CHILDREN & YOUNG PEOPLE PARTNERSHIP

CHILD'S PLANNING MANUAL

A practitioner's guide to Getting It Right For Every Child in the Scottish Borders

getting
it right
for every child

Contents

Children & Young People Act (Scotland) 2014
The Act covers a wide range of provisions, which seek to improve support services for children and young people. The Act legislates on a number of Getting It Right For Every Child (GIRFEC) provisions including:

- all children and young people from birth to 18 years old have access to a Key Professional
- putting in place a single planning process to support those children who require it (Part 5)
- placing a definition of wellbeing in legislation (Part 18)
- placing duties on public bodies to co-ordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.
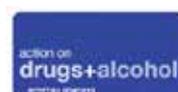
FOREWORD

This manual has been developed for all practitioners working directly and indirectly with children to support positive and sustainable wellbeing outcomes for our children. Our focus is ensuring we have the correct supports in place for children and young people, when required, so a positive change takes place and has an impact on their lives.

Child Protection is a Getting It Right For Every Child (GIRFEC) intervention where the emphasis on keeping Safe is the main Wellbeing Indicator. Should there be any concern that the child or young person may be at risk of significant harm, it is essential that Scottish Borders Child Protection Procedures be followed immediately.

The procedures can be found at http://onlineborders.org.uk/community/cpc.

If you have any further questions about any of the materials included here, or suggestions about what else would be useful please contact your GIRFEC Lead:

Education: Christine Brown (Quality Improvement Officer)
               01835 824000 / cbrown@scotborders.gov.uk

Health: Joan Rutherford (Community Clinical Nurse Manager P & CS)
               01896 661290 / joan.rutherford@borders.scot.nhs.uk

Social Work: Marcia Connor (Group Manager)
               01835 824000 MAConnor@scotborders.gov.uk

Early Years: Marjorie Hutton (Early Years Strategy Officer)
               01835 824000 / mhutton@scotborders.gov.uk

The Child's Planning Manual has been put together by the GIRFEC group and signed off by the Children & Young People Leadership Group

SECTION 1 - WELLBEING

The wellbeing of children and young people is at the centre of GETTING IT RIGHT FOR EVERY CHILD. The approach focuses on eight areas of wellbeing, which children need to develop and achieve their potential.

1.1 Wellbeing Indicators

Safe Protected from abuse, neglect or harm at home, at school and in the community.

Healthy Having the highest attainable standards of physical and mental health; access to suitable healthcare and support in learning to make healthy, safe choices.

Achieving Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in the school and in the community.

Nurtured Having a nurturing place to live in a family setting, with additional help if needed, or where possible, a suitable care setting.

Active Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Responsible Having opportunities and encouragement to play active and responsible roles at home, at school and in the community, and where necessary, having the appropriate guidance and supervision and being involved in decisions that affect them.

Respected Having the opportunity, along with carers, to be heard and involved in decisions that affect them.

Included Having help to overcome social, educational, physical and economic inequalities; and being accepted as part of the community in which they live and learn.

Why are the Wellbeing Indicators important?
Wellbeing is at the heart of the Getting It Right For Every Child approach. The eight wellbeing indicators help children, parents/carers and practitioners have a shared language and common understanding of wellbeing.

How to use the Wellbeing Indicators?
The wellbeing indicators make up the wellbeing wheel which is used in the National Practice Model to identify concerns and then, following assessment, to inform the planning, action and review of the child's plan, if required.

1.2 National Practice Model – the GETTING IT RIGHT FOR EVERY CHILD process
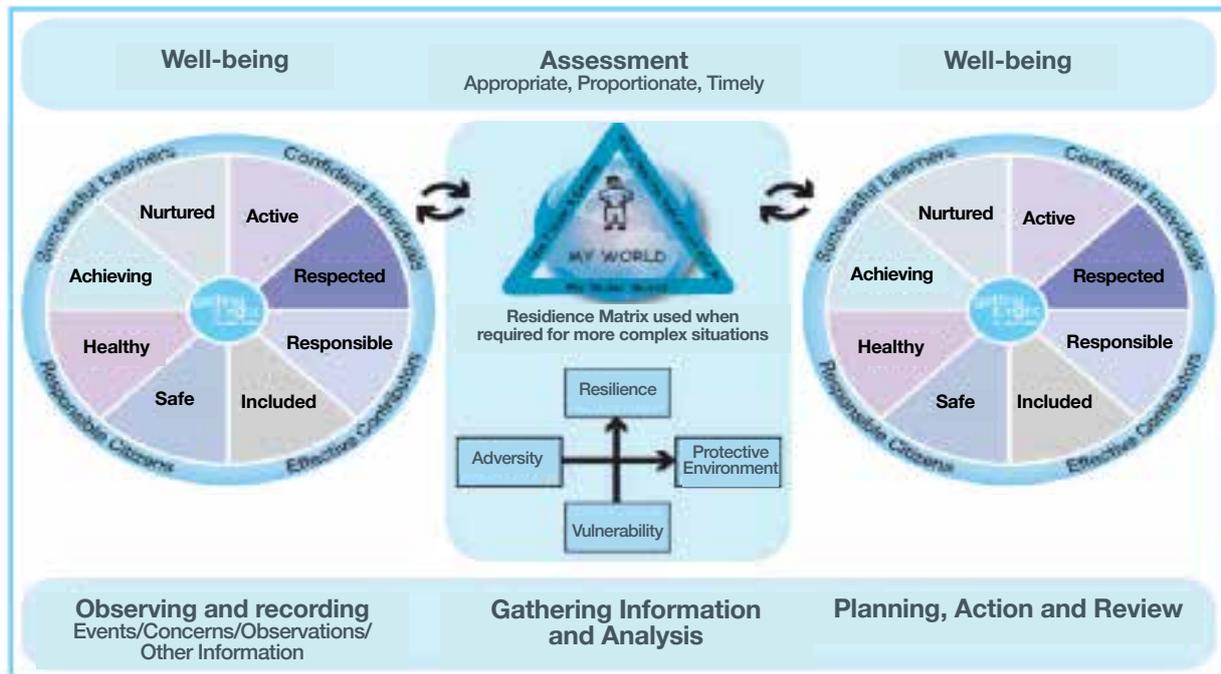
For more information see:

[Getting It Right For Every Child (GIRFEC) - gov.scot (www.gov.scot)](www.gov.scot)

1.3 Key Professional Role

The Key Professional:

- provides a consistent and recognisable point of contact for the child, young person, family and professionals
- coordinates support from within their own agency and service
- promotes and facilitates the participation and inclusion of children and young people, parents and carers in the planning process

From birth to starting Primary 1, the Key Professional is the Health Visitor. Where the Family Nurse Partnership is involved, they will be the Key Professional until the child attains the age of 2 years, at which point the case will transfer to the Health Visitor.

For school-aged children the Key Professional is the Head Teacher, Depute Head Teacher or member of Pastoral Staff Team.

For young people at college within the Borders the key professional will be the member of staff identified within their support services.

There is no obligation upon either the child, young person or their parent or carer to accept the offer of advice or support from a Key Professional.

The Key Professional will participate fully in any integrated working and may help to facilitate the process by supporting the child or family to participate. Where the Key Professional identifies the need for integrated working but it is not already in place, the Key Professional will take on an interim role of the Lead Professional to bring the right people together to consider what help a child needs. The Key Professional will maintain this role until the child's Team Around the Child agrees who will take on the role of Lead Professional to manage the Child's Plan.

The Key Professional will participate fully in any process co-ordinated by the Lead Professional, including completing Integrated Assessments, and will participate fully as a member of the child's core group or Team Around the Child as required.

There is an expectation to share information with the Key Professional where appropriate with the necessary permissions.

1.4 Lead Professional

The Lead Professional will be responsible for the following:

- ensures the child/young person's plan is completed, accurate and up-to-date
- ensures the child/young person's plan is implemented and reviewed
- ensures that support is coordinated across agencies
- ensures the child/young person and family are kept informed, and are actively involved in the process
- acts as the main point of contact for children, young people, practitioners and family members, and minimising the need for them to tell their story several times
- promotes teamwork between agencies and with the child or young person and family
- liaises with other staff who have specific roles or who are carrying out direct work or specialist assessments
- ensures the child or young person is supported through key transition points, particularly any transfer between a Key Professional and new Lead Professional.

1.5 Involving Children, Parents/Carers

It is essential that the views of the child/young person and parent/carer are reflected and recorded within the planning processes.

View of the Child/young person

- Encourage the child/young person to express their view.
- Use their words or verbal cues/observations wherever possible.
- If considered appropriate ensure that the content of an assessment has been discussed with the child/young person and that they have had the opportunity to comment.
- There are a number of tools including the Wellbeing Web to support the children/young person to share their views

The Wellbeing Web can be found at Appendix 2

Views of the parent/carer

- Encourage the parent/carer to express their opinion.

Ensure that the content of an assessment has been discussed with the parent/carer and that they have had the opportunity to be involved in the assessment.

1.6 Identifying a Wellbeing Concern

The five questions any practitioner needs to ask when they are concerned about a child's/young person's wellbeing:

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

There may be situations when you would also wish to consider the questions outlined in the Child Protection procedures to effectively consider and define risk and clarify concerns:

- What has been happening?
- What is happening now?
- What might happen?
- How likely is it?
- How serious would it be?

1.7 Keeping Children Safe and Well Tool

- The Keeping Children Safe and Well Tool is guidance to support all agencies to gauge appropriate levels of support and protection using 'stages' that correspond to the 4 Staged Model of Support.
- The Keeping Children Safe & Well Tool can be found in Appendix 1.
- Where there is a need for one or more targeted interventions to meet the wellbeing needs of a child (and hence there is a requirement for a Child's Plan).

1.8 Neglect Tool Kit

[Neglect Toolkit in the Scottish Borders | Online Borders](#)

Neglect Toolkit Generic Pathway
Multi-agency guidance for the use of the Neglect Toolkit in the Scottish Borders
(Sept 2021 Fv2)

Summary

The Neglect Toolkit (NTK) is a strengths based multi-agency approach used in the Scottish Borders to work in partnership with families. Using the toolkit involves working alongside parents by having conversations about the different aspects of neglect as described in the toolkit. The toolkit provides a language to develop a shared understanding about what we mean by neglect and what needs to change to improve the child's outcomes.

Key considerations of the NTK

- **If neglect is a concern, the NTK must be considered** at the earliest stage to prevent escalation of the neglect concerns to the level of formal child protection or the need for statutory intervention.

- **Work with families** - working with families is key and the preference is always that families are actively engaged in working through the toolkit. However, there may be occasions when this is not possible ie families not engaging and then the toolkit can be completed by professionals.

- **Use a hard copy of the NTK** when working with families.

- **Use the word Neglect to ensure honesty and transparency** regarding the nature of the concerns and for workers to support parent's awareness and impact of childhood neglect.

