and to build child and family resiliencies?
- How long is it likely to effect change?
- Can they maintain the change required?
- The assessment information can then be used to help determine, if a child is safe, what agency resources are needed to keep the child safe with their family and where the risks are such that a child may need to be removed from immediate family.

In What Circumstances Can the Framework be used?

The Framework aims to inform practitioners across the spectrum of needs and risks to help identify what may be of concern and then better record and communicate incidents or circumstances of concern. **The Framework and tools can be used within the following circumstances:**

- **Single Agency**
 - ✓ to assist identifying issues of concern which require to be addressed within a single service assessment.
 - ✓ Where single agencies begin to have concerns about a child, but are not at the point of seeking additional service involvement, the Framework can help practitioners work out whether the child's needs may be met within their own organisation or if there is a need for other agencies to be involved.
 - ✓ Having gathered all the relevant available information (using the My World Triangle) about the child, the parent/carer and the child's wider environment, the **Generic Risk Indicators** can then be used to help identify the key risk factors and the level and type of service required.
 - ✓ The worker can then consult with their line manager to screen concerns and agree whether their single service can satisfactorily meet and address the needs of the child or whether there is a need to share concerns with and involve another agency.
 - ✓ Where it is thought that the level of concern may require multi-agency involvement on a child protection basis these should be immediately be shared with Social Work Services and/or the Police.

- **An accumulation of concerns**
 - ✓ A generic risk assessment may identify an accumulation of concerns that require more than one agencies involvement.
 - ✓ A generic risk assessment may identify the need for further specialist assessment around areas such as neglect to explore in greater detail the level of neglect and the aspects of parenting that require to be improved to ensure the child's safety and well-being.

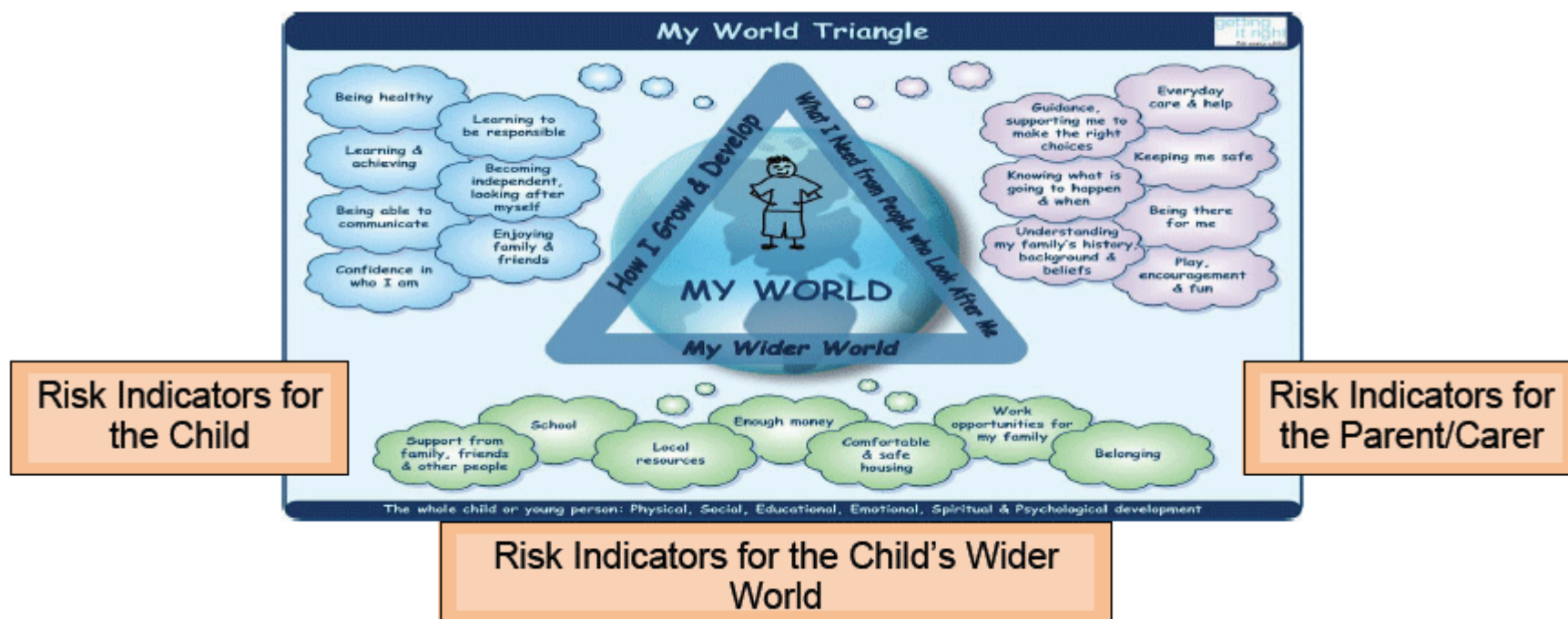
- ✓ Where concerns are being considered under child protection the **Lead Professional** will be a social worker. The Social Worker will have the responsibility for collating the comprehensive multi-agency view of the risks and needs facing the child or young person, along with any strengths/resilience factors that exist to minimise risk and maximise their future safety.
- **Where circumstances have improved**
 - ✓ services remain involved the Framework can still usefully support on-going assessment and intervention
- **Child protection investigation**
 - ✓ to help obtain initial multi-agency understanding and agreement on the level of actual and potential risk/s and the initial action/s that may be necessary to support and protect the child
 - ✓ conducted in response to an accumulation of concern, as part of a child protection initial investigation where decisions have to be made quickly and often with limited information, or where a child is already identified as in need/at risk and whose name is on the Child Protection Register where the assessment may be planned and undertaken over a period of time.
 - ✓ in cases of domestic abuse and neglect where practitioners require a better shared understanding of the multi-dimensional nature of the concerns, the level of risk and whether change is possible within the family context.
- **Child protection registration**
 - ✓ where a comprehensive assessment of need and risk requires to be undertaken to inform the child protection plan and risk management/reduction strategies

5.2 A Staged Approach to Risk Assessment

The framework supports practitioners to take a staged approach to assessment, analysis and risk management and sets out a range of tasks and activities that can be undertaken within each stage. As noted previously, risk is dynamic and as such practitioners will often move between these stages as information and circumstances change. New information may also come to light that requires practitioners to revisit the assessment and revise their interventions with a family and reshape the Child's Plan.

