



Community Planning  
Aberdeen



**GETTING IT RIGHT FOR  
EVERY CHILD  
IN ABERDEEN CITY**  
Operational Guidance 2023

## Welcome to the Aberdeen Getting it Right for Every Child (GIRFEC) Operational Guidance 2023.

The Community Planning Partnership is committed to improving the outcomes of all Aberdeen's children and young people, in particular those who are most vulnerable and ensuring that their voices are heard, and their rights are respected. Our vision remains to make Aberdeen a place where all children and young people can grow up loved, safe, heard and respected so that they can realise their potential. In line with this, we are committed to ensuring that where it is safe to do so, we will keep children within the care of their families, working across our partnership to ensure appropriate and timely support is available to them.

This Guidance will support your work with children and young people, parents, carers and colleagues. It builds on established practices of working together, irrespective of job titles, to ensure that we support children and young people to achieve the best possible outcomes in keeping with the [National GIRFEC Guidance](#), [The Promise](#), [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and the National Child Protection Guidance 2021.

### CONCERNS ABOUT A CHILD OR YOUNG PERSON'S SAFETY

If you believe that a child or young person is in immediate danger, please call Police Scotland via 999. If you believe that they are at risk of harm, or have been harmed, you must share information with the Joint Child Protection Team (JCPT) on 0800 731 5520 without delay. Other contact details as follows:

- Police Scotland on 101
- Social Work Reception during office hours on 0800 731 5520
- Out of hours Social Work 0800 731 5520

This will allow circumstances to be assessed in order to determine if immediate action needs to be taken to protect the child or young person. Where there are child protection concerns, consent from the child or parent is not required. The concerns should be shared following the National Guidance for Child Protection in Scotland 2021. Document your concerns and the actions taken in the child or young person's record as per your record keeping guidance.



# THE KEY PRINCIPLES OF GIRFEC AND WHAT IT LOOKS LIKE ACROSS ABERDEEN CITY



## The following key principles guide our work with children and families

### Placing the child, young person and family at the centre

- promoting choice, with full participation of children, young people and families in decision-making

### Working in partnership with families

- adopting an approach which is inclusive and respects the rights of all
- acknowledging and building on the strengths of children, young people and families

### Understanding wellbeing as being about all aspects of life

- taking into account the impact that family, community and society has on a child or young person's developmental and social experiences

### Valuing diversity and ensuring everyone is treated fairly

- acknowledging and celebrating differences
- ensuring access to support is available to all children, young people and families as required

### Tackling inequality

- ensuring support is offered fairly and equitably to meet individual needs

### Offering support as early as possible

- adopting a proactive and proportionate approach to improve outcomes for children, young people and families

### Services working in partnership both locally and nationally

- developing a culture of collaboration and co-operation between services, practitioners and families



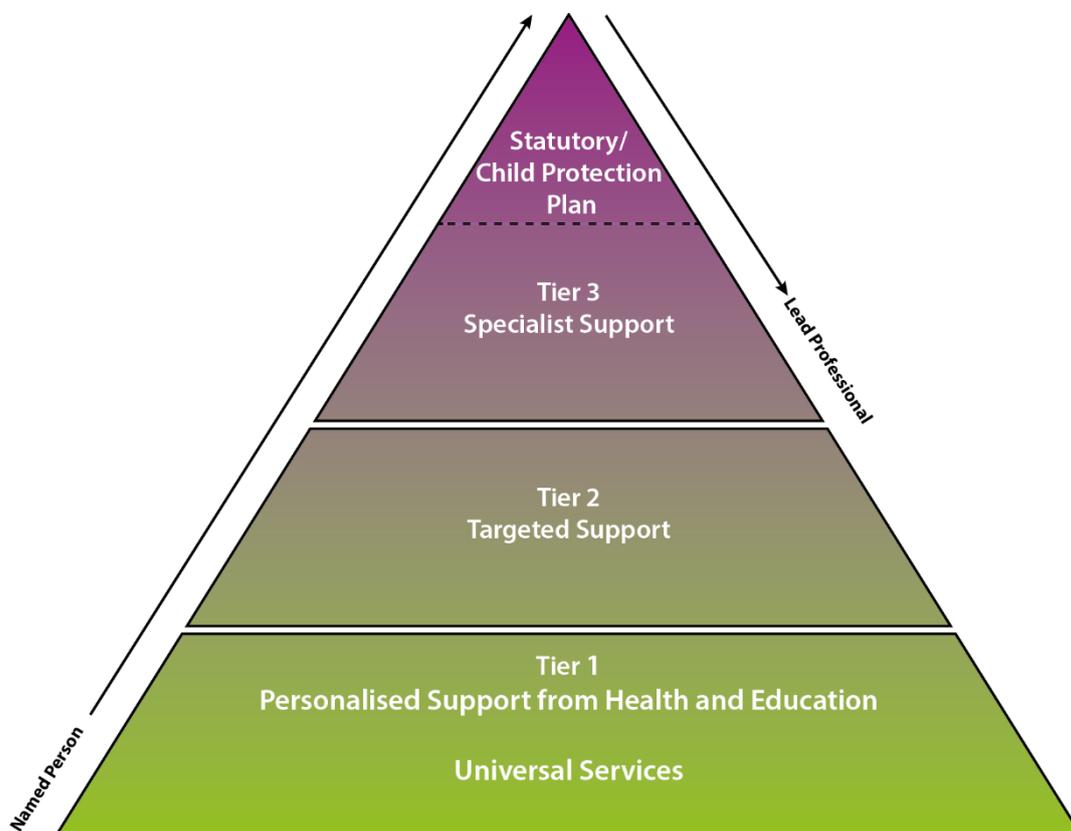
# THE ABERDEEN CITY MODEL OF TIERED INTERVENTION



The GIRFEC approach in Aberdeen is based on partners working together at the earliest opportunity to support a child or young person, and their family. We work together to deliver interventions that are timely, appropriate, and proportionate to prevent escalation.

The majority of children and young people will only need access to **Universal Services**; the following 5 key questions should be asked to help understand the child or young person's needs and determine appropriate action:

- 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 other agencies?



**Tier 1** Universal Services support children, young people and their families, providing personalised support to address concerns before they escalate. This may include signposting to relevant services and/or support co-ordinated through an individualised non-statutory child's plan (single or multi-agency).

If single agency personalised support at the universal level is not addressing health and wellbeing needs, a discussion involving the child/young person and their parent/carer should take place to consider further multi-agency involvement at Tier 2. The parent/carer and the child/young person, depending on their age, should be informed of how these views are recorded and whether any information sharing will result as a consequence of the discussion/decision. Consideration of the child or young person's views and voice should always inform decision making.

**Tier 2** Universal Services continue to work to support the child or young person and/or their family. A non-statutory plan may already be in place.

Here more complex difficulties and needs exist. In consultation with the child/young person and parent/carer, more targeted support may be required to alleviate identified challenges. This may be a multi-agency approach, which will require a multi-agency Child's Plan. A multi-agency meeting will confirm who is best placed to assume the lead professional responsibility. Any practitioner or professional providing support to the child or young person could be identified as the lead professional. This includes any person working across the universal services of health, social work and education (including early years), as well as a person from a third sector organisation or specialist service. The named person who may have previously overseen a single agency plan for the child or young person and their family may become the lead professional if they are the most suitable person to fulfil that role. The lead professional should remain in this role for as long as it is appropriate and this should be reviewed regularly.

When a review of a Child's Plan evidences that wellbeing concerns have been resolved, the Child's Plan will be closed in agreement with other partners, parents, children and young people. When this happens progress will be monitored by the Universal Services once again. However, if the issues are continuing then further assessment and planning will be required.

If the supports detailed in the Child's Plan have not effectively improved wellbeing, consideration should be given to escalating to Tier 3. There may be circumstances where it is necessary to proceed directly to Tier 3 where significant risk is apparent, children or young people and their families should be part of this decision making where possible. Although there is a duty to consider the wishes of the child or young person before sharing information all agencies also have a duty to share information if a child's wellbeing could be adversely affected. This second duty ultimately overrides the first although due consideration should be given to their wishes wherever possible.

