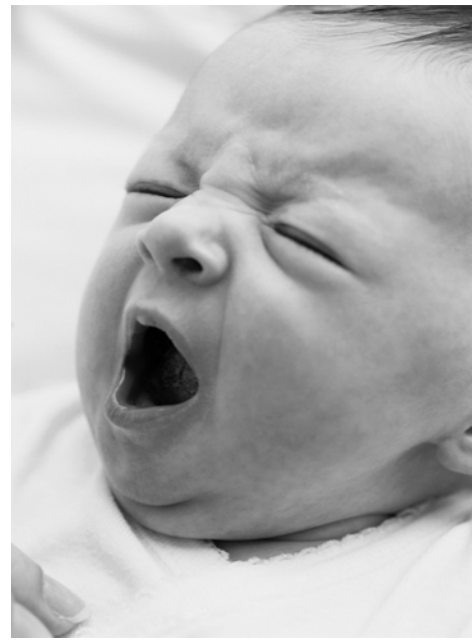




**Getting it Right
in Perth and Kinross**

Helping children be the best they can be

Guidance



Introduction

Most children and young people get all the help and support they need from their parents, carers and families, and, in addition they benefit from the range of health and education universal services. However, on some occasions, some children and young people may need further help and support to ensure their needs are being met and rights respected; to ensure their health and well-being is secured; and to ensure that they are kept safe from harm and/or abuse. The welfare of all children and young people is paramount.

‘Getting it Right’ for every child in Perth and Kinross, builds on our current good practice of working in partnership and involving children, families and carers in the decisions which affect their lives.

However there is more that we can do. Further strengthening of information sharing across agencies and a continued commitment to further early intervention will enhance the support already offered to children and their families. By building and supporting a skilled and competent staff workforce in all sectors, children and their families can be confident that they are getting the possible best service when they seek, or are offered, help.

If we are to ‘get it right for children’, we need also to ‘get it right’ for their parents, carers and wider families, and all play our respective roles in strengthening and making safe, the communities in which children, young people and families can thrive.

This straight forward guidance seeks to outline the core elements of the ‘Getting it Right’ approach as it applies to Perth and Kinross. It will be extended as services continue to find the most effective ways of achieving better outcomes for children.

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IMPLEMENTING GETTING IT RIGHT FOR EVERY CHILD IN PERTH AND KINROSS

1. Introduction

Getting it Right for Every Child, the national programme to improve outcomes for all children, links seamlessly with the Perth and Kinross 'Integrated Children's Services' vision of 'helping children to be the best that they can be'.

In Perth & Kinross we are building on our current good practice in involving children, young people, families and carers in the decisions which affect their lives and working in partnership with each other to ensure a 'child gets the help they need when they need it'.

Historically, too many children in Scotland were seen as not receiving 'the help they needed when they needed it.' Across services, different assessments and plans have led to duplicate meetings for parents, children and carers. Agencies have not always worked together effectively to determine how best to help a child and, at times, children have been referred to the Reporter for access to resources rather than because they were in need of compulsory measures of supervision.

All agencies in touch with children and young people must therefore play their part in ensuring children are:



Achieving improved outcomes for children requires help that is appropriate, proportionate, and timely, either delivered from within the existing universal services of health and education, or supported by coherent joint agency assessment and intervention, at all levels. This will help to ensure that children receive 'the right services at the right time'.

Thus 'Getting it Right' for all children should underpin the work of all agencies and practitioners, in both children's and adult services, who work with parents and carers. This shared approach requires shared accountability to build solutions with and around children and families.

Guidance in Perth and Kinross on implementation of the core components of this approach, is outlined within this Getting it Right in Perth and Kinross document.

2. Values, Principles and Core Components – Putting the child at the centre.

Working in partnership with families: supporting, wherever possible, by practitioners who know the child or young person well, know what they need, what works well for them and what may not be helpful.

Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding the rights of children and young people to confidentiality.

Promoting the same values across all working relationships: recognising that respect, patience, honesty, reliability, resilience and integrity are qualities which are valued by children, young people, their families and colleagues.

Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or area of responsibility.

Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help.

Building a competent workforce to promote the wellbeing of children and young people: being committed to continuing individual learning and development and improvement of inter-professional practice.

Core Components

- Child centred – but addressing families' needs
- Greater focus on Outcomes and 'Well being' indicators – safe, healthy, achieving, nurtured, active, respected,; responsible, and included.
- Integral role for children, young people and families in assessment, planning and intervention
- Early intervention and proportionate response
- Improved information sharing protocols, a common approach to information sharing and consent; the development of capacity to share information electronically.
- Integrated Assessment Framework (IAF) – a coordinated, unified approach, which respects core statutory responsibilities, with high standards of cooperation between agencies.
- Streamlined planning, assessment and decision making leading to the right help at the right time
- Single Shared Assessment and case planning, a single 'plan' for a child (part of the IAF)
- Networks of family support, family and community capacity building, universal services and the provision of targeted support.
- A Lead Professional to coordinate and monitor multi agency activity where necessary and a Named Person for all children from within the universal services.
- A confident and competent workforce across all services for children and their families
- The capacity to share demographic, assessment and planning information electronically within and across agency boundaries through national e-care programme.

3. Principles for seeking, recording and action on the views of children and young people

Children and young people can only express a view if they are well informed.

- A child or young person needs to be helped to understand what the decisions affecting them are likely to be and how the decisions will be made.
- The child or young person should feel able to raise and discuss any questions they may have. Particular attention should be given to the part played, and the weight which will be given to, their contribution to the process, and how their views will be represented within it. It should be made explicit to them why their views are being sought.
- Subsequently, whether or not the child or young person was directly involved in the decision-making process, they should be helped to understand how their views were represented, their influence on that process and the outcome.
- A variety of supportive methods and materials for providing information must be carefully and appropriately devised to meet the various needs and abilities of children and young people. In order to ensure maximum accessibility, their understanding of the information provided to them should be carefully monitored and assessed.
- It should be made clear how they can seek further information before, during and after sharing their views.

A message from some children

I can tell you my true feelings if I understand . . .

- can I ask questions?
- what do you need to know?
- what happens next?
- who does what?"

A child or young person will be better able to express a view if they live and learn in environments where their full participation is valued and encouraged.

- On a routine, day to day basis, whether at school or home, children and young people should feel involved and consulted when plans which will affect them are being made.
- They should be listened to in a way which lets them know that their views have value, and they are understood, whether or not adults would consider them to be naive or ill informed.
- These views should explicitly be taken account of when plans or arrangements are being made and they should be actively engaged in seeing these plans through.
- When ultimately decisions made are contrary to a child's or young person's wishes, reasons should be clearly explained in ways which do not deny the value of their contribution and they should still be encouraged to contribute to putting plans into action.
- When a child or young person has learned to expect that their views and contributions will be valued in their daily lives, then they will be more confident in expressing their views in more unusual and potentially more significant circumstances.
- Consultation with children and young people concerning their views, wishes and feelings should be seen as a process rather than a one off event.

A message from some children

"I want to be taken seriously, every day, every where.

When making decisions my thoughts are important, even if I may not get what I want."

Most children and young people express their views within the context of a relationship with others. The nature of that relationship will affect both their ability to express a view and the credibility of the view expressed.