- **Partnership working** with colleagues in health, education, third sector and social work (SW) is key because the NTK cannot be completed by one agency, it requires the contribution of other practitioners involved with the child.

- **Lead worker on completing the NTK,** unless child protection or compulsory measures, can be any practitioner who has been trained in the use of the NTK and is working with the child. Ensure the Team Around the Child are aware of who the lead worker is.

- **Record** when the NTK has been considered and provide reason for decision to use or not to use the NTK. Also record reasons, where applicable, when it has not been possible to complete the NTK.

- **Review regularly;** the responsibility of the Team Around the Child.

- **Analyse** NTK findings and ensure this analysis is used to inform assessments and decision making.

- **Completion** of the NTK needs to be recorded with comment on findings, analysis and whether the NTK will be repeated.

- **Repeat** the scoring in line with circumstances of the case. Record reason for not repeating. For example if the child is on the child protection register an expectation of repeat scoring prior to a review Child Protection Case Conference (RCPCC) or, if in the child's planning process repeat scoring prior to a Universal Plus or Meeting Around the Child (MAC) at agreed intervals by the Team Around the Child.

Neglect Toolkit Generic Pathway
Multi-agency guidance for the use of the Neglect Toolkit in the Scottish Borders
(Sept 2021 Fv2)

Stage	Expectations of the use of Neglect Toolkit
Universal plus	• If neglect is a concern the use of the NTK must be considered • Decision to use or not to use needs to be recorded as part of the Universal Plus process
MAC	• If neglect is a concern the use of the NTK must be considered • Decision to use or not to use needs to be recorded as part of the MAC process
Referral to SW	• When neglect is an area of concern, and there are practitioners involved with the child, the use of the NTK must have been considered with NTK information being provided at referral. If the NTK has not used the reason to be documented and made available when referring. • If there is no NTK the duty worker will start NTK when signs of neglect are raised within the initial assessment. • If a duty worker starts a NTK, and concerns are subsequently not assessed as child protection, they will progress the NTK until the case is closed or passed to the long term SW team who will complete.
Inter-Agency Discussion (IRD)	• The IRD will agree if NTK is an agreed action (NB IRD may not remain open long enough to document the outcome of NTK). • Reason for not using the NTK documented in the IRD.
Child Protection	• When neglect is an area of concern, and there are practitioners involved with the child, the use of the NTK must have been considered with NTK information being provided at referral. If the NTK has not used the reason to be documented and made available when referring. • If there is no NTK the duty worker/long term social worker will start NTK when signs of neglect are raised within the initial assessment/ ongoing assessment. • If a duty worker starts a NTK, and concerns are subsequently not assessed as child protection, they will progress the NTK until the case is closed or passed to the long term SW team who will complete. • At ICPCC any existing NTK will be passed to the long term SW team for completion prior to first RCPCC. • If the NTK is not available at ICPCC it will be expected to have been completed by the first RCPCC or, if previously completed, to be repeated to evidence progress by the first RCPCC. • When de-registration is recommended the Core Group to ensure the NTK has been repeated to evidence progress that supports a de-registration recommendation.
Compulsory Measures	• When social work are involved in working with a child who is subject to compulsory measures, that includes concerns around neglect, use of the NTK must be considered and the decision made and reasons recorded on the child's MOSAIC file. • If it is agreed that the toolkit is to be the focus of the work and the Social Worker or Social Work Assistant (SWA) is identified as the right person to do this how this work will be done should be discussed with the SW/ SWA line manager.

Neglect Toolkit Generic Pathway
Multi-agency guidance for the use of the Neglect Toolkit in the Scottish Borders
(Sept 2021 Fv2)

Agency	Specific Agency considerations for the use of the NTK
Health	• Health staff expected to be trained in NTK - Health Visitors and School Nurses FNP, Community Children's Nurse • Other staff that it could be beneficial to include: AHPs, CAMHS practitioners, Specialist Nurses ie diabetes, midwives • Save/Record on Child's EMIS record • Analysis of findings should be included in EMIS documentation, reports or referrals • To share NTK with other agencies as part of Universal Plus/MAC process or at point of social work referral/request for other agency involvement
Education	• Education staff expected to be trained in NTK - Senior Management, Pastoral staff, Optional for SFL/ASN staff • All Senior Management expected to be aware of, and to have an understanding of the NTK and to disseminate NTK information within their setting to ensure that the staff group are aware of the toolkit along with the need to contribute relevant and proportionate information when a NTK is being undertaken for a child attending their setting (please see Further Information: NTK Briefing Powerpoint/accompanying notes) • Save/Record on pastoral notes in Seemis • Analysis of findings should be included in pastoral notes in Seemis, reports, referrals • To share NTK with other involved agencies/request for other agency involvement
Children & Families Social Work	• Children and Families SW staff expected to be trained in NTK – SW, SWAs, CPROs. • Discussion between SW/SWA and their line manager about how to prioritise and protect the time needed to do this work. • Record decision to use or not use NTK into the Child's MOSAIC file. • Social work practitioners will complete evaluations when using of the Neglect toolkit and will support families to complete an evaluation of their experience of using the toolkit. • MACs - when social work are involved in working with a child in a MAC process, where there are indicators of neglect, use of the neglect toolkit should be considered and be part of the MAC discussion. If the Team Around the Child agree that the toolkit is to be the focus of the work, and the SW or SWA is identified as the right person to do this, how this work will be done should be discussed with the SW/SWAs line manager. • Compulsory measures - when social work are involved in working with a child who is subject to compulsory measures, where there are concerns about neglect, use of the NTK must be considered and the decision made and reasons recorded on the child's MOSAIC file. If it is agreed that the toolkit is to be the focus of the work, and the SW or SWA is identified as the right person to do this, how this work will be done should be discussed with the SW/SWAs line manager. • The toolkit paperwork must be uploaded into Documents in the Child's MOSAIC file upon completion. • To share NTK with other agencies as part of Universal Plus/MAC process or at point of social work referral/request for other agency involvement

Neglect Toolkit Generic Pathway

Multi-agency guidance for the use of the Neglect Toolkit in the Scottish Borders

(Sept 2021 Fv2)

Agency	Specific Agency considerations for the use of the NTK
Children, Youth and family organisations (3rd Sector)	• Children, Youth and family organisations (3rd Sector) – Key staff are recommended to be trained in the NTK. • All Management expected to be aware of, and to have an understanding of the NTK and to disseminate NTK information within their setting to ensure that the staff group are aware of the toolkit along with the need to contribute relevant and proportionate information when a NTK is being undertaken for a child attending their setting (please see Further Information: NTK Briefing Powerpoint/accompanying notes) • To save/record involvement in the completion of a NTK confidentially in the setting's information management system in accordance with GDPR • Analysis of findings should be included confidentially and in accordance with GDPR in the setting's information management system, reports, referrals • NTK to be shared by agency who is leading on the NTK as part of Universal Plus/MAC process or at point of social work referral/request for other agency involvement
Police	• Police expected to be trained in NTK - Public Protection Unit Staff, Domestic Abuse Risk Assessor, Youth Community Officers, Community Policing Officers • Police are not expected to lead on completing the NTK but have a key role in contribution and partnership working with the need to contribute relevant and proportionate information when a NTK is being undertaken for a known child • To save/record involvement in the completion of a NTK confidentially in the organisation's information management system in accordance with GDPR • Analysis of findings should be included confidentially and in accordance with GDPR in the organisation's information management system, reports, referrals • To have the NTK shared by the agency who is leading on the NTK when Police are involved as part of Universal Plus/MAC process or at point of social work referral
Community Learning and Development service	• Grade 9 CLD staff are expected to be trained in NTK and can therefore lead on completing the NTK. • Grade 9 CLD staff expected to disseminate NTK information within their setting to ensure that their colleagues are aware of the toolkit along with the need to contribute relevant and proportionate information when a NTK is being undertaken for a child attending their setting (please see Further Information: NTK Briefing Powerpoint/accompanying notes) • All CLD staff have a key role in contribution and partnership working • To save/record involvement in the completion of a NTK confidentially in the setting's information management system in accordance with GDPR • Analysis of findings should be included confidentially and in accordance with GDPR in the setting's information management system, reports, referrals • NTK to be shared by agency who is leading on the NTK as part of Universal Plus/MAC process or at point of social work referral/request for other agency involvement

Neglect Toolkit Generic Pathway
Multi-agency guidance for the use of the Neglect Toolkit in the Scottish Borders
(Sept 2021 Fv2)

Agency	Specific Agency considerations for the use of the NTK
Out of School Clubs	• Out of School clubs staff expected to be trained in NTK – Senior Management optional. • All Senior Management expected to be aware of, and to have an understanding of the NTK along with the need to contribute relevant and proportionate information when a NTK is being undertaken for a child attending their setting (please see Further Information: NTK Briefing Powerpoint/accompanying notes) • Out of School club staff are not expected to lead on completing the NTK but have a key role in contribution and partnership working • To save/record involvement in the completion of a NTK confidentially in the setting's information management system in accordance with GDPR • Analysis of findings should be included confidentially and in accordance with GDPR in the setting's information management system, reports, referrals • NTK to be shared by agency who is leading on the NTK as part of Universal Plus/MAC process or at point of social work referral/request for other agency involvement

Further information

- NTK materials: NTK Training, NTK Generic Pathway, NTK Briefing Powerpoint/accompanying notes, Hard copies of the NTK

- NTK Training:
  - ➤ Practitioners who have undertaken Neglect Toolkit training can use the Neglect Toolkit. See the section on *Specific Agency considerations for the use of the NTK* and speak to your line manager, or equivalent, about NTK training.
  - ➤ Information on upcoming Neglect Toolkit training will be widely circulated

- NTK Briefing Powerpoint/accompanying notes to be used when NTK training is not available and also with all other staff to ensure an awareness of the NTK and the need to contribute relevant and proportionate information when a NTK is being undertaken for a child attending their setting.

- Hard copies of the NTK are available please contact **HQ Operations**

- Some of the existing parenting supports in the Borders include e.g. Psychology of Parenting Project (PoPP) - Incredible Years and Triple P parenting programmes (Marjorie Hutton/Early Years), Solihull Approach **(Solihull Online free resources for parents and carers)**, Growing in Confidence (Education). Please note that no face to face groups are currently being delivered due to Covid-19.

1.9 Chronology

A chronology seeks to provide a clear account of significant events in a child/young person's life. Each agency should keep their chronology up to date, and share appropriately with partner agencies when multi agency planning is required for a child/young person.

Chronologies must be factual, accurate and written concisely.

Chronologies must be regularly reviewed, updated and edited.

Chronologies provide a better understanding of the child/young person's wellbeing and help inform planning.

Chronologies help with analysis, and may identify patterns and themes.

The Chronology template can be found in Appendix 3a.