Where the named person is requesting support from a specialist service, the child or young person and their family should agree what information will be shared, with whom and for what purpose. The named person should record that this conversation has taken place and the outcome of it. Consent should only be sought when there is a genuine choice in the matter. Where a child or young person is at risk of harm, practitioners should immediately follow child protection processes and should not seek consent.

**Tier 3** The supports or concerns are such that the child or young person will require specialist support from at least two agencies to address their wellbeing and welfare needs. A lead professional will be appointed to coordinate these supports and in almost all cases this will be a social worker. If there is a Child Protection Plan in place or a statutory order (child is Looked After and/or on a Compulsory Supervision Order) then Social Work will always be the lead professional.

### **The named person:**

- continues to monitor progress within their own service by considering the 5 key questions and coordinate plans/ elements of plans being delivered by that service
- continues to keep a chronology of significant events and passes relevant information to the lead professional for inclusion in the integrated chronology
- makes sure that the child or young person is fully involved and is able to engage meaningfully in the progress of their wellbeing

### **The lead professional:**

- coordinates the integrated chronology
- seeks support from other agencies if appropriate
- coordinates the writing, monitoring and review of the child's plan
- coordinates meetings to keep the needs of the child or young person under review
- makes sure that the child or young person is aware of progress
- shares relevant and proportionate information to support wellbeing

The expectation is that interventions detailed in the child's plan will be for a finite period of time and that the child or young person will move back down the tiered intervention process as wellbeing improves.

### **When wellbeing concerns become welfare concerns**

GIRFEC works to provide a continuum of support for children, young people and families. Wellbeing concerns about safety can indicate or lead to a welfare concern and it is important that we recognise GIRFEC processes as part of a continuum to support and safeguard our children and young people.

The statutory definition of a "child in need" contained within the [Children \(Scotland\) Act 1995](#) is wide. For the purpose of planning and providing services within Aberdeen City Council, the following defines the basis for determining eligibility to Children's Social Work Services:

- a child or young person who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority



- a child or young person whose health or development is likely to be significantly impaired or further impaired, without the provision of services
- a child or young person who is disabled
- a child or young person who is adversely affected by the disability of any other person in their family

If you believe that a child or young person may be on a pathway to harm (i.e. without an appropriate intervention harm is likely), colleagues in Children's Social Work will be able to advise on the appropriateness of a referral for a Social Work assessment and intervention. Advice and guidance is available to the named person through the Reception Team, free phone: **0800 731 5520**. Outside office hours the Out of Hours Team can offer the named person advice on the same number. If you feel the child is at risk of significant harm, please contact the Joint Child Protection Team (JCPT) on the same number. Please remember that where a child is in immediate danger, you should call Police Scotland on **999** without delay.

When confident that Social Work involvement is appropriate:

**Health** – submit a child's plan and chronology, evidencing support already provided and clarify why statutory social work intervention is now requested

**Education** – complete a Request for Assistance online form alongside a current child's plan evidencing support and intervention already provided and why statutory social work intervention is now requested.

Where there is not a plan in place, the core details and assessment section of the child's plan can be submitted.

Where it is agreed that the eligibility criteria for Children's Social Work has been met, social work professionals will attend a multi-agency meeting to consider what supports might be needed. The discussion will help to inform any updating of the child's plan.



## THE VIEWS OF CHILDREN AND YOUNG PEOPLE



We have an obligation to proactively seek and take account of the views of the child or young person where capacity of the child or young person allows, communication difficulties cannot be seen as sufficient reason for not doing this. **Children (Scotland) Act 1995** places the responsibility on all of us to use our professional skills and knowledge to decide how best to engage with children and young people and their families to promote their active involvement in taking decisions that will affect them.

We are required to seek the views of children and young people and their families on:

- their current situation and their wellbeing needs
- the assessment as it is compiled
- the child's plan that has been agreed
- our intention to share information and to take account of these where possible.

In order for children, young people and families to meaningfully engage with an assessment of wellbeing, it is imperative that there is a mutual understanding of what is meant by wellbeing. Services use a range of strategies which are age and stage appropriate to support children and young people positively engaging with assessing their wellbeing and capturing their views. For example, it may be in the child or young person's best interest to only attend for part of a Child's Planning Meeting, or not at all.

Consideration should also be given as to who is best placed to support the child or young person at the planning meeting for example, Advocacy or Young Person's Rights Services. Decisions will be taken based on the individual needs and circumstances of the child or young person.

When a practitioner considers that a child or young person's wellbeing needs ought to be supported by others, they will have a discussion with them about the potential benefits of sharing information. The discussion should include why the information needs to be shared, with whom it needs to be shared, as well as what might happen if the information is not shared. The date and detail of the discussion should be recorded.

**IN KEEPING WITH CHILD PROTECTION PROCESSES, THE VIEWS OF CHILDREN OR YOUNG PEOPLE, PARENTS AND CARERS SHOULD NOT BE SOUGHT WHERE THIS COULD COMPROMISE THEIR SAFETY OR HINDER / DELAY A CHILD PROTECTION INVESTIGATION.**

# WORKING WITH FAMILIES



We have an obligation to proactively seek and take account of the views of parents, carers and other relevant persons where capacity of the parents, carers or relevant persons allows. Communication difficulties and challenges communicating with families for example where English is not the first language cannot be seen as sufficient reason for not doing this. **Children (Scotland) Act 1995** places the responsibility on all of us to use our professional skills and knowledge to decide how best to engage with families to ensure their active involvement in decisions that will affect their child.

It is important that all partners build positive relationships with families.

Effective relationships are built by:

- working collaboratively with families to ensure inclusion in the child's planning process
- being open and honest with the family and treating them with respect
- providing clear explanations at all stages appropriate to any communication needs
- recognising and acknowledging that parents and carers are 'experts' on their children and know them better than anyone else
- checking the accuracy of information contained in files and noting any dissent to what is found
- being sensitive to and aware of any cultural issues that might influence the child or young person or family's perspective

discussing with families the benefits of sharing information with other professionals in advance of doing so. This should include discussion as to whom information could be shared with and what might happen if the information is/is not shared. The date of the discussion should be recorded.

The [Working with Non-Engaging Families Multi-Agency Practice Guidance](#) assists practitioners when faced with non-engaging families.



# KEY ROLES AND RESPONSIBILITIES



**Everyone who works with a child or young person has a responsibility to ensure that they are safe and has a duty to support and promote wellbeing.**

If you have contact with any child or young person and have a concern about their wellbeing, you should discuss the matter with parents/carers and the child or young person and explain the potential benefits of sharing information with the named person. With their consent you should pass your concern onto the named person by e-mail and ensure that a response is received.

If you are unsure of the named person, please use the emails noted below:

Education enquiries – [eduopssupport@aberdeecity.gov.uk](mailto:eduopssupport@aberdeecity.gov.uk)

Health enquiries - [gram.citycomrefline@nhs.scot](mailto:gram.citycomrefline@nhs.scot)

**The GIRFEC approach does not remove the responsibility of all staff to follow Child Protection procedures immediately if a child or young person is at risk of harm or has been harmed.**

If you believe that a child or young person is at risk of harm, or has been harmed, you must share information with the Joint Child Protection Team (JCPT) on **0800 731 5520** immediately. If you are unable to make immediate contact with the JCPT please phone:

- If you believe a child or young person is at immediate risk of harm please call 999
- Police Scotland on 101
- Social Work Reception during office hours on 0800 731 5520 or 01224 264198
- Out of hours Social Work 0800 731 5520

This will allow circumstances to be assessed in order to determine if immediate action needs to be taken to protect the child or young person.

Concerns should be shared following the **National Child Protection Guidance 2021<sup>1</sup>**. Consent from the child, young person or family is not required. Record your concerns and the action taken. Police and Social Workers assessing the situation will let you know the outcome and will contact the named person/lead professional to let them know what is happening.

When concerns are passed on, a record of the conversation should be noted to summarise the information shared and reasons for doing so. Chronologies and pastoral notes must be updated accordingly. You should also note if the child or young person is aware that you have shared the information. You must only share information that is relevant and proportionate.