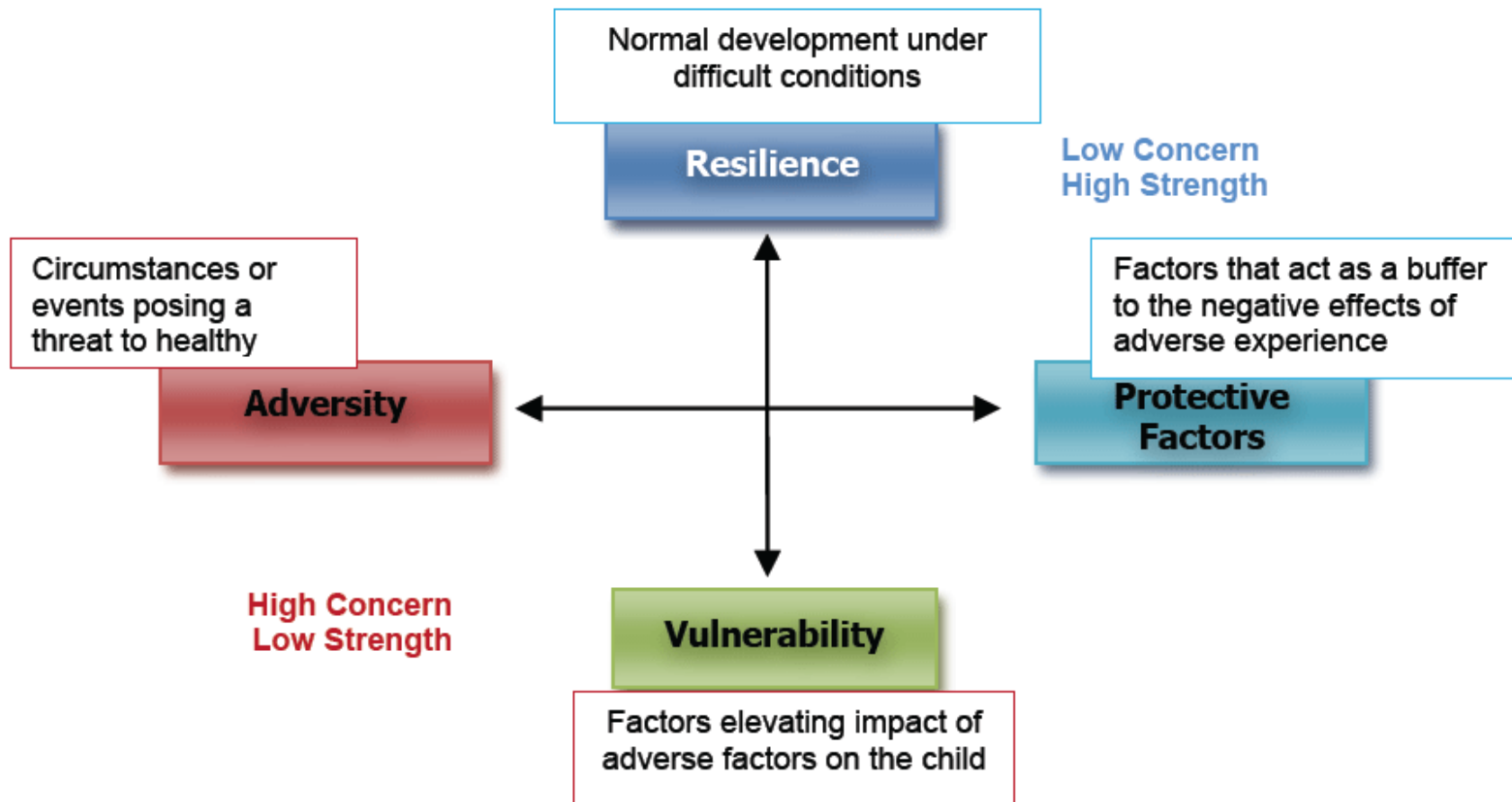
The following information has been provided as an outline of the [National Risk Framework](#), in relation to assessment, analysis and development of a Child's Plan. Practitioners must refer to the National Risk Framework documents for more detail. The Glasgow Risk Framework, Associated Risk Tools and Processes for Social Worker are shown in Appendix 5.

Stage 1, Gathering Information - this stage is supported by a set of **Generic Risk Indicators** which have been developed around the My World Triangle and focus on the child, parent/carer and the child's wider world.



Practitioners are then asked to consider the Question "**What is the information telling me**"?

Stage 2, Analysis - The **Resilience/Vulnerability Matrix** sits within the National Practice Model and practitioners will be familiar with this analysis tool and its use to sort information gathered using the key headings of **vulnerability, resilience, adversity** and **protective factors**. This can be used by professionals to aid the identification of individual and family *resilience / vulnerabilities* and to highlight areas of *adversity* and those *protective factors* that may counter the impact of adverse experiences.



5.3 Considering Parental Resistance and Risk

Practitioners can refer to the **12 “Risk Prompts”** that help practitioners to ensure that they have covered all areas to be assessed and are able to clearly identify risks and protective factors relating to the child and their family. **Using the My World Triangle** and the **Resilience/Vulnerability Matrix** and exploring Parental Resistance - practitioners will begin to form a professional view as to the level of risk/concern that may be present for each individual child.

The **12 Risk Questions/Prompts** and the model outlined below for considering parental resistance can also be used by practitioners as a further aid to ensure that all aspects - risk, resilience and resistance have been actively considered.

Areas for Consideration		Practitioner Prompts
1.	Are you able to describe the current incident of concern - record these accurately?	<ul style="list-style-type: none"> • What are the parent's attitudes and responses to your concerns? • Is their explanation consistent with the injury/incident? • What status does the child have within the family?
2.	Have you assessed all areas of potential risk?	<ul style="list-style-type: none"> • Note and record each risk factor separately (e.g. child, parent, family, surrounding environment, type and nature of abuse, intervention issues)
3.	Can you describe the potential behaviours of concern?	<ul style="list-style-type: none"> • Rather than focus on the individual, assess each worrying behaviour individually - as each is likely to involve different risk factors
4.	Can you describe the nature of the risk factors?	<ul style="list-style-type: none"> • How long have they been operating? • How severe are they? • Are the injuries/incidents one off or cumulative over a period of time
5.	Grade the identified risk factors, and be alert for especially serious risk factors (High, Medium or Low - this is a professional judgement)	<ul style="list-style-type: none"> • For example, previous corroborated or uncorroborated concerns, unwillingness or inability to protect. If a young baby is with an alcoholic mother and basic care (safety) is not being provided then the severity of the risk is clearly high. If the child is older and has a number of protective factors around them (e.g. a good school, grandmother who can spend lots of time with them) then the severity of the risk posed by the alcoholic mother may not be high
6.	How serious are the consequences of the abuse occurring for the child, for the child's family and for the agencies involved?	<ul style="list-style-type: none"> • We need to distinguish between the likelihood of the behaviour occurring from its seriousness if it does. For example, someone may indicate they are allowed to smack their child, thus, the likelihood is that the child will be smacked again in the future and we need to assess the impact of the action of the child
7.	Detail ALL previous incidents of abuse and neglect	<ul style="list-style-type: none"> • Detail any previous incident of abuse or neglect (type and frequency) in this family and/or any record of the current caretakers having abused or neglected other children • Is there a pattern of abuse (such as physical abuse being repeated) or is it changing (such as the concerns spanning a range of abuses)?