- The basis of this relationship must be empathy, mutual trust, and respect. Adequate time and opportunity must be available to allow a supportive and helpful relationship to develop.
- The child or young person must be helped to feel safe and be confident that their information and views will be received in a non-judgemental way, by a person who will be accepting of and responsive to the emotional content.
- An existing relationship should be utilised rather than the introduction of an unfamiliar person to seek their views. It is important to consult with the child or young person as to who they feel they can trust, rather than assuming, on the basis of roles within an organisation or family, who that person may be. It should be understood that they may prefer to communicate with different people at different times or for different purposes. Care must be taken to ensure that the person identified is free to represent the child's or young person's view and does not experience a conflict of interests in the matter. This will ensure that there is a greater chance of obtaining genuine views, rather than possibly a statement of what they think the adult wants to hear or indeed what the adult wants to hear.
- Many children and young people are able and willing to express their views directly using their own words to communicate with others (in person, in writing or through report of a conversation) and whenever possible this opportunity should be afforded them.
- Some children or young people may be unable, because of their level of maturity or by restricted abilities, to express their views through more traditional means.
- Given the appropriate tools and support, all children and young people should be able to express their views, wishes and feelings. They and their communication partner must be familiar and comfortable both with each other and with the preferred method of communication.
- The use of Alternative, Augmentative Communication (AAC) systems, such as, concrete objects, signing, talking mats, symbol systems and signifiers, will require adequate preparation to ensure that consultation methods are accessible and accurate.
- It is important that the child or young person has confidence in the ability of their communication partner to report accurately.

Children and young people may be unable or unwilling to express a view directly but they may well be able to express views indirectly (through their behaviour, play, artwork etc.)

- Some children or young people may have difficulty communicating their views directly. They may feel intimidated by the context, or be afraid of the impact their views may have on others or the consequence for themselves.
- Children and young people are likely to be able and willing to communicate views by means which make them feel less vulnerable.
- It is important to remember that all behaviour (including play and expressive art) is communication from which children's and young people's views can be inferred. In these cases adults must interpret their views and report them in a manner which reflects any contradictions or ambivalence expressed.
- Those who know the child well, and who are experienced in communicating with children and young people, are in the best position to do this. This may well be a parent or relative. However views expressed in this way are liable to misinterpretation especially by those closely involved.
- When a view is interpreted it is important to describe and share the information on which the interpretation is based and the circumstances under which it was obtained. It is also important to have the interpretation confirmed (or, indeed, challenged) by other appropriate adults, and to record this.

A message from some children

"Sometimes sharing my thoughts can be scary or difficult..."

- what will they think?
- what will happen?
- remember, "actions speak louder than words!"

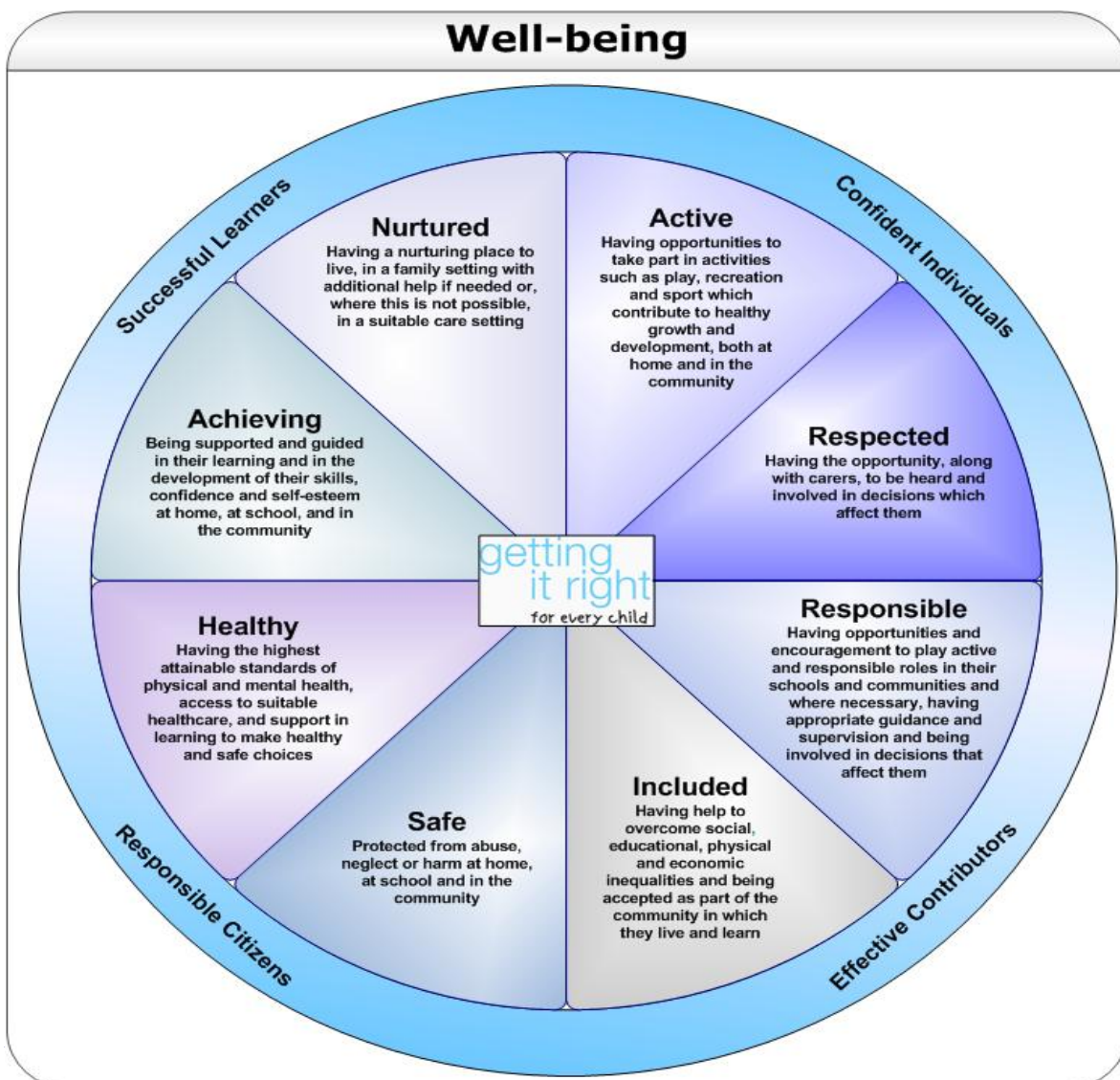
The views of all children and young people (who are able to form a view) on decisions which affect them should be sought in a manner which is suited to their abilities and preferred means of communication.

4. Assessment Framework

The Perth and Kinross Integrated Assessment is based on a shared belief that assessment should be timely, holistic, proportionate and lead to an appropriate prompt response.

The framework provides a structure for gathering and analysing information and focusing on outcomes using the 8 Wellbeing Indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI).

It is underpinned by an approach which promotes resilience in a child or young person and reduces the impact of those circumstances which undermine a child or young person's wellbeing



Staff in all agencies will be familiar with the principle of a 'tiered' response to identified need. 'Getting it Right' in Perth and Kinross is underpinned by this approach but encourages a flexible approach to this. It also enables differing agency definitions of tiers to be integrated into a single overarching approach to meeting need and addressing risk.

The following **Framework for Intervention** illustrates the level of responsibility given to a **Named Person** within universal services to ensure the Well being of a child or young person by asking the five key questions:-

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

and the point at which a **Lead Professional** is likely to be identified.

Within this approach it is important to recognise both the role of family members in supporting children, and, the support those family members may themselves require, to effectively undertake this role.

