

ANGUS COUNCIL

EDUCATION COMMITTEE – 21 APRIL 2011
SOCIAL WORK AND HEALTH COMMITTEE – 19 MAY 2011

GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)

REPORT BY DIRECTOR OF EDUCATION AND THE DIRECTOR OF SOCIAL WORK & HEALTH

ABSTRACT:

This report provides elected members with an update on progress being made by Angus Council's Children's Services in implementing the national GIRFEC agenda.

1. RECOMMENDATION(S)

- 1.1 It is recommended that the Education Committee and Social Work and Health Committee should:
- (i) note the terms of this report.
 - (ii) note the continuing progress in implementing the GIRFEC approach across Children's Services.
 - (iii) note and approve the commitments which have been endorsed by the Children's Services Executive Group and which are set out in Section 3 of this report.
 - (iv) note the actions taken to ensure that agreed approaches are implemented without undue delay.

2. BACKGROUND

- 2.1 Reference is made to report number 201/10 considered by the Education Committee on 4 March 2010. That report provided a comprehensive overview of progress made at that time in addressing the national GIRFEC agenda.
- 2.2 Getting it right for every child in Angus is central to the work of all partners engaged in children's services. A GIRFEC delivery group was established in June 2009 to support progress on key actions within the Integrated Plan for Children and Young People's Services 2009 – 2012. The delivery group has been established as a short life task group charged with supporting the four current joint action groups in taking forward the national GIRFEC approach to delivering better integrated services for children.
- 2.3 Partners within the GIRFEC delivery group have made considerable progress in addressing the key actions from the aforementioned Integrated plan.

These actions have focussed on:

- the adoption across children's services of named and lead professional roles
- the implementation of a common practice model for assessing, planning and responding to children's needs
- the introduction of a **single** child's plan and single child's plan meeting
- the implementation of common approaches across children's services to gaining consent and sharing information
- increasing the number of children's services staff trained in 'getting it right' approaches.

3. CURRENT POSITION

3.1 Good progress has been made against all key actions. The commitments described in the following paragraphs have been endorsed by the Children's Services Executive Group, chaired by the Director of Education.

3.2 Adoption across children's services of named and lead professional roles

The adoption of key roles has been agreed by partners across Children's Services including Angus Council Education and Social Work and Health, Tayside Police and NHS Tayside.

In order to deliver *Getting it right for every child* effectively, it is important that everyone working with children, young people and families is clear about their respective roles and responsibilities. In Angus we are moving towards earlier intervention and the earlier identification of need while continuing to ensure that the most vulnerable children in our community continue to receive the specialist services they require. In order to do this we are introducing the role of the **Named Person**.

The **Named Person** will be designated as follows:

Age of child or young person	Named Person
0-10 days	Midwife
10 days – 28 days	Midwife/Health Visitor
10 days – Primary School	Health Visitor
Primary School	Head Teacher
Secondary School	Pupil Care and Support Teacher

The **named person** will:

- be the first point of contact for the child and his or her parents/carers seeking information or advice, and for any practitioners wishing to discuss a worry about a child
- make sure that the views of children and families are sought and recorded at every stage
- be the person who makes sure children and families are fully involved in decisions that affect them (**in line with existing protocols/procedures**)
- 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 do so
- ensure that core information about the child in their agency is up to date and accurate
- record any concerns that children, families, or practitioners in their own or other agencies bring to them about a child's well-being
- consider any concerns in the light of the child's history and current circumstances and assess if anything needs to be done and any extra help needs to be provided. (**The named person may need to approach other agencies.**)
- record any decisions or actions taken, including what immediate help, if any, has been put in place. (**These should be included within the chronology of significant events**)
- when a child or young person needs extra help, prepare a plan for the child or young person 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 either being impaired or need to be addressed. He or she should review any other knowledge held within their agency, gather and analyse any other information needed to identify what might be causing the problems
- be aware of risks and needs and identify concerns that suggest a child or young person may be at risk of significant harm, arising from observations or information received, for example, where there is a worrying pattern over time of incidents or concerns and use appropriate child protection procedures to report these
- lead on implementing and keeping under review the outcome and effectiveness of the single agency plan.

When **more than one** agency is required to provide support, a **Lead Professional** will be identified and agreed.

The **Lead Professional** will:

- be the main point of contact
- be responsible for the co-ordination and delivery of a Single Child's Plan based on an integrated assessment
- be responsible for the co-ordination of information into one plan for the presentation to formal reviewing systems
- provide confident leadership.