What is a single agency chronology?	A single agency chronology is an individual agency's clear account in date order of significant events, actions and outcomes (either progress or concern) in a child/young person's life. It is important to remember that the significance of an event may only become clear at a later date. It does not have to happen to the child/young person but could result in a change to their circumstances, which has consequences for them. In some cases the event may be obvious at the time but in others only becomes apparent when looking back in the context of other changes or circumstances
What is an integrated chronology?	This is a multi-agency chronology of significant events, actions and outcomes in the child/young person's life that are relevant to support the current multi agency involvement in a child/young person's life. The information is taken from single agency chronologies. Professional judgement is required to decide what needs to be included. An integrated chronology must be factual, accurate, current and evidence-based.
What is the difference between a chronology and a record?	A chronology is a list of significant events in a child/young person's life. A record is a description of an agency's involvement with a child/young person and their family. Case records should not appear in chronologies only a factual title of a significant event.
Why are chronologies important?	A chronology provides a clear account of events in a child/young person's life and may provide an early indication of an emerging pattern of risk. A chronology is designed to keep track of what is happening in a child/young person's life and is used to support practitioners', families and children in decision-making.

Who starts a chronology?	Every agency/professional should start a chronology for a child/young person
When does a chronology start?	A chronology will start with the first identified significant event; in some cases, it will be relevant to start the chronology pre-birth.
What is a significant event?	An event can be anything that has a significantly positive or negative impact on the child or young person. Example definitions of a significant event can be found in Appendix 3b.
When is an Multi agency chronology started?	Multi agency chronology is started when there is multi agency involvement coordinated by the Lead Professional with cooperation from the Team Around the Child.
Who maintains the Multi agency chronology?	The Lead Professional maintains the Multi agency chronology.
What is a concern?	In the context of children and young people, a concern is an issue that may adversely affect the wellbeing of a child. It's important to explain what you are worried about.
When should a concern be shared?	As soon as possible but if a concern is raised where a child/young person is at risk of harm then staff should follow the local child protection procedures and make an immediate child protection referral.
Who should the concern be shared with?	The Key Professional and Lead Professional if it is appropriate to share the information.
At transition points how much of the single agency chronology should be shared?	Not all information held in a single agency chronology will be relevant and proportionate to be shared and particular care should be taken not to produce unmanageable lists of events which make it impossible to identify risks or patterns of behaviour.

Scottish Borders Chronology format for both Single Agency and Multi agency Chronology

Date of Event	Event Details	Action / Outcome	Source
The date and time the event happened should be recorded in all instances Example: 07/05/2011	Salient points only What was the significant event?	What were the actions? What was the outcome? Children/young people and their families will see this information and may also be asked for their informed consent to to share (with other involved agencies and relevant parties) where it is in their best interest to do so.	Information in chronology should be factual and from a reliable source. The source of the information relating to a chronology item should be displayed in every instance. Where the information has come from. Please use your professional judgement in cases not covered by the following: If the information has come from **Health** be specific e.g., GP, Health Visitor, if the information has come from **Education** specify which school e.g.Kelso High School. Use specific term for **Social Work** when known, e.g. duty social worker, allocated social worker.

Working with children in the Scottish Borders
Realistic Chronologies: New expectation as of 1 November 2021

1. **Quick recap: What is a chronology?**
   A clear account of events in a child's life to date, drawing on the knowledge and information held by each agency involved with the child and family

   ➢ Factual, accurate and concisely written
   ➢ Provides a better understanding of what is going on for the child
   ➢ Helps inform next steps
   ➢ Helps with analysis
   ➢ Helps identify patterns and themes

2. **New Development:**

   As of 1 November 2021 up to date single agency chronologies with accompanying analysis, using existing documentation, to be shared at key stages.
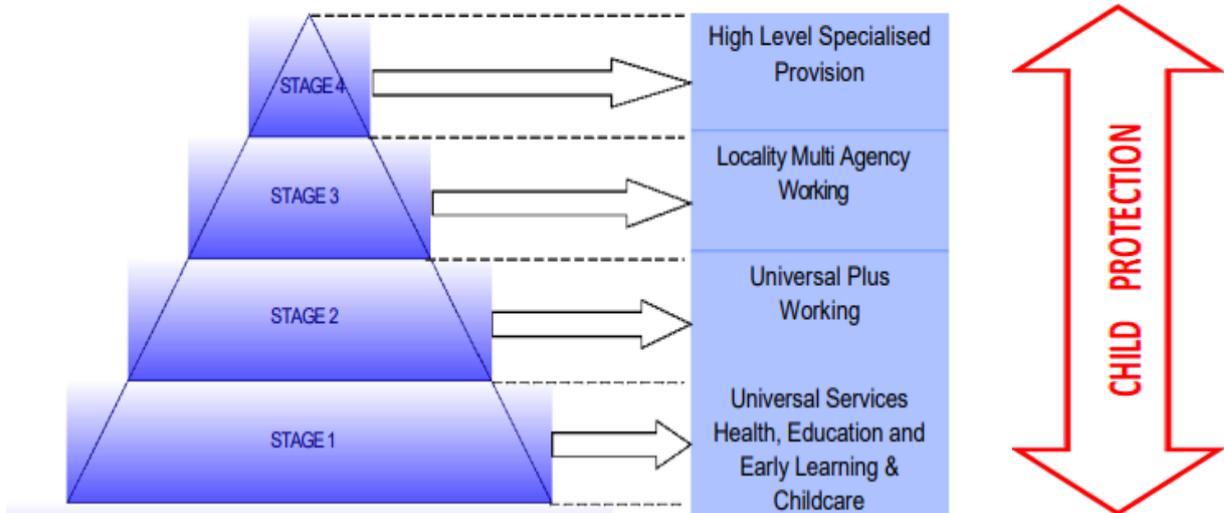
(Staged model of Support for children and young people taken from the Keeping Children and Young People Safe and Well Tool)

3. **When is an up to date single agency chronology with accompanying analysis needed?**
   • Universal Plus meeting (multi-agency only)
   • Meetings Around the Child
   • Referral to Social Work
   • Child Protection Referral
   • Inter-agency referral discussion
   • Initial Child Protection Case Conference
   • Review Child Protection Conference
   • Vulnerable Young People (VYP) meetings

4. **What does the analysis need to include?**
   Analysis needs to cover the following questions, to be a <u>maximum of 6 sentences</u> and fact based:

   1. What has gone well since last analysis?
   2. What has not gone so well since the last analysis?
   3. What patterns are emerging (if any) - strengths and vulnerabilities over time?
   4. Impact on child?

SECTION 2 - SINGLE PLANNING PROCESS

The Children & Young People (Scotland) Act 2014 (Section 5) ensures a single planning process for children/young person who require additional support that is not universally available.

2.1 Locality Staged Model of Support for Children & Young People

Scottish Borders work to a 4-stage intervention model of support with each stage working to a single planning process. This ensures that the child/young person always has one clear pathway for support.
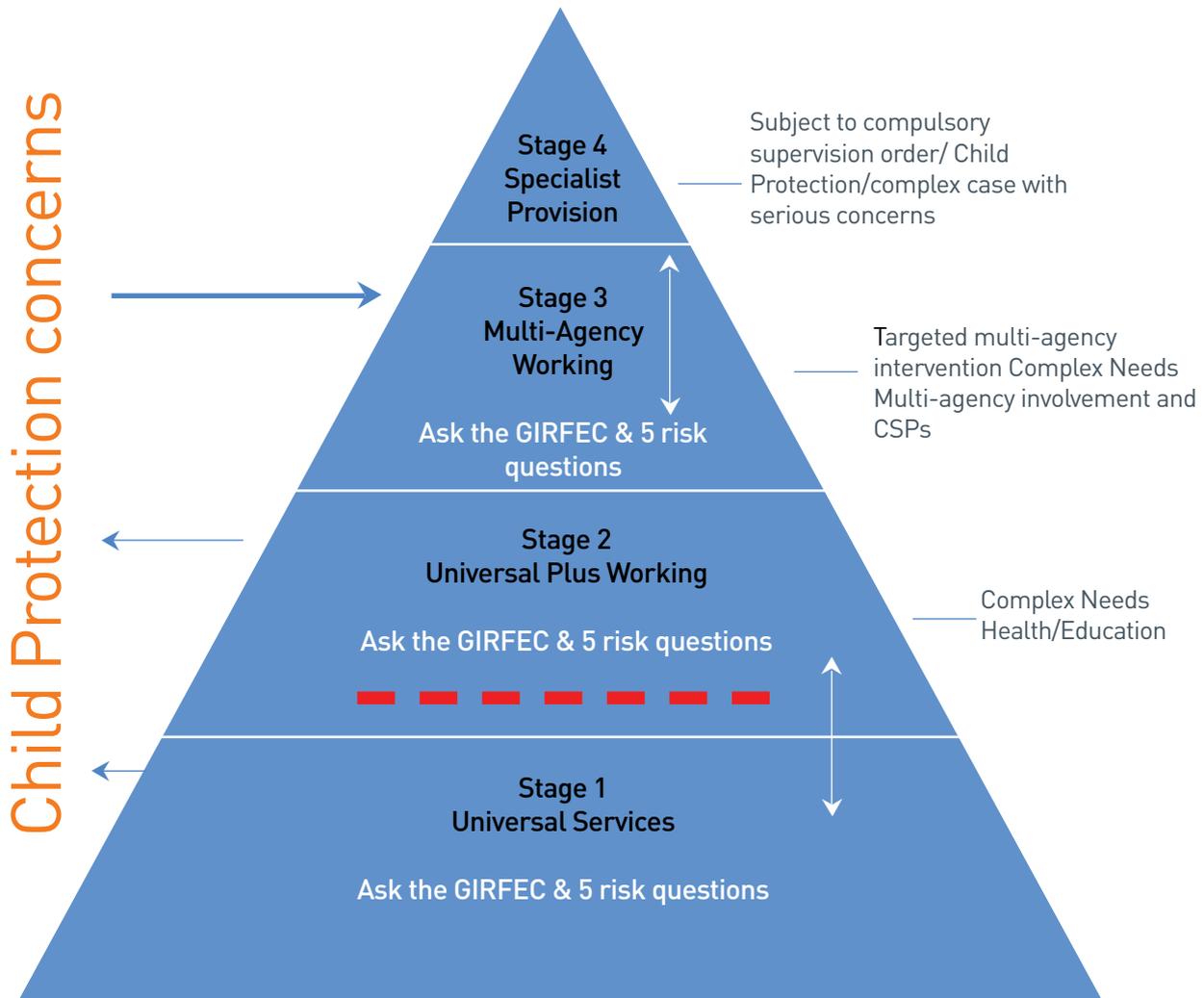
Child Protection concerns

Stage 4 Specialist Provision
Subject to compulsory supervision order/ Child Protection/complex case with serious concerns

Stage 3 Multi-Agency Working
Ask the GIRFEC & 5 risk questions
Targeted multi-agency intervention Complex Needs Multi-agency involvement and CSPs

Stage 2 Universal Plus Working
Ask the GIRFEC & 5 risk questions
Complex Needs Health/Education

Stage 1 Universal Services
Ask the GIRFEC & 5 risk questions

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

The 5 Risk Questions

What has been happening?
What is happening now?
What might happen?
How likely is it?
How serious would it be?

