getting it right for every child

Getting to know GIRFEC Parent & Carer Information Pack November 2016





Introduction

Welcome to Health and Social Care Alliance Scotland (the ALLIANCE) Getting It Right for Every Child (GIRFEC) workshop and information pack. This pack is designed to raise awareness of GIRFEC and increase knowledge of the language and tools associated with GIRFEC to help you to work in partnership with statutory and voluntary agencies who support you and your child. Being able to speak the same language and having an understanding of tools used by professionals, places you on a more equal footing with professionals when you are working together to discuss and arrange the support that may be needed for your child or young person.

While the Scottish Government has supported the production of this pack, the responsibility for its content lies with the ALLIANCE. The pack is not a full explanation of the law or policy. For further details please see the Scottish Government GIRFEC website.

We hope this workshop will be of help to you. Please let us know if you think we can improve the workshop and the information contained in this pack.

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GIRFEC Glossary

This is a helpful list of the common language used by practitioners in relation to children's services and policy in Scotland.

GIRFEC: Section 1

True or False Quiz

See how much you know already by trying this quick quiz. You can work in pairs but you only have five minutes until sharing your answers with the group! Good luck!

True False

- GIRFEC came about because the Scottish Government felt that parent/carers were not confused enough about policies and practices affecting their children?
- 2) The Scottish Government has aspirations to make Scotland the best place to grow up?
- 3) Wellbeing is at the heart of the Getting it Right for Every Child approach?
- 4) Sharing Information at the right times improves outcomes for children and young people?
- 5) The Named Person is always the child/young person's parent/carer?
- 6) The My World Triangle was thought of when Mr GIRFEC went on holiday to Egypt?
- 7) A Lead Professional is appointed when there are 10 agencies or more involved with a child/young person?
- 8) GIRFEC looks at all aspects of a child's life?
- 9) The role of the Named Person is a key part of the Getting it right for every child approach.

GIRFEC Overview

What is **GIRFEC**?

Getting it right for every child is Scotland's approach to improving the way services work together, and is aimed at supporting children, young people and their families. It is about improving outcomes for children and young people and making sure public agencies respond well to needs and risks. It also sets out how children's services can change, by bringing a range of services to children and families in a coordinated way, in order that children's wellbeing is better supported. It is about ensuring children and families get the help they need when they need it. It is a way of working that ensures that the child is at the centre of decision making.

What does it aim to do?

The primary aim is to bring together the right services to assist children, young people and families, in order that Scotland becomes the best place for children to grow up.

Who does it affect?

GIRFEC affects every child and young person in Scotland (unless they are serving in the armed forces). It affects parents and carers, giving them additional help if they need it and the opportunity to be involved in planning any extra, targeted, support their children may need.

However, it also changes the way in which different organisations in Scotland, including health, education, third sector children services, youth justice and the police work together to ensure the best outcomes for children and young people.

Where has it come from?

The GIRFEC approach was introduced by the Scottish Government in 2008. All public services were encouraged to become involved in making it work because it was widely known that GIRFEC is a great way of helping children and families.

However, progress in implementing GIRFEC has been slower in some areas than in others. To help ensure that GIRFEC applies throughout Scotland, the Scottish Parliament has passed a law which makes clear a range of duties that public services, like health and education, have to undertake in order to support children and families. The law (the Children and Young People (Scotland) Act 2014) was passed by Parliament in 2014. The Scottish Government will announce when key parts of this law will come into effect in Scotland. Many public authorities are working towards implementing aspects of it now.

What does it involve?

The main features of the new law include:

- Every child or young person will have access to a main point of contact, Named Person, who can help them and their parents or carers
- Where needed, supporting agencies and organisations will help assess a child's wellbeing and will work with children and families to ensure good outcomes for the child
- A single planning system for children, aimed at identifying children's wellbeing needs and setting out how services and parents can collaborate to support children and young people
- Where a number of services need to cooperate to help support children and their families, a Lead Professional will be appointed to ensure there is good coordination
- Ensuring that the expressed views of children, young people and their parents or carers are gathered and considered to ensure these views inform plans for extra, targeted intervention or support.

Although key parts of this law are not yet in force, many local authorities, health boards and third sector organisations are adopting the GIRFEC approach as a matter of policy. It is therefore important that parents, children and young people know about this approach and think about how GIRFEC can work best for them.

The following sections provide more in-depth information about the GIRFEC approach.

GIRFEC: Section 2

The Role of the Named Person and Lead Professional

What is the Named Person service?

