GETTING IT RIGHT FOR EVERY CHILD in AYRSHIRE

PRACTITIONER GUIDE
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Chapter 1

INTRODUCTION

Getting it right for every child (GIRFEC) is the national approach in Scotland to improve outcomes and support the wellbeing of children and young people by offering the right help at the right time from the right people. All practitioners have a role to play in promoting, supporting and safeguarding the wellbeing of children and young people through their professional expertise and day to day work, individually and in partnership with other practitioners. The approach is underpinned by the United Nations Convention on the Rights of the Child (UNCRC) and is in place to benefit all children from birth to 18 years and beyond if still in school. The paper, UN CRC: The foundation of Getting it right for every child, published by the Scottish Government in 2013 links the rationale underpinning GIRFEC with the UNCRC.

GIRFEC is a way of working which empowers children, young people and their families by recognising and promoting their rights. This means putting their views and needs at the heart of service development and delivery. The Ayrshire Child’s Pathway ensures effective delivery of the approach as practitioners develop good quality relationship based practice that meaningfully embraces partnership working as a Team Around the Child as the most effective way of improving wellbeing outcomes.

GIRFEC includes a holistic view of the child or young person’s circumstances based on a shared understanding of wellbeing as described by the eight wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. A definition of these came into legislation in 2016 through Part 18 of The Children and Young People (Scotland) Act 2014. The Wellbeing Wheel (see National Practice Model p.15) is used to identify the child’s wellbeing needs by all practitioners.

Asking the 5 Questions:

1. What is getting in the way of this child 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 by others?
This promotes access to early support to meet wellbeing needs and also supports immediate action when necessary to keep children or young people safe. GIRFEC ensures that children and families can easily access information, advice and support. While all practitioners should respond to children, young people and their families when they need or seek assistance, the pathway makes available a Named Person for every child and they act as a point of contact to promote, support and safeguard the child. Some children may need additional support at some point, or indeed throughout their lives, due to difficulties with any aspect of wellbeing.

The GIRFEC approach facilitates appropriate and proportionate assessment, using the National Practice Model as part of everyday practice to engage with children and families, and where necessary plan and offer access to additional support. Following the Child’s Pathway allows for a Team Around the Child, co-ordinated by a Lead Professional / Named Person (sometimes this is done by the Named Person), to support the family. As other supports are identified, to meet the needs of the child, a Request For Assistance (RFA) is used to identify appropriate supports and thus new members to the Team Around the Child, to provide support, thus ensuring improved wellbeing.

A Child’s Plan is produced for any child who has identified wellbeing needs and this is reviewed based on the child’s current needs.

[Child - For the purposes of this document the term ‘child’ refers to persons who have not yet attained the age of 18 years.]
Chapter 2

UNDERSTANDING WELLBEING

Considering the quality of children and young people’s lives.

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

For Guidance on Information Sharing go to Chapter 3 and follow the Ayrshire Information Sharing Flowchart.

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

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

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>SAFE</strong></td>
<td>Protected from abuse, neglect or harm at home, at school and in the community.</td>
</tr>
<tr>
<td><strong>HEALTHY</strong></td>
<td>Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices.</td>
</tr>
<tr>
<td><strong>ACHIEVING</strong></td>
<td>Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.</td>
</tr>
<tr>
<td><strong>NURTURED</strong></td>
<td>Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.</td>
</tr>
<tr>
<td><strong>ACTIVE</strong></td>
<td>Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.</td>
</tr>
<tr>
<td><strong>RESPECTED</strong></td>
<td>Having the opportunity, along with carers, to be heard and involved in decisions that affect them.</td>
</tr>
<tr>
<td><strong>RESPONSIBLE</strong></td>
<td>Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.</td>
</tr>
<tr>
<td><strong>INCLUDED</strong></td>
<td>Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.</td>
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What do the wellbeing indicators mean?

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

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

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

How are the wellbeing indicators used?

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

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

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

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

Key facts about wellbeing

1  *Every child should be safe, healthy, achieving, nurtured, active, respected, responsible and included.* These eight indicators help make sure everyone – children, parent(s)/carer(s), and the people who work with them, such as teachers and health visitors – has a common understanding of wellbeing.

2  *The eight wellbeing indicators connect and overlap.* For example, a health difficulty may have an effect on a child achieving their goals. When considered together the different elements of wellbeing give the whole picture of a child’s life at a particular point in time.

