

# Perth and Kinross Practitioner's Guidance Getting it right for every child in Perth and Kinross



---

**Getting it Right  
in Perth and Kinross**

*Helping children be the best they can be*

---

A Perth and Kinross where everyone can live  
life well, free from poverty and inequality

## Contents

Getting it right for every child (GIRFEC).....	3
Guidance Note 1: Introduction to Getting it Right for Every Child (GIRFEC) in Perth and Kinross .....	5
GIRFEC Key Components .....	7
Guidance Note 2: Key Roles - Named Person Service (Universal).....	8
Guidance Note 3: Key Roles - Lead Professional .....	11
Guidance Note 4: Assessment of Wellbeing .....	14
Guidance Note 5: Child and Young Person's Plans .....	17
Guidance Note 6: Information sharing.....	19
Guidance Note 7: Interagency disputes and disagreements .....	21
Guidance Note 8: Guidance on Accessing Support in Perth and Kinross .....	23
1. LEVEL OF NEED: HELP FOR EVERYONE .....	27
2. LEVEL OF NEED: EMERGING/ADDITIONAL NEEDS .....	29
3. LEVEL OF NEED: HIGHER ADDITIONAL/COMPLEX NEEDS .....	32
4. LEVEL OF NEED: INTENSIVE SUPPORT .....	34

## Getting it right for every child (GIRFEC)

Getting it right for every child (GIRFEC) is Scotland's long standing, national commitment to provide all children, young people and their families with the right support at the right time, so that every child and young person can reach their full potential.

GIRFEC is both an approach and framework used by services across Scotland to improve and uphold the wellbeing of children and their families.

We:

- promote eight [wellbeing indicators](#) (SHANARRI) to understand a child or young person's wellbeing at a given time
- base [GIRFEC principles and values](#) on children's rights
- support practitioners to consider ways to improve the wellbeing for a child or young person and their family through the [National Practice Model](#)
- improve the support for children, young people and their families through a clear point of contact: sometimes referred to as a [named person](#)
- produce national [GIRFEC resources](#) for everyone interested in the policy and its delivery
- provide [information sharing](#) guidance, including what can be shared with or by a practitioner acting as a named person or in connection with a child's plan
- provide a consistent approach to how support is planned, delivered and co-ordinated by promoting the use of a [child's plan](#), coordinated by a [lead professional](#)
- committed to improving how we support families through investment in the [Whole Family Wellbeing Fund](#) programme"

[Getting it right for every child \(GIRFEC\) - gov.scot](https://www.gov.scot/Topics/childrenandyoungpeople/girfec)

The following guidance notes support Perth and Kinross agencies and practitioners to implement the national policy set out in GIRFEC.

**Guidance Note 1:** Introduction to Getting it Right for Every Child (GIRFEC) in Perth and Kinross

**Guidance Note 2:** Key Roles - Named Person Service (Universal)

**Guidance Note 3:** Key Roles - Lead Professional

**Guidance Note 4:** Assessment of wellbeing

**Guidance Note 5:** Child and Young Person's Plans

**Guidance Note 6:** Information sharing

**Guidance Note 7:** Interagency disputes and disagreements

**Guidance Note 8:** Guidance on Accessing Support in Perth and Kinross

CONSULTATION DRAFT

## Guidance Note 1: Introduction to Getting it Right for Every Child (GIRFEC) in Perth and Kinross

- 1.1 [Getting it right for every child \(GIRFEC\)](#) is the shared commitment of the Scottish Government and Perth and Kinross Community Planning Partnership, to provide children, young people and their families with the *right support, at the right time, from the right people*, so that every child and young person can reach their full potential. It encompasses our shared commitment to the implementation of the [United Nations Convention on Rights of the Child \(UNCRC\)](#).
- 1.2 In Perth and Kinross, GIRFEC allows us to build the scaffolding of support unborn babies, infants, children and young people to grow up loved, safe and respected, so that they can reach their full potential. It also provides us with a consistent framework and a shared language for promoting, supporting and safeguarding the rights and wellbeing of unborn babies, infants, children and young people.
- 1.3 In 2006, the first GIRFEC Implementation Plan was published, and the approach was used and tested by pathfinders across Scotland to inform national guidance that was published in 2008. This guidance was refreshed in both 2012 and 2022. The latter revision included a refresh of practice materials and a year later, guidance on the Child's Plan.
- 1.4 At a local level, GIRFEC approaches and resources supporting implementation by practitioners, have been in place for several years. This refresh of guidance has been undertaken to build on existing good practice and update approaches to ensure they remain in line with national guidance and reflect local learning about what works. The refresh will be delivered through a series of guidance notes.
- 1.5 The guidance notes should be used in conjunction with any single agency guidance relevant to practitioner's own agency to inform how support for unborn babies, infants, children and young people is planned and delivered. It is key that the needs and rights of unborn babies, infants, children and young people are kept at the centre of any planning and decision-making.

### **Our Vision and Commitment to the Wellbeing, Care, Protection, Inclusion and Rights of Unborn babies, Children and Young People in Perth and Kinross**

- 1.6 Across Perth and Kinross, it is everyone's job and everyone's responsibility to ensure that our unborn babies, infants, children and young people are Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible and Included (this is known as the wellbeing indicators or SHANARRI). This includes ensuring that unborn babies, infants, children and young people:
  - Are loved and supported to grow and develop in safe, protected and comfortable environments at home, online, at school and in the community and realise their full potential;

- are protected from harm, abuse, neglect and exploitation and are supported to ensure their welfare remains paramount;
- are respected and listened to; understood: taken seriously; treated with dignity; and have their rights upheld;
- get the support they need; when they need it and that it is the right support; from the right people; at the right time;
- will have the best start in life and experience Perth and Kinross as the best place in Scotland to grow up;

1.7 Parents, carers or any other person with parental responsibilities are encouraged and supported to provide safe home environments with appropriate emotional and physical care for their children. except in exceptional circumstances.

### **GIRFEC Principles and Values**

1.8 GIRFEC is a strengths-based practice approach and is underpinned by [principles and key values](#). These include:

- placing the unborn baby, infant, child or young person and their family at the heart of decisions, promoting full participation and choice in those decisions that affect them
- working together with families to enable a strengths-based, inclusive approach
- understanding wellbeing as being about all areas of life including family, community and society
- valuing difference, ensuring everyone is treated fairly and their rights are respected
- considering and addressing inequalities
- providing support for unborn babies, infants, children, young people and families when and for as long as they need it to help them to reach their full potential

## GIRFEC Key Components

1.9 In addition to the above, GIRFEC includes a number of key practice components, some of which will be referenced throughout this publication. These include:

- direction for practitioners on the eight [Wellbeing Indicators \(SHANARRI\)](#), which describe how a child or young person is doing at a point in time
- use of the [National Practice Model](#) by practitioners in Perth and Kinross to improve the wellbeing for a child or young person
- support for children, young people and their families through a clear point of contact: sometimes referred to as a [Named Person](#)
- clarification on who would be the appropriate practitioner to fulfil the role of the [Lead Professional](#), for children and young people who are supported by a child or young person's plan
- guidance on [Information Sharing](#), including what can be shared with, or by a practitioner, acting as a Named Person, or in connection with a Child's Plan
- guidance on how support is planned, delivered and co-ordinated for children and young people who require extra support by making a [Child's Plan](#) available
- national [GIRFEC Resources](#) for everyone interested in GIRFEC.