The arrangements put in place to ensure that all children, young people and their parents or carers can access a Named Person is called the Named Person Service. Named Persons do not work on their own. Health boards and local authorities support the Named Person. These authorities are responsible for the Named Person's work through their policies and procedures. Some other organisations - for example - independent or grant aided schools – provide the Named Person service for children attending these schools.

What is a Named Person?

Generally children, from birth, until they reach 18 and beyond if they are still in school, will have access to a Named Person.

This means that the child and their family have a point of contact who can work with them and other services to get any further help, advice or support if they need it, so that no one will be left without support. The Named Person, however, does not replace or change the role of parents and families. The rights and responsibilities of parents to bring up their children remain the same. Children, young people and parents can choose whether they wish to accept any advice or help offered by a Named Person.

Who is the Named Person for your child?

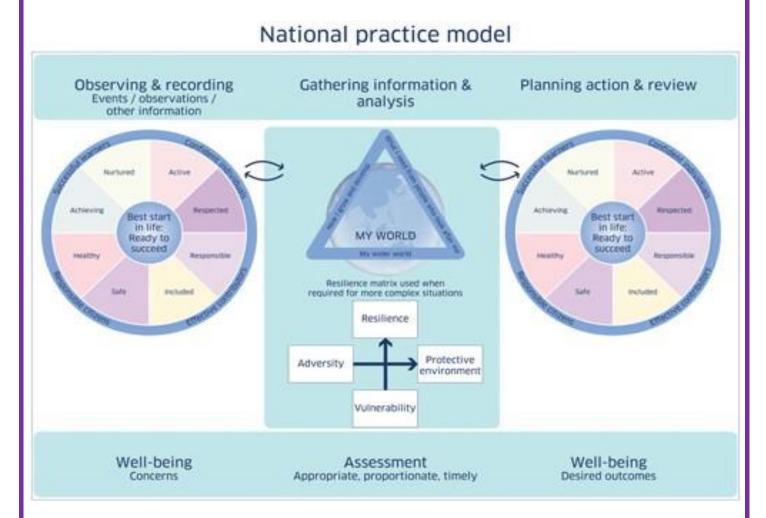
Depending on the age of the child or young person, a health visitor or teacher usually takes the role of named person. In most cases (but not all) this is likely to be:

- Birth to primary school Health Visitor
- Primary School Head Teacher/Deputy Head
- Secondary School Head Teacher/Guidance Staff.

The Named Person functions are embedded into the role of these professionals. You should be made aware who the Named Person for your child is but if you are unsure contact your health visitor, school or education department who will be able to put you in contact with your Named Person or someone who knows who that is.

What are the responsibilities of the Named Person?

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. A key difference will be that they use the National Practice Model as a starting point for thinking about how they can help a child or young person if and when they are asked to help.



Most children and young people get all the help and support they need from their families, from teachers and health practitioners, and from their wider communities.

Some may need extra help and that's where the Named Person comes in. Once a concern has been brought to their attention, the Named Person – who will be a main point of contact for the child and their family – needs to work with the family to think about how to help, or arrange for the right help in order to promote the child's wellbeing.

They will start by gathering and recording information about any concerns about a child's wellbeing and consider it carefully and, with the family, the child and with any other appropriate professionals, assess what need to be done to promote the child's wellbeing. They will, with the child and family, plan any action to be taken and arrange when the action is to be reviewed.

We know that responsible, appropriate and proportionate sharing of information can help parents and professionals to promote, support and safeguard the wellbeing of children and young people. Currently, the Scottish Government is reviewing the information sharing provisions in the Act to make sure they comply with the Data Protection Act and support Human Rights.

Where the Named Person service is put in place on a policy basis, information sharing will be done under the provisions of the Data Protection Act.

Of course in the few cases where there are concerns that the child or young person may be at risk of significant harm, the Child Protection Procedures need to be used to share information to make sure they are protected.

To offer help, Named Persons will ask these five 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?

To support children's wellbeing a Named Person can:

- Advise, inform or support the child or parent/carer
- Help the child and parents access services
- Help set up a Child's Plan where this is required.

The Named Person can help children and families feel confident they can raise concerns and talk about their worries to people who will listen and respect their point of view and work with them to sort things out. Above all, they will ensure that the child or young person's views are listened to and that the family is kept informed.

What is a Lead Professional?