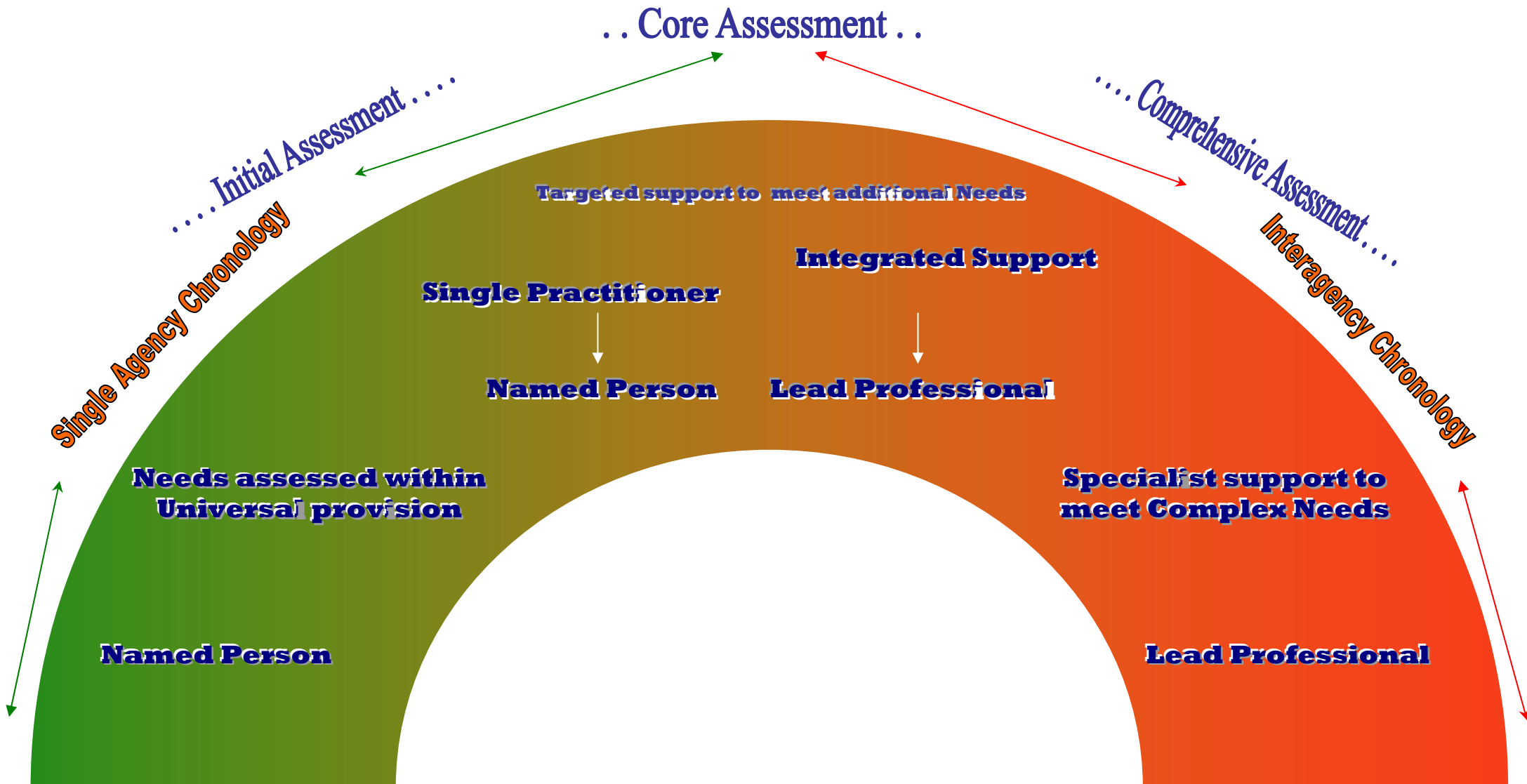
It also indicates the broad level at which **Initial, Core, or Comprehensive Assessments** should be undertaken and the importance of recording **chronological** information.

A range of integrated meetings already exist which bring together practitioners from different disciplines to consider the supports required for an individual child and family, arising from their particular needs. Examples of these are illustrated beneath the Framework diagram. The development of the school Integrated Team Meetings (ITM) into a fully integrated Forum for all agencies to refer into is currently underway.

Assessment must be evidence based, integrated and include information from all services and agencies involved with a family, and crucially, include the views of the child, parent and carer.

Guidance relating to Additional Support Needs within schools is currently being updated and will be linked to this Guidance on completion.

FRAMEWORK FOR INTERVENTION

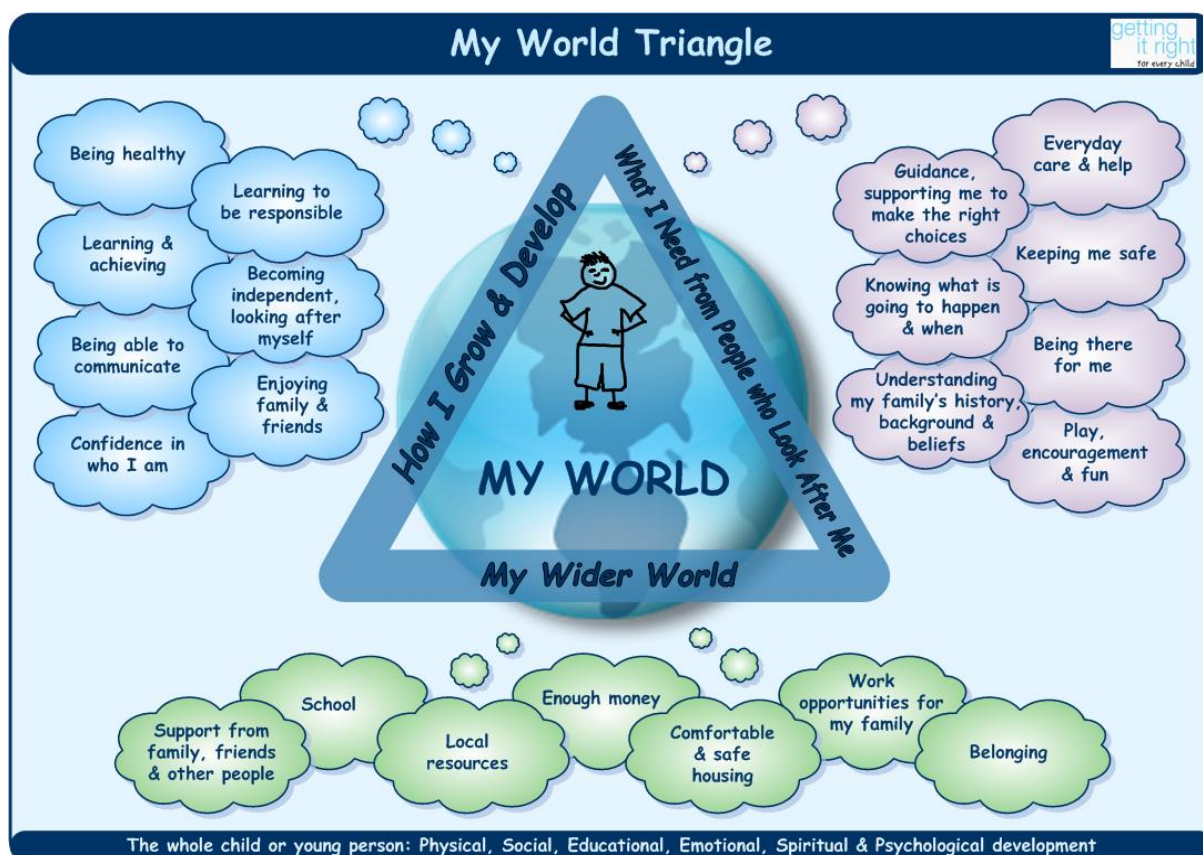


Why have an Assessment Framework?