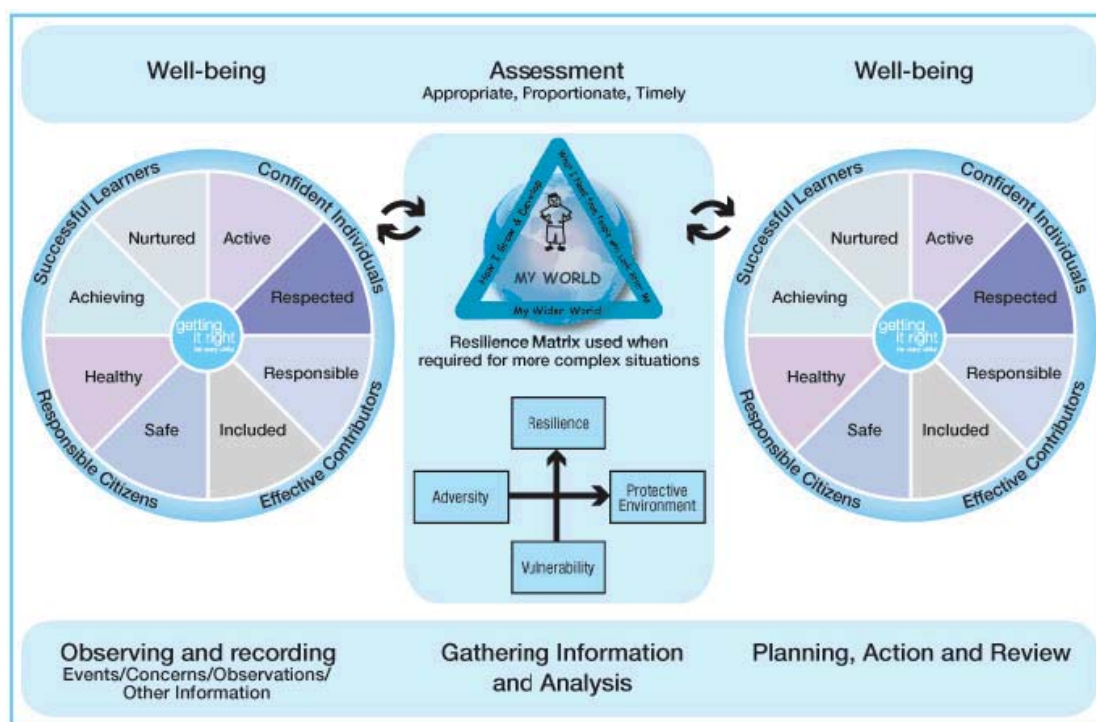
It should also be noted that:

- Social Work and Health colleagues will be the Lead Professionals for all children and young people who are subject to a Supervision Requirement, or for whom there is an active referral to the children's reporter or who are subject to emergency measures of protection involving the Children's Hearing and/or the Courts.
- when a Lead Professional is in place, the Named Person will continue to carry out their role within the single agency.

3.3 Implementation of the Common Practice Model for the Assessing, Planning and Responding to Children's Needs

'Getting it right for every child' promotes an integrated, common approach to understanding and developing children's well-being. It seeks to ensure that action can be taken as early as possible to improve outcomes for the child or young person. It also supports the recording of information in a consistent way that allows it to be easily collated, when needed, to provide a shared understanding of the needs of a child or young person.

This practice model is illustrated in the diagram below:



Children's Services staff in Angus will use the *Well-being Indicators* to **record and share information** that may indicate a need or concern and then take action, as appropriate.

Staff will use the *My World Triangle* and, where appropriate, other specialist assessments, including the resilience matrix, to explore, **gather, and organise information** about a child or young person's needs. The well-being indicators will be used to **summarise needs, construct a plan**, take appropriate action and **review the plan**. By using a standard common Angus assessment format, all agencies involved will be able to contribute to the 'Integrated Assessment' of a child's needs.

Central to the *Getting it right for every child Practice Model* are 5 key questions practitioners should routinely ask if concerned in any way about the growth and development of a child or young person in their care:

- **What is getting in the way of this child/young person's well-being?**
- **Do I have all the information I need to help this child/young person?**
- **What can I do NOW to help this child/young person?**
- **What can my agency do to help this child/young person?**
- **What additional help, if any, may be needed from others?**

3.4 Introduction of a Single Child's Plan

A sub-group of the GIRFEC delivery group has developed an Integrated Assessment and Child's Plan (see Appendix 1). It should be noted that minor amendments will be made to the document as a result of the outcomes of the Angus Link-Up Project Report.