## **The named person**

The named person is primarily provided by health and education services and is usually someone who is known to the child, young person and family and who is well placed to develop a supportive relationship with them. At times the named person may be involved in multi-agency working to support a child or young person's wellbeing. They have a duty to promote, support and safeguard wellbeing by:

- being the first point of contact for children, young people and their parents or carers and make sure that the child or young person and their family know that you are the named person (Midwives will share information about the health named person with the pregnant women and her partner during the early weeks of pregnancy)
- ensuring that access to confidential information is proportionate
- ensure that the personal core data and the content of the child or young person's record, file or notes within your agency is accurate and kept up-to-date
- compile an accurate chronology for the child or young person within your agency and be responsible for contributing to, collating and compiling the multi-agency chronology when that is required
- receiving information from other agencies or individuals and making sure that all information is appropriately recorded and safely stored (as PDF within an electronic record wherever possible, as per Services' procedures) and proportionately shared with the named person or siblings in keeping with Data Protection and Human Rights legislation
- consider any concerns in light of the child's history and current circumstances
- identify if and when additional support is needed and then identify what extra help might be provided from within your agency
- recording when any information is shared when seeking assistance, the reasoning behind the sharing and outcome of sharing in the case file and/or chronology
- informing the child or young person and their family about how any information about them is recorded and shared and why
- know when to involve other agencies and understand thresholds of intervention
- coordinate the child or young person's child's plan, using the agreed template and identifying who is responsible for each of the actions included in the plan
- review the child or young person's plan at least every six months to ensure that progress is being made, and that the agreed actions are improving the outcomes for the child or young person
- review information held at the point of transfer, to ensure that it is accurate and up-to-date, balanced, relevant and proportionate and note family agreement or disagreement with its content prior to transfer to any incoming named person
- contribute to planning for key transition points

Details of who holds named person responsibility across Aberdeen City is detailed in the grid on the following page.

Age of child	Professional assuming the role of named person	Timescale of Responsibility	Comment
Birth until first day at primary school	Health Visitor or Family Nurse Practitioner (mothers under the age of 25 and children until the age of 2)	From birth until the first day at primary school.	The Health Visitor will continue to be the named person for any child where there is a deferred or delayed entry to primary school.
Primary School	Head Teacher or nominated member of the school's Management Team.	From the first day in Primary 1 until the first day they attend secondary school despite attendance.	A child who repeats a year will continue to be supported by the primary school until they transfer to secondary school. Children who are excluded remain the responsibility of the primary school named person
Primary School (school holiday cover)	Member of the Central Education Team	Over school holiday periods	Enquiries received will be passed to the most appropriate central officer.
Secondary School	An agreed member of the school's Management or Pastoral Team.	From the first day at secondary school until leaving school despite attendance.	Children or young people accessing some of the curriculum out with the school remain the responsibility of the named person in secondary school. Young people who are excluded remain the responsibility of the secondary school named person.
Secondary School (school holiday cover)	Member of the Central Team	Over school holiday periods	Enquiries received will be passed to the most appropriate central officer.
Children from travelling families	Central Officer	If not enrolled in a school until school leaving age.	The general e-mail will be made available.
Children who are home educated from school - leaving age until the child's eighteenth birthday	Central Officer	Until school leaving age.  From leaving school up to the young person's 18th birthday.	The general e-mail will be made available.
Up to 18 and serving a custodial sentence	Prison Governor	For duration of sentence or up to the age of 18.	

Where support from two or more agencies is required to support a family, one of these agency practitioners will be appointed as the lead professional. When a lead professional is likely to be required, it is best practice for the named person to instigate a conversation around who is likely to be best placed to perform the role and to gain agreement prior to the matter being formally discussed at a multi-agency meeting. In exceptional situations it may be difficult to agree who is best placed to undertake the role of lead professional. These situations should be escalated to line managers for resolution at the earliest opportunity.

## **The lead professional**

During childhood there may be circumstances where children, young people and families require the support of a child's plan. This is where a lead professional will be needed. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child or young person and their family. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role.

Throughout a child or young person's journey, this person may change depending on the child or young person's needs, but there should always be a lead professional identified when there is a multi-agency child's plan. All decision-making about support and the child's plan should seek and act on the views of the child or young person and their family, in accordance with their best interests and in consideration with their full spectrum of rights.

Where a child or young person is looked after or whose name is on the Child Protection Register, the lead professional will always be a Social Worker.

The lead professional should have the appropriate skills and experience to coordinate all agencies involved in supporting a child and young person's wellbeing, taking a cohesive approach in the coordination and management of the multi-agency plan for the child or young person. They should:

- support children, young people and families to fully participate in discussions and planning about what is happening in a child or young person's world, where this is in their best interests and in consideration with their full spectrum of rights
- ensure as far as possible, that the child or young person and their family understand what is happening at all times and support them to participate in decisions being made
- act as a main point of contact for all, particularly to ensure the child or young person and their family are not required to tell their story multiple times to multiple professionals
- oversee the implementation of the child's plan and check that it is reviewed, accurate and kept up-to-date
- ensure that targeted support is helping to improve agreed outcomes for the child or young person
- promote teamwork between agencies, and work in partnership with the named person
- support the child or young person and their family during key transition points, particularly any transfer to a new lead professional
- have an awareness and understanding of the working practices of other agencies

In some circumstances, the preparation of a record of a child or young person's needs and how these will be met is required to comply with legislation. Where this applies, the lead professional should be familiar with the relevant statutory requirements. For example:

- under the Education (Additional Support for Learning) (Scotland) Act 2004 for school education authorities to prepare a coordinated support plan. This applies in respect of children and young people who have enduring additional support needs that have a significant adverse effect on their education, who require support from services outside education
- under The Looked After Children (Scotland) Regulations 2009 for local authorities to prepare a child's plan in respect of any child or young person who is, or is about to be, looked after in terms of section 17(6) of the Children (Scotland) Act 1995 ("the 1995 Act")
- under section 23(3) of the 1995 Act for a local authority to prepare, on request, an assessment of a child, or of any other person in the child's family, to determine the child's needs in so far as attributable to their or the other person's disability
- for a responsible authority to prepare a young carer's statement under section 12 of the Carers (Scotland) Act 2016

When the child's plan has been agreed, the lead professional should:

- be a point of contact with the child or young person and their family in relation to the plan to ensure it is working well and achieving the agreed outcomes, ensuring they have accessible information relating to their plan
- be a point of contact for all practitioners who are delivering support for the child or young person to feedback progress on the plan or raise any issues
- ensure that the support provided is consistent with the child's plan, aligning with the outcomes agreed
- promote teamwork between agencies, to avoid duplication and drift
- work with the child, young person and family and the practitioner network to make sure that their rights are respected, they are able to fully participate in the plan, and, when necessary, link them with specialist advocacy services
- ensure the plan is informed by an awareness that children and young people can experience multiple and overlapping inequalities and address these in a child-focussed manner
- support the child or young person and their family to make use of support from practitioners and agencies
- monitor the child's plan and whether it is achieving the agreed outcomes
- coordinate the provision of other help or specialist assessments
- review the child or young person's plan at least every six months to ensure that progress is being made, and that the agreed actions are improving the outcomes for the child or young person;
- support the child or young person and their family through key transition points and ensure a careful and planned transfer of responsibility where roles change

The child's plan should be based on an assessment of strengths, needs and risks, and should incorporate the actions from any existing single agency plan and detail when the plan will be reviewed. The lead professional will have no responsibility, accountability or authority over other partners for their work unless this is through their substantive role, for example, line management or commissioning.