3  *A child’s wellbeing is influenced by everything around them.* This includes their individual circumstances, the support they get from their family and community, and the services that support them. Factors such as adequate sleep, play and a healthy balanced diet have a positive impact on all aspects of a child’s wellbeing. While the effects of poverty and isolation can have a negative effect on their wellbeing.
It is up to all of us – families, early learning providers, health visitors, teachers, GPs, police – to work together to promote, support and safeguard the wellbeing of all of our children. Children have different experiences and needs at different times in their lives. Understanding how this affects their wellbeing, and providing the right support when they need it, helps them grow and develop and reach their full potential.

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

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

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

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

- Being physically, sexually or emotionally harmed in anyway;
- Put at risk of physical, sexual or emotional harm, abuse or exploitation;
- Having their basic needs (food, clothing, shelter, sanitation, education, healthcare) neglected or experiencing that their needs are met in ways that are not appropriate to their age and/or stage of development;
- Being denied the sustained support and care necessary for them to thrive and develop;
- Being denied access to appropriate health care and treatment, and social care support;
- Being exposed to demands and expectations which are inappropriate to their age and stage of development; and
- Being harmed by the behaviour of themselves or others.
Healthy - having the best possible standards of physical and mental health; support to make healthy, safe choices (UNCRC Articles 3, 6, 24, 39):

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

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

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

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

- The right of every child to thrive and develop into a safe, healthy, happy, well-adjusted child – and, ultimately, a respected and responsible adult – is fundamental;
- Having clear boundaries and support from adults whose actions are predictable and can be trusted; and
- Having the opportunity to form a secure attachment with a care giver. There is clear overlap between being nurtured and being safe, healthy, achieving, respected, responsible and included.
Active - having opportunities to take part in a wide range of activities (UNCRC Articles 3, 23, 31):

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

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

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

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

- The UNCRC highlights the importance of parent(s), carer(s), and practitioners in children’s services, recognising every child’s right to be treated with respect and dignity at all times; regardless of the child’s or their parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status;
- Respect and being respected are multi-dimensional concepts. Every child has the right to express their views on matters that directly affect them, in the manner most appropriate to them; and to have those views given due weight in accordance with their age and developmental level, by the adults who care for them, or come into contact with them in a professional or personal capacity. Communication or learning difficulties should not be a barrier to obtaining and having regard to the child’s views;
- Where decisions are being taken in respect of a child in a legal forum or elsewhere, there should be a record of the child’s views, which should be considered before any decision is taken, and where necessary, advocacy or other appropriate support should be provided to assist the child;
- The child who is treated with respect is more likely to be safer, emotionally, physically and spiritually healthier, happier, more nurtured, more likely to feel and be included, more likely to be active, and more likely to respect themselves and others, and behave in a considerate and responsible way.
Responsible - taking an active role within their home, school and community (UNCRC Articles 3, 12, 14, 15, 40):

Being responsible is about:

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

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

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

The five questions when considering a child or young person's wellbeing

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

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

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

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

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

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

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

All practitioners should know how to identify a wellbeing need.

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

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

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

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

Particular consideration should be given to information sharing at points of transition in a timely manner, according to the needs of the child on enhanced transition who will need more time. Practitioners should discuss and agree with children, young people and parents/carers what information should be shared. Points of transition could include a change of school, GP Practice, moving into a new area or a change in practitioner supporting the child/young person or parent(s)/carer(s) or moving on from school. Information sharing should always be guided by the best interests of the child or young person.

Here is a link to the Transition section on the Ayrshire GIRFEC website.

GIRFEC National Practice Model

The National Practice Model is a dynamic and evolving child’s rights-based process of assessment, analysis, action and review. It is a way to identify outcomes and solutions for individual children. It allows practitioners to meet the GIRFEC values and principles in an appropriate, proportionate and timely way. The model can be used within individual agencies or by the Team Around the Child. It:

- provides a framework for practitioners to structure and analyse information consistently to understand wellbeing needs, the strengths and pressures for the child and family and consider the support they may need; and

- promotes the partnership and participation of children, young people and their families in gathering information and making decisions.
Here is a link to the tools that can be used to help gain the views of children and young people.