The Integrated Assessment provides a basis for a common understanding, by all services, agencies, the child or young person and parents or carers, about the child and family's strengths, risks and needs.

The 'My World Triangle' forms the basis for a holistic assessment of strengths and needs.

- What I need from people who look after me,
- How I grow and Develop, and
- My Wider World.



Key Principles of this Assessment Framework.

This assessment framework gathers information by using the 3 sides of the 'My World Triangle'; What I Need from People who Look After Me, How I Grow and Develop and 'My Wider World'. Key underpinning principles are:

- It is child centred.
- It is rooted in child development.
- It takes an ecological approach of locating the child within the family and the wider community.

- It is based on ensuring equality of opportunity for all children and their families.
- It is based on working in partnership with families and young people.
- It builds on the strengths of the 3 domains.
- It is a multi-agency approach which requires shared responsibility by all agencies.
- Assessment is seen as a process not just a single event.
- Action and services should be provided in parallel with assessment according to the needs of the child and family – not to await ‘completion of the assessment’.
- It is grounded in knowledge derived from theory, research, policy and practice.

The Assessment Framework supports intervention from an early stage to intensive targeted support. It will align with the Family Health Needs Assessment which is currently being revised across Tayside (and will be available through hyperlink).

The assessment proformas are designed so that information is transferable from one to another, and proportionate according to the level of needs and risks. The benefits of having this Framework are that . . .

- . . . it is holistic
- . . . outcome focussed
- . . . focuses on strengths as well as difficulties
- . . . it will inform evidence based decision making

There are 3 levels of assessment, which in the first instance will be implemented as follows:

- **Initial Assessment** - for Children in Need and Initial Assessment Reports (IAR's) for the Children's Reporter, Early Years 'Support for Children and Families' placements . The Family Needs Health Assessment will determine whether a family is placed on a core or enhanced programme.

[Initial Assessment Report link to Children and Families Operational Guidance](#)

- **Core Assessment** - for Looked After and Accommodated Children (LAC), Child Protection Reviews (CP) and Social Background Reports for the Children's Hearing, (SBR's)

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- **Comprehensive Assessment** - to inform decision making regarding permanency, the need for accommodation and parenting capacity assessments. Decisions about when a Comprehensive Assessment would be completed will be taken at LAC and/or CP Reviews.

[Comprehensive Assessment link to Children and Families Operational Guidance](#)

Who completes an assessment ?

In most cases, when required, the assessment will be completed by the Lead Professional in discussion with other agencies who know a child. It is the responsibility of staff from all agencies however, to contribute to the assessment and support delivery of a Child's Plan

Any assessment is only as good as the quality of the analysis of the information gathered. This analysis will inform the Child's Plan (see chapter 8)

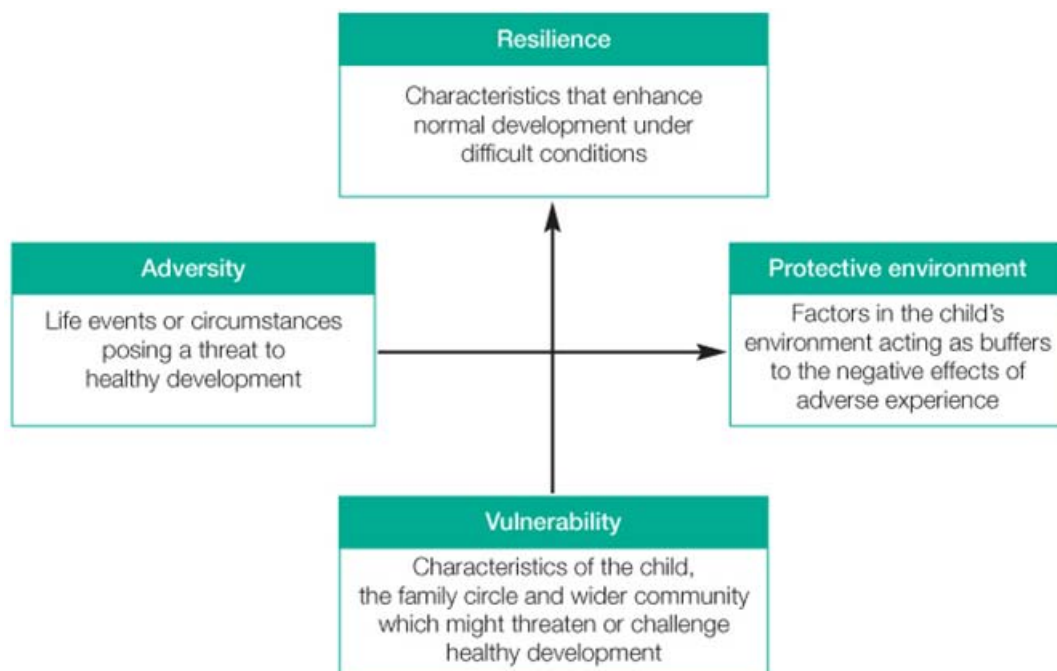
Resilience matrix

The existence of protective factors can help to explain why one child may cope better with adverse life events than another, and usually refers to the intrinsic qualities of an individual. The use of the resilience matrix as part of an assessment can help practitioners analyse why children may experience the same conditions in different ways and to consider the child's resilience in relation to conditions which create adversity and factors which are protective

There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building block of resilience:

1. A secure base whereby the child feels a sense of belonging and security.
2. Good self esteem, that is an internal sense of worth and competence.
3. A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

[Resilience Matrix - Further Information](#)



5. The Named Person

Most children and young people will get all the help and support they need from their families, the universal services of education and health, and the provision available to everyone within their neighbourhoods and communities.

Access to help is made easier when children and families know who to contact. This is an essential feature of a child centred approach to early intervention.

The *Named Person* is there for each child and their role will be part of their day to day work with that child. It may be that a child or family wish to contact their *Named Person* if they are worried about something. The *Named Person* may have concerns about the child's well-being that suggest further action is needed. Other individuals or agencies may have concerns about the child's well-being that they wish to bring to the attention of the *Named Person*.

Once a concern has been brought to the attention of the *Named Person*, it is the *Named Person's* responsibility to take action to provide help, or arrange for the right help to be provided to promote the child's development and well-being. In order to respond proportionately, the *Named Person* will ask the five questions any practitioner should ask when faced with a concern.

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

These questions must always be underpinned by listening carefully to what children and families have to say:

In their own agency, the Named Person should:

- be the first point of contact for the child and his or her parent/carers seeking information or advice, and for any practitioners wishing to discuss a worry about the child
- make sure that the views of children and families are sought and recorded at every stage of a discussion about a child
- be the person who makes sure children and families are fully involved in decisions that affect them

- make sure, when information needs to be shared, that children and families know why this information should be shared, and that consent has been given and recorded, unless in exceptional circumstances there is a good reason not to share.
- ensure that core information about the child in their agency is up to date and accurate
- record any concerns that children, families, or practitioners in their own or other agencies bring to them about that child's well-being
- consider any concerns in the light of the child's history and current circumstances and assess if anything needs to be done or any extra help needs to be provided;
- record any decisions or actions taken, including what immediate help, if any, has been put in place
- when a child needs extra help, prepare a plan for the child based on appropriate and proportionate information. This plan should identify which of the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included are being impaired and need to be addressed.
- be aware of risks and needs and identify concerns that suggest a child may be at risk of significant harm, arising from observations or information received, for example, where there is a worrying pattern over time of incidents or concerns and use appropriate child protection procedures to report these, as per the Perth and Kinross Interagency Child Protection Guidance 2011.
[P&K Inter Agency Child Protection Guidance 2011](#)
- monitor the effectiveness of support to a family

A Child Centred Approach

Children, young people, parents and carers will have clear information about who is the child's *Named Person*. The *Named Person* should also be accessible to the parent, child or young person and work to develop a trusting relationship with them, as someone they can talk to about any worries or problems affecting the child.