Areas for Consideration		Practitioner Prompts
		<ul style="list-style-type: none"> • Do they accept any of the previous concerns? • Do they have any insight into their previous behaviour? If so why the lapse? Do they accept or reject themselves as a continuing risk?
8.	What are the strengths in the situation being analysed?	<ul style="list-style-type: none"> • A broad view should be taken of possible strengths including extended family and community supports but they should be related to the abuse or neglect under consideration. • Here too the emphasis is on the situation being assessed but consideration should also be given to factors from the caretaker's past where there is evidence that these are strengthening current coping capacity. For example, a parent who has "coped" for a number of years prior to the current concerns can show the capacity under other circumstances to provide appropriate care for the children
9.	Do any risk reducing factors exist?	<ul style="list-style-type: none"> • An admission by a parent of the problem and a willingness to co-operate with a treatment and intervention programme can reduce risk. The use of interventions known to bring benefits (e.g. appropriate, regular medication for a mental illness would also reduce risk)
10.	What are the prospects for change in the situation and for growth?	<ul style="list-style-type: none"> • A risk assessment should attempt to forecast how a situation will develop in the future. Clearly, the capacity for improvement or deterioration in the current conditions is central to any such assessment. A key indicator of the likelihood of change is the parent's attitude to the abuse or concerns - an acknowledgement of the difficulties and a preparedness to work towards change would normally be seen as lessening the risk and the denial of the problem as increasing it • Other areas may include parenting skills and the capacity to learn - so can ways of teaching and imparting parenting skills, matched to the parent(s) methods of learning, be improved? • Do they have the capacity to generalise learning to adapt it to new situations? Have they made some changes previously but could not sustain?
11.	What is the risk associated with each intervention?	<ul style="list-style-type: none"> • Removing a child allegedly in danger from its family exposes them to other dangers which can be equally damaging • We need to consider whether the benefits of intervention outweigh the problems of separation if we are considering removal from the home - the inability to place siblings

Areas for Consideration		Practitioner Prompts
		together in substitute care, the location from the placement may be some distance and can, thus, disrupt the child's peer networks, schooling and social life
12.	What is the family's motivation and capacity for change?	<ul style="list-style-type: none"> • As noted, a genuine shared understanding and acknowledgement of concern on the part of the parent/carer alongside a willingness and ability to work with services would normally be viewed as supportive to reducing risk potentials, while an absence of each would likely increase risks • However, care needs to be taken not to discriminate against parents solely on the basis of their taking a different view of the abuse or alleged abuse from practitioners. Key questions to ask include: <ul style="list-style-type: none"> • Does the parent have insight into your concerns? • Do they want to change? • Do we have the resources to help? • How long will it take? • Can they maintain the changes? • Does the child need to live somewhere else?

Stage, 3 - Risk Management and Reduction - this is the stage where the **Child's Plan** is constructed around the identified need. In Glasgow, we are working to the GIRFEC principal of one child, one plan used by all agencies. The Child's Plan is outcome focused and there is a need to ensure that outcomes are realistic and measurable and that all actions/activities are understood by professionals, the family and the child (age appropriate). The Child's Plan must be regularly reviewed and the timescale for review will be dependent on the nature of the plan (e.g. Child protection, LAAC, child in need).

Section 6 Information Sharing

6.1 Information Sharing

Confidentiality is of fundamental importance to children and young people. Children and young people have a right to privacy under the European Convention on Human Rights (ECHR) & United Nations Convention on the Rights of the Child (UNCRC); children have the same rights to confidentiality as adults.

Sharing information that is relevant and proportionate about children who are at risk of harm, is fundamental to keeping children safe.

Everyone working with children, young people, families and other professionals can ensure that children and young people have the best outcomes possible:

- Everyone responsible for using data must adhere to the following ‘data protection principles’. They must make sure the information is:
 - ✓ used fairly and lawfully
 - ✓ used for limited, specifically stated purposes
 - ✓ used in a way that is adequate, relevant and not excessive
 - ✓ accurate
 - ✓ kept for no longer than is absolutely necessary
 - ✓ handled according to people’s data protection rights
 - ✓ kept safe and secure
 - ✓ not transferred outside the European Economic Area without adequate protection
- Share information that is necessary, relevant and proportionate
- Record why information has been requested or shared
- Make the child, young person or family aware of why information is being shared*

**Unless there are child protection concerns.*

If a professional has concerns regarding a child’s welfare information should always be shared with Social Work Services.

The child or young person’s welfare is paramount. The sharing of information between agencies and between staff within agencies is crucial to help safeguard children or young people and facilitate appropriate assessment/care management.

If a practitioner/professional is concerned that the young person may potentially be at risk of future harm, then relevant information should be shared with appropriate agencies to enable a single/multi agency assessment to take place.

If the child is considered to be in imminent danger the Police should be contacted and Child Protection procedures should be followed.

6.2 Sharing Information on Wellbeing

In Glasgow, professionals across Health, Social Work and Education Services have shared information to assist a child, young person or their families. This has always been done in a respectful and proportionate way and where possible with the consent of the child, young person or parent/carer.

A Named Person should build a trusting relationship with the child, or young person and their families. They should work with the family, explain what they are doing and why. The child, young person and families should be involved and have their say about any decisions made about them. As a Named Person, you should be a person who knows the child and their family well, so when it comes to discussing sharing information with another agency, the child and family will understand this is being done to assist them, not for any other reason

Where there is a need for a multi-agency approach to the assessment and a child's plan is required the Named Person or Lead Professional should obtain consent from the child and their family for the assessment process being initiated and discuss the need to share information across agencies.