1. Observing and recording using the Wellbeing Wheel

Firstly ask the five questions and take any early action at this stage where possible:

1. **What is getting in the way of this child 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?**

Now using the Wellbeing Indicators analyse the answers, record appropriate and relevant information that may indicate a need or concern and complete the wellbeing assessment, using the following, additional National Practice Model Tools. If a plan cannot be put in place at this point, continue the wellbeing assessment using the following National Practice Model Tools:
2. The My World Triangle

Supports practitioners to understand a child’s whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world. It can be used to explore needs, risks and strengths.

3. The Resilience Matrix

Used in more complex situations to help practitioners organise and analyse information when required. Here is the guidance on how to use the matrix.

4. Planning, action and review using the Wellbeing Wheel

Once the child’s needs are clear, they can be summarised using the Wellbeing Wheel to develop a Child’s Plan.

5. Discuss the wellbeing need or concern with the child, young person and parent(s) and carer(s) and record their views.

6. Using the Information Sharing Flowchart and Guidance in chapter 3, consider whether the sharing of information could support, promote or safeguard the wellbeing of the child or young person and could provide additional help, if needed, from others.

7. Discuss this with the child or young person and decide whether a Request For Assistance (RFA) should be made to a service or agency, or convene a Team around the child meeting to consider how the child’s or young person’s wellbeing needs could be best met.

How do you reach a child’s Named Person?

Contact details of how to reach the Named Person will be maintained on the Ayrshire GIRFEC website. www.girfec-ayrshire.co.uk
What will the Named Person do with wellbeing needs identified?

A Named Person will be available to listen, advise and help a child and their parent(s)/carer(s) by contacting other agencies via the Request For Assistance process.

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

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

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

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

A Named Person will offer advice or support in response to a request from a child or parent, or when a wellbeing need is identified. They can help a child or their parent(s)/carer(s) address their concerns early and in some cases avoid bigger concerns or problems developing. Reference your Local Authorities Team Around the Child Guidance which can be found on the GIRFEC Website.
Chapter 3

SHARING INFORMATION to support children and young people’s wellbeing

This guidance is to assist all practitioners who work with children and their families in Ayrshire.

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

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

All practitioners have a role to play in promoting, supporting and safeguarding the wellbeing of children through their professional expertise and day to day work, individually and in partnership with other practitioners.
When any practitioner has a concern about a child’s wellbeing or has identified a wellbeing need, consideration needs to be given to whether or not these wellbeing needs should be communicated to the child’s Named Person. You should consider the **five** key questions:

1. **What is getting in the way of this child 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?**

As a practitioner you may also require to share information about a child for the following reasons:

- Safeguarding the child’s wellbeing;
- Provision of information to help develop the wellbeing assessment;
- Requesting assistance from services;
- Requesting a specific assessment;
- To inform the Child’s Plan;
- Changing how a service is provided as part of a Child’s Plan, particularly at transition points; and
- Transfer of a child to a different Named Person/Lead Professional or change to a member of Team Around the Child.

The safety, welfare and wellbeing of a child is of central importance when considering the need to share information. Information sharing should always be guided by the best interests of the child. This chapter provides guidance on sharing information relating to wellbeing concerns.

**IF YOU HAVE A CHILD PROTECTION CONCERN FOLLOW YOUR CHILD PROTECTION PROCEDURES**
Legislative Framework

Human Rights Act 1998

Article 8 of the Act states that “everyone has the right to respect for his private and family life, his home and his correspondence”. The article also states “there shall be no interference by a public authority with the exercise of this right except as is in accordance with the law and is necessary in a democratic society in the interests of:

• national security;
• public safety;
• the economic wellbeing of the country;
• for the prevention of disorder or crime;
• for the protection of health or morals; or
• for the protection of the rights and freedoms of others.

Public Authorities must act in a way consistent with these requirements. It must take an individual’s rights into account when sharing personal information about them.

Data Protection Legislation

Data Protection Legislation regulates the use of personal data and sets out six principles to ensure that personal data is:

a) processed lawfully, fairly and in transparent manner;
b) collected for specified, explicit and legitimate purposes;
c) adequate, relevant and limited to what is necessary;
e) kept in a form which permits identification of the data subjects for no longer than is necessary for the purposes for which those data are processed; and
f) processed in a manner that ensures appropriate security of the personal data.