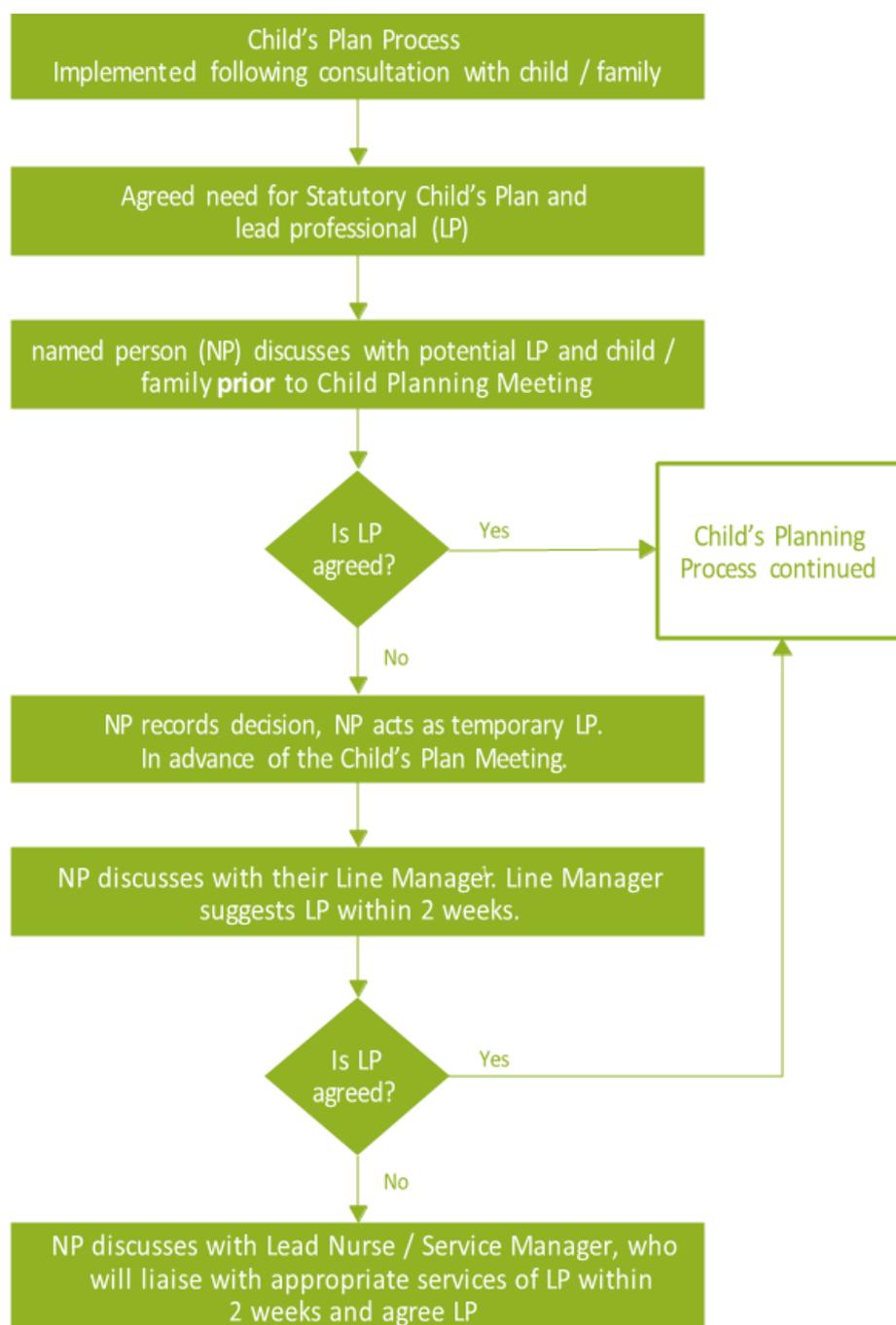
The close working relationship of the named person and lead professional is crucial in supporting wellbeing. It is imperative that those undertaking these roles understand the mutually supportive nature in order to best support the child or young person. The grid on page 20 illustrates how the role of the named person changes slightly when a lead professional is in place.



# LEAD PROFESSIONAL RESOLUTION PATHWAY



A **lead professional resolution pathway** is in place to prevent any delay in appointing a lead professional when there is some uncertainty around the professional best suited to undertake the role.



<sup>1</sup> Team Leader / Head Teacher / Depute Head / Quality Improvement Officer, depending on NP.

## **Transferring responsibility**

When the named person or the lead professional has to change for any reason, for example when a child or young person moves to another school, it is the responsibility of the current lead professional or named person to ensure that all relevant information about the child or young person is passed to the new named person/lead professional **without delay**.

Where a plan is already in place, the incoming named person will contact all partners contributing to the plan to advise them of the changes. This could be done as part of the transition process. The discussion and the decision about the change of lead professional will be undertaken at the review meeting for the child or young person's child's plan. Early escalation to line managers should occur, where it is anticipated that there may be lack of agreement on who carries out the role of lead professional; please refer to the lead professional Resolution Pathway.

Where a member of staff undertaking the role of lead professional or named person suddenly and/or unexpectedly has to withdraw, for example because of sudden illness, their manager is responsible for identifying an alternative member of staff to take on the role until they return to work. In the event of the named person or lead professional being a Head Teacher their Quality Improvement Officer (QIO) will be involved in the discussion and decision about the change. In the event the named person or lead professional being a Health Visitor or Family Nurse Practitioner the Team Leader will be involved in the discussion about the change.

When a child or young person no longer requires the involvement of more than one agency, they will no longer need to have a lead professional. The review meeting for the child or young person will confirm the progress that has been made and that there is no longer a need for a multi-agency child's plan or lead professional. The named person will resume the responsibility for monitoring and supporting the child or young person within the Universal Services.

## **Supporting transitions**

Most children and young people effectively transition through already established processes. Some children and young people may need a more individualised approach. Key transitions should be planned for, such as a child beginning school or transferring from primary to secondary school. Where this is the case, timescales for effective transfer of information should be agreed with colleagues locally. There is no expectation that all information will be handed on at the same time. In some straightforward circumstances information can be shared in advance although more complex instances could involve a series of meetings over an extended transition period.

Some children or young people will require a higher level of planning for an effective transition, and it is expected that some transitions will be planned around 2 years in advance.

It is imperative that contact details for the new named person and lead professional are shared as timeously as possible and this responsibility lies with the incoming named person and lead professional.

When a young person leaves school but is under the age of 18, the management of the child's plan falls to the Central Education Team, and they should be invited to attend any review of the child's plan in advance of the young person leaving school.

In some cases, a young person at 18 who will no longer need a child's plan but may still require on-going support. When this is the case, Adult Services should be consulted and where appropriate

involved in planning from the earliest opportunity, attending the young person's final review which will close the child's plan to Children's Services.

### **Duty on others to support the named person and the lead professional**

There is an expectation that requests for assistance by the named person or lead professional are appropriately considered by other agencies and services. Where another service or agency has been identified as a possible support, and parents/carers and children and young people agree to sharing information, the named person or lead professional will make a request for assistance.

The organisation requested should consider the request according to their own thresholds/criteria and respond timeously. If requests are not felt to meet eligibility criteria, a clear justification should be shared with the named person or lead professional with other potential sources of support shared with a record kept of this decision making within agency or service records.

### **The responsibilities of those line managing the named person and lead professionals**

Managers have a number of responsibilities that will support effective partnership working including to:

- promote the GIRFEC principles, encouraging a holistic approach, to identifying the needs of the child or young person
- guide the named person or lead professional to identify how best to support the child or young person
- make sure that those acting as named person and lead professional deliver their responsibilities in keeping with this guidance
- prevent an escalation of need by identifying and monitoring any risk and taking decisive action
- help negotiate and resolve issues around the appointment of a named person or lead professional
- provide case supervision where appropriate

### **Opting out of engaging with the named person**

National GIRFEC Policy requires the named person to be made available for children and young people from birth to their 18th birthday and to young people beyond if they remain on a school roll. This does not apply to young people serving in the regular forces.

While the support of a named person must be made available, it is up to individual children, young people and parents whether they wish to accept the offer of advice or support from a named person.

A decision not to access this support at any particular time does not prevent support being accessed in the future. Likewise, accepting support at any particular time does not create an obligation to continue to accept support.

Where there are no wellbeing needs or concerns, non-engagement will not be a cause for concern. Where there are wellbeing needs, the named person should try to engage with the child or young person and parents to present the positives in engaging with them.

# ASSESSING AND PLANNING



It is imperative that children and young people and families are guided to consider wellbeing. Support materials can be found on the GIRFEC pages of Aberdeen Protects website.

The National Practice Model is made up of 3 key areas, the Wellbeing Indicators, The My World Triangle and the Resilience Matrix.

## The Wellbeing Indicators



The Wellbeing Wheel is the first element of the National Practice Model. It is used to consider the basic requirements for all children and young people to grow and develop so that they can achieve their full potential.