It is essential that a child's right to privacy is considered at the heart of any decisions that are made about them. Where the child is able to consent they should be asked to do so before any information is shared about them. If the child is unable to consent then the parents should be asked to do so on his/her behalf.

If the child withholds consent against parental agreement then the wishes of the child should be considered paramount, so far as this does not affect their care or endanger them in any way. If however, the child and/or the parent refuse, but there is an evidenced view that the child is in need and/or at risk, then the Lead Professional should initiate formal child protection procedures. This will lead to the assessment being completed following consideration of any immediate risks to a child.

If any agency has concerns that a child is suffering significant harm or will do so in the future, **Child Protection procedures must be followed.**

Practitioners endeavour to address all of these parts in the way most appropriate to the child or young person's needs. Recognising this shared agenda makes it easier for practitioners from different disciplines to work collaboratively.

We are awaiting Scottish Government guidance to the Supreme Court

[ICO Clarification on Information sharing following the Supreme Court Judgement on 15 September 2016.](#)

6.3 Sensitivity to Ethnic & Cultural Issues

Practitioners must give special consideration to the different cultural, ethnic and racial origin of families and their different religious beliefs and languages. It is essential that practitioners should have a proper understanding of these issues and how they are likely to affect families involved in the process of assessment. Equally, practitioners must understand from a family's point of view the significance for them of any traditions or beliefs and should not assume religious or cultural stereotypes i.e. each family will have its own interpretation of religion/ culture/ traditions.

It is important that an interpreter is used where English is not the preferred language of the child or the parents/ carers. **Family members should not be used to interpret on behalf of others.**

APPENDIX 1

NAMED PERSON REQUEST FOR ASSISTANCE

1. Introduction

The National Getting It Right for Every Child approach and the Children and Young People (Scotland) Act 2014, promote integrated working and partnership between professionals and families, to provide the right help for a child or young person at the right time.

The Named Person will enter in to collaborative discussion with other relevant service providers, (such as third sector, health, social care, education, Glasgow Life, Police Scotland, etc.) when asking another provider for help to support, promote or safeguard the wellbeing needs of a child or young person.

In Glasgow, it has been agreed that a “request for assistance” will only be used in circumstances where the Named Person and the service provider are unable to reach agreement about the intervention required to meet the wellbeing needs of the child.

2. The Role of the Named Person and Relationship with other Organisations

The Named Person should identify the wellbeing needs of the child, which should be based on an assessment of the child’s needs. Analysis of these needs should allow the Named Person to understand which service provider is best placed to help deliver the outcomes for the child.

When contacting the relevant service provider/s, the Named Person should be specific in stating the wellbeing needs of the child and where possible, state what outcome/s they hope to achieve for the child. This process should promote professional discussion that leads to agreement on the best solution to meet the child’s wellbeing needs.

Should the Named Person feel a fuller discussion at an Early Year Joint Support team (EYJST) or Learning Community Support Team (LCJST) would help them to get the right service to assist, offer advice, information or support to the family and/or child they should follow the guidance for accessing EYJST or LCJST.

The most common reason for Third Sector organisations being unable to work with the Named Person to meet the wellbeing needs of a child or family is lack of capacity or a waiting list. **This lack of capacity needs to be monitored to evidence unmet need in localities and a system and process developed to capture this to report to CPP, Thriving Places.**

Child and families may access third sector services by e.g. self-referral, etc. There is an expectation that the third sector organisations will inform the Named Person that they are working with child or their family.

3. Request for Assistance Process

In Glasgow, we expect the Named Person and relevant providers to build professional relationships that lead to a good understanding of each other's roles, responsibilities and the type of involvement they can offer to address the wellbeing needs of the child.

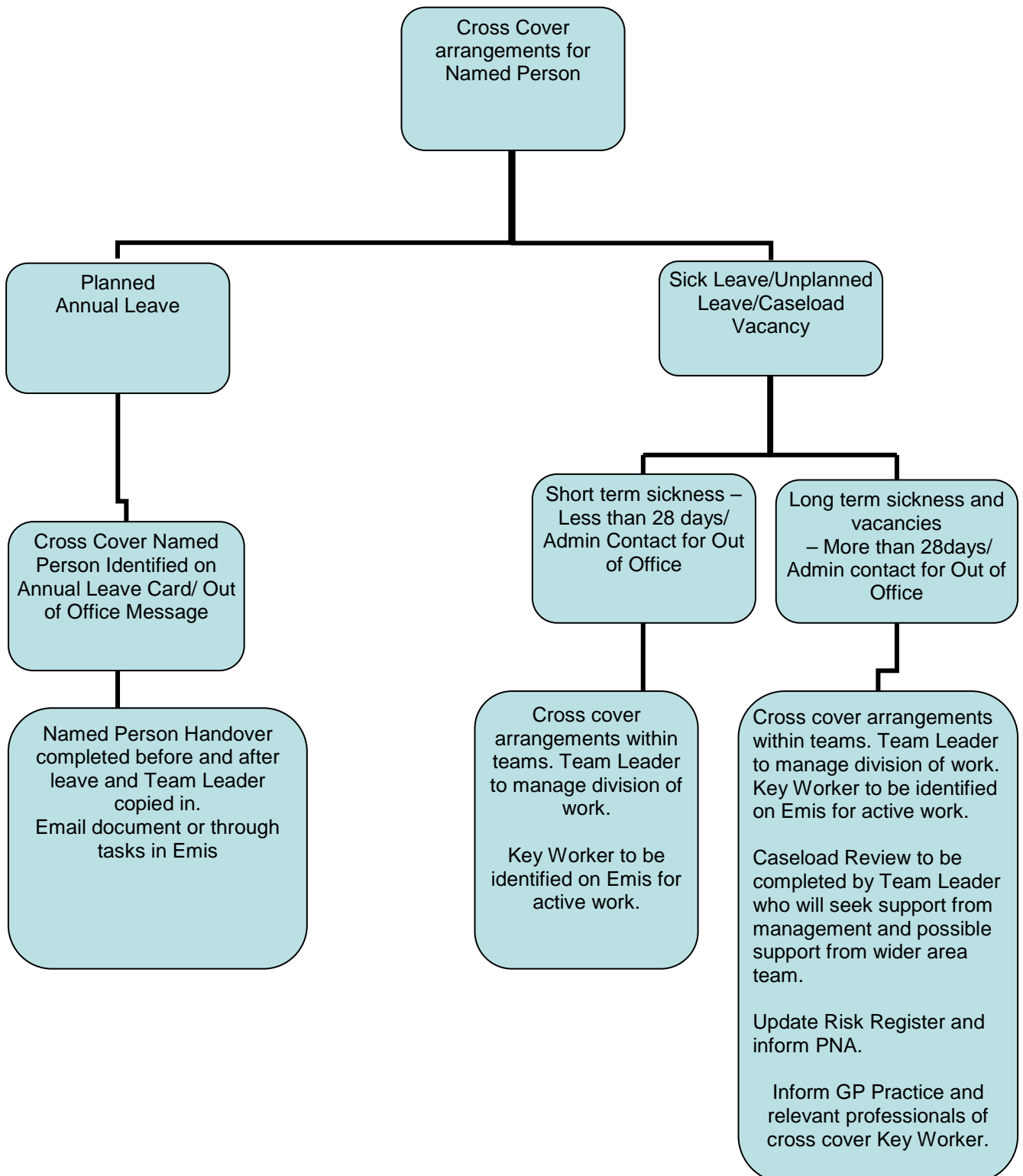
Only in extraordinary circumstances do we envisage the Named Person resorting to raising a "requests for assistance". Without causing significant delay to the child's wellbeing needs being addressed, the Named Person should instigate a "request for assistance" and send this to the relevant provider.