Personal data should be processed lawfully, fairly and in a transparent manner. For the processing to be lawful it must rely on specified legal bases and it must not contravene any other legislative requirement.
**Confidentiality**

All Practitioners working within the public, private and third/voluntary sector in Scotland are subject to professional codes of practice and frameworks and a Common Law and Statutory Obligation of Confidence. Practitioners must abide by these.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

It is generally accepted that the common law allows disclosure of confidential information if:

a) The information provider has consented;

b) It is required by law, or in response to a court order; and

c) It is justified in the public interest.

Please see the table in Appendix 1 which outlines the relevant lawful basis under Data Protection Legislation and condition met to satisfy Common Law Duty of Confidentiality that are being relied upon for the sharing of information for, the purposes of:

- Child Protection concerns;
- Wellbeing concerns; and
- Routine service provision.

**Openness & Transparency when sharing wellbeing concerns**

If you as a practitioner have a concern about a child’s wellbeing or have identified a wellbeing need that you think needs to be communicated to the child’s Named Person. You need to discuss this with the child and where appropriate their family.

The reason why information needs to be shared should be communicated openly and honestly with the child, and where appropriate their families.

You should ensure that the child/family understands:

- The purpose for which information is to be shared and the anticipated improvement to wellbeing outcome;
- What information is to be shared; and
- With whom it is to be shared.
Seeking and recording views on sharing wellbeing concerns

Children have a right to express their views and have them taken into account particularly when decisions are made about what should happen to them.

If the child/family are agreeable to the information being shared then proceed with the information sharing. Record the views of the child/family, what information you have shared; who with, when and why, including the anticipated improvement to wellbeing.

If the child/family are not agreeable to the information being shared then do not proceed with the information sharing. Record the views of the child/family and the reasons for not sharing the information. You must fully explain to the child/family the consequences of not sharing the information.

In all but exceptional cases sharing information on wellbeing concerns will be with the agreement of the child/family. To share information relating to wellbeing concerns without the agreement of the child/family you would be required to justify your decision and have a lawful basis under Data Protection Legislation. Advice should be sought from your line manager or your organisation’s Data Protection Officer.

How to share information

Information can be shared verbally by telephone, face to face and at Team Around the Child Discussions, as well as electronically or in writing. Locally the AYRshare system is used to share information on children.

You need to exercise professional judgement; adopt a common sense approach and only share information that is necessary for the purpose for which you are sharing it, is shared with only those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion and is shared securely

Sharing must be necessary and proportionate

- You should consider how much information you need to share.

Relevant

- Only share information that is relevant to the purpose(s); and
- Only share information with those who need to know it.

Adequate

- Information should be adequate for the purpose(s).

Accurate

- Information should be accurate and up-to-date;
- Clearly identifies the child you are concerned about; and
- If the information is historical this should be explained.
Timely
- Information should be shared in a timely fashion.

Secure
- Information should be shared securely – follow your organisation’s policy on secure information handling;
- Keep all information safe and secure at all times, ensuring no unauthorised access;
- Always identify the person you are communicating with; and
- Do not give verbal information where you can be overheard.

Remember to document information sharing decisions.

Seek advice
Seek advice from other practitioners, or your Data Protection Officer if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
Chapter 4

NAMED PERSON

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

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

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

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

A Named Person will be available to listen, advise and help a child and their parent(s)/carer(s) by contacting other agencies via the Request For Assistance process.

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

What will a Named Person do?

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

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

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

In his or her own agency, the Named Person will:

- Be a point of contact for the child and/or parent(s)/carer(s) seeking information or advice or wishing to discuss a concern;
- Ensure that the views of children and families are sought and recorded at every stage;
- Be the person who ensures children and families are fully involved in decisions that affect them;
- Ensure, when information needs to be shared, that children and families know why this information should be shared, and that agreement has been given and recorded, unless, in exceptional circumstances, there is good reason not to (see information sharing flowchart and guidance);
- Follow the Child’s Pathway when wellbeing needs are identified, including carrying out a wellbeing assessment, requesting assistance from others, involving the Team Around the Child and ensuring a child’s plan is produced and reviewed as required;
• Record any decisions or actions taken as appropriate within agency systems and AYRshare, as required; and
• If concerned that the child is at risk of significant harm, follow child protection procedures.