When "targeted intervention", (extra help which is not generally available to other children) may be needed to help a child, then the Named Person can hold a meeting inviting all people/agencies involved, including parent/carer and child. At this meeting a Lead Professional can be appointed to help co-ordinate that help. This extra help is written down in a Child's Plan.

Who is the Lead Professional for your child?

Not every child has a Lead Professional. Lead Professionals are usually appointed when children need a more complex range of extra support that is not generally available to other children. This support can be set out in a Child's Plan and the Lead Professional can help by coordinating this plan. We say more about the Child's Plan later.

What are the responsibilities of Lead Professionals?

Lead Professionals can:

- Help children or young people and families understand what is happening at each point and help them be involved in the decisions that affect them
- Be the main point of contact for the plan for children, family members and practitioners
- Ensure the Child's Plan is implemented and reviewed
- · Coordinate specific work or specialist assessments
- Ensure the child or young person is supported through key transition points, particularly any transfer to a new Lead Professional
- Ensure the child's plan is accurate and up-to-date.
- Work together with the Named Person.

Case Study: Getting it Right for Charlie



How the Lead Professional co-ordinated a complex package of support for Charlie and his family.

Three-year-old Charlie had multiple and complex needs which called for a high degree of personal care and monitoring. His condition was described as 'life limiting' and 'life threatening' – which meant he was not expected to live beyond his teenage years.

An only child, he lived at home with his mum and dad, who had a supportive network of friends and family.

Charlie's **Named Person** at birth was his mum's health visitor. Because of the complex range of services and specialist supports Charlie needed, he had a Child's Plan and a **Lead Professional**, the Community Children's Nurse from the moment he left hospital.

Support from a wide range of professionals

Charlie and his family got support from a wide range of professionals, so it was important to them to have someone co-ordinating this.

Charlie went to a specialist nursery four mornings a week and stayed overnight with his grandparents two or three times a month. He sometimes got respite care at the children's hospice to give his family a break. He attended four different specialist hospital services as well as a community paediatrician, a paediatric nurse and a paediatric physiotherapist.

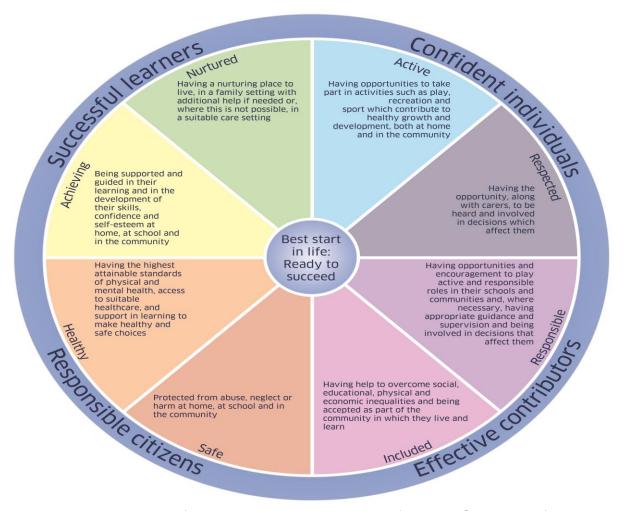
While there was no on-going social work involvement, the family had had a visit from the local social work children's disability team to introduce themselves in case there was a future need for support or adaptations in the home. Charlie's Lead Professional – in her role as Community Children's Nurse – supported the family with his nutritional needs, mobility and aids, medication, medical supplies and equipment.

When Charlie started at the specialist nursery, the nursery head took on an increasing co-ordinating role and it was agreed that she should become his Lead Professional while his Health Visitor remained his Named Person and the Community Children's Nurse provided a link to the range of health services involved.

Charlie's parents welcomed this development. They had regular contact with the nursery which was reassuring and they felt that the nursery head who knew Charlie well was best placed to coordinate the wider support network and Charlie's Child's Plan.

GIRFEC: Section 3

Wellbeing Indicators and Wellbeing Wheel



The national outcomes for children and young people from the Curriculum for Excellence, are that all children should be Confident Individuals, Effective Contributors, Successful Learners, and Responsible Citizens. To achieve this all children need to be *Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included*. These the Wellbeing Indicators, and are known by the term SHANARRI.

Named Persons and other professionals involved will consider whether children and young people are, for example, active, being able to take part in activities such as play, recreation and sport, whether they are safe, protected from abuse and harm, or whether there are things that are getting in the way of aspects of children's wellbeing. They should consider these questions with parents and carers, and as fully as is possible with children and young people too.

Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) states that the best interests of the child must be the primary concern in decisions that affect children. The wellbeing indicators help to consider what is in children's best interest.