The "request for assistance" will be considered, investigated and discussed by a relevant Service Manager of the service or equivalent senior managers in an organisation who will work with the Named Person to find the best solution to resolve the dispute and address the wellbeing needs of the child.

Individual services need to work together to develop and share their systems for responding to a "Request for Assistance".

APPENDIX 3

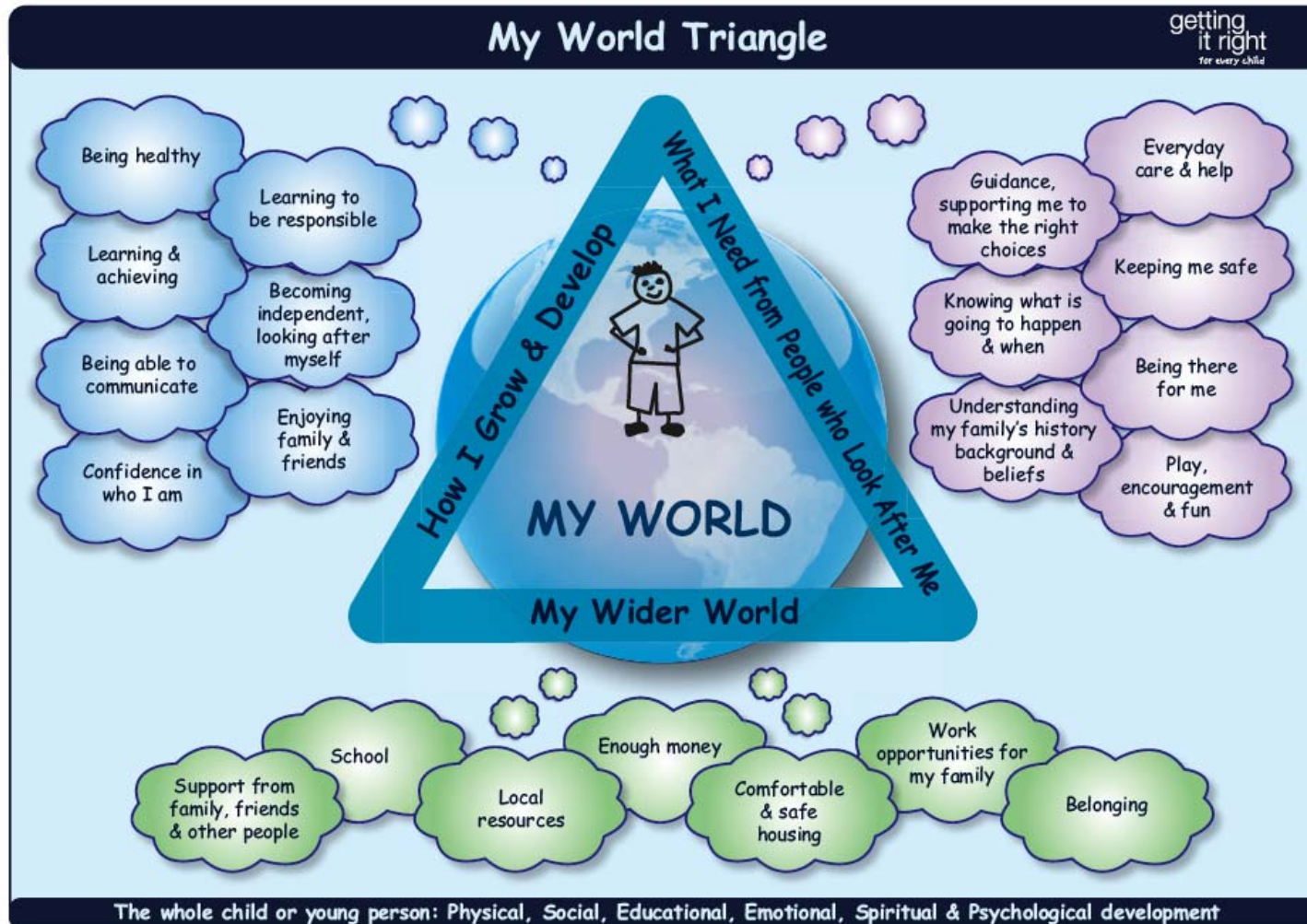
Health Visitor Leave Cover Arrangements for Named Person



Appendix 4

The My World Triangle

It will be the responsibility of the **Lead Professional** to ensure that all the Core Elements of Assessment have been considered in the preparation of the assessment and that the assessment report is consistent, succinct and does not needlessly repeat information. This section of the guidance is intended to assist professionals to consider all the elements of the My World Triangle and offers prompts and questions to assist with this.



Appendix 4
MY WIDER WORLD

Support from family, friends and other people

'Networks of family and social support. Relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on. Who are the significant people in the child's/young person's wider environment?'

You should consider

- ❑ Who in the family provides support and the level and frequency of this support
- ❑ Whether there are any significant deficits in the wider support network – e.g. no grandparents
- ❑ The quality of the social network that exists for the parents/carers
- ❑ Any conflict /burdensome relationships
- ❑ The involvement of wider family in decision making about children
- ❑ Positive relationships for the child/young person
- ❑ If the child is looked after the contact arrangements with the wider family and the quality of them
- ❑ If the child/ young person has identified someone who they want to know where he/ she is this should be noted and consideration given to notifying the person if considered in the child's best interests.
- ❑ Alternatives to accommodation that have been considered
- ❑ For review how many contact has the worker had with the parents since the previous review?