**What happens when a wellbeing need is raised?**

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

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

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

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

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

**Who will provide and support the Named Person?**

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

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

In line with the Information Sharing Guidance in Chapter 3 information about a child’s needs, specific circumstances and the help they have already received may be shared with a Named Person and proportionately with other services if they are asked to provide additional support.

Named Persons have processes and procedures to make a ‘Request For Assistance’.
Who is the Named Person for children leaving school before their 18th birthday?

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

a) holds a post within the organisation which is the service provider in relation to the child; and

b) has had training and experience in providing educational and personal support to children.

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

The Named Person may also be able to give information and advice to other services and practitioners, for example, the police or social work.

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

Who is the Named Person for gypsy travellers?

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

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

For children who are home educated the Education Department of the local authority where they are living will make available a Named Person. Where children have more significant wellbeing needs, the Named Person will need to initiate the Child’s Plan process, and Team Around the Child identify a Lead Professional. When a Child’s Plan is in place the Named Person will be a partner to the plan and will link with the Lead Professional.

The Named Person is a professional within Educational Services who is responsible for promoting, supporting and safeguarding the wellbeing of children and young people.

Every child has a Named Person until they reach the age of 18 years old or until they leave school if over the age of 18.

The Named Person works with children, young people and their families to improve wellbeing and help each child achieve their potential. If the Named Person requires to share information to achieve this they will explain the reason why information needs to be shared and seek the views of the child and if appropriate their family unless there are child protection concerns. [Follow the information sharing flowchart].

There is no obligation to accept the offer of advice or support from the Named Person. The views of all those involved will be considered and recorded.

For more information access http://girfec-ayrshire.co.uk/young-people/ or http://girfec-ayrshire.co.uk/parents-carers/

In the absence of knowing who the Named Person is, please contact the Named Person service via the Ayrshire GIRFEC website within “What is GIRFEC”, then “What is a Named Person” section http://www.girfec-ayrshire.co.uk.
Chapter 5

LEAD PROFESSIONAL

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

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

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

- make sure that the child and their parent(s)/carer(s) understand what is happening at each point so that they can be involved in the decisions that affect them;
- Co-ordinates the Team Around the Child and may request assistance, as agreed with the Team Around the Child.
- Ensure the Child’s Plan is accurate, up-to-date, implemented and reviewed regularly; and
- Consult and work with the child’s Named Person and Team Around the Child.

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)/carer(s), their Named Person and the other services who support the child. Depending on the situation, including consideration of the child’s needs, the Lead Professional and Named Person may be the same person.

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

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

Who can be a Lead Professional?

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

The Lead Professional changes as appropriate to support the Child’s Plan at any particular time and should change appropriately as the wellbeing needs of the child change. A child should be asked who they would prefer their Lead Professional to be depending on their age and stage.
How will a Lead Professional be appointed?

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

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

The Lead Professional often chairs the Team Around the Child meeting. Refer to Guidance on Chairing a Team Around the Child meeting.
Chapter 6

CHILDREN’S PLANNING

Providing a consistent approach to planning, delivery and coordinated support.

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

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

The Child’s Plan is part of GIRFEC to promote, support and safeguard the wellbeing of children.

See the Child’s Pathway.
What is a Child’s Plan?

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

Not every child will require a Child’s Plan. It supports and streamlines planning for children who need it and any child who requires additional support. Here is a link to the Additional Support Needs (ASN) list (pg.11 refers).

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

Key facts about the Child’s Plan

1. **The Child’s Plan will offer a consistent approach to how support is planned, delivered and coordinated.** It will help services to coordinate additional help offered to a child, tailored to meet their specific needs and circumstances.

2. **Not every child will require a Child’s Plan.** A Child’s Plan will be available for any child who requires one to address their needs and improve their wellbeing.

3. **A Child’s Plan is developed in partnership with the child, their parent(s)/carer(s) and the services involved.** It will be coordinated by a Lead Professional who will ensure that the plan is managed, coordinated and reviewed to meet the needs identified.

4. **The Child’s Plan will contain information about why the plan has been created, what it is aiming to achieve, and the actions to be taken to improve the child’s wellbeing.**

*Relationships and communication are key to everything.*
Chronology of Significant Events

A Chronology informs the Child’s Plan. It should be completed on single agency systems and when appropriate for the Team Around the Child the significant event should be entered in the Chronology in the Child’s AYRshare record.