2.2 Stage 1 - Universal Services

The majority of children will be Stage 1. These are children and young people who are making good progress in all areas of their development. They receive appropriate Universal Services such as health care and education. The Key Professional should be the main point of contact for children/young people and parents/carers.

2.3 Stage 2 - Universal Plus Working

Universal Plus Working is when a child/young person requires focussed universal interventions and planning to promote wellbeing, support learning to prevent the needs escalating (appendix 4 Universal Plus paperwork). This will mainly be Education only, Health only, or joint working.

Universal Plus - Annual Review

An annual review should be carried out for all Universal Plus children. The annual review will be carried out by the Key Professional and their line manager. The process will review the current plan to determine if the outcomes have been met.   The review should decide whether there is still a purpose to continue to meet.

Any decisions and actions agreed must be recorded in the child/young person's record along with the date the annual review took place.
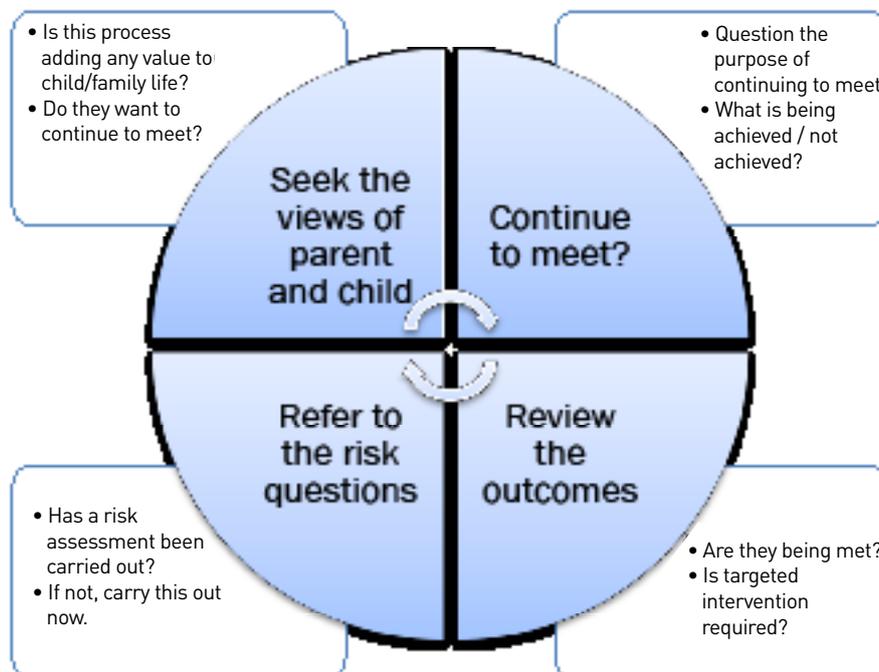
2.4 Stage 3 - Multi-Agency Working

Children/young people whose needs are not being met by Universal services and who require multi agency involvement will be supported through the Meeting Around the Child process (MAC). The purpose of the MAC is to agree whether specific targeted intervention is required and will lead to the development of a Child/young person's Plan.

It is a focussed piece of work, which is time-limited.

Information regarding the role and responsibilities of the Lead Professional, and the escalation Policy for disagreements in relation to the Lead Professional can be found in Appendix 5c.

Stage 3

Multi Agency Working Targeted Intervention

→ Health and School/ Early Years involved

Other agencies required to support child/young person

→ Leads to identified Lead Professional

→ Leads to Childs Plan

Outcomes achieved

Return to Stage 2

Reflective Meeting Around the Child Process
(Consider a reflective mac after 6 months. 12 months reflective mac review is required)

The Reflective Review of the MAC procedure can be found in Appendix 6a.

What is a MAC?	A meeting around the child (MAC) is the meeting that brings the Team Around the Child/young person together, involving the child/young person and parents/carers. The purpose of the meeting is to discuss presenting issues/concerns for the child and to determine whether targeted intervention (therefore leading to a Child's Plan) is needed to meet the identified needs of the child.
Is a MAC necessary?	If the decision is to arrange a MAC, you need to be very clear on the purpose of meeting. A Social Worker does not need to attend a MAC unless there is an identified role for Social Work.
Who can ask for a MAC and who arranges it	Whoever identifies a concern has responsibility to liaise with the Key Professional to work together to facilitate the MAC
Letting the child and family know about the MAC?	Whoever is raising the concern needs to communicate with the child/ young person (age appropriate) and family and the Team Around the Child.
Who attends a MAC?	The child/young person, their parents or carers and the Team Around the Child (anyone involved with the child/young person and family members) There are times when a child or young person may not go to a MAC, for example when the child is too young or because the young person chooses not to go. If the child or young person is not going to be at the MAC it is important that their views are sought before the meeting and made clear to the meeting see the Wellbeing Web – Appendix 2 or another suitable tool. This can be done through the Key Professional or Lead Professional.

Does the parent/carer have to go to the MAC?	We should be encouraging and facilitating, however it is the parent/carers choice. Their involvement in the MAC is voluntary. If they cannot go to the MAC, they need to be asked their views so they can be shared at the meeting.
What happens if a parent/carer does not agree to the MAC taking place?	The MAC process is a voluntary process, and parent/carer consent must be sought. The Key Professional must discuss with their line manager to agree the next steps if the parent/carer does not give consent.
Who chairs the meeting?	The Lead Professional if appointed. Otherwise, the Team Around the Child will decide, prior to the meeting, who will chair.
Who takes the notes of the meeting?	In the absence of dedicated admin support, a member of the Team Around the Child needs to volunteer to take notes of the meeting. The chair should not take the notes of the meeting.
Notes of the meeting and Child's Plan	The notes of the meeting and the Child's Plan should be shared with all relevant MAC members including the family.
How long does a MAC last?	It lasts about an hour.
What happens in a MAC?	Everyone will introduce himself or herself. The Chair should state the reason for the meeting so that all members are clear, and everyone understands why they are there. Parent/child/young person views will be sought. Everyone should provide an updated chronology (i.e. what has happened since the last meeting). A Wellbeing Assessment should be carried out in advance by members of the Team Around the Child, to inform the development of the Child/young person's Plan. Child/young person's Plan will be developed if targeted intervention is needed. What needs to be covered in the plan? (All Wellbeing indicators) The Plan should address all the Wellbeing Indicators, identifying areas for developments and areas of strengths. Decision of the Meeting. If a Child/young person's Plan has been agreed a date and time will be arranged for a review MAC to make sure that the child/young person is getting the support they need. A Lead Professional needs to be appointed from the professionals attending. If there is disagreement in relation to a Child/young person's Plan, please refer to the Escalation Policy in Appendix 5f.

What happens if you cannot go to the MAC/review MAC?	You need to let the person arranging the MAC know as soon as possible. It is important that your views are still shared with the MAC. You can do this by providing the chair with a written report/copy of chronology and Wellbeing Assessment.
The Review/subsequent reviews	The purpose of the review should be to review the progress of the Child's Plan. Where actions have been identified TAC members should come prepared to provide an update. You must notify the chair that you cannot attend and provide a written update on progress of your agreed actions towards the Child's Plan
Are there Meetings Around the Family (MAF)?	The child/young person is always at the centre. Each child/young person needs to have his or her own plan. However if there are other siblings involved in the MAC process, with the same professionals involved, it may be more convenient for the meetings to take place at the same time. This is particularly important if there are time constraints for either professionals or parents. This will need to be discussed with the family to see what is most convenient. It is essential that any personal and sensitive specific to the child is not included in the other sibling's note of meeting.
When to hold a professional meeting?	Professional meetings are appropriate if there is significant professional discussion, disagreements or issues. Sometimes a professional meeting is useful in advance or after a MAC to follow up on in-depth dialogue or to further develop a plan in more depth. The parent/child/young person should be made aware a professional meeting is being arranged and who will be in attendance. A professional meeting should not be used as a mechanism to talk about things that workers are not prepared to say to the family. A brief minute and the key actions must be recorded in the child/young person's record. An agreed professional will provide feedback to the parents/child/young person.
MAC paperwork	The Initial Meeting Around the Child (MAC) template can be found in Appendix 5a. The Review MAC template can be found in Appendix 5b. The Child/young person's Plan template can be found in Appendix 5e.
Do I need to fill in the contingency in the Child/young person's Plan?	You should always record the contingency section of the Child's Plan. The contingency needs to be specific to the child/young person's circumstances. In some cases, the contingency will be that in the event of a child/young person's situation deteriorating, a MAC will be arranged to re-assess the situation. In others, more specific actions may need to be identified within the contingency planning.
What happens during schools holiday periods, or if the lead professional is absent (e.g. leave, sickness, etc.)?	If the Team Around the Child is unable to meet and take forward the necessary actions, the Lead Professional's line manager should be contacted to lead in co-ordinating the next steps.

Further guidance on arranging and chairing a MAC can be found in Appendix 5d.

Ending a MAC

How is a MAC ended	Once the targeted interventions for the child or young person have been achieved, and no additional work is required, the MAC members can decide if this returns to a Universal Service or Universal Plus service. The decision must be recorded in the final minute of the MAC notes of the meeting. Please remember to ensure that ALL the MAC members, including the family, have received copies of notes and plans.

Reflective Review of a MAC

The full MAC Reflective Review procedure can be found in Appendix 6a.

2.5 Stage 4 - High Level Specialist Provision

This level is for those children and young people whose well-being needs cannot be fully met through universal or targeted provision. This will usually involve specialist targeted intervention involving parents, carers, families and others (e.g. children/young people with complex needs requiring care and education out of area placement along with children affected by parental substance use (CAPSM)).

This also includes child protection and support for Looked After Children. SECTION 3 - TRANSITION BETWEEN AGENCIES AND ESTABLISHMENTS.

Children and young people go through many transitions throughout their life. In all cases, it is a critical stage, and the way it is guided and supported can have a major bearing on the rest of a young person's life chances. Building directly on prior learning, transitions are effective when they are planned well and implemented in good time.

SECTION 3 - MANAGING TRANSITIONS

3.1 Managing Transitions

The Key Professional will co-ordinate the planning for children/young people at key transition points. They will ensure effective transfer of information about the child/young person, including details of any help the child/young person and family have been or are receiving, to the new Key Professional in the agency assuming responsibility for the child/young person.

Whenever information is shared from one Key Professional to another there should be a decision made by the outgoing Key Professional as to what information is necessary for the support, protection and safeguarding of the child/young person. They should then only share the information that falls into that category. Information shared needs to be proportionate and relevant to the child/young person's needs. It is not anticipated that the complete child/young person's record will move from one Key Professional to another as it will not all be relevant or appropriate. The transition points will trigger the decision as to what information should and should not be shared, however an appropriate chronology of the child should always be considered.