CONSULTATION

## Guidance Note 2: Key Roles - Named Person Service (Universal)

- 2.1 GIRFEC allows for additional support to be provided by a [Named Person](#), who is responsible for providing a clear point-of-contact and support within universal services if a child, young person or their family wish to receive further information, advice, help or support. However, there is no obligation on children, young people and families to accept the offer of advice or support from a named person.
- 2.2 In all situations where the contact is not a child concern, consent should be sought when providing the named person service. Consent should be sought from the parent where the child is aged under 12 years and for a child aged 12 years or over, from the child themselves if they have capacity to give consent. However, in situations **where there is a concern for the child's wellbeing then consent is not required**. The named person has a professional responsibility to explore and where necessary, share the concern whether or not consent has been given.
- 2.3 In circumstances, where the complexity or urgency of need requires co-ordinated intervention from more than one service or agency, a [Lead Professional](#) must be identified to take on the coordinating role and a multi-agency [Child's Plan](#) must be developed.
- 2.4 Where there are concerns that a child or young person may be at risk of significant harm, [child protection procedures](#) must be followed without delay.

### Role of the Named Person Service

- 2.5 The Children and Young People (Scotland) Act 2014 makes the Named person service available for children from birth to their 18<sup>th</sup> birthday, and to young people beyond their 18<sup>th</sup> birthday if they remain on the school roll.
- 2.6 The term 'Named Person Service' means the arrangements a service provider is expected to put in place to deliver the functions of the Named Person.
- 2.7 A [Named Person](#) is a single point of contact for a child, young person or their parent(s) if they want information or advice, or if they want to talk about any concerns and seek support for these. The Named Person has a responsibility to assess and monitor a child's well-being; this includes in situations where the child or parent has not chosen to seek or accept the support of the Named Person Service. However, as stated in 2.1, there is no obligation for a child, young person or parent to take up the offer of the Named Person service.
- 2.8 The Named Person will:
- Provide advice and guidance for parents, carers and other professionals, including signposting and referral to other services, to support the child's wellbeing;
  - Record and maintain the child's records, ensuring care information is up-to-date;
  - Assess the child or young person's health and wellbeing needs;

- Use the Perth and Kinross staged intervention approach to ensure that children get the right support at the right time, according to their level of need, ensuring interventions are the least intrusive possible;
- Engage with partners to work collaboratively working to support holistic needs;
- Plan, coordinate, deliver and monitor interventions for children and families;
- Ensure effective transfer of information about the child or young person when required to support wellbeing or at points of transition between services, agencies or schools.

- 2.9 It is essential that, where consent is in place, the Named Person is informed of any new information relevant to the care, welfare, learning and wellbeing of the child. Staff in any partner agency or a community member who becomes aware of such information, should contact the Named Person in the first instance.
- 2.10 Where there are concerns that a child or young person may be at risk of significant harm, child protection procedures must be followed without delay if the Named Person is not contactable.
- 2.11 If a child, young person or parent declines the support of a Named Person as part of the universal health service or school offer, the relevant practitioner should seek to understand the reasons for their decision. For example, the issue may relate to:
- being unhappy with an individual practitioner
  - past experience of the service
  - misunderstanding the role of the Named Person
- 2.12 If the reason relates to an issue about practice that can be addressed, then the practitioner should discuss their role and act to resolve the issue. If required, the practitioner should bring this to the attention of their Line Manager/Team Leader. Single agency service guidelines and procedures should be followed, and the Named Person Service should continue to be on offer, even if the family do not take this up at this time.

### **Who can be a Named Person**

- 2.13 In Perth and Kinross, the Named Person providers are in most circumstances NHS Tayside or Perth and Kinross Council (PKC):
- for babies and children up to when they start school, the Named Person will normally be their Health Visitor or Family Nurse. This includes for children attending Early Learning and Childcare (ELC) settings.
  - for school aged children and young people in Perth and Kinross Council schools, the Named Person will be the Headteacher or Depute Headteacher in a primary school and a promoted member of staff in a secondary school, usually a Guidance Teacher or Depute Headteacher.

- for children aged 5 to 18 years who do not attend school, e.g. they are home educated or left school before their 18th birthday, access to a Named Person will continue to be available through the Named Person based in their catchment school or the school that they last attended.

2.14 In a situation where the contact details of the Named Person are not known, staff or community members can identify the Named Person through the following links:

- for a child who has not yet started school, email the child health department [Tay.chd@nhs.scot](mailto:Tay.chd@nhs.scot), detailing in the subject line: 'Contact details of NP-HV'
- for a school aged child where it is not known which school they attend, contact [FBSschools@pkc.gov.uk](mailto:FBSschools@pkc.gov.uk), detailing in the subject line: 'Contact details of NP'
- for a child known to be home educated, contact [homeeducation@pkc.gov.uk](mailto:homeeducation@pkc.gov.uk), detailing in the subject line: 'Contact details of NP'

### **Knowledge and skills required to deliver the role of the named person**

2.15 The [knowledge and skills required to deliver the role of the named person](#) is laid out in the national GIRFEC guidance. The Named Person should ensure they access any professional learning required to:

- demonstrate the values and principles underpinning the GIRFEC approach;
- use of the National Practice Model for the Assessment of Wellbeing;
- take account of children's rights in line with the UNCRC;
- recognise, evaluate and respond proportionately to a wellbeing need using a strengths-based approach;
- work together with children, young people and families, supporting them to fully participate, including where communication barriers exist, and know how to access appropriate support if required;
- lawfully record and process information, in line with information sharing guidance;
- develop, use and manage a chronology;
- recognise when the response to a wellbeing need(s) demonstrates a requirement for a child's plan;
- be aware of the grounds for a referral to the Scottish Children's Reporters Administration (SCRA) and recognise when a referral is appropriate in relation to the child or young person; and
- understand the relationship between a wellbeing need and a child protection concern and how to follow local child protection procedures.

### Guidance Note 3: Key Roles - Lead Professional

- 3.1 GIRFEC also allows additional support to be provided by a [Lead Professional](#).
- 3.2 When multi-agency targeted interventions are necessary to help a child or young person and family, then a [Lead Professional](#) should co-ordinate that help. It is the lead professional's responsibility to make sure everyone is clear about the different roles they have and the contributions they make to implement the child's plan.

#### Who should be the Lead Professional

- 3.3 Unlike the role of a Named Person, which flows from the functions of the universal services of Health or Education, the Lead Professional is expected to be the person who is best placed to support the child or young person and to identify and manage any complex needs or risk and coordinate multi-agency plans.
- 3.4 The role of Lead Professional will vary depending on the individual circumstances of the child and their network of support. There should be a discussion and a shared decision about who from the network of practitioners working alongside the child or young person and their family, takes on the Lead Professional role. This discussion needs to include the child or young person and their family who should be supported and enabled to fully participate in any decisions about who is to be the Lead Professional and understand why this person is the best practitioner to coordinate help for them.
- 3.5 Although a professional working in social work often takes on the role of the Lead Professional when the child is subject to statutory measures or in receipt of voluntary support, 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 and education (including early years), as well as a person from a third sector organisation or specialist service.
- 3.6 Any practitioner carrying out the Lead Professional role should be able to provide confident leadership and should be familiar with the remit of the different agencies involved.
- 3.7 In some cases, there will be statutory duties in place which mean the Lead Professional will come from a particular agency. Examples where statutory requirements determine who will be the Lead Professional are:
- A child/young person is subject to assessment and intervention by Social Work, including where there are child protection measures (Social work assumes Lead Professional role)
  - a child/young person is the subject of an Anti-Social Behaviour Order (Social work assumes Lead Professional role)
- 3.8 There may be situations where a child, young person and/or family no longer wish to continue to work with the individual who has been identified as the lead professional

and will seek someone else for that role. While circumstances will vary, the child, young person and family could approach their named person to discuss this and reasonable steps to identify and offer another suitable individual should be taken.