Indicator Definition Game



Using the above GIRFEC Wellbeing Indicators put the following under what you feel to be the appropriate heading. (Write the numbers in each segment)

- 1) Understands the consequences of not following school rules
- 2) Takes part in one or more sporting activities
- 3) Responds well to any additional support provided
- 4) Free of exposure to physical abuse and violence within or out with the home or the threat of it.
- 5) Attends health care services and medical screenings when necessary
- 6) Feels trusted
- 7) Is confident and competent when faced by new challenges
- 8) Has completed immunisations by relevant age
- 9) Has emotional and development needs which are not neglected
- 10) Is free from bullying
- 11) Attends school regularly
- 12) Has a well-developed sense of self-esteem and self-respect
- 13) Receives appropriate care and guidance from parent/carers

It is important to remember that there is no 'set level' of wellbeing that all children should achieve; each child should be helped to reach their own individual potential.

GIRFEC: Section 4

What is the Child's Plan?

One planning framework

The GIRFEC arrangements can mean that a Child's Plan will be prepared where it has been assessed that a child needs "targeted intervention", support or services, over and above the support generally provided by universal services like health or education. Each child who requires targeted intervention whether from a single service, like health or education, or several agencies working together can have this support co-ordinated and recorded within the Child's Plan.

Targeted intervention is support not generally available for children. Services like health visiting, GPs and school based education are examples of generally available services. Targeted intervention is likely to vary from child to child according to their individual needs and might, for example, include combinations of the following; Speech and language therapy Specialist medical procedures More complex support arrangements at school Support for young carers Social work services.

A single planning approach should lead to less form filling and red tape for practitioners and families. In some cases, where there are complex needs, this will include **incorporating aspects of existing plans**, such as a coordinated support plan, in to the Child's Plan framework. Planning for children who are looked after or subject to child protection procedures, can follow the single planning framework, leading to a plan which is designed to meet the individual needs of each child.

Health authorities will usually be **responsible for coordinating and producing the plan** for children who are under primary school age. Local authority services, such as education or social work are usually responsible for coordinating plans for children of school age. However, this arrangement can change, where that is agreed to be in the best interests of children. For example, where a child of school age has very complex health needs or life limiting conditions, it may be agreed that the Lead Professional is a health practitioner and that the health body would be responsible for supporting the Lead Professional to coordinate the Child's Plan.

What will plans look like?

Currently, there are no plans to have a single national template for the Child's Plan. It is intended that health and local authorities can develop the look of their own plans to suit local circumstances. However, all plans should hold key information about children and their circumstances. For example, they should contain the views of children and their families and an assessment of children's wellbeing needs. Plans should set out how the assessed needs are to be met and say who should do what and give timescales. The plan should be kept under review and tailored to deal with any additional needs that are identified. The plan should as far possible be jargon free so that it is easily read and understood.

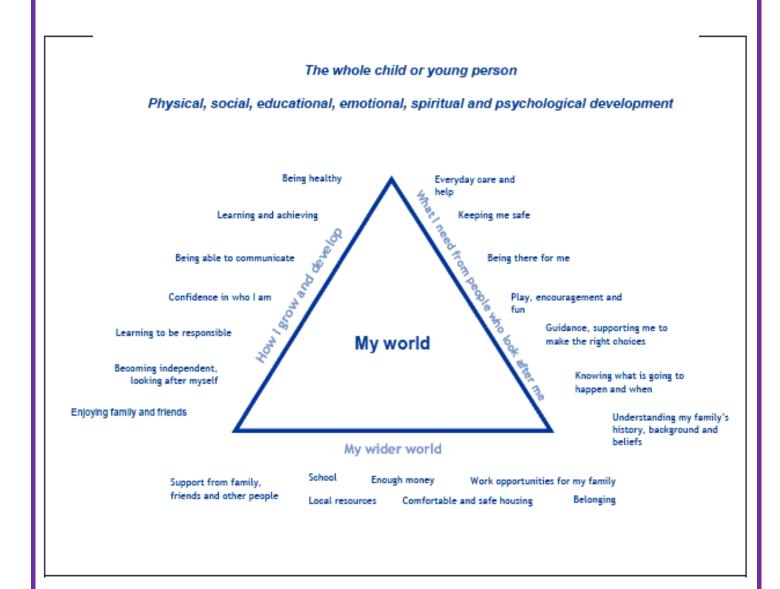
This is a real opportunity to have influence, to have your say. Children, parents and carers will be asked to contribute to the Child's Plan and have access to its contents. Local authority and health services should actively seek the views of children, young people and their parents or carers unless there are compelling reasons, like very serious concerns about children's safety, that would stop them doing so. The professionals responsible for producing the plan should take account of the age and maturity of children when seeking their views about the plan. The plan should make clear to children, parents and carers what is to be done by all involved in order that children's wellbeing is supported. The plan, and progress made will be reviewed from time to time with the involvement of children, parents and carers. Parents and children should have a say about when these reviews take place.