Appendix 4

Belonging

'Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents' and residents' groups, faith groups. Are there local prejudices and tensions affecting the child's or young person's ability to fit in?'

School

'From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests.'

You should consider

- ❑ Potential support, including nature and quality, available from out with the family and ability to access the support
- ❑ Informal caring networks e.g. the role of neighbours in 'watching out' for other people's children
- ❑ Any frequent changes of accommodation and the impact this has had on the family's ability to maintain good social supports
- ❑ Sources of support and advice that are available locally
- ❑ The importance given to continuity of school and relationships with teachers
- ❑ The importance given to friendships at school and in the community
- ❑ The extent of bullying and harassment at school
- ❑ The child's sense of belonging in the community and of feeling safe

Appendix 4

Comfortable and safe housing

'Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Is it in a safe, well maintained and resourced and child friendly neighbourhood? Have there been frequent moves?'

You should consider:

- ❑ The level of maintenance of the house and how safe and secure the environment is for the child (consideration should be given to the responsibilities of the housing provider of the property is rented/leased)
- ❑ Factual description of the internal conditions of the home should be provided
- ❑ Whether the appropriate council tax and housing forms have been completed
- ❑ The length of occupancy of the current home
- ❑ Impact of any periods of homelessness including effects on support networks and sources of support
- ❑ Any history of regular changes of address, anti-social behaviour and problems obtaining accommodation
- ❑ The adequacy of the housing for young children and children with a disability
- ❑ The child/young person's experience of location of the accommodation including issues of race and racial harassment

Work opportunities for my family

'Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment. Supports for the young person's career aspirations and opportunities.'

You should consider

- ❑ History of parental/ carer employment/ unemployment
- ❑ Level of training and skills
- ❑ Influence of employment status on availability for children
- ❑ Potential for enhancing education and training opportunities
- ❑ Effects of disability/ chronic illness on employment opportunities
- ❑ Influence of social factors e.g. geographical location, gender, ethnicity, social class on employment
- ❑ How is work/ absence from work viewed by the family/ child
- ❑ What effects are there on the child/ young person
- ❑ Child's experience of work and its impact on them

Appendix 4

Enough money

Has the family or young person adequate income to meet day-to-day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?

You should consider

- ❑ Whether the family is in receipt of all benefits to which they are entitled
- ❑ Current income and outgoings, including outstanding debts and pressures to repay them and penalties incurred for late/ non-payment
- ❑ Management of finances and difficulties experienced
- ❑ The effects of lack of income on physical quality of the home environment
- ❑ Sufficiency of income to meet the needs of the family and child
- ❑ Whether the child able to participate in activities similar to that of their peers
- ❑ Financial support available from family and friends
- ❑ Are the resources available to the family used effectively
- ❑ Are there financial difficulties which affect the child

Appendix 4

Local Resources

'Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle. Projects offering support and guidance at times of stress or transition. Access to and local information about health, childcare, care in the community, specialist services.'

You should consider

- ❑ Positive environmental circumstances e.g. good housing conditions and low criminality
- ❑ Negative environmental conditions e.g. high levels of poverty, drug abuse, and poor housing
- ❑ Impact of environmental circumstances on family stress, coping ability
- ❑ Formal and informal sources of support, consider needs of child and individual parents/ carers
- ❑ Levels of advice available on financial/ practical matters
- ❑ Anti-poverty initiatives, e.g. food co-operatives
- ❑ The accessibility of affordable, quality child-care provision locally
- ❑ The family's perception of resources available locally and their ability to access them
- ❑ Access to neighbourhood play/activities provision
- ❑ Access to health care/ schools/ transport/ places of worship/ shops

Appendix 4

WHAT THE CHILD NEEDS FROM THE PEOPLE WHO LOOK AFTER HIM OR HER

Everyday care and help

This includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of responsibility and independence.'

You should consider

- ❑ Parental knowledge of child developmental needs
- ❑ Parent(s)/ carer(s) strengths/ weaknesses.
- ❑ Any health (including mental health) issues that impact on parenting ability
- ❑ Any learning disability that impacts on parenting ability
- ❑ Other factors that may affect parenting capacity e.g. drug use/ excessive alcohol use, low self esteem
- ❑ Relationship between child/ birth parent(s)
- ❑ Child's diet and developmental progress
- ❑ Child's attendance for health surveillance, immunisations and developmental checks
- ❑ Parental willingness/ability to co-operate with treatment
- ❑ Child's attendance for medical/ dental treatment
- ❑ Provision of care including emotional
- ❑ The ill-health or disability of other family members that impact on the child
- ❑ Any caring responsibilities of the child
- ❑ Details of the child / young person's daily routine should be included.
- ❑ Areas that should be covered include bedtimes, personal care, mealtimes, special comfort objects, likes and dislikes.
- ❑ If the child/ young person has any specific dietary requirements or restrictions for health or cultural reasons this should be recorded.
- ❑ Additional information will be required if the child is very young or if they have a disability.
- ❑ Any information regarding care needs resulting from the child's experience of abuse should be identified.
- ❑ The purpose of the placement should be highlighted including an estimate of how long the child/ young person is expected to be there.
- ❑ If the child or young person receives respite this should be included. You need to include the frequency of respite provided, where the child or young person receives their respite, how the child young person is while in the respite placement, and other issues that are relevant.
- ❑ For review detail any significant changes within the child's placement since the last review include other children being place or leaving and the impact on the child
- ❑ For review describe relationships for the child within the placement.

Appendix 4

Keeping me safe

'Keeping the child safe within the home and exercising appropriate guidance and protection outside. Practical care through home safety such as fire-guards and stair gates, hygiene. Protecting from physical, social and emotional dangers such as bullying, anxieties about friendships, domestic problems such as mental health needs, violence, and offending behaviour. Taking a responsible interest in child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late or staying away from home. Are there identifiable risk factors? Is the young person knowledgeable about risks and confident about keeping safe?'

You should consider

- Repeated exposure of child to danger or harm
- Control and discipline methods used by the parents/carers
- The demands made of the child by the parents
- Family Interactions
- Support and care offered within the family
- Level of interaction between family members
- Conflict resolution within the family (including issues of domestic abuse)
- The general level of safety in the home

Appendix 4

Being there for me

Love, emotional warmth, attentiveness and engagement. Who are the people who can be relied on to recognise and respond to the child's/young person's emotional needs? Who are the people with whom the child has a particular bond? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment?