### **Responsibilities of a Lead Professional**

3.9 A practitioner fulfilling the role of Lead Professional will:

- Use the national practice model to coordinate the GIRFEC assessment, including information from specialist assessments;
- Coordinate the provision of other help or specialist assessments which may be needed, with advice from other practitioners where necessary;
- Make sense of the information provided in the assessment and lead on developing the Child's Plan;
- Be responsible for collating the resilience matrices (see 5.7) completed by involved services into one document and sharing this with the child or young person and family as appropriate;
- Consider if any compulsory measures are needed or referral to the Children's Reporter (this does not alter duties of other professionals in relation to their ability to make a direct referral to the Reporter);
- Be the point of contact with the child or young person and family for the purpose of setting review dates, discussing the Plan, how it is working, as well as any changes in circumstances that may affect the Child's Plan;
- Be the main point of contact for all practitioners who are delivering help to the child or young person to feedback progress on the plan or raise any issues;
- Make sure that the help provided is consistent with the agreed Child's Plan, that services are not duplicated and that a summary actions table is completed following the collated resilience matrix, where different planning systems are used across agencies for one child or young person;
- Work with the child, young person, family and practitioner network to make sure that the child or young person and family's views and wishes are heard and properly taken into account and when necessary, link the child or young person and family with specialist advocacy;
- Support the child or young person and family to make use of help from practitioners and agencies;
- Monitor how well the Child's Plan is working and whether it is improving the child's circumstances and needs;

- Arrange for agencies to review together their involvement, the need for a Co-ordinated Support Plan where there are barriers to learning and amend the Child's Plan when necessary, for example by arranging meetings;
- Make sure the child or young person is supported through key transition points and ensure a careful and planned transfer of responsibility for the roles when another practitioner becomes the Lead Professional, for example if the child/young person's needs change or the family moves away, or the practitioner fulfilling the Named Person resumes responsibility for the child when a multi-agency Child's Plan is no longer needed;
- Ensure effective transfer of information when another Lead Professional or named person takes over or when the family moves away or when a multi-agency Child's Plan is no longer needed.

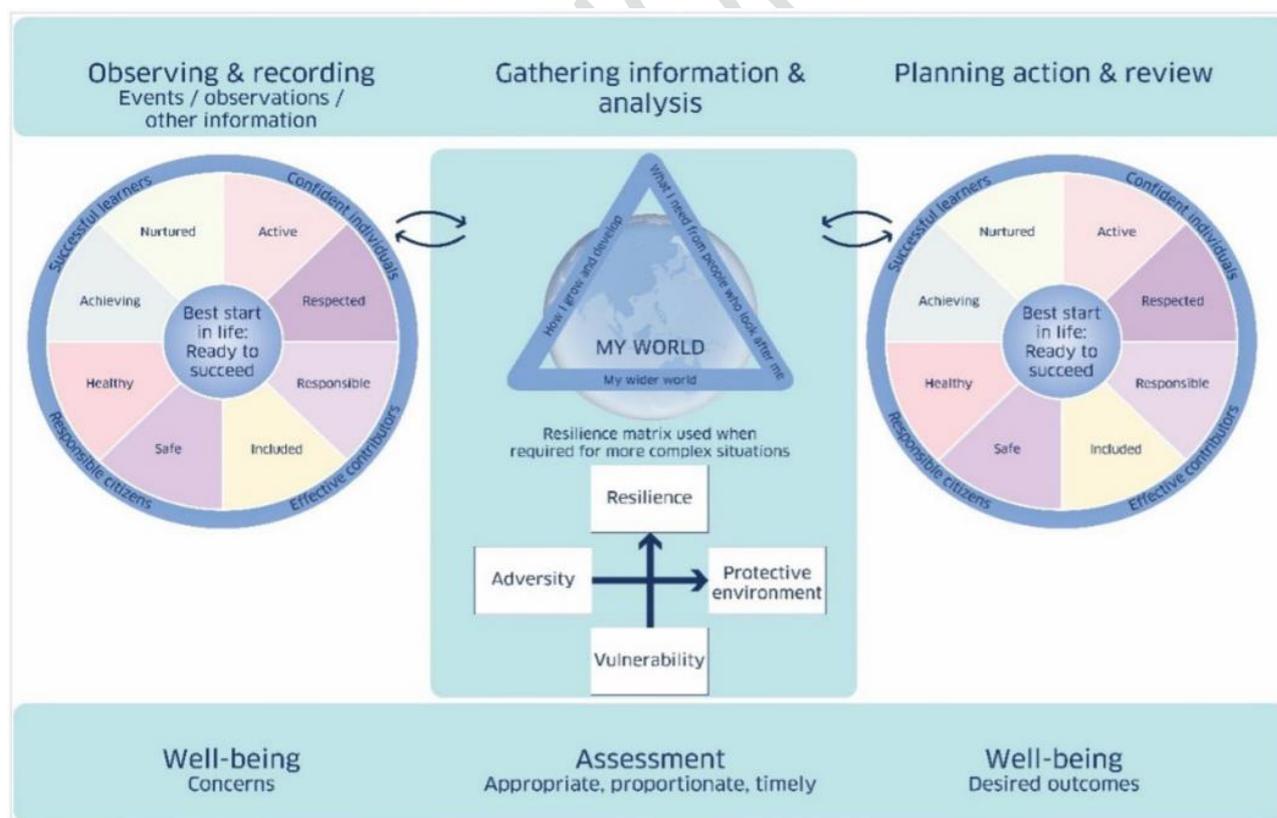
CONSULTATION DRAFT

## Guidance Note 4: Assessment of Wellbeing

- 4.1 The lead professional should coordinate an assessment of wellbeing when this is required.
- 4.2 The assessment of wellbeing means attention to all of the SHANARRI indicators and requires truly holistic assessment in practice. This involves good and timely liaison with and between partners, as appropriate. To support robust, holistic analysis and co-ordinated intervention, multi-agency review is advised through the bringing together of all existing single-agency resilience matrices.
- 4.3 The assessment of wellbeing is supported through the use of existing national practice materials which should be used alongside person centred, trauma responsive approaches with trauma responsive principles.

### National Practice Model

- 4.4 The National Practice Model diagram summary below brings together the My World Triangle, Resilience Matrix and the eight wellbeing indicators (SHANARRI) and the four contexts for learning within Curriculum for Excellence, to provide an assessment structure to support practitioners, working together with children, young people and families, to make effective use of assessment information.