The purpose of an Integrated Assessment is to:

- support consistency in the practice of involving children, young people and families in decisions which affect their lives
- create a structured approach to information gathering with an emphasis on analysis
- improve the efficiency of assessment processes and reduce the number of duplicate assessments that a child experiences through contacts with different agencies
- break down unnecessary professional barriers that are not in the interests of children and young people
- support professionals to regularly share information where it is in the best interests of children/young people and families
- empower all participants to contribute to their fullest ability to the assessment process
- improve the quality of information used to take decisions about children and young people's lives
- establish a common outcomes-based focus for all practitioners who have a role in developing the potential of children and young people
- create a common language that is accessible to children, young people, families and all practitioners
- improve equality

How and when to use the Integrated Assessment

When a practitioner has concerns about a child's well-being and recognises that the child's needs cannot be met solely by the resource of a single agency, an Integrated Assessment is required.

Integrated Assessments will be completed when:

- **two universal services are supporting a child and they have assessed that the child requires a more thorough assessment;**
- **two or more agencies are working together to complete a thorough or comprehensive assessment of a child's needs;**
- **there is a need for support through statutory interventions such as those required for children who are looked after, or looked after and accommodated or who are subject to child protection procedures or co-ordinated support plans.**

The Integrated Assessment will be completed on a multi-agency basis with the Named Person or Lead Professional co-ordinating this activity.

The child, their family and all colleagues contributing to the Integrated Assessment will be partners in the process. Each should be supported to participate and kept fully informed throughout.

A recent extension to the Single Child's Plan has been the inclusion of a section to consider expected outcomes **for the whole family**. This development has been informed by the Montrose 'Link-Up' Initiative.

3.5 Implementation of common approaches across children's services to gaining consent and sharing information

This action has provided partners with considerable challenge, but is reaching completion. There is a long term goal to make effective use of IT to support information sharing.

Sharing of information amongst practitioners working with children and their families is essential. In many cases, it is only when information from a range of sources is brought together that it is possible to identify whether a child has additional needs or is at risk of harm.

Effective decisions depend on good information. The pan-Tayside *General Protocol for sharing information* provides detailed guidance in respect of data sharing and is aimed at assisting practitioners to share information confidently.

Practitioners should always consider the following:

- there must always be a clear purpose to the sharing of the information
- the information can only be shared with those with a legitimate reason to receive it
- the information shared must be relevant and proportionate to the purpose and accurate and be processed fairly and lawfully.

Consent to share information should be obtained from the parents, carers or person with parental responsibility and/or the young person if over 12 years and with sufficient capacity to understand and make their own decisions. The consent to share information should be sought at the earliest opportunity and generally should occur when a professional first makes contact with the child and family.

If a parent or young person refuses to consent, unless there is evidence in relation to the capacity of the individual to make that decision, the decision must be accepted and appropriately recorded. The practitioner must make clear the possible consequences in terms of delay in and appropriateness of support that may arise from the decision.

If there is any perceived risk of significant harm or abuse to the child or young person then overriding consent refusal must be considered. If information is disclosed without consent, the full details must be recorded about the information disclosed, the reasons why the decision to disclose was taken, the person who authorised the disclosure and the person to whom it was disclosed. This should be recorded in the agency's records.

3.6 Increase the number of children's services staff trained in 'getting it right' approaches

The effective implementation of Angus GIRFEC approaches requires a range of single and multi-agency training opportunities. The GIRFEC delivery group has developed a workforce development programme to take place during May and June 2011.

The programme includes training in relation to all the 'getting it right' aspects described in this report. In addition to the pan-Angus multi-agency programme, it will be essential for each single agency to ensure that all staff are ready to implement the Integrated Assessment during September 2011.

In order to support staff across Children's Services an Angus 'Getting It Right' multi-agency guide for practitioners has been prepared.

4. CONTINUING DEVELOPMENTS - TAYSIDE

- 4.1 Work is ongoing to strengthen links in Children's Services across Tayside. To this end, partners from Angus, Dundee and Perth and Kinross Councils have formed a steering group to identify and share best practice and, where appropriate, adopt common procedures and approaches. Funds have been secured (£80K) from the Scottish Government to promote this specific partnership activity during 2011/12.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications arising from this report. The work of the GIRFEC Delivery Group can be delivered within existing financial resources.
- 5.2 The Scottish Government grant, described in paragraph 4.1, is being managed by the Tayside Steering Group and hosted by Angus Council.

6. HUMAN RIGHTS IMPLICATIONS

- 6.1 There are no Human Rights implications arising from the consideration of this report.

7. EQUALITIES IMPLICATIONS

- 7.1 The issues dealt with in this Report have been the subject of consideration from an equalities perspective. An [equalities impact assessment](#) has been undertaken.