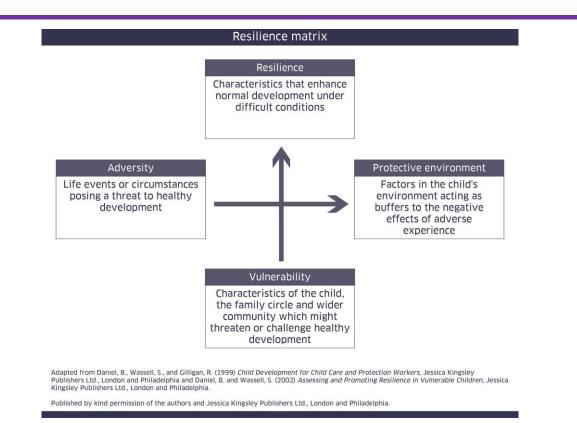
Article 12 of the UNCRC states that when adults are making decisions that affect children, children have a right to have a say and have their opinions taken into account. The Child's Plan approach makes sure this right is upheld.

The My World assessment triangle

When planning and thinking about a child's or young person's needs, every practitioner should, in collaboration with children, young people and their parents or carers, think about the **whole child or young person**. The My World assessment triangle below focuses on the child and young person and what is needed for their development and wellbeing. Adults who are parents or carers may have needs or problems that could affect children's wellbeing, and these problems should be considered too when assessments are being made.

You may wish to have a close look at the My World triangle as it will be commonly used by professionals to help assess children's wellbeing needs.





When children and young people have very complex needs or concerns, or in situations where children's safety is in doubt, professionals may use the **Resilience Matrix** to help them to analyse the information they have about the child's circumstances. Using the matrix to help understand both the strengths and the vulnerabilities in a child's situation can help professionals think through the information they have gathered when looking at the child's My World Triangle. In turn, this can help professionals, working with children, young people and their families to come to the best decisions about, for example, how to help support families strengths, how to improve children's confidence and capabilities or indeed how to work with the family and the wider community to keep children and young people safe.

When looking at **adversity**, consideration will be given to life events or circumstances posing a threat to wellbeing and development, such as loss, abuse, neglect, poverty, poor or unsuitable housing.

When looking at **vulnerability**, consideration will be given to characteristics of the child or young person, their family circle and wider community which might threaten or challenge wellbeing, such as disability, very poor health, and prejudice in the community and lack of, or poor attachment.

In turning to strengths, a **protective environment** may include factors that act as a buffer to the negative effects of adverse experience for example, in the home, the wider family network and friends, the services that help, the school and in the wider community.

When looking at **resilience**, consideration is given to characteristics of the child or young person which helps them to develop under difficult circumstances, such as having sense of belonging within a secure loving family, good self-esteem, an outgoing temperament or nature and developing problem solving skills.

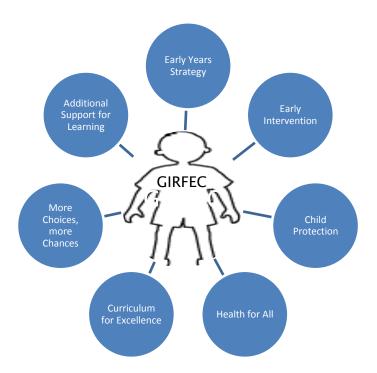
GIRFEC: Section 5 How it all Fits Together

The United Nations Convention of the Rights of the Child (UNCRC) is the foundation of GIRFEC.

All children and young people share the same fundamental rights. These are clearly set out in the UNCRC. These rights help us all to recognize what makes for a safe, healthy, happy childhood and a good start in life. It underpins our approach to children's rights in Scotland, providing us with a framework for ensuring we consider children's rights whenever we take decisions. The UNCRC is enshrined throughout GIRFEC.



This diagram demonstrates how the UNCRC Articles link with wellbeing and the GIRFEC processes. These are children's rights which keep the child at the very centre of the Getting it Right for Every Child framework. An information leaflet on the rights of the child by the Children and Young People's Commissioner Scotland is available for anyone who wants more information on these rights.