- 4.5 **The Wellbeing Indicators:** Use of the wellbeing indicators (SHANARRI) in the 'Wellbeing Wheel' to observe, discuss and record information which may indicate the scaffolding of support needed for a child or young person.

- 4.6 **The 'My World' Triangle:** Use to understand a child or young person's whole world and explore strengths, needs and risks. This recognises there are connections between the different parts of their world. National guidance on using the 'My World Triangle' can be found at: [Getting it right for every child \(GIRFEC\) Practice Guidance 1 - Using the National Practice Model - gov.scot](#) Through use of the 'My World Triangle' practitioners, together with children, young people and families, can consider:
- How the child or young person is growing and developing;
  - What the child or young person needs and has a right to from the people who look after them; and
  - The impact of the child or young person's wider world of family, friends, community and society.
- 4.7 **The Resilience Matrix:** In more complex situations use of the Resilience Matrix helps organise and analyse information when there is a perceived risk to a child or young person. The resilience matrix should be used as the key tool for professionals to collectively analyse the chronology, current presentation and assessment profile, including any specialist assessments, and information on risks and likely interventions. It enables the information to be grouped within the four headings of resilience, vulnerability, adversity and the protective environment to form an assessment of need.
- 4.8 **A collated Resilience Matrix** should be gathered where more than one agency is using a Resilience Matrix. This step is implemented to support accessibility for the family where a number of agencies and possible planning systems are used. In addition however it supports each agency to understand and analyse from a holistic perspective and therefore helps co-ordination between agencies, prevents duplication and allows for an agreed identification of any gaps. The Lead Professional should collect all existing resilience matrices. These should be collated into one summary Resilience Matrix by drawing into one matrix. This should then be reviewed with the child, young person and family to gain their overall views. Having completed this step, the Lead Professional should disseminate this document to inform the next Child's Plan meeting.
- 4.9 Resilience in this context is understood as the process of children and young people adapting well in the face of adversity, stress and trauma. A focus on resilience is not to suggest that adversity can be overcome by individual effort or that children and young people should be able to be resilient in the face of severe abuse and neglect, or multiple adversities; it is rather to recognise children and young people's achievements despite such experiences. National guidance is available at: [Getting it right for every child \(GIRFEC\) Practice Guidance 1 - Using the National Practice Model - gov.scot](#)
- 4.10 The Resilience Matrix support practitioners to:

- Assess resilience and vulnerability;
- Assess adversity and protective factors/environment;
- Have a child, young person and family centred strengths-based approach; and
- Use professional judgement and curiosity.

4.11 Where a collated Resilience Matrix exists then a summary actions table should be completed to ensure that there is a coherent and accessible sign-posting to all plans that exist around a child or young person. This should support coherence, co-ordination and understanding of the holistic picture and actions around a child or young person, for both children, young people and families, as well as professionals.

CONSULTATION DRAFT

## Guidance Note 5: Child and Young Person's Plans

- 5.1 Any child or young person who requires additional support should have a plan to address their needs and improve their wellbeing. GIRFEC promotes an integrated and co-ordinated approach to multi-agency planning that should be informed by the summary Resilience Matrix which formed a shared assessment of need under the four headings of resilience, vulnerability, adversity and the protective environment. (Note 5)
- 5.2 In Perth and Kinross, each agency has their own Child's Plan processes. In the development of these plans, all agencies should hold onto two key principles. The first of which should be the prominence of child, young person and family voice in the co-construction of a plan. The second concerns the accessibility of the produced plan.
- 5.3 The single agency Child's Plans should provide a clear set of summary actions which can be linked to existing agency plans, should be drawn up. Every plan 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; and
  - details of any compulsory measures if required.
- 5.4 The Child's Plan should be reviewed regularly; this should be informed by any update to the collated summary Resilience Matrix. The review should also revisit the five key GIRFEC questions in considering a child or young person's wellbeing needs.
- 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 that is needed and appropriate to help this child or young person?

- What can my agency or organisation do now to help this child or young person?
- What additional help, if any, may be needed from others?

CONSULTATION DRAFT

## Guidance Note 6: Information sharing

- 6.1 Information sharing is an area which practitioners can find difficult – what can be shared, with whom it can be shared and provisions around consent can feel complex to navigate.
- 6.2 As a starting point, practitioners who have a concern about the care or protection of a baby, child or young person must, in the first instance, follow the procedures in their own service / agency. They must share and discuss that worry or concern with their immediate designated Child Protection Officer, Line Manager or Headteacher. If these colleagues are not available, practitioners should discuss their worries or concern with the [Early Intervention and Access Team](#). This will help the practitioner determine whether they are dealing with a child protection concern or a wellbeing concern and therefore whether consent from the parent or carer and the child or young person is required to proceed.

### Wellbeing Concerns and Consent

- 6.3 In general, where there is a wellbeing concern, consent should always be obtained from the parents or carers and from the child/young person themselves, if they are of an appropriate age, before information is shared outwith the practitioner's own agency or service. An example would be making a referral to a third sector organisation – the parents or carers and the child or young person's consent should always be sought before the referral is made.

### Child Protection Concerns and Consent

- 6.4 For child protection concerns, consent is not required for information to be shared with social work or police. However, where safe and possible, a transparent approach is beneficial. What to share with the child or young person and their parent or carers should be discussed with social work and police colleagues in the first instance. The safety of the baby, child or young person is the paramount consideration.
- 6.5 Practitioners should be aware that in cases where a child or young person has disclosed that they are at risk of forced marriage or so-called 'honour-based' abuse, the parents or carers must not be contacted to discuss these concerns prior to an urgent referral to social work being made and action being taken to safeguard the child or young person.

### Informed Consent

- 6.6 When consent is sought from a parent, carer, child or young person to share information, it is important that practitioners explain what information they would like to share, why they believe it is important to share it and what may happen next. This allows the parent, carer, child or young person to give informed consent to information sharing. For example, if a practitioner is asking for consent to refer a child to another agency for support, they should explain that they will be sharing the

family's contact details, the reasons for the referral and that the family should then expect to be contacted by the agency to take the referral forward. The family should be reassured by the practitioner that information will be shared on a need-to-know basis and only information relevant to the referral will be included.

### **Further Information**

- 6.7 Detailed guidance on information sharing is collated within the Tayside Code of Practice: Information Sharing, Confidentiality and Consent. This guidance supports all practitioners working in first line services with babies, children, young people and families who have to make decisions about sharing personal data (information) or special category data (information) on a case-by-case basis. It applies equally to all staff working with children, young people and their families across all services and supports the refresh of GIRFEC in Perth and Kinross.
- 6.8 The Tayside Code of Practice is clear that when a practitioner has concerns for a child or young person, action must be taken. Risks to wellbeing may justify information sharing without consent and it is unlikely that data protection laws will be breached through proportionate information sharing regarding concerns for a baby, child or young person. The code of practice addresses the issue of consent, explaining that full information should be given to the parent or carer and child or young person along with information about what may happen next. It is important that when parents or carers, children and young people provide consent that they are doing so on an informed basis.