It has been agreed nationally that for children pre birth to school age, the named person will be from within the Health Services - primarily by the Health Visitor, however the midwife will be the named person in relation to pregnant women.

For children of a school age this role will be undertaken by the Head Teacher, or nominated representative, in primary schools, and Deputy Head Teacher Pupil Support or Guidance staff within secondary schools.

An important part of taking a child and family centred approach is respecting confidentiality. This means that children and families must always be asked for permission for information to be shared, and this recorded, unless seeking consent will get in the way of protecting the child from harm. Children and families should always know what to expect as a result of information being shared and how this will contribute to improving outcomes for the child. Where consent must be dispensed with the reasons should be explained to a parent, child or young person.

6. The Lead Professional

One of the core components of 'Getting It Right for Every Child' is the identification of 'A *Lead Professional to co-ordinate and monitor multi-agency activity where necessary*'.

The role of the *Lead Professional* ensures that children, young people and their families receive a more coherent, child-centred and effective service based around the well being indicators.

The skills, competence and knowledge required to carry out the role of the *Lead Professional* are the same regardless of professional background or role. They need the knowledge, competence and confidence to:

- develop a successful and productive relationship with the child and family
- organise meetings and discussions with different practitioners
- use the Integrated Assessment Framework and develop action plans
- work in partnership with other practitioners to deliver the action plan.

Evidence from practice suggests that the *Lead Professional* role is a key element of effective frontline delivery of Integrated Children's Service. It ensures that professional involvement is rationalised, co-ordinated and communicated effectively.

Choosing the most appropriate Lead Professional

The *Lead Professional* should be the person best placed to co-ordinate the help agreed in the Child's Plan. A *Lead Professional* should be able to provide confident leadership and should be familiar with the remit of different agencies. The child's and family's views on who they would see as best placed to be the *Lead Professional* should be taken into account in the decision making processes.

Before an individual takes on the role of *Lead Professional*, there is an expectation that he/she fully understands this role, has had access to this Guidance and additional training if required, and has peer support and access to supervision. It is vitally important that there is a shared individual and collective accountability between the practitioners involved and the *Lead Professional*.

Choosing the Lead Professional will also be influenced by:

- the kind of help that the child or family needs
- previous contact , or currently a good relationship with the child
- any statutory responsibility to co-ordinate work with the child or family.

The Lead Professional will:

- make sure that the child or young person and family understand what is happening at each point so that they can participate in the decisions that affect them
- be the main point of contact for children, young people, practitioners and family members, bringing help to them and minimising the need for them to tell their story several times
- promote teamwork between agencies and with the child or young person and family; be familiar with the remit of other agencies
- co-ordinate workers who have specific roles or who are carrying out direct work or specialist assessments to reduce overlap and inconsistency in the services received
- be responsible for ensuring an integrated assessment is produced
- ensure the child's action plan is developed, implemented and reviewed within agreed timescales
- ensure the child or young person is supported through key transition points, particularly any transfer to a new lead professional
- ensure the information contained in the child assessment and plan is accurate and up-to-date and shared with the family and across agencies.

The Role of the Lead Professional is not:

- *to chase up assessment team members for contributions*
- *to take full responsibility of the assessment or action plan as it is the responsibility of the assessment team*
- *to take responsibility or be accountable for the actions of others.*

The *Lead Professional* does not replace other practitioners who have specific roles or who are carrying out direct work or specialist assessments. In summary, the *Lead Professional's* primary task is to make sure that all the support provided is working well, fits with involvement of other practitioners and agencies and is achieving the outcomes specified in the Child's Plan. Individual practitioners remain responsible for the support being provided to the child, young person and/or family by their service/agency. Where ever possible efforts should be made to minimise changes of Lead Professional.

When might there be a need for a Lead Professional?

In some circumstances, it becomes clear that the child needs more coordinated and specialist help but still primarily from universal services. In such cases, it may be more appropriate for another, perhaps more specialist practitioner from the universal services to become the *Lead Professional* rather than the *Named Person*. This could be, for example, a health practitioner who can co-ordinate a plan for a child with complex health needs, with the help of other services. It might be that the child requires a school led plan that is focused on additional support for learning such as a

co-ordinated support plan which includes some input from health and social work services.

There will be cases where children's safety is the primary issue, or there is a statutory requirement for a *Lead Professional*, such as when a child is Looked After. In such cases, co-ordinating help from the universal services is unlikely to be appropriate. In such cases this will almost always be a Social Work task. It is important that children and families are listened to in any decisions about who is to be the *Lead Professional* and they understand why this person is the best practitioner to co-ordinate help for them. It is also important that help is not delayed while arrangements are being put in place.

Any of the above events may have been triggered by a particular change in the child or an event or behaviour of the child or family; alternatively it might be as a result of growing concerns. If it is possible and appropriate, the practitioner in the universal services who has been working with the child will continue to remain closely involved in the first instance.

7. Information Sharing, Confidentiality and Consent

Introduction

It is everyone's job to ensure that children and young people get the help they need, when they need it.

Information sharing, confidentiality and consent are key elements of this and it is vitally important that all practitioners have a clear understanding of their critical importance in everyday practice.

- What is getting in the way of this child or young person's well-being?
- 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? and
- What additional help, if any, may be needed from others?

Information Sharing

If you are worried about a child or young person, or have concerns about their health and well-being, or are concerned about their care and protection, then, when considering the above five questions above, there will be a need for you to share and/or exchange personal information with other practitioners, services and/or agencies. Such worries and/or concerns could arise from a single event or from a series of events.

Nothing whatsoever in Scottish, UK and/or European Law and/or the Scottish child protection policy environment prevents you from sharing and/or exchanging personal information regarding a child or young person, if you have any of these concerns, no matter how small and/or insignificant you think that worry and/or concern may be.

Doing nothing is not an option. If your worries and/or concerns are genuine, you should share them with other practitioners, services and/or agencies as soon as possible.

Professional judgement and a common-sense approach should always underpin your practice approach and if you are in any doubt whatsoever, you should seek further help, support and/or guidance from your own Line Manager/Supervisor.

When sharing and/or exchanging personal information, you should observe and consider the following key principles:-

The welfare, safety, health, well-being, care and protection of a child or young person is paramount and you should adopt an holistic approach in keeping with the GIRFEC Well-Being Indicators; the My World Triangle and the Resilience Matrix;

The needs, rights and views of children or young people should be taken into consideration when you are deciding what you need to do next and you should adopt a child-centred and child-focussed approach;

The personal information you are seeking to share and/or exchange should be *clear, accurate, relevant, necessary, proportionate, complete and concise*. It should, where necessary, include historic information and information relating to other siblings and/or significant adults within the child or young person's life;

The personal information you are seeking to share and/or exchange should be shared and/or exchanged on a *need to know basis* only and you should be clear as to the purpose why it is being shared and/or exchanged. It should be shared and/or exchanged quickly and effectively with other trusted practitioners and colleagues;

The personal information you are seeking to share and/or exchange should be *accurately recorded* in your case file notes and/or on your service/agency databases and should be kept safe and secure at all times. If certain information is not shared and/or exchanged, then you should also record that and the reason why it was not shared and/or exchanged;

- The confidentiality and consent issues around information sharing contained in the following section, should be understood and/or complied with.
- The information sharing arrangements of your own service and/or agency should be understood and followed and you should have an understanding of the legal and policy frameworks for information sharing.