The Lead Professional must keep the Key Professional updated of the transition process.

3.2 Transitions from Health to Education (Primary School)

Early Years Transition Flowchart can be found in Appendix 7.

Who?   Health Visitor's responsibility

How?   Health Visitor to communicate directly with Head Teacher of the Primary School and will ensure that either paper or electronic records are securely transferred across to the Head Teacher of the Primary School. Complete the Early Years Transition form. The Health to Education Transition Form template can be found in Appendix 8.

What?   Proportionate up to date: core information, Chronology of significant events, advising of any additional support that is needed to support the child/young person, Child/young person's Plan if applicable.

When?   By the end of May each year, prior to the child starting Primary school.

Prior to Transition Meeting in May

By the first week in April, SBC Early Years Team will notify Child Health of which school the children are due to be enrolled into.

Health Visitor needs

- to be notified by Child Health (via SBC) which schools children on his or her caseload have enrolled at
- to complete the Early Years transition form for children needing additional help with wellbeing

Mandatory Transition Meeting in May/June

Health Visitor and Head Teacher need

- to share information for children identified as needing additional help with wellbeing
- When information is being shared the Health Visitor needs to have advised the child/parent/carer/guardian that information is being shared, what information is being shared, and why
- to provide information on a child that is appropriate, proportionate and relevant to share
- Child's Plan, chronology and any other relevant information to be shared will be proportionate, edited and up to date.

Post Meeting- May to August

Health Visitor

- to continue to support the child until starting school
- to advise parents/carers of the change in their child's Key Professional
- to contact the Head Teacher in August, following the summer holidays, to advise of any relevant changes to the child's circumstances (via secure email/telephone contact).

Head Teacher

- to scan and upload all relevant information into the SEEMiS Wellbeing Application
- to make appropriate arrangements for children with identified additional needs
- to become the Key Professional on the child's first day at school

Late enrolment/Transfers in

- child arriving into area after transition meeting Health Visitor and Head Teacher to liaise and take forward

3.3 Primary to Secondary / Primary to Primary / Secondary to Secondary

Who?   Existing Head Teacher's responsibility who can delegate tasks to Depute Head Teacher or Pastoral staff

How?   The Head Teacher will ensure that the paper files and/or electronic records are securely transferred across to the Head Teacher of the new school. This includes the transition of records out of the SEEMIS Wellbeing Application. Further information on transitioning from the SEEMIS Wellbeing Application can be found in Appendix 9.

A child/young person should remain on the school roll until confirmation from the receiving school has been received. Please refer to SBC's Attendance Policy for further details.

What?   Proportionate up to date: core information, Chronology of significant events, advising of any additional support is needed to support the child or young person/young person, Child's Plan if applicable.

Advise parents/carer of the transition and transfer records and discussions with next school. Record the parents have been advised of this.

When?   At the Transition meeting.

3.4 Transitions Out-With Scottish Borders Local Authority

Who?   Head Teacher's responsibility who can delegate tasks to Depute Head Teacher or Pastoral staff.

How?   The Head Teacher will ensure that either paper or electronic records are securely transferred across to the Head Teacher of the receiving school.

A child/young person should remain on the school roll until confirmation from the receiving school has been received. Please refer to SBC's Attendance Policy for further details.

What?   Proportionate up to date: core information, Chronology of significant events, advising of any additional support is needed to support the child/young person, Child's Plan if applicable.

When?   When the receiving school contacts the existing Head Teacher for the records and confirmation is given the child/young person has enrolled in the new school. A child/young person should remain on the school roll until confirmation from the receiving school has been received.

NB: Please refer to SBC's Attendance Policy for further details.

3.5 Secondary School To 16+

Who?   Secondary Head Teacher's responsibility who can delegate tasks to Depute Head Teacher or Pastoral staff.

How?   This process will be dependent on the individual needs of the young person, this could be a continuation of the stage 3 MAC meeting if appropriate. Learning Disability pathway needs to be considered if appropriate.

What?   Proportionate up to date: core information, Chronology of significant events, advising of any additional support is required to support the child or young person/young person, Child's Plan if applicable.

When?   This will be individualised to the young person depending on what they intend to leave school.

3.6 Other Transitions

Any child/young person needing support with transitions the most appropriate key professional will be identified. For example, if the child becomes home schooled, unschooled, travelling families, leaves school prior to 18th birthday.- goes to college?

Who?   This would be dependent on the work required across the young person, and it would be the best person who has the link and relationship with the young person.

How?   This would be individualised to the needs of the young person.

What?   This would be individualised to the needs of the young person.

When?   This would be age and stage appropriate to the needs of the young person.

SECTION 4 - UNIVERSAL INFORMATION AND ASSESSMENT (UIA)

The Universal Information and Assessment (UIA) is Scottish Borders single assessment format. It is made up of Part A (universal information) and Part B (Assessment). The UIA Template can be found in Appendix 10.

1. A full UIA (i.e. Part A and Part B) can be completed for a number of reasons e.g. Child Protection, for the Children's Reporter, Children's Hearing, a Looked After Child Review (S31), or where this is an identified need for further assessment. When completing a UIA it is important to specify why the UIA is required.

2. The Lead Professional should be the sole author of the Assessment to ensure that it is concise, focussed on the key issues, coherent and in one style.

3. The Assessment format allows staff to present the information and analysis in a narrative style as much as possible. The format is designed to be used proportionately in less serious/complex cases.

4. Members of the Team around the Child should make their contributions by way of a separate report in most instances and the Lead Professional will make reference to the separate reports in the Assessment itself. The separate reports will be appendices to the Assessment. Each agency has its own format(s) for its single agency report. It is not intended that there are lots of additional documents attached as appendices. Therefore, if the contribution to the report is brief, contributing professionals can agree that their views are incorporated into the UIA with no need to include the information as an appendix.

5. In addition to single agency reports, plans for children/young people covering specific areas of their lives e.g. Co-ordinated Support Plans (CSPs) and Individual Education Plans (IEPs) can also be included in appendices and reference made to them in the Child/young person's Plan.

6. The analysis section of the Assessment should, wherever possible, be based on the outcome of a multi-agency discussion.

7. The ability to update the UIA without completing a new document is possible in a very limited number of situations e.g. when a Children's Hearing is continued. A fully updated UIA is required for all other situations including Review Children's Hearings and when there is a change to the recommendation.

8. The Chronology Section has been separated from the main body of the report in order to make it   easier to update on a regular basis without the need to revise the whole Assessment. This also allows the chronology to be downloaded as a standalone document for ease of access and reference. A Chronology must, however, always be included as part of the report.

9. The "Compulsory Measures" Section assists staff in being very clear in their argument as to why compulsory measures should be considered and separating this from the process of Assessment and planning for a child. This section also provides the opportunity to inform the Reporter, if appropriate, about people to whom the information in the report should not be disclosed.

Full guidance about what should be included and how to prepare a UIA can be found in Appendix 11 – Universal Information and Assessment Guidance.

SECTION 5 - INFORMATION SHARING

Appropriate sharing of relevant information is a vital part of the early intervention approach that is at the heart of GETTING IT RIGHT FOR EVERY CHILD. Sharing the right information at the right time improves outcomes for children, young people and their families and can help prevent concerns growing into problems.

The Children and Young People (Scotland) Act 2014 provides that information should be shared between services and the Key Professional if it is likely to be relevant to promote, support or safeguard the wellbeing of the child. Information to be shared should be discussed with child/young person and family unless there is a specific reason not to (e.g. an increase to the risk to the child/young person's safety). Current data protection principles and privacy laws already permit information sharing when it is necessary to prevent or address a risk to wellbeing. These laws apply to all existing information management and data processing by public bodies and those who provide services on their behalf.

A pan Lothian Information Policy is in place:

[Pan-Lothian and Borders Partnership Protocol](#)

Rules for Sharing Information

By following these principles of information sharing, people working with children, young people, families and other professionals can ensure that children and young people have the best outcomes possible:

- Adhere to the [principles of the Data Protection Act 2018](#)
- Share information that is necessary, relevant and proportionate
- Record why information has been requested or shared
- Make the child, young person or family aware of why information is being shared*

  * *Unless there are child protection concerns where sharing information may increase the risk to the child or young person.*

Preventing Early Concerns Growing Into Serious Problems

Every inquiry into a child/young person's death in the UK over the last 40 years has found that effective sharing of information within and between agencies is fundamental to improving the protection of children and young people. This was confirmed by the 2001 report, 'It's everyone's job to make sure I'm alright'.

The various inquiries all showed that no single service had a full, clear picture about what was going on in the child/young person's life. In all cases, early indications of a threat to wellbeing had been missed, or hadn't been responded to at the earliest opportunity.

Data Protection Act 2018 UK GDPR

The Data Protection Act controls how your personal information is used by organisations, businesses or the government.

Everyone responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure
- not transferred outside the European Economic Area without adequate protection

Confidentiality And Consent

It is accepted that where there is a risk to a child or young person's wellbeing, which may lead to harm, then it is acceptable to share confidential information in the best interest of the child or young person and/or in the public interest.

Confidentiality is not an absolute right and not all information needs to be treated as confidential.

Any sharing of information should be *relevant, necessary, appropriate* and *proportionate* and go no further than the minimum necessary to achieve the public interest objective of protecting a child or young person's wellbeing.

When Do I Need To Seek Consent?

Significant Harm
If you are concerned that a child/young person is likely to be significantly harmed i.e. a child protection concern, and you need to share information to prevent that harm, **do not ask for consent** to share the information.

Legal Duty
If you have a legal duty to share information, for example to provide information to the Children's Reporter, or if you have a legal duty that you cannot fulfil without sharing information such as is the duty to prepare a child/young person's plan for a Looked After Child, which requires such sharing with or without consent of the parents or child/young person, then you **should not ask for consent.**

Legal Proceedings
There is also a provision in the Data Protection Act allowing personal and sensitive information to be shared where it is necessary for the purpose of, or in connection with, any legal proceedings including prospective legal proceedings, without the need for consent. You may also be cited as a witness in a court case, which means you would have to appear in court. If you are asked to share information for court proceedings seek advice from your legal department if you are unsure if the information is necessary for the court proceedings.

In all other circumstances consent must be sought
If you are unsure about whether or not you need to seek consent, discuss the case with your line manager.

You may be asked to justify the decision as to whether to seek consent later; so record this in the child or young person's case file notes and/or in an electronic file.

How Should I Seek Consent?

Consent should be:

- **Sought from the child/young person/parent/carer verbally,** at the very least.

- **Informed** – the individual (child or young person and if appropriate their parent/carer) must understand what is being asked of them and must give their permission freely.

- **Explicit** – the individual (child or young person and if appropriate their parent/carer) positively gives their consent for their information to be shared.

- Information should be provided of the **possible consequences of withholding information.**

- The **person** giving their consent **must be able to understand** the likely consequences of giving their consent.