## Guidance Note 7: Interagency disputes and disagreements

- 7.1 Whilst professional disputes and disagreements can be healthy and can foster creative ways of working with children, young people and their families; disputes and disagreements always require a resolution. Problem resolution is an integral part of effective partnership working.
- 7.2 Occasionally, situations may arise where practitioners within one service or agency feel that the actions, inaction or decisions of another practitioner, service or agency do not adequately safeguard, support and promote the wellbeing of a child or young person.
- 7.3 This could include a dispute or disagreement in relation to the following areas of practice (this list is not exhaustive):
- a need for service or agency intervention and support;
  - a child or young person's level of need or risk;
  - a child concern report / referral pathway;
  - a screening process outcome;
  - an inter-agency referral discussion outcome;
  - an investigation outcome;
  - an assessment outcome;
  - a planning agreement;
  - an agreed course of action not being completed / complied with;
  - a single / inter-agency meeting decision (i.e. Child Protection Case Conference; Child's Planning Meeting; Integrated Team Meeting; Core Group etc);
  - a timescale decision;
  - a registration decision;
- which a practitioner, service or agency considers not to be in the child or young person's best interests.
- 7.4 In Perth and Kinross, the Child Protection Committee has established [Resolution and Escalation Arrangements](#), providing practitioners with practice guidance on how to resolve practice issues and where necessary, how to escalate them. This guidance sets out a series of key steps and complements, not replaces, any existing service or agency resolution and escalation guidance.
- 7.5 Implementation of this guidance is supported by a [7 minute briefing](#).
- 7.6 Practitioners have authority to question, challenge and raise concerns about children and young people and decisions being made, or in some cases, not being made,

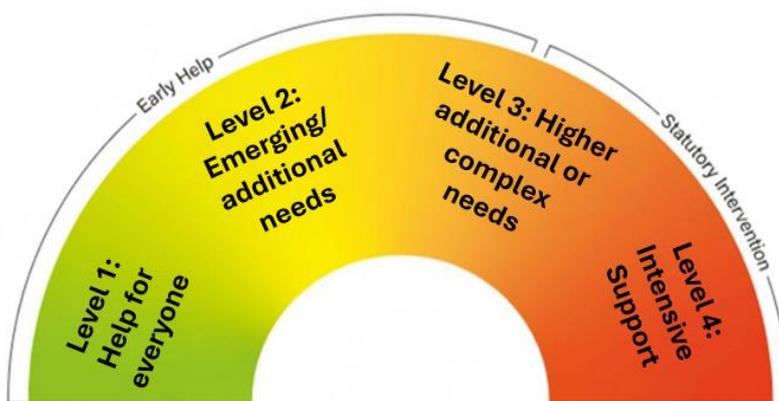
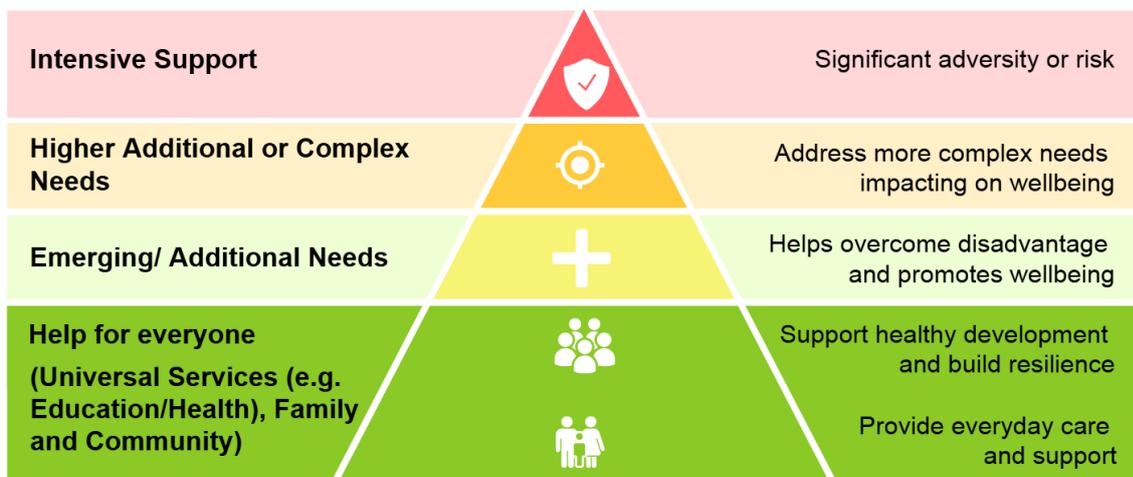
about them. The child or young person's safety and wellbeing must be the paramount consideration at all times and professional disputes or differences must not detract from timely, effective and clear decision making.

CONSULTATION DRAFT

## Guidance Note 8: Guidance on Accessing Support in Perth and Kinross

### Continuum of needs

This document provides guidance for professionals who are working with children, young people and their families. It aims to help identify the level of support that families may need to enable children to reach their full potential. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families.



The continuum of needs framework recognises that, however complex a child's needs, universal services, e.g. education and health, will always be provided alongside any specialist additional

service. The needs of children, young people and their families will vary, and families may move between levels of need, both up and down.

For most families, support will be provided as early help, which will meet the needs of the family and prevent concerns escalating. For more complex needs, or child support concerns, statutory intervention will be required.

Safeguarding indicators should always be considered alongside a child's other needs. Some children will have additional vulnerabilities because of a disability or complex needs; the parental response to the vulnerability of the child must be considered when assessing needs and risks. The indicators on the following pages are designed to provide practitioners with an overarching view of what level of support and/or intervention a family might need.