You should consider

- ❑ The child's reactions to the parent
- ❑ Whether the child is reliant on parental cues when asked sensitive questions by professionals
- ❑ The child's exposure to parental emotional distress
- ❑ Levels of praise and encouragement offered to the child
- ❑ Opportunities the child is given to learn about his/her culture/ tradition and language

Play, encouragement and fun

Stimulation and encouragement to learn and to enjoy life. Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child's/young person's mentor and champion?

You should consider

- ❑ The parent's interaction with the child i.e. playing with them, reading to them, spending time with them
- ❑ Level of encouragement that is given to the child to explore their environment, to be active, to play and share with others, to do age appropriate activities for themselves
- ❑ Encouragement offered to the child to make choices, be independent, to participate in conversation
- ❑ Encouragement offered to the child to engage in academic and sporting activities
- ❑ Encouragement offered to the child to learn new skills
- ❑ Who in the family support the child in learning
- ❑ Support offered to the aims of the school or nursery
- ❑ Contribution offered by the parents to the Individualised Education Programme/homework/parent's evenings/school events

Appendix 4

Guidance, supporting me to make the right choices

Values, guidance and boundaries. Making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment?

You should consider

- ❑ The boundaries and guidance offered to the child
- ❑ The level of consistency in parental approach to discipline and guidance
- ❑ Child's ability to demonstrate an awareness of the needs of others
- ❑ Child's behaviour – including whether the child is aggressive or violent and if so the context, frequency and triggers for this
- ❑ The child's exposure to violence in the home
- ❑ Any occasions the child has run away from home

Knowing what is going to happen and when

'Is the child's/young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child's/young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child/young person? Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her. Transition issues must be fully explored for the child or young person during times of change.'

You should consider

- ❑ Information around where the child has lived, who was part of the household who provided primary care to the child.
- ❑ Reasons for significant changes.
- ❑ If the child is separated from a parent, the level of contact and any attendant issues

Appendix 4

Understanding my family's background and beliefs

'Family and cultural history; issues of spirituality and faith. Does the child/young person have a good understanding of their own background – their family and extended family relationships and their origins? Is their cultural heritage given due prominence? Do those around the child/young person respect and value diversity?'

You should consider

- ❑ Child's awareness of the family history
- ❑ The way secrets are dealt with in the family
- ❑ Child's relationship with siblings
- ❑ Levels of affection and hostility
- ❑ Child's status in relation to other siblings (i.e. scapegoated, favoured, bullied)
- ❑ Strengths of the family
- ❑ Physical or intellectual disability
- ❑ History of mental ill health
- ❑ History of alcohol substance misuse
- ❑ History of parental abuse/neglect as a child
- ❑ How the family copes under stress
- ❑ Conflicts within relationships/stability
- ❑ Communication within the family
- ❑ History of separations

Appendix 4

HOW THE CHILD GROWS AND DEVELOPS

Being healthy

'This includes full information about all aspects of a child's health and development, relevant to age and stage. Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health. Health care, including nutrition, exercise, physical and mental health issues, sexual health, substance abuse. Information routinely collected by health services will connect with this.'

It is important to ensure that each child's/ young person's health needs are/ have been met. To do this you must be satisfied that any indicators of concern are noted and action required identified. It may be that in many instances the immediately available information on health is sufficient. However, you should consider the following

Current significant health problems

- ❑ Use of health services
- ❑ Attendance at medical screenings, or failure to attend
- ❑ Medical treatment regimes
- ❑ Compliance with medical advice and treatment
- ❑ Any particular needs of the child that affect the parent's ability to care for them e.g. disability, ADHD, prematurity etc.

Any significant past medical history

- ❑ Past physical injury including fractures/ unusual injuries, e.g. burns
- ❑ Any known attendance at Accident and Emergency, Out of Hours Service, NHS24
- ❑ Hospital admissions
- ❑ Suspected or diagnosed non- accidental injuries
- ❑ Any diagnosed mental illness or psychiatric treatment – on-going problems/current symptoms

Appendix 4

Developmental

- The child's growth and nutrition
- Immunisation record
- Attendance at medical surveillance checks
- Any known vision or hearing problems
- Any use of alcohol or substance use by the child
- Any developmental concerns, gross motor, manipulative skills, communication, social skills, behaviour, height, weight
- Dental registration and treatment
- Whether the family themselves have any concerns about health issues
- Family guidance and advice to the child on health issues, including sex education
- Has the child had a comprehensive health assessment since being accommodated?

If the child/ young person is looked after and accommodated

- Whether the family themselves have any concerns about health issues
- Any health problems including details of any current infection or injury should be included.
- If the child/ young person receive any medication details including purpose, dosage/ frequency and any other instructions need to be recorded.
- If the child/ young person require any specialist equipment and/ or if the carer requires any training in relation to this it should be recorded here
- If the child has outstanding immunisations/ requirement for dental treatment/ surgery this should be noted in detail.
- Note if there is any evidence of drug/ alcohol dependency
- Record if the child has a dentist

Appendix 4

Learning and achieving

'This includes cognitive development from birth, learning achievements and the skills and interests which can be nurtured. Additional support needs. Achievements in leisure, hobbies, sport. Who takes account of the unique abilities and needs of this child? Learning plans and other educational records will connect here.'

You should consider

- Is the child in a stable school placement or have there been frequent changes of school?
- Are there problems with attendance/ absence from school? Reasons given
- Has the child/ young person been temporarily/persistently excluded from school? If so, reasons
- Is the child/ young person achieving their potential?
- Is the child/young person engaged in learning (are there any identifiable reasons that are affecting their ability to learn)
- At what level are the child/ young person performing e.g. 3-5 Curriculum Framework, 5-14 Assessment, Standard Grade, and National Qualifications?
- Date of last educational assessment (National Test etc.)
- Has he child been referred to/ received support for learning
- Does the child have an Individualised Educational Programme?
- Are educational targets being met?
- What, if any, external teaching support services have been accessed on behalf of the child? E.g. Sensory support service, ILT, LAAC.
- What, if any, support services have been accessed on behalf of the child E.g. SEN auxiliary?
- Has a referral been made to psychological services now or in the past? Reasons
- Does the child have a record of needs / co-ordinated support plan?
- Factors giving rise to additional support needs?
- Has the child/young person been discussed at an Integrated Support Team meeting or a multi-agency case conference? Indicate level and scope of involvement.
- Are the child's /young person's needs being met as a result of any of the above (areas of strength and difficulty)
- Does the child /young person relate well to teachers and other staff
- Does the child/young person mix well with peers
- Is the main attraction for the child/ young person attending school the social peer group
- Has the parent been informed of any concerns within the educational establishment? What was their response
- Does the child/young person participate in any extra curricular activities?
- Are the child's needs being met

Appendix 4

Being able to communicate

'This includes development of language and communication. Being in touch with others. Ability to express thoughts, feelings and needs. What is the child's/young person's preferred language or method of communication. Are there particular people with whom the child communicates? Are aids to communication required?' Scottish Executive 2005.