The Wellbeing Indicators are: **Safe**; **Healthy**; **Achieving**; **Nurtured**; **Active**; **Respected**, **Responsible** and **Included**. They are sometimes referred to collectively as **SHANARRI** Wellbeing Indicators.

Children or young people progress differently depending upon their circumstances. However, every child has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the Wellbeing Indicators.

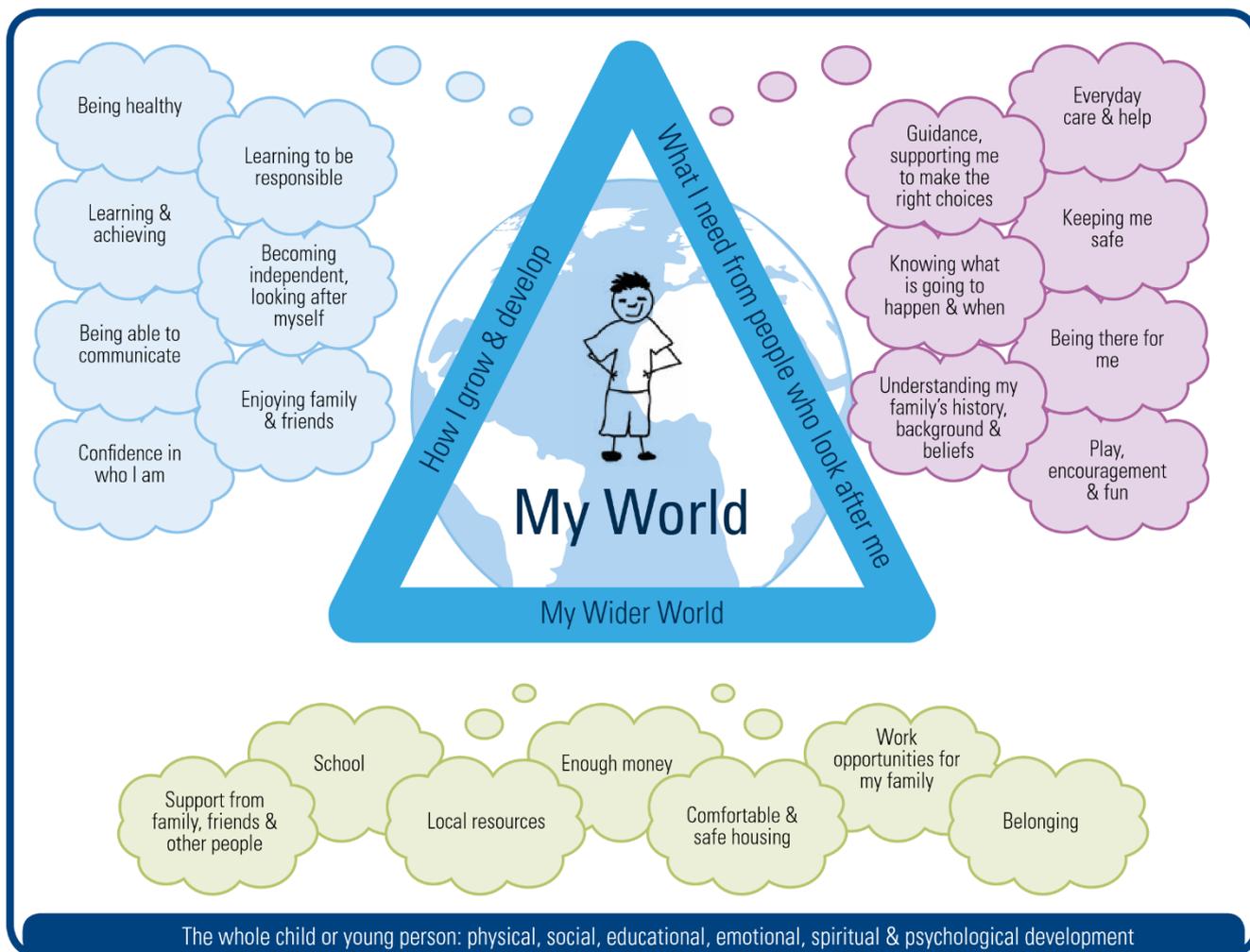
All Practitioners (including the named person and lead professionals) should think about how well the child or young person's needs are being met by using the Wellbeing Wheel to help structure their thinking about a child or young person's development and identify which of the indicators are

being adversely affected and need to be supported. This is in line with Aberdeen City's commitment to embracing a family support model of support which identifies and activates guidance, assessment and intervention at the earliest opportunity to avoid children's needs reaching a more critical level. Where proportionate, partners will be asked to consider wellbeing individually prior to coming together to complete a full assessment. In other cases, it will be possible for the named person or lead professional to guide the discussion during a Child's Planning Meeting.

Decisions will be taken depending upon the complexity of the needs and whether or not a child's plan is already in place. Contributions from all partners should be noted so that they can be further considered through use of the My World Triangle and Resilience Matrix. Partners are ultimately looking to identify areas of resilience, protection, vulnerability and adversity as these will help you to use areas of strength (resilience and protection) to address areas of vulnerability and adversity. Strategies that have previously been used should be considered with agreement sought on the extent of their success as this will be an indication of how best to proceed.

### The My World Triangle

The main tool for assessing the current circumstances in a child or young person's whole world is the My World Triangle. The fundamental importance of supportive and trusted relationships can be explored using the Triangle, which is especially relevant considering our ambition of all children and young people growing up loved, safe and respected. The Triangle has been developed from a knowledge and research base in relation to children's development and its use helps to support the realisation of children's rights.



It is important to keep the child or young person's 'whole world' in mind, and to make sure that the information gathered is proportionate and relevant to the issues in hand. Embedded in this thinking is the voice of the child which should be heard and noted throughout all planning for children, even where danger dictates that the specific views of the child may not be able to be respected.

You should think about the three sides of the triangle and the three headings:

**'How I grow and develop'**

**'What I need from people who look after me'**

**'My wider world'**

This consideration of the triangle will help to guide how you might address some of the need already identified.

Ask the following questions bearing in mind the age and developmental stage of the child or young person that you are assessing:

- What information do I have?
- Is this enough to assess the child or young person's needs and make a plan?
- If I do not have enough information, what extra information do I need?
- Where could I gather that information from?

It is important to remember that every area need not be examined in detail and that the My World Triangle should be used proportionately. However, a brief consideration of them all ensures that important information is not missed.

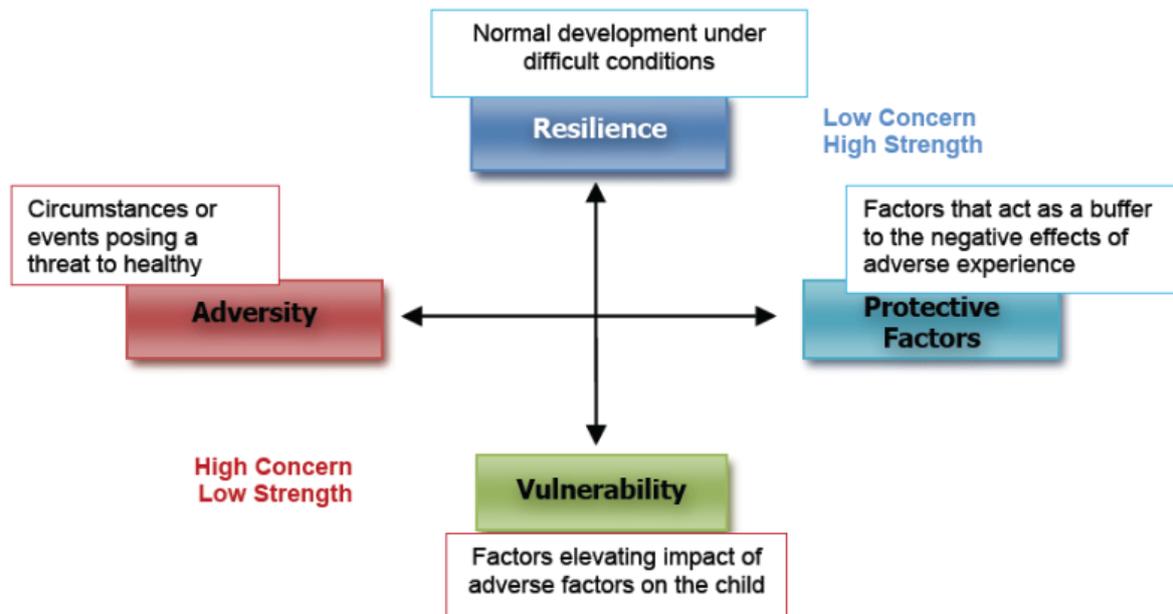
What is happening in one area can have a significant impact on another. A skilled practitioner will guide the assessment and planning process to make use of areas of strength to address wellbeing needs or to clarify understanding of the root cause of a wellbeing need. Considering areas of resilience, vulnerability, protection and adversity will help you start to prioritise the action needed to support the child or young person.