The significant event must be succinct, factual and evidence based and the action or outcome must show the impact on the child.

The National Chronology Guidance, Care Inspectorate Guidance and Check List can be found here – http://girfec-ayrshire.co.uk/practitioners/document-downloads/

When is a Child’s Plan required?

If a wellbeing assessment has been carried out and a plan is required to measure improved outcomes for the child, a Child’s Plan is developed. Currently only Looked After Plans and Co-ordinated Support Plans are statutory. All other Child Plans are non-statutory.

Request For Assistance

When asking a service provider or relevant authority for help by acting to support, promote or safeguard the wellbeing of a child, a Named Person or Lead Professional, in conjunction with the Team Around the Child, will be specific in identifying the wellbeing need to be addressed and the desired outcome required.

The assistance a service provider or relevant authority may provide could include:

- undertaking an assessment;
- providing a service;
- change in provision of service;
- provision of information;
- provision of a resource;
- change in provision of a resource;
- transition to nursery; and
- transition to school.

However, discuss on a phone call first. There is a requirement for a discussion to take place with the service provider to agree with the service being provided to assess appropriateness. From agreement, the service guidance should be used to complete the Request For Assistance form.
When considering an RFA from a Named Person or Lead Professional, a service provider or relevant authority should consider the potential affect or effect on the wellbeing of the child. They must do this taking into consideration all wellbeing indicators. This may be of particular significance when prioritising the provision of a service or resource, for example:

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

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

To access the Request For Assistance documents, including the RFA form, RFA guidance and RFA service guidance, please go to the “My Account” section on the Ayrshire GIRFEC website here - http://www.girfec-ayrshire.co.uk. You should have been issued with a user name and password. Scroll down the page to ‘practitioners’ and click on ‘find out more’.

**What is in a Child’s Plan?**

Every plan should include and record:

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

A Child’s Plan will also record who will coordinate the support. The Named Person or the Lead Professional for the plan will work with the child and their parent(s)/carer(s) to keep them informed.

Refer to [Good Practice Outcomes Guide](#) re smart planning.
AYRshare

AYRshare is the system used to share information on children, young people and their families with the Team Around the Child. The system is used to share the Child’s Plan, minutes of meetings etc and also to compile an integrated chronology of significant events. There are Quality Assurance Standards for AYRshare. You will find the Quality Assurance standards, Quick Guide and full AYRshare User Guide [here](#).
FURTHER INFORMATION

Additional Resources

1. Ayrshire GIRFEC website
2. Scottish Government GIRFEC website
4. ACE’s animation
5. Ian Write video
Appendix 1

Relevant lawful basis under Data Protection Legislation and condition met to satisfy Common Law Duty of Confidentiality that are being relied upon for sharing information

<table>
<thead>
<tr>
<th>Reason for sharing “relevant, appropriate and proportionate information”</th>
<th>Data Protection Lawful basis Article 6</th>
<th>Data Protection Lawful basis Article 9</th>
<th>Common law duty of confidentiality</th>
</tr>
</thead>
</table>
| Child Protection Concern (significant risk of harm) | 6(1)(e) necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller | 9(2)(b) necessary for the purposes of carrying out the obligations and exercising specific rights of the controller of the data subject in the field of employment and social security and **social protection law** | It is justified in the public interest*  
* the benefits to a child(ren) that will arise from sharing the information outweigh both the public’s and individual’s interest in keeping the information confidential. |
| **FOLLOW YOUR CHILD PROTECTION PROCEDURES** | OR | | |
| | 6(1)(d) necessary in order to protect the vital interests of the data subject or of another natural person | | |
| Wellbeing Concern | 6(1)(a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes | 9(2)(a) the data subject has given explicit consent to the processing of those personal for one or more specified purposes | The information provider has explicitly consented to the information sharing |
| Routine Service Provision | 6(1)(e) necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller | 9(2)(h) necessary for the purposes of preventative or occupational medicine, for the assessment of working capacity of the employee, medical diagnosis, the provision of health or social care, or treatment or the management of health or social care systems | The information provider has consented – implied consent acceptable for routine service provision  
Information on how personal information will be processed should be explained in privacy notices, and supplementary service specific leaflets |
intervention ensures action to overcome adversity and risk

...family and community
universal provision supports development and builds resiliency, additional support works to overcome disadvantage and supports health or wellbeing