Confidentiality and Consent

Children, young people and their families have a legal right to privacy and all practitioners, services and/or agencies have a duty of confidentiality, governed by several pieces of legislation and policy. You should have an understanding of the legal and policy framework and the need for compliance – see next section.

When seeking to share and/or exchange personal information practitioners should have a clear understanding of the issues around confidentiality and consent and the need to built mutually respectful, trusting relationships, with children and families.

The following key principles around confidentiality and consent should be observed and considered:-

- You should always explain to children, young people and their families that the personal information they have provided you with will be kept safe, secure and confidential and only shared and/or exchanged with other practitioners, services and/or agencies on a need to know basis with their prior consent , unless there are concerns around abuse and harm.
- You should ensure that children, young people and their families understand what personal information is going to be recorded; how that information is going to be held and stored; what information is going to be shared and/or exchanged; who the information is going to be shared and/or exchanged with; and why that information is going to be shared and/or exchanged;
- You should normally obtain consent before you seek to share and/or exchange personal information and that consent should be informed and explicit. You should not assume that consent has been agreed and/or provided, Where you are concerned that seeking consent would increase the risk to a child or young person, or prejudice any subsequent investigation, you may need to share and/or exchange information without their prior consent. In these circumstances this will always override any professional, service and/or agency requirement to keep personal information confidential;
- If you take the decision that seeking consent may present a risk or prejudice an investigation, consent should not be sought and this decision and the reasons for it should be recorded appropriately in your case file notes and/or on your service/agency databases; and
- If you do decide to share and/or exchange personal information without consent, or where consent has been refused and/or withdrawn, then you should tell the child or young person and their family that you have done so or propose to do so and always explain to them your rationale for doing so.

8. A Child's Plan

A key aspect of 'Getting it Right' is ensuring that children and families are not subjected to a succession of overlapping meetings. Planning for a child should be streamlined and holistic, based around the Wellbeing Wheel. However a Child/ Young Person's Plan, will reflect a different emphasis according to the child's needs such as child protection and 'looked after' plans, or other forms of coordinated support. Wherever possible meetings should incorporate all aspects of meeting a child's needs, and supporting the family.

An agenda and template is being developed for recording the detail of a Child Young Person's Planning Meeting which incorporates requirements under the Additional Support for Learning Act Amended 2007, and responsibilities for Looked After children and other children in need, as defined by the Children (Scotland) Act 1995

When a Child's Plan, based on an Integrated Assessment, has been agreed the *Lead Professional* will:

- Other than in exceptional circumstances be the point of contact with the child and family for the purpose of discussing the plan and how it is working, as well as any changes in circumstances that may affect the plan
- be a main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or raise any issues
- make sure that the help provided is consistent with the child's plan, that services are not duplicated and that the plan is working and improving the child's situation
- work with the child and family and the practitioner network to make sure that the child and family's views are heard and properly taken into account and, when necessary, link the child and family with specialist advocacy
- support the child and family to make use of help from practitioners and agencies
- co-ordinate the provision of other help or specialist assessments which may be identified by agencies involved and make arrangements for these to take place
- arrange for the agencies to review together their involvement and amend the plan when necessary
- make sure the child is supported through key transition points
- ensure a careful and planned transfer of responsibility when another practitioner becomes the lead professional. For example: *'if the child's needs change or the family moves away, or the named person resumes responsibility for the child as additional needs are met'*.

[Children and Families Services Operational Guidance - Child's Plan](#)

9. Multi Agency Child Chronologies (MACC)

It is widely accepted that vulnerable children and families are best protected and their immediate, short and long term needs met, when individual services and agencies, supporting and/or working with them, actively work together and effectively share and exchange information. Single factors, incidents and/or events, in themselves, may appear to be relatively harmless and insignificant. However, where these escalate, multiply and/or compound each other, the consequences, particularly for children and families, can be serious and the outcome devastating.

The Scottish Executive's Child Protection Audit and Review (2002)¹ ***'It's everyone's job to make sure I am alright'*** underlines the importance and purpose of individual case records having a chronological history:-

Recommendation 1 (paraphrased)

"To ensure that practitioners have access to the right information at the right time", and in particular ensure that – "Where there have been concerns about possible abuse or neglect, schools, police, health service and social work service files should contain a succinct, readily accessible chronology of events or concerns which can be easily referred to should a further incident or concern arise. This chronology should contain information relating to the child and, where known, information relating to other people in the child's life, for example, any previous deaths of children of a mother's new partner".

This is further supported by a number of recent inquiry reports, significant case reviews and the following key policy developments:-

- Scottish Executive (2004) Protecting Children and Young People: The Charter; ²
- Scottish Executive (2004) Protecting Children and Young People: Framework for Standards³.

Social work assessment has always been concerned to consider past events and their relevance to a person or families' current situation. Past life events are found in most of the indicators of risk which have been produced. (SWIA 2010).

¹ [The Scottish Executive's Child Protection Audit and Review \(2002\) - Scottish Government Search by Exalead](#)

² [Protecting Children & Young People the Charter](#)

³ [Protecting Children and Young People: Framework for Standards](#)

What is a Chronology?

Chronologies have become one of the most talked about and least understood tools in modern child protection work practice. Between and across services and agencies, there is no single, agreed definition and understanding of what constitutes a chronology. It means different things to different services, agencies and practitioners.

There are many definitions of a chronology for example:-

'A list in date order of all the major changes and events in a person's life.'

'A chronology seeks to provide a clear account of all significant events in a child's life to date, drawing upon the knowledge and information held by agencies involved with the child and family.'

'The purpose of a chronology is early indication of emerging patterns of concern.'
(SWIA 2010)'

It is clear that *'one size does not fit all'* and that there are various models and requirements of a chronology depending on the purpose, all of which will contribute to a Multi-Agency Child Chronology (MACC).

What is a Multi-Agency Child Chronology (MACC)?

A multi-agency child chronology (MACC) is a gathering together of single service and agency events, incidents, milestones and circumstances in a child's life, which are considered to be **significant** by individual practitioners. These events etc can be past or present; and may be interpreted as strengths or concerns;

A MACC should only include what has been described as the **headline messages**, which clearly signpost to more detailed information held by single services or agencies – and recorded within the agency's own chronological record. To be useful, it must be kept up to date through the contributions of all relevant agencies to inform risk assessment review and decision making.

A MACC must be managed effectively and it must be:-

- Factual, accurate and evidence-based
- Succinct – If every event, incident, milestone and circumstance etc is recorded, then the multi-agency chronology loses its value and impact
- Simple in Format – Thus ensuring that information can be efficiently managed, merged and sorted
- In the agreed typed format – In the first instance, all contributions should be submitted in Microsoft Word Template format, by email if possible.

Within the confines of this guidance, it is not possible to specify what type of incidents and/or events are considered **significant** enough to warrant inclusion in a Multi-Agency Child Chronology. In most cases, practitioners will require to exercise their own professional judgement.

Any changes, which are considered to have a key impact on the child, whether they be positive or negative, a strength or a weakness, should be considered as a possible significant incident and/or event.