CONSULTATION DRAFT

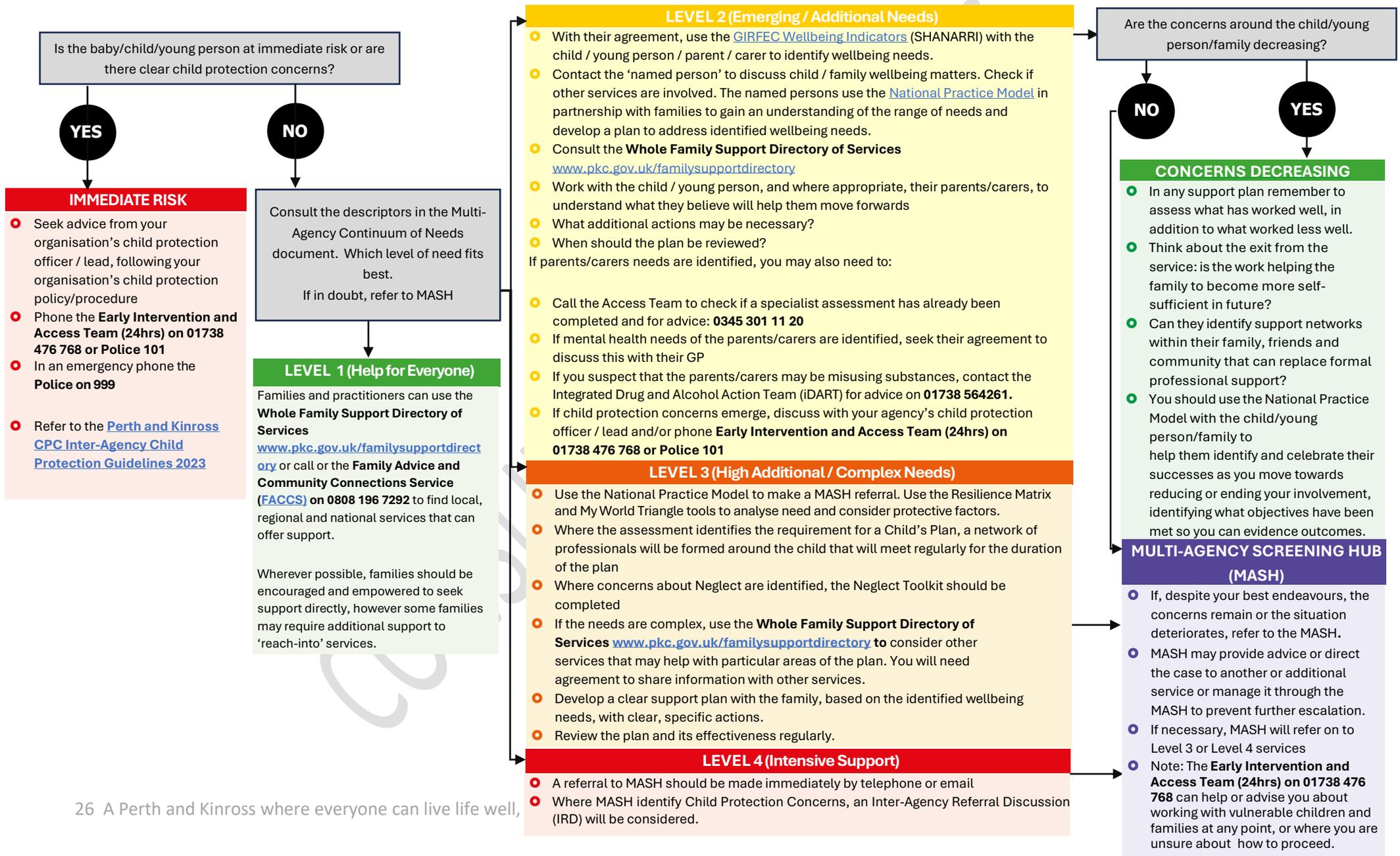
## Continuum of Needs Matrix



	Level 1	Level 2	Level 3	Level 4
Levels	Help for everyone	Emerging/additional needs	Higher additional/ Complex needs	Intensive Support
Needs	Needs met by family, community and universal services.	Limited and emerging need which may be relatively simple to identify. Families may need additional support to meet these needs. Early help and support to prevent escalation to crisis.	Complex needs. Multiple needs which may be enduring and/or lifelong (e.g. longer-term health conditions and disabilities).	Significant ongoing complex needs that require bespoke planning and arrangements <b>And/or</b> Acute needs that require multi-agency assessment / may require immediate action <b>And/or</b> Child assessed as being at risk (reasonable cause to suspect a child is suffering significant harm) and/or who pose a significant risk to self or others (CARM protocol / AIM3/ STARTAV assessment; PREVENT)
Services	If services are involved with the family – likely to be single agency	If services are involved with the family – likely to be single agency (although families may need some coordinated support).	May have multiple agencies involved with a child/family	Support in relation to legal orders or Special education i.e. Statutory Child Protection services or Adult Support and Protection processes or Intensive Support Provision
	Universal (services that families can engage with directly) e.g. Family Support Directory	Universal and more specific services (to meet specific needs of child/family). May benefit from a coordinated offer of support	Specific and/or multiple services may be providing more intensive, or longer-lasting support for a family. Support is likely to need to be coordinated by lead agency/ professional.	Ongoing support may be required from statutory services (e.g. social work). Support may also be provided by more specialist services.
Assessments and planning	No additional assessments/planning other than those provided by universal services	Some additional planning, (including e.g., Child’s Plan, Chronologies), e.g. ITM, MASH	May require specialist assessments and/or coordination of planning (multi-agencies), e.g. ITM, MASH	Child Protection procedures (CPPM) Statutory processes (S.22, S.25, CPO, CSO) Transition Panel ASN Panel
Key professionals	Named Person	Named Person	Lead professional	Multi-agency Lead professional (highly likely to be Children’s Social Work) Children’s Reporter Adult Support and Protection where relevant

# Perth and Kinross Multi-Agency Continuum of Needs Decision Tree

I am working with a family, and I think they (the baby/child/young person/parent/carer, or both) may need a service



## 1. LEVEL OF NEED: HELP FOR EVERYONE

All children and families will make use of universal services (including early years, education and health services) to ensure that children learn and develop. Most families will only require support from universal services.

### Description of need

Health	The child/young person appears healthy and makes use of appropriate health services as required (e.g. developmental checks, immunisations, dental care). The child is an appropriate height/weight for their age. The child/young person's health needs are met by the family, and/or other universal services. The family support the child to have a healthy lifestyle. The child has no apparent disabilities. Sexual activity/behaviour is appropriate to age.
Family	Parents/carers provide for the child's physical needs, and demonstrate consistent parenting, which encourages learning and development through interaction and play. There are stable and affectionate relationships with siblings and peers.
Mental health and wellbeing	The child has good mental health and wellbeing, with a positive sense of self. The child/young person has warm supportive relationships within and out with the family environment. The child demonstrates feelings of belonging and acceptance and has an ability to express their needs according to age. The mental health of parent/carer does not impact on the care of the child. The child has no caring responsibilities.
Development	Parents/carers provide consistent boundaries and guidance, allowing the child to meet appropriate developmental milestones, including speech, language and motor skills. The child engages in age-appropriate activities and displays age-appropriate behaviour, responding to boundaries and constructive guidance. The child has developed a sense of right and wrong and increasingly takes responsibility for their own behaviour.
Education	The child/ young person is in education with no barriers to learning. Behaviour issues are managed by the school/setting. The parent/carer positively supports learning. The child is achieving key stages and academic progress is being made. There is planned progression beyond statutory school age. If the child is home-schooled, there are no concerns.
Environment	Housing is appropriate to the family's needs and is well-maintained. The family have financial resources to meet the child's needs. The family has good social networks and access to community resources.
Child protection needs	There are no concerns re: conflict or tension within the family. The parent/carer protects their family from danger and harm. There are no symptoms which could be attributed to neglect or abuse. There are no concerns regarding substance use, or other harmful practices within the family. There is no history of violence, criminal activity, emotional abuse or controlling/coercive behaviour in the family.

## Accessing Support

Main points	Key Universal Services	Other support
<ul style="list-style-type: none"> <li>• Universal Services</li> <li>• No referral required.</li> <li>• Families should be able to “reach in” to services, and access support as required.</li> <li>• Needs are met within single agencies and identified through their assessment processes.</li> <li>• Children, young people and families may require low-level additional support within the community to prevent needs from escalating.</li> <li>• Families should be supported to connect with a range of holistic support to ensure needs are met.</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Early years providers</li> <li>• Health Visiting service</li> <li>• School nursing</li> <li>• GP and community health</li> <li>• Parenting and Family Learning</li> <li>• Youth Services</li> <li>• Police</li> <li>• Housing</li> <li>• Welfare Rights</li> <li>• Community and Voluntary services</li> </ul>	<ul style="list-style-type: none"> <li>• Homestart</li> <li>• Togetherall</li> <li>• FACCS</li> <li>• Independent Advocacy</li> <li>• Perth Autism Support (Universal Support)</li> <li>• Families Outside</li> <li>• Families Empowering Communities</li> <li>• RASAC</li> <li>• Universal Youth Partnership</li> <li>• Women’s Aid/CEDAR project</li> </ul>
<p><b>Key professional(s):</b></p> <p style="text-align: center;"><b>Named Person</b></p>	<p><b>Other services may be found by accessing the Whole Family Support Directory of Services.</b></p> <p><a href="#"><u>Whole family support - Directory of services - Perth &amp; Kinross Council</u></a></p>	

## 2. LEVEL OF NEED: EMERGING/ADDITIONAL NEEDS

Some children or families may have additional needs and require extra support to make the best of their life chances. This support will usually come from a single agency and is likely to involve early intervention to prevent concerns escalating.