When issues are interconnected, refer to this in your analysis of the information gathered within the child's plan. There will be times when colleagues interpret information in different ways or give a differing weight to information gathered. When this happens, the alternative interpretations should be noted. Each agency should evidence their findings and opinion and everyone should seek to come to a consensus about the meaning of the information in terms of its impact on the child or young person. Any disagreements with assessment findings should be recorded in the appropriate section of the child's plan.



## The Resilience Matrix

In more complex cases, the Resilience Matrix provides a framework to help analyse the strengths and vulnerabilities in the child or young person's world, based on the information that has been gathered through consideration of the Wellbeing Indicators and The My World Triangle. The Matrix brings together the two dimensions of vulnerability and adversity and that of resilience and protective factors/environment.



The concept of resilience is fundamental to a child or young person's wellbeing. A resilience-based approach builds on the strengths in the child or young person's whole world, drawing on what the family, community and services can offer as support.

The Resilience Matrix allows practitioners to take the strengths and challenges identified in the information gathered already, along with any specialist assessments, and to organise this information using the four headings of **resilience, vulnerability, protective environment and adversity**.

By doing the above and carefully analysing and interpreting the assessment information, Practitioners will be able to:

- identify need or difficulties
- explain why these have happened
- understand the impact of strengths and pressures on an individual child or young person
- help children and young people and families and the practitioners working with them agree what needs to change
- describe desired outcomes against which changes can be measured
- construct the desired outcomes for the child's plan

Focusing on the positives and the strengths in a child or young person's life is likely to help to improve outcomes by building a protective network around them. However, it is always important to be alert to whether there is any adversity or vulnerability that could put the child or young person's wellbeing at risk and to make sure that this is taken into account when planning support.

## **Specialist assessments**

Sometimes in order to complete a comprehensive assessment of a child or young person it is desirable or necessary to undertake a specialist assessment to inform and or underpin the analysis of the gathered information for the child's plan.

The analysis of the information presented in the specialist assessment should clearly state the impact of the analysis on the child's growth and development. This may include for example, detailing the impact of early childhood trauma and adversity when considering assessment where a young person is in conflict with the law.

Although the National Practice Model comprises three stages, use of the Wellbeing Indicators, The My World Triangle and the Resilience Matrix, is a fluid process and should be used proportionately. A single agency child's plan looking to support a child or young person's specific learning difficulty is unlikely to require consideration of the Risk Matrix when intervening at an early stage. More complex cases involving a number of agencies and partners will most likely require thorough consideration of all aspects of the National Practice Model to help shape the assessment and subsequent plan. Parents and carers and children and young people should be involved in decisions about the need for any specialist assessments.

## **Analysing Assessment Information**

Careful analysis and interpretation of assessment information will enable practitioners and families to:

- think about what is important and identify needs or difficulties
- explain why these have come about
- understand the impact of strengths and pressures on the child or young person
- reach agreement about what needs to be improved
- agree the priority issues, aims and goals in terms of improving the child or young person's wellbeing
- agree desired outcomes
- construct and record the child's plan.

When analysing information, it is important to:

- differentiate between facts, assumptions and opinions
- be clear about the source of information and the reliability of that source. This will help to decide how significant the information is
- explain the thinking to the child, young person, their family and all the other people involved

If the child's plan is being used to request support from another agency the chronology should always be attached.

# DEVELOPING A PLAN OF SUPPORT



Making sure that the views of the child or young person are included in any assessment or planning meeting is one of the most important responsibilities of a named person or lead professional and careful consideration of how best to do this should happen in advance. This will enable the child or young person to be able to influence approaches to the 'targeted interventions' being recorded.

The partnership format will be used to record all plans including those of a single agency or service as well as complex support packages. When the plan has been initiated by a single agency and then becomes a multi-agency document, later versions of the plan should build on what has been agreed previously rather than beginning the process all over again.

## The Planning Process

GIRFEC promotes an integrated and co-ordinated approach to multi-agency planning. It looks to practitioners to work in accordance with legislation and guidance but also expects agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. For example, a care plan for a child or young person looked after by the local authority, a health care plan, or an individualised education plan should be incorporated within the child's plan where the child or young person's circumstances require this.

The child's plan format will be used to record the assessment of a child or young person and to help structure the planning of any additional support that is to be provided. The format will be used to collaboratively plan all interventions to ensure that all partners continue to work towards the agreed desired outcomes. This single approach ensures that supports are coordinated and effectively monitored to help improve the outcomes for the child or young person.

Every plan, whether it is single- or multi-agency, should include and record:

- the views of the child or young person and their family
- reasons for the plan
- partners to the plan
- a summary of the child or young person's needs
- what is to be done to improve a child or young person's wellbeing
- details of action to be taken
- resources to be provided
- timescales for action and for change
- contingency plans
- arrangements for reviewing the plan
- lead professional arrangements where they are appropriate
- details of any compulsory measures if required.

The child's plan template is divided into a number of sections including the core data, views of the child/young person, assessment of need, views of family and the team around the child and agreed action plan(s).

# INFORMATION MANAGEMENT



The information that is collected through the planning process will grow as the child's plan develops. Not all the fields contained in the template will be relevant for all agencies.

The child's plan may begin as a Single Agency Plan and become a Multi-agency Plan at a later date. When this is the case, the named person should securely send an editable child's plan to the lead professional.

## **SMART Action Plans**

Use of the National Practice Model will support partners to the plan to identify areas to be addressed through provision of a child's plan.

Time should be spent considering these areas so that long term desired outcomes can be agreed. These long-term desired outcomes may impact on more than one Wellbeing Indicator.

Once the desired outcomes have been agreed, consideration should be given as to what has to happen to support this change. In some cases, a series of interventions and resulting changes will be required to help achieve the desired outcome. Such changes are the short-term indicators of success and help measure the impact of interventions, keeping a clear focus on the individual wellbeing needs of the child or young person.

Setting a limited number of targets avoids over burdening the child or young person, maintains focus, gives clear direction, and allows for purposeful allocation of resources. In some cases, areas to be developed may have to be prioritised for maximum impact.

As children and young people and families are key partners to the plan, make sure that you record how they can contribute towards the desired outcome.

Action plans for a child and/or young person need to be:

- SMART (Specific, Measurable, Achievable, Relevant and Time Bound)
- set at a level that will provide the child or young person with challenge but not be beyond their reach
- written in plain English

The plan should be reviewed at least every six months to ensure that progress is being made and that the agreed actions are improving the outcomes for the child or young person. Where statutory measures are in place, timelines must be followed accordingly. Any other plans, such as Coordinated Support Plans, should be reviewed in tandem with the child's plan to avoid duplication.

### **What is the purpose of a chronology?**

The purpose of a chronology is to document significant achievements, events (positive and negative), developments, and changes in a child or young person's life, so that the pattern and impact of events on them are observed and responded to over time. Analysis of the chronology can help to identify trends or emerging risks so that they can be responded to at the earliest opportunity. Whilst a chronology is a key part of an assessment, it is not in itself an assessment, nor a record of all contact with a child or young person. All the practitioners in a child or young person's life will routinely record information in their single agency chronology.

*A chronology should contain sufficient detail but should not be a substitute for recording in the child or young person's file, record or clinical notes.*

### **Who should have a single agency chronology?**

Health services create a chronology from birth, or pre-birth when concerns are expressed. Within Education a chronology is created when there is a concern that is impacting negatively upon wellbeing. Up until that point, colleagues in education will use pastoral notes to record progress.