However, the following generic list provides some guidance for practitioners. A significant incident and/or event could include:-

- Any changes that indicate a change in the child's child protection status, including protective factors, risk and legal status
- Changes in the child's family circumstances including the immediate family structure and/or the presence of any significant adults
- Changes in the child's domestic and/or living arrangements and/or environment
- Changes in the child's physical health, mental health and/or emotional well-being including acute admissions, failed appointments
- Changes in the child's developmental growth and/or normal pattern of behaviour
- Changes in the child's educational performance including exclusion and/or removal from education and/or home education
- Changes in the parents and/or carers physical and/or mental health and well-being including parental substance misuse and learning difficulties
- Changes in the service and/or agency supports, including changes of key workers, gradual or sudden withdrawal from service and/or agency support
- Changes in the behaviour of the parents and/or carers that is seen as difficult, hostile, evasive, threatening, non-compliant and/or uncooperative including any criminality.

What it is not?

A MACC is **not** a replacement for individual professional practitioner judgment and/or simple *gut feeling*. It is **not** a replacement for direct discussion between practitioners, both intra and inter-agency. It is **not** a replacement for early identification, intervention and support. It is **not** a substitute for case recording. It is **not** a replacement for risk assessment. It is **not** an end in itself. Likewise, a MACC is **not** a list of every single contact with a child or young person, but supports analysis and decision making.

When should a Multi-Agency Child Chronology (MACC) be developed?

There are a number of occasions when it may be necessary to develop a MACC.

A MACC may be called for as:-

- part of an assessment/planning process to identify immediate, short term and longer term needs, risks and resilience;
- part of a review process to identify improvement, outcomes or otherwise;
- part of a case file audit and/or review process to identify good practice;
- part of a significant case review and/or inquiry; and
- a requirement for taking forward a child/young person towards permanence both for presenting to the permanency panel and for the legal process.

An increasing number of adults are requesting access to their personal case records in order to understand events in their lives. The chronological record has been proven to be a critical record which initially shows when key changes or events happened in their childhood which can then enable them to explore further details in the case file.

What are the benefits of a Multi-Agency Child Chronology (MACC)?

Practice and research has shown that multi-agency child chronologies can be extremely important in identifying critical events in the lives of children and young people and can assist practitioners in decision making when working together with vulnerable children and families.

When a MACC is collated together accurately, it provides practitioners with a useful history of significant events - a timeline in terms of single service and/or agency practitioner involvement and the effectiveness and/or failure of previous intervention/involvement/support. It provides practitioners with an accurate and fuller picture of the whole case and highlights gaps.

When a MACC is further analysed, it provides practitioners with a valuable tool by which to consider the immediate cumulative impact on a child or young person, both in the short term and in the longer term. It allows practitioners to consider the child or young person's well being, in keeping with the *GIRFEC* practice model, to identify changes, trends and/or patterns, which may be suggestive of potential risk of harm.

Who is responsible for developing a Multi-Agency Child Chronology (MACC)?

It is essential that a MACC is owned by a Lead Professional who will co-ordinate its development, between and across relevant services and/or agencies. This may be a retrospective exercise in the first instance before becoming an ongoing record.

There is however an expectation that it is the responsibility of each service and/or agency to ensure that they have in place a mechanism to identify and collate all known events etc, considered **significant** in a child or young person's life over time. Individual services and/or agency should have in place their own arrangements for the compilation of a Single Agency Chronology.

It is also expected that any service and/or agency practitioner that contributes to the protection of children and young people, will provide up-to-date and accurate information when a MACC is being developed.

Identifying and agreeing who should take on the role of the Lead Professional remains a matter for local decision and agreement. The Lead Professional is responsible for ensuring the collation of the MACC and all services and/or agencies are expected to contribute to the MACC. The process will work best when there is a shared sense of responsibility by all for gathering, recording and passing the information to the Lead Professional.

What might a Multi-Agency Child Chronology (MACC) look like?

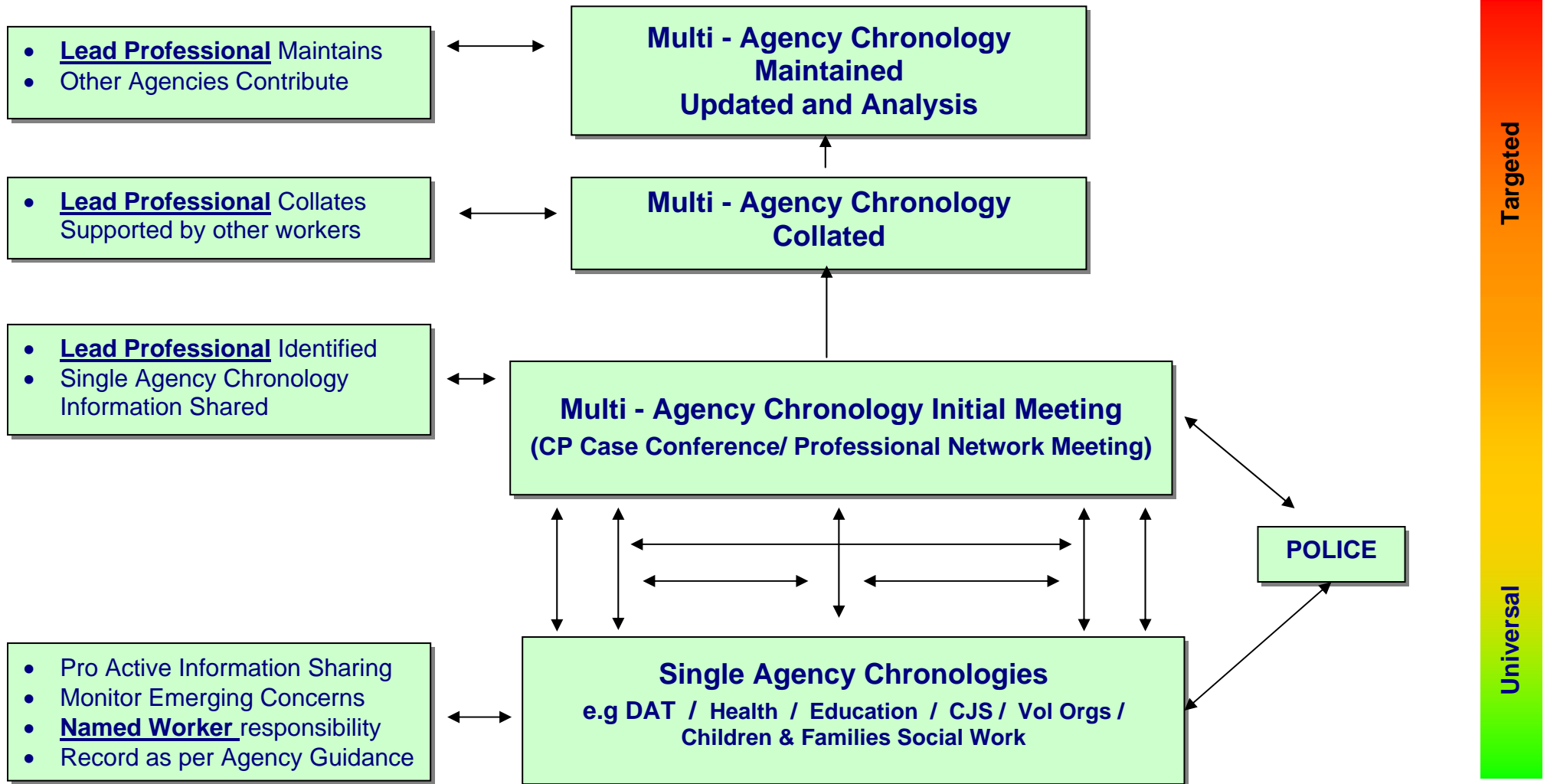
At present, information from services and/or agencies and/or practitioners should be collated by the Lead Professional and placed chronologically on a Microsoft Word Template. A Template Format is shown at Appendix 1

Commissioning a Multi-Agency Child Chronology (MACC)

There are a range of different circumstances in which a MACC might be identified as being required. However, core arenas for this include Integrated Team Meetings (ITMs); Pre-Birth Assessment Meetings; Professional Network Meetings; Child Protection Initial Case Conferences; the involvement of the Reporter and wider Additional Support Needs meetings. This is not an exhaustive list and practitioners are required to use their judgement and to initiate a MACC where it would clearly inform further assessment.