- **Always recorded.**

Glossary of Terms and Acronyms

CAPSM	Guidelines for children/young people affected by parental substance misuse which provide guidance on managing cases when there is parental substance misuse.
CHI	Community Health Index Scottish National (and Local Health Board) system that provides a unique reference for every child/young person resident in Scotland.
Child	0 – 18 years for the purpose of Children & Young People (Scotland) Act 2014.
Child's Assessment	Collated information used to analyse a child/young person's wellbeing. Can be produced by single agencies or multiple agencies working in collaboration.
Child's Plan	A Child/young person's Plan is required following an assessment of wellbeing, which identifies that the child/young person's needs cannot be fully met without one or more targeted interventions.
CYPLG	Children & Young People's Leadership Group Scottish Borders CYPLG is responsible for delivery of the Scottish Borders Children & Young People's Plan.
Chronology	A chronology seeks to provide a clear account of significant events in a child/young person's life to date, positive and negative, drawing on the knowledge and information held by each agency involved with the child/young person and family. A chronology can be single agency or multi agency and needs to be edited over time. Scottish Borders have an agreed chronology format.
Concern	In the context of children and young people, a Concern is an issue that may adversely affect the health or well-being of a child/young person. The Key Professional will be there for each child/young person and the role will be part of day-to-day work. It may be that a child/young person or family wishes to contact their Key Professional if they are worried about something. Any professional identifying a wellbeing concern has a responsibility to investigate and to take action and share information with the Key Professional if appropriate.
CPRO	Child Protection Reviewing Officer
CSP	Co-Ordinated Support Plan
DACS	Domestic Abuse Children's Service
GETTING IT RIGHT FOR EVERY CHILD - GIRFEC	Getting it Right for Every Child An evidence-based approach based on UNCRC principles to improve outcomes for children and young people in Scotland from pre-birth until 25. Guiding policy for child services and child/young person assessment and planning. Makes sure that all Scotland's children, young people and their families have consistent, co-ordinated support, when they need it.
IEP	Individual Education Plan
Impact	We define impact as any effects arising from an intervention. This includes immediate short-term outcomes as well as broader and longer-term effects. These can be positive or negative, planned or unforeseen.

IRD	Interagency Referral Discussion
Key Professional	The Key Professional provides a consistent and recognisable point of contact for the child, young person, family and professionals. The Key Professional will differ depending upon the child/young person's age and stage. For 0 years to school age, the Key Professional is the Health Visitor or Family Nurse. For school age children/young people, the Key Professional is Head Teacher, Depute Head Teacher or member of the pastoral staff team.
Lead Professional	Where there is a need for one or more targeted interventions to meet the wellbeing needs of a child/young person (and hence there is a requirement for a Child/young person's Plan), the Lead Professional coordinates the multi-agency planning.
MAC	Meeting Around the Child A MAC is the meeting that brings the Team Around the Child together, involving the child/young person and parents/carers. The purpose of the meeting is to discuss presenting issues/concerns for the child/young person and to determine whether a Child/young person's Plan needs to be agreed to meet the identified needs of the child/young person.
National Practice Model	The model used as the basis for identifying a wellbeing concern, assessing need and risks as well as planning when a child/young person requires help.
Outcome	What is an outcome? An outcome is what positive change we expect as a result of the interventions (actions/inputs/outputs) we plan for children, young people, their families and carers. Outcomes are the answer to the question: So what difference does it make?
TAC	Team Around the Child Identified persons involved in actions to improve and support the child/young person's situation
Targeted Intervention (TI)	Targeted Intervention Targeted Intervention is a service, which is directed at meeting the needs of children/young person whose needs are not capable of being met or met fully, by the provision of services that are generally available.
Transition	A transition for a child is when they transfer from one service or stage to another. When there is a change to the Key Professional, it is the responsibility of the outgoing Key Professional to provide the incoming Key Professional with appropriate, proportionate and timely information that will promote, support and safeguard the wellbeing of the child/young person.
UIA	Universal Information and Assessment
Wellbeing Indicators	A child/young person's wellbeing indicators used in GETTING IT RIGHT FOR EVERY CHILD are: SAFE, HEALTHY, ACHIEVING, NURTURED, ACTIVE, RESPECTED RESPONSIBLE, INCLUDED
Wellbeing WEB	The Wellbeing WEB is a tool designed to gain the views of the child/young person and the parent/carer. It is based on the eight wellbeing indicators.

Keeping Children and Young People Safe and Well Tool   **v5 Apr 2021**

This tool is guidance to support all agencies to gauge appropriate levels of support and protection using 'stages' that correspond to the 4 Staged Model of Support.

The majority of children and young people will have their needs met at stage 1. For those who need additional support their move through the stages is dependent on their individual assessed need/risk at any moment in time.

It should be noted that children who need support beyond stage 1 will not necessarily systematically move through all of the stages.

Need and risk are dynamic factors in every child's life. Therefore, movement between the stages is dependent on the child's circumstance at any given time, and requires practitioners to apply professional judgement and assessment to inform appropriate response to need/risk.

The example lists of descriptions of children throughout the tool are not meant to be exhaustive but will be a guide only.

Staged Model of Support for Children and Young People
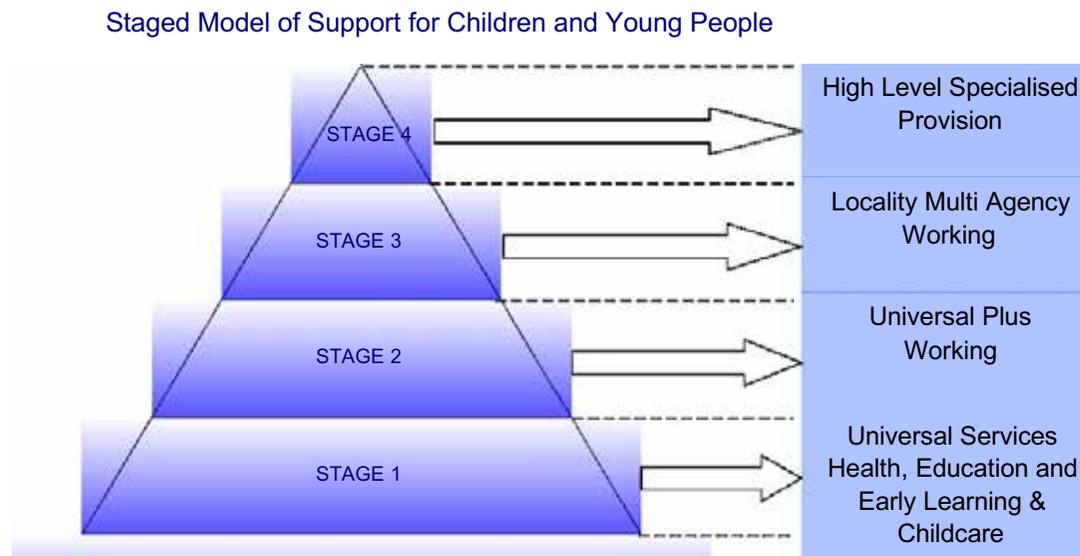
- If there are concerns or disagreements in relation to referrals to child protection then staff should refer to the Escalation Policy in Section 4 of the Scottish Borders Child Protection Procedures.
- If there are disagreements in relation to the Lead Professional then staff should refer the Lead Professional Escalation Policy in the Child's Planning Manual.
- If there are disagreements in relation to the Child's Plan then staff should refer the Child Plan Escalation Policy in the Child's Planning Manual.

Stage 1	Descriptor	Professional involved	Process and actions to consider
Universal Services Health, Education and Early Learning & Childcare Children and Young People's Needs met by Universal Services of health and education - promoting development and building resilience	**Pre Birth** • Mother booked with community midwife by/around 12 weeks • Attends all midwife health appointments • Good family support • Previous healthy pregnancy • Good self-care • Awareness of unborn baby's needs; physical, emotional development • Good physical health • Good mental health • Access to services	No professional involvement over and above Universal Services.	Any child protection concerns? If yes, go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there are child protection concerns ensure that you complete a confirmation of referral form. Record significant events in child's **chronology.**
	The majority of children and young people who are making good progress in all areas of their development. They receive appropriate universal services such as health care and education. They may also use leisure and play facilities. The child or young person: • is physically well • has adequate and appropriate diet/hygiene/clothing • is up to date with developmental checks and immunisations • is receiving regular dental and optical care • is keeping all health appointments and advice is being followed through • for them • developmental milestones are being met • speech and language developmental needs are being met • has skills and interests • has their achievements recognised	No professional involvement over and above Universal Services. All children have access to a key professional In Health (0-5 years), this would be the Health Visitor. School age, this would be the Head Teacher or Pastoral Teacher.	Any child protection concerns? If yes, go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there are child protection concerns ensure that you complete a confirmation of referral form. Record significant events in child's **chronology.**

- cognitive developmental needs are met
- has access to books, toys, play and cultural opportunities
- expresses feelings and actions that demonstrate appropriate responses
- has good quality early attachments
- is able to adapt to change
- is able to demonstrate empathy
- has a positive sense of self and their abilities
- demonstrates feelings of belonging and acceptance
- has an ability to express needs
- has a stable and affectionate relationship with caregivers
- has a good relationship with siblings
- has a good level of personal hygiene
- has a growing level of competencies in practical and emotional skills such as feeding dressing and independent living skills

Stage 2	Descriptor	Professional involved	Process to consider
Universal Plus Working **Universal Plus Working (either or both Health and Education)** Child requires Focused Universal interventions, type of plan used at agency's discretion	**Pre birth** • Late to book with community midwives > 16 weeks gestation • DNA some health appointments • Poor family relationships/support • English as second language • Multiple partners/recent change in partner • Communication difficulties • Learning difficulty • Low self-esteem • Socially isolated • History of post-natal depression • Previous high risk pregnancy • Previous stillbirth • Poor physical health/diet	Key professional actively supporting child and family with information, advice and interventions provided by health and school. In Health (0-5 years), this would be the Health Visitor.	Refer to the **Child's Planning Manual** for additional information. Possible outcomes may include: • No further action • Offering advice, information or support to the child or parents • Helping the child or parents to access a service or some kind of • support • Discussing or raising an issue about wellbeing with another • service or agency to support, protect and safeguard the child's wellbeing

	- Limited self-care - Fluctuating mental health - Previous ACEs - Teenage pregnancy >16yrs - Presenting with inappropriate responses/actions towards unborn baby - Known birth defect antenatally - Missing from another area - No recourse to public funds - Frequent house moves - Inappropriate home environment - Financial difficulties - Difficulty managing change - Uncontrolled or potentially dangerous animals		- Child requires focused universal interventions, type of plan - used at agency's discretion - Use Universal Plus paperwork and refer to Child Planning Manual Any child protection concerns? If yes go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there are child protection concerns ensure that you complete a confirmation of referral form. Referral to Reporter should be considered. If thought to be appropriate, a multi-agency discussion needs to take place.
	Promoting wellbeing and overcoming disadvantage, supporting learning. The focus is on early intervention to prevent needs escalating. This is provided within health and education environment. The child or young person: - has defaulted on immunisation/health checks - is slow in reaching developmental milestones - has issues in relation to diet/hygiene/clothing that are concerning - is defaulting on health appointments - is engaged in early sexual activity	Key professional actively supporting child and family with Information, advice and interventions provided by health and school. In Health (0-5 years), this would be the Health Visitor. School age this would be the Head Teacher or Pastoral Teacher.	Refer to the **Child's Planning Manual** for additional information. Member of staff with any wellbeing concern to talk to their manager to consider the 5 Key Questions to inform response. 1. What is getting in the way of this child achieving their potential? 2. What can I do to help this child? 3. What can my agency do to help this child?