You should consider

- ❑ Any difficulties in caring for the child e.g. eating, sleeping, crying, demanding behaviour, illness, wetting, soiling, issues of separation and attachment
- ❑ Any traumatic events in the child's life e.g. bereavement/loss of parents or siblings
- ❑ Number and duration of breakdowns in main attachment relationship
- ❑ The child's general behaviour in different circumstances
- ❑ Any indication of anxiety or depression and the triggers for these
- ❑ Any steps that have been taken or interventions currently used to manage the child's behaviour
- ❑ Other behaviour of the child that may be of concern e.g. risk-taking, offending behaviour, personal safety, mental health, substance misuse
- ❑ Appropriateness of response demonstrated in feeling and actions of a child to parents/ carers and when older to others beyond the family
- ❑ Nature and quality of early attachments
- ❑ Characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control

Appendix 4

Confidence in who I am

Child's/young person's temperament and characteristics. Nature and quality of early and current attachments. Emotional and behavioural development. Resilience, self esteem. Ability to take pride in achievements. Confidence in managing challenges, opportunities, difficulties appropriate to the age and stage of development. Appreciation of ethnic and cultural background. Sense of identity which is comfortable with gender, sexuality, religious belief. Skills in social presentation.'

You should consider

- ❑ The child's sense of him/herself as a separate and valued person
- ❑ Child's view of abilities, self image, self esteem
- ❑ Positive sense of individuality – issues of race, religion, age, gender, sexuality, disability may contribute to this
- ❑ The child's degree of self-confidence
- ❑ Any special needs that affect the child's self esteem
- ❑ The child's attitude to praise and response to achievements
- ❑ Whether the child feels valued by family and friends
- ❑ The child's relationships at home and with extended family members
- ❑ The child's relationships at school and socially
- ❑ The child's attitude towards others
- ❑ The child's ability to socialise with others e.g. to play with children of a similar age and to initiate and respond to conversation
- ❑ Whether the child is aware of the impact of his/her behaviour on others
- ❑ Whether the child is aware of any risks to him/herself because of his/her own behaviour
- ❑ The child's sense of pride in their appearance
- ❑ The child's sense of him/herself as part of a cultural group
- ❑ Whether there are any issues that make the child feel stigmatised
- ❑ What information is made available to the young person about sexuality and sexual orientation

Appendix 4

Taking responsibility, behaving well.

'Learning appropriate social skills and behaviour. Values; sense of right and wrong. Consideration for others. Ability to understand what is expected and act on it. Key influences on the child's social development at different ages and stages.'

You should consider

- ❑ The child's ability to advocate on their own behalf.
- ❑ The child's ability to make choices
- ❑ The child's role as an advocate with their peers, within their school or any organisation to which he/she belongs
- ❑ The child's capacity to lead or be led by others
- ❑ The child's ability to seek advice about their appearance/presentation
- ❑ The child's awareness of his/her own presentation
- ❑ Any issues in relation to self care, hygiene, clothing etc including appropriateness of dress
- ❑ The child's understanding of his/her own and other's emotions
- ❑ The child's understanding of the perception of the impact of his/her behaviour on others
- ❑ What support is being provided
- ❑ Parental advice available about how the child presents in different settings
- ❑ For review detail rules/ guidance/ sanctions used by staff/ carers? Detail circumstances/ frequency and effect.

Appendix 4

To be able to look after myself, be independent

The gradual acquisition of skills and confidence needed to move from dependence to independence. Early practical skills of feeding, dressing etc. Engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. What are the effects of any impairment or disability or of social circumstances and how might these be compensated for?

You should consider

- ❑ Is the child/ young person reaching appropriate developmental milestones?
- ❑ Is the child/ young person encouraged to eat/ dress/ independently?
- ❑ Do the child/ young person have a disability that affects self-care? How does the young person view this? Deal with support/ help?
- ❑ Is the young person learning independent living skills? E.g. cooking/ handling money (even if still at home)
- ❑ Do the child/ young person receive pocket money on a regular basis?
- ❑ Importance of money for clothing social activities, music, hobbies, etc.
- ❑ How well does the young person manage money? Is it an issue/ area of concern?
- ❑ Does he/she have income from part-time employment?
- ❑ What happens when weekly funds have been spent? Are there issues?
- ❑ Are there any issues in relation to self-care, hygiene, clothing etc.?
- ❑ Do they assist with chores/ tidy their own bedroom etc.?
- ❑ Do they have opportunities to acquire self-care skills?
- ❑ Are there opportunities for involvement in independent activities?
- ❑ Impact of impairment, other vulnerabilities or social circumstances affecting the development of self-care skills

Appendix 4

Enjoying family and friends

Relationships, which support, value, encourage and guide the child/young person. Family and wider social networks. Opportunities to make and sustain lasting significant relationships. Encouragement to develop skills in making friends, to take account of the feelings and needs of others and to behave responsibly.'

You should consider

- ❑ Is there a good relationship between the parents/ carers and child/ young person? Are the child/ young person relaxed in the presence of the parent/ carer?
- ❑ Is there a strong attachment/ strong positive relationship between the child/ young person and the parents/ carers?
- ❑ Do the child/ young person have a good relationship with siblings/ other children in the household?
- ❑ Is the young person involved in caring for siblings? Is he/she considerate and caring towards siblings?
- ❑ Do the child/ young person have friends?
- ❑ Is the child/ young person known to be or thought to be involved in bullying?
- ❑ Are there any concerns about the child/ young person in relation to a lack of empathy or care for others?
- ❑ Is there a significant adult in the child/ young person's life in whom he/she can confide? Is this a family member? Appropriateness of the relationship?
- ❑ Where the child/ young person has siblings who are details should be recorded of where they are and any intended contact arrangements

APPENDIX 5

The Glasgow Risk Framework, Associated Risk Tools and Processes for Social Worker