Recording a Chronology – See Appendix 1

Multi- Agency Child Chronology – Practitioner’s Flowchart



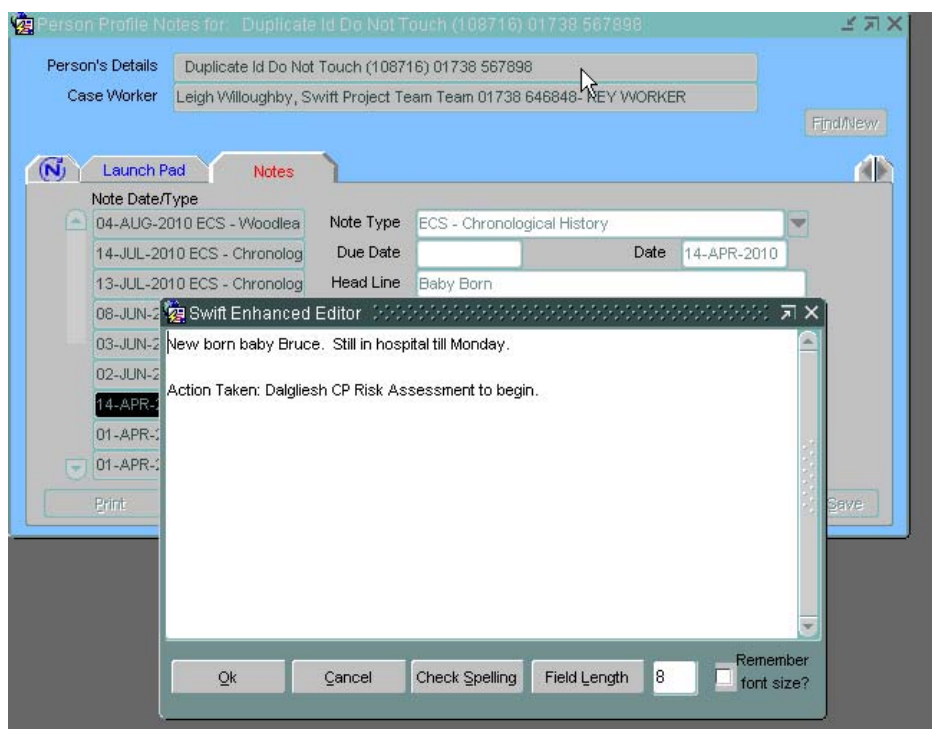
Multi-Agency Child Chronology (MACC – Social Work)

1. Updated Guide on Recording ECS - Chronological History

At present, social work practitioners, acting as the Lead Professionals, will continue to record Chronologies on the existing SWIFT database.

In order to record actions within a Chronological History, a sentence needs recorded stating:-

Action Taken: 'what the action was typed here': This will then appear on the chronological history print - see below.



If you have any queries or require help, please contact SWIFTHelp@pkc.gov.uk or Telephone 01738 476899

2. Child Chronology (MACC) – Other Service/Agency

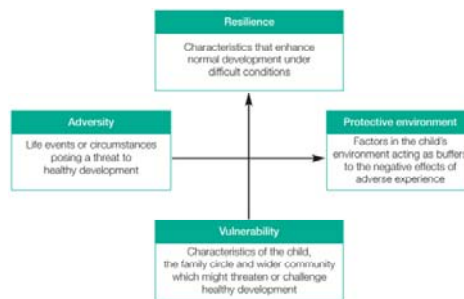
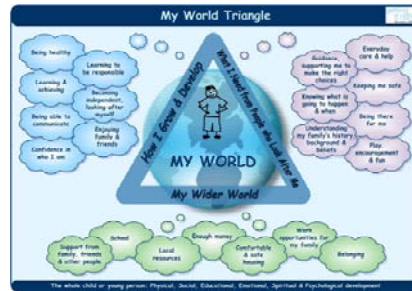
- Full Name of Child or Young Person:**
- Age and Date of Birth:**
- Place of Residence:**
- Status of Child:**
- Lead Professional:**

Date	Significant Event	Service and/or Agency	Recorded By	Action Taken

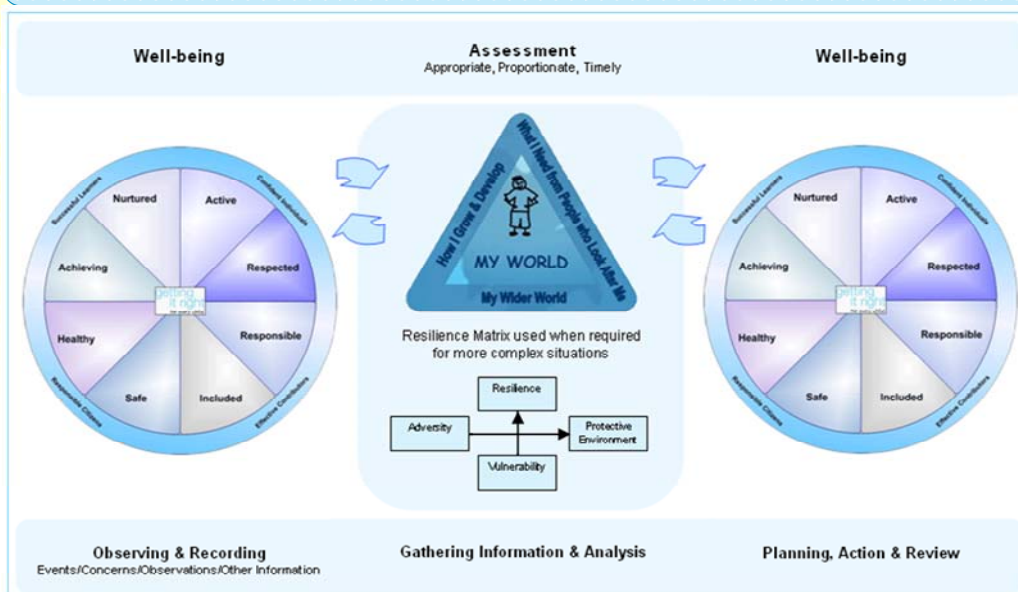
National Practice Model

Elements of the GIRFEC Practice Model

- My World Triangle
- Well-being wheel
- Resilience matrix



The GIRFEC Practice Model



Useful Links

As a practitioner, you may find the following useful links helpful:-

[Scottish Government – Getting it Right for Every Child Website](#)

[Perth and Kinross Child Protection Website](#)

[Scottish Government – National Guidance for Child Protection in Scotland 2010](#)

[Perth and Kinross CPC Inter-Agency Child Protection Guidelines 2011](#)

[UN Convention on the Rights of the Child](#)

[Scottish Executive: The Children's Charter](#)

[Scottish Executive: Framework for Standards](#)

Perth and Kinross CPC is also about to publish updated:-

Information Sharing – Information and Advice for Children and Young People;

Information Sharing – Information and Advice for Parents and Carers;

Information Sharing – Information, Advice and/or Guidance for Practitioners;

Information Sharing – CPC Information Sharing Protocol; and

Information Sharing – Legislative and/or Policy Framework.