This diagram shows the child at the centre. GIRFEC supports the United Nations Convention on the Rights of the Child and underpins policy surrounding children, young people and their families. This includes policies such as Curriculum for Excellence, Additional Support for Learning and More Choices More Chances which support children's education and employment opportunities, the Early Year's Strategy and Early Intervention and Child Protection, through which children's needs are met at the earliest stage possible and they are kept safe, and Health For All, which promotes children and young people's health and wellbeing.

This diagram is not fully complete or comprehensive. It is intended to show that GIRFEC does not stand alone. GIRFEC is integrated with other children's policy and practice in Scotland.

GIRFEC is intended to be the way professionals in Scotland respond to the needs of children and young people. Professionals must work together as fully as possible with children, young people and with their parents or carers. Partnership is a cornerstone of the GIRFEC approach. That is why it is important that parents and carers, children and young people understand this approach. We hope this pack helps you to do that.

Getting it Right for Every Child Glossary

Child's Plan

The Child's Plan has been designed to provide a consistent approach to planning for children who need coordinated support. It helps staff working with children and families to work better with each other and with children of families to think about and help meet the wellbeing needs of a child.

The Child's Plan should be used when extra, targeted intervention or services, not generally available, are needed to promote, support or improve the wellbeing of the child.

Getting it right for every child (GIRFEC)

Getting it right for every child is the national approach to working with children, young people and families. It aims to bring services together to provide the right support for children and young people at the right time. Collaboration between services and with children and families is a cornerstone of this approach.

Lead Professional

Lead Professionals are usually appointed when children need a more complex range of extra, targeted intervention or services that are not generally available. This targeted support can be set out in a Child's Plan and the Lead Professional can help by coordinating this plan.

Named Person

The Named Person is a central contact person who can help to advise and coordinate help for children, young people and their parents if and when they need help.

Targeted Intervention

Targeted intervention is support not generally available for children. Services like health visiting, GPs and school based education are examples of generally available services. Targeted support is likely to vary from child to child according to their individual needs and circumstances.

Wellbeing Indicators

The national outcomes for children and young people from the Curriculum for Excellence, are that all children should be Confident Individuals, Effective Contributors, Successful Learners and Responsible Citizens. To achieve this all children need to be **Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included.** These are known as the Wellbeing Indicators.

Additional Information

This pack is provided by the Health and Social Care Alliance Scotland (the ALLIANCE) Getting it right for every child (GIRFEC) project. Every effort has been made to ensure that the contents are accurate at the time of publication but it is not intended that the contents are a full or definitive account of the law or policy. While the project is supported by the Scottish Government, the Alliance is responsible for the content of the document.

The project aims to promote awareness about GIRFEC among children or young people who are disabled or living with long term conditions and their families, to help empower them to access and influence the support they need to achieve their desired outcomes and potential.

We hope that increasing awareness of the GIRFEC will build children and young people's own capacity and confidence to shape the support and services they require. The experience of children, young people and parents will be at the heart of this work and we will help ensure that these experiences inform how GIRFEC is implemented by reporting feedback we get from children, young people and their parents or carers to the Scottish Government.

Useful Contacts

Children and Young People's Commissioner 0131 346 5350	
ChildLine Scotland	0800 1111
ParentLine Scotland	0800 028 22 33
The National Kinship Care Helpline	0800 028 22 33
The Scottish Government GIRFEC web site	
http://www.gov.scot/Topics/People/Young-People/gettingitright	
One Parent Family Scotland Helpline	0808 801 0323
Parenting Across Scotland website	www.parentingacrossscotland.org/
Health and Social Care Alliance	0141 404 0231
	http://www.alliance-scotland.org.uk/

These contacts are national helplines or websites that can be helpful to children, young people and their parents, they are not a comprehensive list and they do not, for example, reflect local or sector, or disability specific organisations.

Keep up to date

Our project has a website which will be kept up date on progress made in implementing GIRFEC as that happens. www.alliance-scotland.org.uk

Feedback

Part of this project involves getting insights from children and young people as well as their parents and carers to help provide feedback which may influence policy and practice.

If you have attended an information session we will encourage you to complete a feedback form at the end of the session. The facilitator will collect these and we can use them to collate opinions and insights.

Contact us

If you have any questions or are interested in more sessions please contact ronnie.hill@alliance-scotland.org.uk

The Alliance Scotland

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