The National Practice Model sets out an expectation that, as a basic requirement, each agency involved with a child/young person and their family will collate key information into a single-agency chronology when required.

### **What is an integrated chronology?**

When other agencies are supporting a child or young person, relevant information is extracted from single agency chronologies to form an integrated chronology which is kept by the lead professional. It is the role of the lead professional, in consultation with the named person, to collate the information from services involved with the child and combine them into an integrated chronology. The integrated chronology only contains information that is relevant and proportionate to current wellbeing concerns to support an intervention.

When an integrated chronology is in place all agencies will continue to keep an up-to-date single agency chronology. Details of 'significant events' that are relevant and proportionate should be passed onto the lead professional so that the integrated chronology is kept up to date. This integrated approach allows the lead professional to assess holistically and gain a better understanding of events that have had a positive and negative influence on a child or young person's life and identify any emerging patterns that can help inform planning.



When sharing with other professionals, only share information that you consider relevant, necessary appropriate and proportionate to the wellbeing concern that has been identified.

### **What should be contained within a chronology?**

It is important that a chronology contains information about events and issues that have had a positive effect on a child or young person as well as those events or issues that have had a negative influence. Positive entries help us to understand a child or young person's resilience better.

Professionals must remember that any written records can be viewed by families and children and young people. Care should be taken to ensure that the reading of a chronology will not cause distress.

#### **A chronology should always be:**

Concise	Written in plain English
Factual and objective	Be meaningful and sharable
Dated	Provide clear evidence of decisions made and actions taken
Accurate	Include significant events and the impact of those events
Up to date	Flexible so that detail collected may be increased if risk/concern increased

**A chronology should never include details of a third party, for example, names of other children or adults**

### **What is a significant event?**

Identifying what is or is not a significant event in a child or young person's life can be difficult as it depends on individual circumstances. A chronology should set out a series of significant events. The amount of detail in the chronology should depend largely on how a significant event is defined in relation to the individual child/young person and their needs. What is significant for one child or young person may not be for another. When recording specification and relevance are key. Specific incidents or concerns in isolation can be relevant. However, to gain a comprehensible



view of the child/young person's current circumstances, patterns of incidents, injuries or concerns recorded with accurate dates and times are essential.

*If assistance is being sought from other partners, the reason for the request for assistance should be recorded. Subsequent contact will be contained within service records with only significant events/changes being recorded in the chronology.*

### **Reviewing and analysis the chronology**

Reviewing and analysing a chronology is an essential part of the information gathering for an assessment of need and risk. Simply gathering information and not analysing it makes the chronology meaningless and it will not assist in creating better outcomes for children and young people. It is best practice to review the chronology before handing it over to an incoming named person. Information that is agreed to be relevant and proportionate should be created into a chronology by the outgoing named person for transition purposes. This should be shared with families, with any factual inaccuracies updated and views noted prior to transfer, and should be shared as a PDF document uploaded to the child or young person's wellbeing file.

### **Sharing the chronology with children or young people and their families**

Chronologies should be made available to the person that they are about unless there are justifiable legal reasons for withholding this information. The child or young person should be helped and encouraged to read and contribute to their chronology both to make sure that it is accurate as well as offering an opportunity to discuss and assess the impact and importance of the events recorded within it. Regular reviewing and analysis of a chronology is essential to make sure that it is relevant and helpful. Sharing chronologies can also help in working together and building upon a sense of achievement and progress. Reviewing a chronology alongside children/young people and their families where appropriate, can facilitate identification of success.

As part of transition processes, the named person/lead professional may share the chronology with the child or young person and their family if capacity allows and there will be no risk to the child. Any agreements or disagreement should be noted as a further entry in the chronology before officially handing either a paper copy or PDF of the chronology to the incoming named person with a copy available to the child or young person and their family if requested.

If children and young people and families strongly challenge the information within the chronology, they should be guided to follow the published complaints process. Information on how to complain will appear in literature made available across the Universal Services.

The incoming named person coordinates the safe storage of the information that has been passed to them. This is usually stored within a Management Information System (MIS) attached to a child or young person's file as a PDF document.

## **Sharing information when the child or young person transfers**

The named person officially transfers at key planned transition points as listed below:

- Pre-school children transfer from the health visitor to the primary head teachers on the first day of P1
- Children transition from the primary school head teacher to the secondary guidance teacher on the first day of S1
- Children leaving school before they turn 18 officially transition on the last day at school

It is expected that transition arrangements will be carefully planned by the outgoing and incoming named persons.

Although sharing information will be carefully planned, there are times when a decision will be taken to defer entry to school or make application for another school through the placement request procedure. It is anticipated that both outgoing and incoming named persons will make arrangements for the safe transfer of information as soon as reasonably possible.

Non-standard transitions such as where there is a change of GP surgery or school due to moving home etc. take place as soon as reasonably practicable.

When a child from birth until the first day at primary school moves from one GP practice to another the incoming Health named person will advise the outgoing Health named person. A transition conversation will take place and arrangements made for records including a chronology and any plans to pass from the outgoing to the incoming named person.

When a child is transferring to an Independent School, the outgoing named person should contact the incoming named person to make arrangement for transfer. A copy of the Pupil Progress Record (PPR) should be passed along with an editable child's plan if in place. Where appropriate a chronology should be created and shared with a PDF version attached to the child or young person's wellbeing file. Original paper documents should be retained by the school in keeping with normal practice.

When a child or young person is transferring to a local authority school outwith Aberdeen City, the outgoing named person should contact the incoming named person to make arrangements for transfer. A copy of the PPR should be passed along with an editable child's plan if in place. Where appropriate a chronology should be created with a PDF version attached to the child or young person's wellbeing file. Original documents should be retained by the school.

When a child or young person is moving to another country, the outgoing named person should contact the receiving school to pass on records and arrange for the secure transfer of any child protection files. A copy of the PPR should be passed along with a PDF chronology. Original documents should be retained by the school in keeping with normal practice. Original documents should be kept for a period of 5 years in line with the Pupils' Education Records (Scotland) Regulations 2003 Safe and Well: Good practice in schools and education authorities for keeping children safe and well.

When a child or young person becomes home educated, the outgoing named person should contact the Authority Officer with responsibility for children and young people who are home educated. The outgoing named person should retain the PPR.

Children who are from travelling families and attend the same school in between travelling shall be retained by the named person in that school. Where this is not the case, the outgoing named person should contact the Central Education Team and arrange for the transfer of records.

When a child or young person resides in Scotland but attends a school out with Scotland, the named person role will be undertaken by the Central Education Team. The outgoing named person should arrange transfer of information in keeping with current practice and inform the Central Education Team so that arrangements can be put in place.

[Education Service Information Management Procedure](#) is in place to assist education staff as they manage and protect pupil data.

### **Information sharing – when do you share and how?**

All information sharing should be in keeping with current data protection and human rights legislation. Detailed guidance is available in our partnership [Practitioners Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing](#). Every inquiry into a child's death in the UK over the last 20 years, has demonstrated clearly that effective sharing of information within and between agencies is fundamental to improving the protection of children and young people. These findings illustrate the necessity of our keeping and sharing information effectively.

A distinction should be made between the type and extent of information sharing to 'support' a child or young person, and that needed to 'protect' a child,

There are several specific principles in relation to information sharing to ensure that a child or young person's wellbeing is protected:

- The safety, welfare and wellbeing of a child are of paramount importance when making decisions to lawfully share information with or about them
- All children and young people, despite any communication needs, have the right to express their views and have them taken into account
- When sharing information about wellbeing concerns and any subsequent actions needed practitioners must be open, honest and transparent with children, young people and families. This means practitioners must explain and record the reason why they intend to share information; who they will share it with; exactly what information they intend to share; and seek their agreement and views on this. If Child Protection issue, do not seek agreement and follow Child Protection guidance
- At all times, information shared must be the minimum required but should be sufficient, relevant, necessary and proportionate to the circumstances of the child or young person, and limited to those who need to know
- There needs to be a clear objective in sharing personal information with an understanding of the benefits that you expect to achieve, and this should be documented. This means that practitioners must document the impact and anticipated positive outcome for the child or young person
- All information sharing should be in keeping with human rights legislation, the principles of the General Data Protection Regulation and the General Data Protection Regulations 2018

There are times when we need to share information in order to make sure that a child or young person gets the appropriate support. Sharing information openly, securely and appropriately is key to **GIRFEC**.