	- has some identified learning/developmental needs and vulnerabilities - has limited access to books, toys - has a pattern of school absences/poor punctuality - is not always engaged in learning has poor concentration - has low motivation and interest - has low self-esteem - is not reaching his/her expected educational potential - has some difficulties with peer group relationships and with adults - is presenting with some inappropriate responses and actions - presents concerns around violent and aggressive behaviour - can find managing change difficult - starts to show difficulties in expressing empathy - is subject to lack of parental sexual boundaries - is vulnerable to sexual exploitation - has some insecurities around identity - may experience bullying around 'difference' - can be overfriendly or withdrawn with strangers - has been absent from home and whereabouts not known misusing drugs and/or alcohol which may have included an Accident and Emergency attendance. - has incidents of self-harm e.g. superficial cutting		4. Do I need to share or seek any further information to construct a plan? 5. Does this child need any help from any other agency? Possible outcomes may include: - No further action - Offering advice, information or support to the child or parents - Helping the child or parents to access a service or some kind of - support - Discussing or raising an issue about wellbeing with another - service or agency to support, protect and safeguard the child's wellbeing - Child requires focused universal interventions, type of plan - used at agency's discretion - Use Universal Plus paperwork and refer to Child Planning Manual Child's **chronology** updated. Any child protection concerns? If yes go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there are child protection concerns ensure that you complete a confirmation of referral form.

			Referral to Reporter should be considered. If thought to be appropriate, a multi-agency discussion needs to take place.
Stage 3	**Descriptor**	**Professional involved**	**Process to consider**
Locality Multi Agency Working **TARGETED INTERVENTION** (a service which is directed at meeting the needs of children whose needs are not capable of being met, or met fully, by the provision of services that are generally available)[1]	**Pre birth** • Previous Care experience • Teenage pregnancy <16yrs • Communication difficulties • Aggressive, violent behaviour • Challenging behaviour in the Community • Chronic poor hygiene/self-care • Chronic ill health/physical disability • Previous significant self-harm • Previous CP concerns/ history of neglect/previous children with Child's Plan • Persistent poor mental health • Substance misuse • Recurrent/ cumulative minor concerns • Non-engagement with Health/Social Care Professionals • Victim/perpetrator of domestic violence • Coercive relationship • Involved in risk taking activities • History of abuse in childhood • Consider length of time in hospital post-birth , mother and baby(withdrawal from parental substances) • Homeless/asylum seeker • Inappropriate associates	Key professional actively supporting child and family with information, advice and interventions provided by health and school. In Health (0-5 years), this would be the Health Visitor. School age this would be the Head Teacher or Pastoral Teacher. Child's **chronology** updated. **Lead Professional**, if appointed, arranges the initial MAC. Otherwise, the Team Around the Child will consult with the key professional to decide who has capacity to arrange the MAC. **Lead Professional** to chair future MACs. When a Lead Professional is no longer required, the **Lead Professional** will contact and handover to the key professional will continue to support the child within universal services.	Refer to the **Child's Planning Manual** for additional information and guidance about the MAC process **Initial MAC paperwork** completed All members of the Team Around the Child are expected to attend the MAC or submit a report for the meeting. If **Target Intervention** is required, a statutory **child's plan** is developed and a Lead Professional, if not already identified, must be appointed Another member of the Team Around the Child to take the note of the meeting. When holding a Review MAC ensure that a Review note of the meeting as well as the child's plan is completed/updated Child's plan regularly reviewed until the targeted outcomes are for the child Any child protection concerns? If yes, go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there

			are child protection concerns ensure that you complete a confirmation of referral form.
	A MAC meeting is required for a child/young person when there is a need to consider targeted intervention and the development of a Childs Plan. This will always involves a number of agencies working together. When Universal Plus services require the assistance of another agency to meet the needs of the child. Needs of child are multi-agency. The child or young person: • **has repeated concerns expressed about them, e.g. from the list of stage 2 from one or more sources** • **and family have no means of accessing financial support** • **is committing low level non-persistent offending** • **is often running away** • **where there are allegations of physical chastisement with no visible injury** • **where there are repeatedly expressed minor concerns** • **is subject to serious verbal threats** • **is subject to regular negative criticism** • **where there is concern of chronic or periodic neglect** • **where there is persistent parental failure to attend medical treatment or appointments** • **where there is persistent parental failure to follow medical advice** • **is affected by domestic abuse** • **is homeless and their family are homeless** • **has a pattern of drug and/or alcohol misuse** • **has family who have a pattern of drug and/or alcohol misuse**	Refer to the **Child's Planning Manual** for additional information and guidance about the MAC process Key professional actively supporting child and family with information, advice and interventions provided by health and school. In Health (0-5 years), this would be the Health Visitor. School age this would be the Head Teacher or Pastoral Teacher. Child's **chronology** updated. **Lead Professional**, if appointed, arranges the initial MAC. Otherwise, the Team Around the Child will consult with the key professional to decide who has capacity to arrange the MAC.	Referral to Children's Reporter should be considered. If thought to be appropriate, a multiagency discussion needs to take place. **Initial MAC paperwork** completed All members of the Team Around the Child are expected to attend the MAC or submit a report for the meeting. .

	• **who has a pattern of frequent changes of address** • **showing harmful behaviour towards other children**		
	☐ **showing harmful behaviour towards parent/carer/family** ☐ **is scapegoated and/or rejected by parent/carer** ☐ **has regular absences from home with assumption of risk taking is misusing social media** ☐ **is potentially being sexually exploited by an individual has power over them** ☐ **is self-harming with incidents being significant e.g. self-poisoning or more serious cutting** ☐ **is offending regularly that may place child or** ☐ **others at risk has a pattern of concerns around their violent and/or aggressive behaviour has identified developmental** ☐ **learning and/or mental health needs is involved in an abusive relationship which places them or others in danger with a** ☐ **disability where family functioning is affected** ☐ **whose family placement is likely to break** ☐ **down has significant complex emotional behavioural difficulties or disruptive or** ☐ **challenging behaviour at home or in the community has parents who have drug and/or alcohol issues, mental and/or physical health** ☐ **issues and/or learning disability that is significantly affecting their ability to parent is** ☐ **subject to repeated minor accidents that demonstrates parents not providing adequate supervision.** ☐ **is not being provided with adequate meals and is chronically hungry.** ☐ **is being left unattended inappropriate to age/stage of development** ☐ **has their participation in social activity restricted and lack of** ☐ **interaction with others causes concerns is expected to undertake some inappropriate**	**Lead Professional** to chair future MACs. Another member of the Team Around the Child to take the note of the meeting. When a Lead Professional is no longer required, the **Lead Professional** will contact and handover to the key professional will continue to support the child within universal services.	If **Target Intervention** is required, a statutory **child's plan** is developed and a Lead Professional, if not already identified, must be appointed. When holding a Review MAC ensure that a Review note of the meeting as well as the child's plan is completed/updated Child's plan regularly reviewed until the targeted outcomes are for the child Any child protection concerns? If yes, go straight to level 4 and Child Protection procedures/phone respective Duty Social Worker - When there are child protection concerns ensure that you complete a confirmation of referral form**.** Referral to Children's Reporter should be considered. If thought to be appropriate, a multiagency discussion needs to take place.

	care tasks for siblings or parent but attending school, involved in social activities. is persistently distressed by unresolved parental residence or contact disputes.		
Stage 4	**Descriptor**	**Professional involved**	**Process to consider**
High Level Specialist Provision TARGETED INTERVENTION a service which is directed at meeting the needs of children whose needs are not capable of being met, or met fully, by the provision of services that are generally available)[2]	**Pre birth** • Unwilling to engage with services/evasive behaviour/frequent house moves • Significant substance misuse/chaotic alcohol misuse • Currently LAC • Learning disability- which may place self or baby in danger • Attempted suicide/suicidal ideation • Significant self-harm • Current domestic violence/ abusive relationship by any adult in the household • Coercive relationship • Emotional abuse • Allegations of serious verbal threats contributing to emotional abuse • Evidence of fabricated illness • Suspicion of involvement in prostitution • Suspicion of being trafficked/exploited • Schedule 1 offense-either parent • Previous child death/Non-accidental injury • Current CP concerns/other children with Child's Plan	**Lead Professional** (Social Worker) involved The role of the key professional will continue to promote, support and safeguard the child's wellbeing alongside the coordinating role of the Lead Professional	Immediately follow Child Protection procedures including completion of the confirmation of referral form. Discussions will subsequently give consideration, if appropriate, to the Vulnerable Young Persons Protocol, National Risk Framework, Adult Protection Questions to consider • What has been happening? • What is happening now? • What might happen? • How likely is it? • How serious would it be? Depending on circumstances a co-ordinated support plan, child protection plan (a child's plan where the onus is on the safe wellbeing indicator), looked after children paperwork or a report to the reporter may be required **UIA** will always be required Child involved in MAC process if not Child Protection core groups or S31 processes

			Target Intervention is needed and a statutory **child's plan** is completed Child's plan regularly reviewed until the targeted outcomes are achieved for the child When a Lead Professional is no longer required the **Lead Professional** will contact and handover to the key professional who will continue to support the child within universal service. Referral to Children's Reporter should be considered. If thought were appropriate, a multi-agency discussion needs to take place.
	Child has been harmed or is at risk of harm. Sufficient concerns to require Child Protection or Adult Protection referral or referral for Vulnerable Young Person's meeting. High Risk or actual family/social breakdown – need for accommodation May require compulsory intervention to overcome adversity and risk Grounds are met for referral from or to the Children's Reporter	**Lead Professional** (Social Worker) involved The role of the key professional will continue to promote, support and safeguard the child's wellbeing alongside the coordinating role of the Lead Professional	Immediately follow Child Protection procedures including completion of the confirmation of referral form. Discussions will subsequently give consideration, if appropriate, to the Vulnerable Young Persons Protocol, National Risk Framework, Adult Protection Questions to consider • What has been happening? • What is happening now? • What might happen? • How likely is it?