### Description of need

Health	The child may be healthy, but parents may require support in accessing services. There may be concerns about an inadequate diet (e.g. missing meals), hygiene or clothing. Weight loss or gain may become a cause for concern. The child may be missing appointments (e.g. immunisations, development checks), there may be persistent minor health problems and/or regular A&E attendances. The child may have an additional health need which requires support. If appropriate, additional support may be required to meet the health demands of the child's disabilities.
Family	The parent/carer may ask for/require parenting support, or support with boundaries, routines and/or behaviour. There may be concerns that engagement with services is poor. There may be some difficulties with family relationships (e.g. separation, bereavement) which can involve/impact the child/young person. There may be inappropriate childcare arrangements. There may be limited interaction or stimulation or the child, or the child may spend considerable time alone (e.g. watching TV). The child may have occasional caring responsibilities for members of their family which can sometimes impact on their wellbeing.
Mental health and wellbeing	The child/ young person may have low-level mental health, self-harm or emotional issues which may impair development, although this may be managed within the family or school (parents likely to be engaged with school and health services to address this need). The child may have experienced a separation or bereavement but is coping with support from family, friends and school. The child/young person may be starting to show difficulties expressing empathy or coping with anger/frustration. They may be perpetuating or experiencing bullying, or present as unduly anxious, angry or defiant. They may respond inappropriately to boundaries and display a pattern of risk-taking behaviour (e.g. experimenting with alcohol or drugs, inappropriate online behaviour). The parent/carer may experience periods of poor mental health and require support.
Development	The parent may require parenting support with age- appropriate boundaries, routines and/or behaviour. The child/young person may be slow/fail to reach milestones without support from services. There may be evidence of language or communication difficulties, or lack of age-appropriate self-care and independent living skills.
Education	The child may not be meeting milestones or may be underachieving/failing to make appropriate academic progress. The child/ young person may have patterns of attendance that are of concern (absence, late arrival) or is not engaged in learning. The parent/carer may not be engaging with the school and/or not supporting the

	child/young person's learning. Behaviour issues are managed by the school, but the school may also seek to engage support from other services. There may be some fixed-term exclusions or reduced timetable may be in place.
Environment	There may be concerns with accommodation (e.g. overcrowding, poor quality) or housing arrangements may be insecure. There may be significant financial pressures that impact on the family's environment.
Child protection needs	The child may occasionally show physical symptoms which could indicate neglect. The child may have occasional injuries, consistent with the parent's/carer's account of accidental injury. There may be evidence of ongoing conflict between the family and child. The child/young person may be known to be using drugs or alcohol with occasional impact on their wellbeing. Drug and/or alcohol use may have an impact on parenting, but there is adequate provision to ensure the child's safety. There may be a risk of online harm due to a lack of boundaries/supervision.

### Accessing Support

Main points	Key Services	Assessment and referrals
<ul style="list-style-type: none"> <li>• Limited and emerging need which may be relatively simple to identify. Families may need additional support to meet these needs.</li> <li>• Early help and support to prevent escalation to crisis.</li> <li>• Support may be provided from a combination of universal services, and more specific services. Families may benefit from a coordinated offer of support.</li> <li>• Some additional planning may be required (e.g. Child's Plan)</li> </ul>	<p><b>Universal services as LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• Services for Young People</li> <li>• Education Inclusion Team</li> <li>• Family Nurse Partnership</li> <li>• Children and Disabilities Team</li> <li>• The Lighthouse for Perth</li> <li>• The Neuk</li> <li>• PKAVS (including Young Carers)</li> <li>• Tayside Council on Alcohol</li> <li>• Barnardo's Family Support</li> <li>• Aberlour Sustain</li> <li>• Family Support Team</li> <li>• NHS AHP (SLT, OT, Physio)</li> <li>• NHS CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>• GIRFEC Wellbeing indicators</li> <li>• National Practice Model</li> <li>• Child's Plan</li> <li>• Integrated Team Meetings</li> </ul>

<b>Key professional(s):</b>  <b>Named Person</b>	<b>Other services may be found by accessing the Whole Family Support Directory of Services.</b> <a href="#"><u>Whole family support - Directory of services - Perth &amp; Kinross Council</u></a>
--	--

CONSULTATION DRAFT

### 3. LEVEL OF NEED: HIGHER ADDITIONAL/COMPLEX NEEDS

Children may have multiple or complex needs and need specialist intervention, sometimes on a long-term basis, to maintain a satisfactory level of health or development (including children with disabilities). A multi-agency approach may be required to ensure that support is provided in a holistic manner.

#### Description of need

Health	There may be concerns regarding chronic/ recurring health problems, with the parent/carer not meeting the child's needs. Routine appointments may be missed. Health concerns could include unexplained weight loss or gain, hygiene, oral health, substance use, or increasing vulnerability from alcohol and drug use and /or sexual activity. There may be increasingly frequent and unexplained accidents. The child/young person may be at risk of neglect.
Family	The parent/carer may be struggling to provide adequate care, which may be erratic and/or inconsistent, with a lack of appropriate guidance and boundaries. There may be instability and concerns about domestic abuse, violence, coercion or control within the home, which the child/ren may experience/witness. The parent/carer's mental health or substance use may significantly affect the care of the child/young person. The child/young person may be perceived to be a problem by parents. The family may have poor relationships with extended family or be socially isolated. The family may regularly be involved in anti-social behaviour. The family may exhibit false or non-compliance with services.
Mental health and wellbeing	The child/young person may consistently show physical and mental symptoms that indicate neglect. They may present as withdrawn and isolated, with anxiety, depression, self-harm and/or low self-esteem. They may find it difficult to cope or express emotions and may demonstrate challenging or disruptive behaviour which impacts daily life. The child/young person may be subject to persistent discrimination and be a victim/perpetrator of bullying. They may exhibit an increase in risk-taking behaviour or become more involved in criminal activity.
Development	There may be a serious delay in achieving physical and other milestones, despite support, which raises significant concern. The child may be unable to communicate their views and show attachment issues. The child/young person may start to exhibit behaviours that suggest they may be a risk to others (e.g. violence, inappropriate sexual behaviour). There may be a lack of age-appropriate self-care skills and independent living skills.
Education	The child/young person may have significant attendance issues and may be seriously under-achieving or making no academic progress despite learning support. They may exhibit persistent challenging behaviour at school (which may be violent or abusive). The parents/cares may not engage with school, or actively resist the support offered. The child/young person may be missing school due to caring responsibilities, or may not be in education, employment or training post-16.