As the information holder, key consideration should be given to the following:

- If the child or young person is at risk of significant harm, consent should not be sought, and Child Protection processes should be followed immediately. If sharing information to 'support' a child or young person who is not at risk of significant harm, the information holder should discuss their concern with the child/young person and parents and carers and seek their explicit consent to share (if consent is verbal, ensure this is recorded). If consent is denied practitioners must record this, set an appropriate time frame to review and reassess the level of concern and risk, ensuring that the child, young person and family are aware
- Be clear that the information in their judgement represents a concern about a child's wellbeing and likely to be relevant to the named person function to promote, support and safeguard a child or young person's wellbeing
- So far as reasonably practicable, ascertain and have regard to the views of the child or young person. Practitioners must be clear that the information they intend to share, in their professional judgment, represents a concern about a child or young person's wellbeing and is likely to be relevant to the named person function. This doesn't mean that they must comply with the child's views but that they must take their views into account when making a decision on whether to share or not. Practitioners may, depending upon the circumstances, legitimately decide not to share on the basis of the child's views
- Consider whether sharing the information would be likely to have a greater adverse impact on the child or young person's wellbeing than not sharing. If, in their opinion, sharing would be likely to have a greater adverse impact, they may decide not to share
- Consider whether sharing the information would be likely to prejudice the conduct of a criminal investigation or the prosecution of any offence. The rationale for this decision must be documented. Police Scotland should be consulted in such circumstances. If there would likely be such prejudice, the information should not be shared

When a child or young person initially needs help, the named person will be the point of contact.

If the named person considers that the involvement of another agency is appropriate, they must explain to the child or young person (and where appropriate or necessary) their parent or carer why they believe sharing information is necessary as well as how and why it will be helpful.

When seeking consent to share information it is very important that children, young people and families or carers understand the following and this is recorded in the case file and/or chronology

- what information is to be shared
- why it needs to be shared
- who it is to be shared with
- why sharing it with other people could make things better for the child or young person and what the possible consequences of not sharing might be

When this discussion has taken place, it is very important that all aspects of this discussion are recorded including the views of the child or young person and their family or carers about the decision to share.

Where a child or young person has a child's plan, practitioners must discuss and explain the privacy notice and clarify their views on what sections of the plan may or may not be shared. If a child's plan is not already in place and non-statutory plans are, practitioners must revisit and clarify the existing privacy notices and may share these if this will improve the wellbeing needs of the child or young person. In these circumstances, when making a referral, the core details, initial wellbeing assessment and analysis, outlining the concern within the single child's plan is sufficient.

Appropriate partners should be invited to attend a Child's Planning Meeting along with the child or young person and parents and carers. Ideally and where possible, partners should have contact with the child or young person or family prior to this formal meeting.

**If a child, young person or parents feel that information should not be shared, and you consider there is no risk of harm, you should respect this decision. A record of this decision should be kept. A date should be set for reviewing progress and further consideration of the level of risk to a child or young person.**

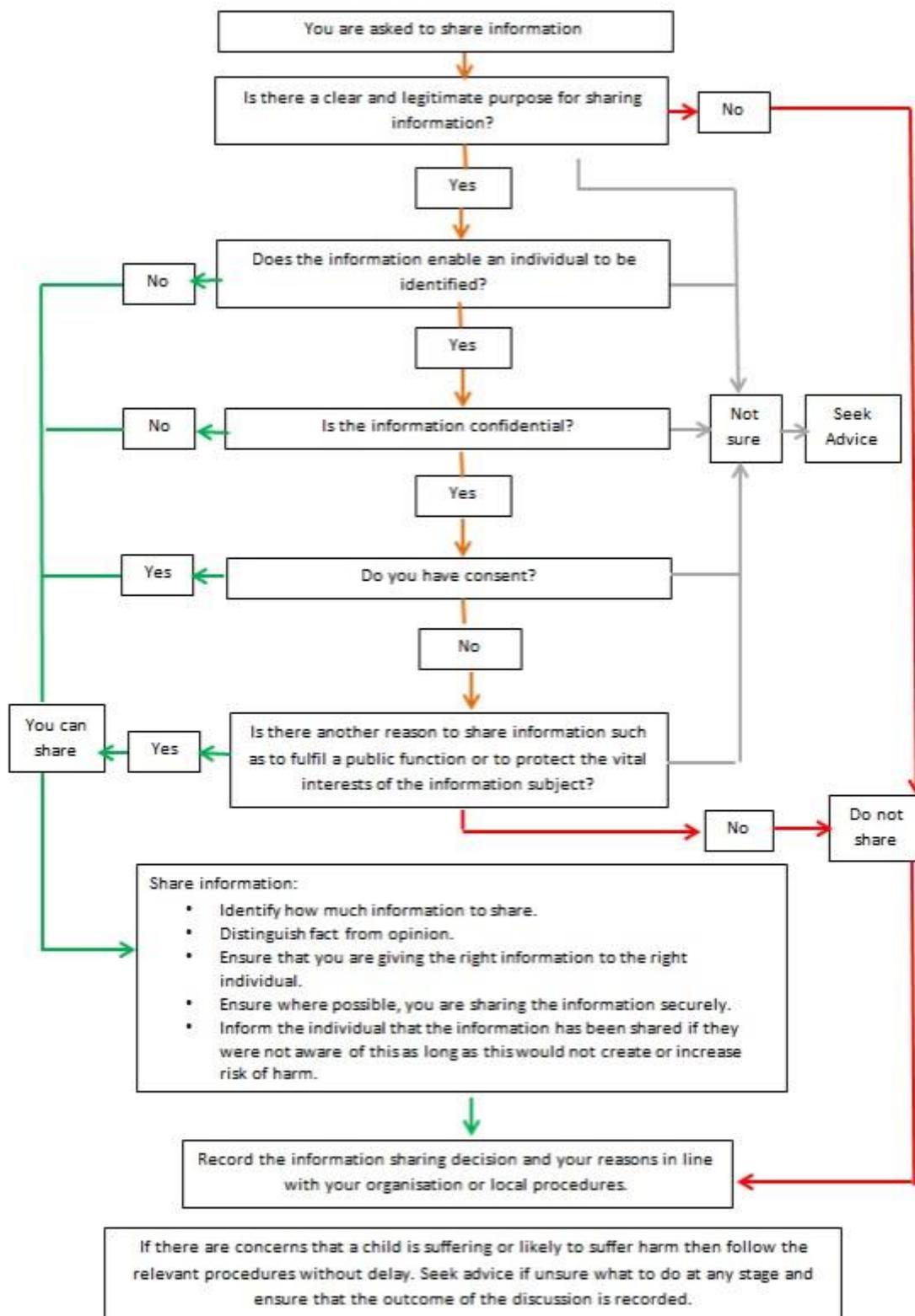
This requires careful consideration. In most cases, sensitive discussion with the parent/carers, child or young person will result in agreement to share information they feel to be relevant and proportionate. We no longer seek written consent to share information. Children and young people and families however should be informed about the information that is to be recorded and shared by the named person in order to access appropriate supports. **Any disagreement should be noted.**

**Consent should only be sought where there is a genuine choice.**

Practitioners must also make clear to children/young people or their parents and carers that they have the right to withdraw consent at any time. Ensure that they know how they to go about withdrawing their consent should they wish too.

A helpful visual has been developed to support your decision making when sharing information with further information being available in our Local Practitioners Guide to Information Sharing, Confidentiality and Consent.





## **Useful links**

[National Guidance for Child Protection in Scotland 2021](#)

[Children's Services Planning: Guidance](#)

[Children and Young People \(Scotland\) Act 2014](#)

[United Nations Convention on the Rights of the Child \(UNCRC\)](#)

[Aberdeen Protects](#)

[Children \(Scotland\) Act 1995](#)

[Understanding Thresholds – Toolkit for Staff 2018](#)

[Family Information Service](#)

[Working with Non-Engaging Families](#)

[ACC Young Carers Toolkit](#)

[Each & Every Child Toolkit](#)