8. SINGLE OUTCOME AGREEMENT

- 8.1 This report contributes to the following local outcomes contained within the Angus Single Outcome Agreement:
- Young people and adults in Angus maximise their potential through learning opportunities (National Outcome 3)
 - Children and young people in Angus will have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential (National Outcome 4)
 - Children and young people in Angus will live within a supportive family setting with additional assistance if required, or where this is not possible, within another care setting ensuring a positive and rewarding experience (National Outcome 5)
 - Children and young people in Angus and their carers will have access to high quality services and be assisted to overcome the social, educational, physical environment; and economic barriers that create inequality (National Outcome 7)

9. CONSULTATION

- 9.1 The Chief Executive, Director of Corporate Services, Director of Social Work and Health, the Head of Finance and the Head of Law and Administration have been consulted in the preparation of this report

10. CONCLUSION

- 10.1 The Angus Children's Services GIRFEC Delivery Group has made very good progress in developing an Angus approach to the national 'Getting It Right' agenda. Commitments now planned are expected to be fully implemented during Autumn 2011.

NEIL LOGUE
DIRECTOR OF EDUCATION

ROBERT PEAT
DIRECTOR OF SOCIAL WORK AND HEALTH

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

ED/NL/SRD

Core Information

1 Consent to Information Sharing

Has the child/young person given informed consent to sharing information with other agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you informed the child that, under certain circumstances, information may be shared with other agencies <i>without</i> their consent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the parent/carer given informed consent to sharing information with other agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you informed the parent/carer that, under certain circumstances, information may be shared with other agencies <i>without</i> their consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2 Child/Young Person's Details

Surname		Forename	
D.O.B		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			Address Withheld <input type="checkbox"/>
Town		Ethnicity	
Post Code		Contact No	
Educational Establishment			

3 Unique Identifying Number

SEEMIS		CHI		URN	
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4 Is the child/young person on the Child Protection Register?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start Date:	End Date:
		Category of Registration:	

5 Parent/Carer's Details

Surname		
Forename		
Relationship		
Address (if different from child/young persons)		
Contact No		

Parental rights and responsibilities are held by:	
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6 Other Significant Children

Surname		Forename	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

Surname		Forename	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

Surname		Forename	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

7 Other Significant Adults

Forename		Surname	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

Forename		Surname	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

Forename		Surname	
D.O.B		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (if different)			

Assessment Details

8

Date	Assessment Initiated by	Agency	Contact No.

9 Concerns

Please outline the reasons why this child/young person may need action, help or support

10 Agencies/Professionals Currently Involved

Child/Adult Concerned	Name of Professional	Agency	Address	Contact No

11 Compulsory Measures

Are there any compulsory measures in place? Yes No

If Yes what compulsory measures are in place	If No what compulsory measures, if any, are sought

Reasons for Compulsion: Set out what you expect to achieve by compulsory measures and what may be the consequences of not putting compulsory measures in place.

12 Wellbeing Indicators:

Please Tick	Concerns around child/young person being:	Strengths	Pressures
<input type="checkbox"/>	Safe		
<input type="checkbox"/>	Healthy		
<input type="checkbox"/>	Achieving		
<input type="checkbox"/>	Nurtured		
<input type="checkbox"/>	Active		
<input type="checkbox"/>	Respected		
<input type="checkbox"/>	Responsible		
<input type="checkbox"/>	Included		

13 My World Triangle
(a) *How I grow and develop*

Strengths

Pressures

Assessment of child's developmental needs

-
-
-

(b) *What I need from people who look after me*

Strengths

Pressures

Assessment of impact on the child and arising needs

-
-
-

(c) *My wider world*

Strengths

Pressures

Assessment of impact on the child and arising needs

-
-
-

14 Assessment of Risk

What are the risks to this child/young person?

-
-
-
-

What protective factors and strengths increase the child/young person's resilience?

-
-
-
-

15 Child/Young Person's Views

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16 Parent/Carer's Views

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17 Assessor's Details

Name		Job Title	
Agency		Address	
Contact No.		Email Address	
Date			

18 Other Specialist Assessments (see appendices)

Assessment	Completed by	Date

		Desired Outcome	Priority Actions		
Please Tick		What	How	By Whom	By When
<input type="checkbox"/>	Safe				
<input type="checkbox"/>	Healthy				
<input type="checkbox"/>	Achieving				
<input type="checkbox"/>	Nurtured				
<input type="checkbox"/>	Active				
<input type="checkbox"/>	Respected				
<input type="checkbox"/>	Responsible				
<input type="checkbox"/>	Included				

20 Lead Professional's Details

Name		Job Title	
Agency		Address	
Contact No.		Email Address	

21 Named Person's Details

Name		Job Title	
Agency		Address	
Contact No.		Email Address	

22 Review

Date of next review	
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23 Supporting Documentation/ Single Agency Plans (see appendices)

Document	Provided by	Date