Environment	The family may be living in unsuitable accommodation (e.g. poor quality, unhygienic conditions) or experience regular moves. The family may be at risk of becoming homeless or being evicted. Parents/carers may have barriers to employment, with serious debt/poverty impacting the ability of the family to meet the child’s basic needs. The family may have no recourse to public funds (due to immigration status) and will need support from other agencies to meet their child’s needs. There may be accessibility challenges for a child with a disability.
Child protection needs	Parental poor mental health or substance use may have an impact on their ability to look after their child. A lack of boundaries and/or supervision may result in the child/young person increasingly showing risk-taking behaviour, and there may be concerns about offending behaviour. The child/young person may be missing from home, and there may be concerns about radicalisation or extremism. There may be evidence of harm inside or outside the home.

### Accessing Support

Main points	Key Services	Assessment and referrals
<ul style="list-style-type: none"> <li>• Complex needs</li> <li>• Multiple needs which may be enduring and/or lifelong (e.g. longer-term health conditions and disabilities).</li> <li>• May have multiple agencies involved with a child/family.</li> <li>• Specific and/or multiple services may be providing more intensive, or longer-lasting support for a family. Support is likely to need to be coordinated by lead agency/professional.</li> </ul>	<p><b>As Level 1 and 2</b></p> <ul style="list-style-type: none"> <li>• MASH</li> <li>• Mindspace</li> <li>• SHIP</li> <li>• CREST (Family Group Decision Making)</li> <li>• Family Change</li> <li>• Fostering, Adoption and Kinship Teams</li> <li>• Children and Disability Team</li> <li>• NHS CAMHS Tier 3 and 4</li> </ul>	<ul style="list-style-type: none"> <li>• May require specialist assessments and/or coordination of planning (multi-agencies), e.g. ITM, MASH</li> <li>• Child’s Plan</li> </ul>
<p><b>Key professional(s):</b></p> <p><b>Lead Professional</b></p>	<p><b>Other services may be found by accessing the Whole Family Support Directory of Services.</b></p> <p><a href="#"><u>Whole family support - Directory of services - Perth &amp; Kinross Council</u></a></p>	

## 4. LEVEL OF NEED: INTENSIVE SUPPORT

Children may be living in circumstances where they are suffering, or likely to suffer significant harm, where the young person themselves may pose a risk of harm to others, or where there are complex needs in relation to disability which may require a more specialist approach. If you think a child is at immediate risk of significant harm, contact the Early Intervention and Access Team or in an emergency, phone 999.

### Description of need

Health	There may be severe/chronic/complex health problems which are consistently not addressed by the parent. The parent/carer may be denying professional staff access to their child, which puts the child at risk of harm. There may be disclosure of physical or sexual abuse (including FGM or CSE), or evidence that the child is suffering from/at risk of suffering significant harm of neglect. There may be evidence of non-accidental injury or abuse. There may be persistent alcohol or substance use (by child or parent) that puts the child at risk. The Child/young person may have a severe disability where the child relies totally on other people to meet their care needs.
Family	The parents/carers may be unable/unwilling to set effective boundaries for the child/young person, who may be beyond parental control. There may be allegations of neglect, serious injury or abuse, including emotional abuse. The child may have no one to care for them. Parent/carer's own needs may mean they are unable to keep their child safe (e.g. chronic alcohol/substance use, mental health concerns). Parents/carers may be involved in significant anti-social or criminal activity that puts their child at risk. There is a high risk of domestic abuse which results in the child being at risk of physical harm. Pre-birth assessment indicates unborn baby is at risk of significant harm. There may be an individual posing a risk to children in or known to the household.
Mental health and wellbeing	The child/young person, or their parent/carer may have acute mental health problems (e.g. severe depression, threat of suicide, psychotic episodes). The child/young person may have severe emotional or behavioural challenges. The child may be at high risk of or is already a perpetrator or victim of serious abusive behaviour and may put themselves or others at risk. The child may be experiencing online or in-person significant harm from others or actively being exploited.
Development	Milestones are not being met causing a failure to thrive. There may be a severe lack of age-appropriate behaviour and independent living skills.
Education	Chronic non-attendance/ child who is out of school/ permanently excluded. Parents may have consistently failed to cooperate with services. The child may have a physical/learning disability that requires constant supervision. For children who are home-schooled there may be significant concerns that the child's educational needs are not met.
Environment	There may be an unsafe home environment (e.g. used for drug-taking, criminal activity), or the family may be homeless/have no fixed abode. There may be extreme poverty/debt which prevents the parent/carer meeting the child's needs.

Child protection needs	The child may be suffering, or at risk of suffering significant harm through domestic abuse, substance use or criminal activity. The child/young person may participate in serious/persistent offending behaviour. The child/young person may be left alone without adequate adult supervision (depending on age) and is at risk of harm. The child/young person may be missing from home on a frequent basis and believed to be at risk of/subject to grooming/trafficking. The child/young person may put themselves or others at risk and may be violent or abusive towards other children or adults.
------------------------	--

### Accessing Support

Main points	Key Services	Assessment and referrals
<ul style="list-style-type: none"> <li>• Significant ongoing complex needs that require bespoke planning and arrangements.</li> </ul> <p><b>And/or</b></p> <ul style="list-style-type: none"> <li>• Acute needs that require multi-agency assessment / may require immediate action.</li> </ul> <p><b>And/or</b></p> <ul style="list-style-type: none"> <li>• Child assessed as being at risk (reasonable cause to suspect a child is suffering significant harm) and/or who pose a significant risk to self or others (CARM protocol / AIM3/ STARTAV assessment; PREVENT)</li> <li>• Ongoing support may be required from statutory services (e.g. social work). Support may also be provided by more specialist services.</li> </ul>	<p><b>As Level 1, 2 and 3</b></p> <ul style="list-style-type: none"> <li>• Independent Advocacy</li> <li>• CREST (Lifelong Links)</li> <li>• SHIP</li> <li>• Family Change</li> <li>• Fostering, Adoption and Kinship Care Teams</li> <li>• SCYPF Locality Fieldwork Teams (Children’s SW)</li> <li>• Early Intervention and Access Team</li> <li>• REACH Team</li> <li>• Children and Disabilities Team</li> <li>• First Steps</li> <li>• Bail Supervision</li> <li>• Wellbank</li> <li>• Woodlea Respite Provision</li> </ul>	<ul style="list-style-type: none"> <li>• Child assessed as being at risk (reasonable cause to suspect a child is suffering significant harm) and/or who pose a significant risk to self or others (CARM protocol / AIM3/ STARTAV assessment; PREVENT)</li> <li>• Support in relation to legal orders or Special education, i.e. Statutory Child Protection services or Adult Support and Protection processes or Intensive Support Provision</li> <li>• Statutory processes (S.22, S.25, CPO, CSO)</li> <li>• Transition Panel</li> <li>• ASN Panel</li> <li>• Children’s Reporter</li> </ul>
<p><b>Key professional(s):</b></p> <p><b>Lead Professional (likely to be Children’s SW)</b></p>	<p><b>Other services may be found by accessing the Whole Family Support Directory of Services.</b></p> <p><a href="#">Whole family support - Directory of services - Perth &amp; Kinross Council</a></p>	



If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

BSL users can contact us via Contact Scotland BSL, the online British Sign Language video relay interpreting service. Find out more on the Contact Scotland BSL website <https://contactscotland-bsl.org>