			• How serious would it be?
	Child accommodation (including residential, secure unit and Youth Offending Institutions) Separation from family due to actual or likely continuing significant harm Multiple, complex and longstanding difficulties requiring multi-agency support to prevent and reduce significant harm (plus recurring) and/or impairment of health or development – complex car packages The child or young person: • **where suspicion a baby has been shaken** • **where there is an allegation or suspicion of abuse, neglect or any suspicious injury** • **has an injury where there is an inconsistent explanation or an admission about a non-accidental injury** • **where there are repeated allegations or reasonable suspicion of non-accidental injury** • **has been injured during domestic abuse** • **where there are allegations involving serious verbal threats contributing to emotional abuse** • **where there are allegations or reasonable suspicion of serious neglect including cumulative impact of neglect** • **where there is a medical referral of failure to thrive** • **makes a direct allegation of sexual abuse** • **affected by inappropriate internet use including potential grooming or bullying** • **makes a direct allegation of physical abuse/emotional abuse/neglect** • **experiences repeated, serious instances of self-harm and/or**		Depending on circumstances a co-ordinated support plan, child protection plan (a child's plan where the onus is on the safe wellbeing indicator), looked after children paperwork or a report to the reporter may be required **UIA** will always be required Child involved in MAC process if not Child Protection core groups or S31 processes **Target Intervention** is needed and a statutory **child's plan** is completed Child's plan regularly reviewed until the targeted outcomes are achieved for the child

	suicidal thinking	When a Lead Professional is no longer required the **Lead Professional** will contact and handover to the key professional who will continue to support the child within universal service.	Referral to Children's Reporter should be considered. If thought were appropriate, a multi-agency discussion needs to take place.

- **has serious or chaotic alcohol, drug or substance misuse**
- **has significant mental health or learning problems which may place themselves or others in danger"**
- **where there are persistent concerns around violent and aggressive behaviour by any adult within the household**
- **where there are persistent concerns around violent and aggressive behaviour**
- **is involved in an abusive relationship, which places themselves and or other in danger.**
- **is suspected to be involved in prostitution**
- **has a person convicted or suspected of committing offences against children move into their household**

- **has no available parent carer and child vulnerable to harm**
  e.g. abandoned baby
- **where there is evidence that child is at risk of suffering harm due to fabricated/induced illness**
- **who is subject to parental delusions which imply risk**
- **have parents who have drug and/or alcohol issues, mental and/or physical health issues and/or learning disability**
- **who has a drug and/or alcohol problem and parents not taking appropriate action**
- **where there is suspicion that they are being involved in organised abuse including grooming by paedophile rings or internet abuse**
- **is being suspected of being trafficked or exploited**

	• **where there is concern that parents are actively evading engagement with services or moving house frequently** • **whose parents have attempted suicide with the children present where siblings have been subject to non-accidental death or serious injury**		

SCOTTISHBORDERS
WELLBEINGWEB

Listeningtoyourviewsisveryimportant.TheWellbeingWEBhelpsyou,andtheadults aroundyou,tounderstandwhatyoufeelandthinkaboutwhatitgoingonforyou.

NAMEOFCHILD	DATEOFBIRTH

HOMEADDRESS

CURRENTADDRESS(ifdifferent)

WHOHELPEDCOMPLETETHISWEB?   (pleaseinclude relationshiptothechildaswell   asagency)

DATEWEBCOMPLETED?	ISTHIS ANINITIALWEB?	ISTHISAREVIEWWEB?

safe

healthy

included

active

respected
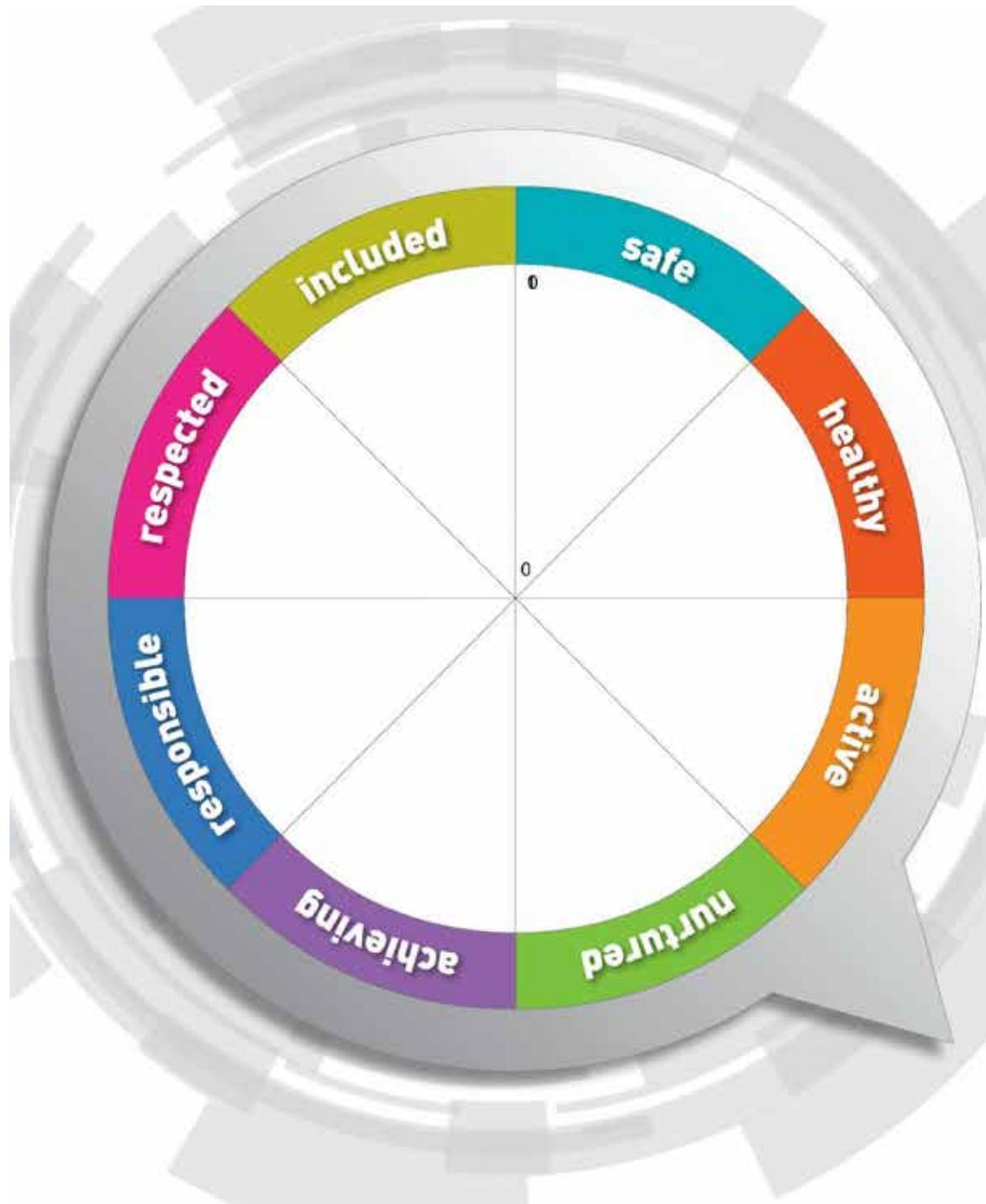
nurtured

responsible

achieving

SUMMARY TABLE

INDICATOR	PREVIOUS ⊟	CURRENT ⊟	NOTES/COMMENTS	+ OR -?
SAFE			• • •	
HEALTHY			• • •	
ACTIVE			• • •	
NURTURED			• • •	
RESPONSIBLE			• • •	
RESPECTED			• • •	
INCLUDED			• • •	
ACHIEVING			• • •	

NOTES/COMMENTS: This should be a very brief comment containing a maximum of 3 bullet points which highlight the main reasons why the child completing the Web has chosen a particular number.

NOTE: If required, a more detailed account of the session should be recorded in the case notes/pastoral notes section of the child's file.

Chronology

getting it right
for every child

in the Scottish Borders

Name of Child / Young Person	Date of Birth	Gender	Reference Number (i.e. CHI / SCN / Mosaic)

Date of Event	Event Details	Action/Outcome	Source

Date of Event	Event Details	Action/Outcome	Source

Date of Event	Event Details	Action/Outcome	Source

Analysis of the chronology

Signature	Print name	Job Title	Date

Chronologies - Significant Events

The following areas have been identified by each of the agencies as worthy of recording, but are a guide only as no definitive definition can be given.

Education	
	Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
	Positive or negative changes in family circumstances e.g. housing, birth of a sibling
	Physical and mental health and wellbeing of child/young person, parents/carers
	Positive or negative changes in performance, attainment or achievement
	Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g. psychological service, intensive support team, care and learning)
	If the child has an Individual Education Plan or Co-ordinated Support Plan
	Positive or negative changes in attendance
	Positive or negative changes in parental presence, engagement or support with child's learning
	Episodes of exclusion or re-integration
	Significant periods of absence e.g. illness, pregnancy, truancy
	Social inclusion within the school setting including evidence of bullying or positive support networks
	Decision to initiate an Integrated Assessment.
	Outcomes of internal assessment team or joint support meeting
	Change of teacher or other key member of staff from the child/young person's school
	Change of school

Chronologies - Significant Events

	Any threats or actual incidents of violence to staff by parents or child/young person
	Any other relevant concerns or positive improvements
Health	Positive or negative changes in health related problems in relation to the child/young person or their parents/carers, such as disability, substance related issues, mental health issues etc.
	Changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
	Changes to child/young person's physical or emotional wellbeing
	Changes in family circumstances e.g. housing, birth of a sibling, emotional wellbeing
	Referrals to Paediatric Services, Therapy Services, Other Agencies

	Attendance at Accident and Emergency, Out of Hours and NHS24
	Incidences of hospital admissions
	Childhood illnesses
	Changes in disability
	Dates of immunisations and screening (these may or may not be of significance depending on the child/young person's circumstances.)
	Kept or missed appointments for ante-natal, post-natal appointments, immunisations, child/young person health surveillance, hospital appointments
	Formal health assessments e.g. developmental, LAC
	Change to the Health Visitor, School Nurse or other key staff member working with the family

Chronologies - Significant Events

	Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule
	Threats or actual incidents of violence to staff
	Any other relevant concerns or positive improvements
	Significant home visits
Social Work Services	All referrals to Social Work
	Information relating to health or parental lifestyles of parents/carers that significantly impact on the child/young person
	Positive or negative changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
	Positive or negative changes in family circumstances e.g. homelessness, birth of a sibling
	Referrals to Family Support Services, Home Support, Childcare or other agencies
	Dates and details of Social Work Involvement e.g. start date, closure of case and reason
	Lack of engagement
	Child/young person Concern referrals
	Outcome of child/young person protection referrals/enquiries/investigations
	Outcome of child protection related meetings e.g. case discussions, case conferences, core groups
	Dates and reason for child/young person being looked after and accommodated
	Change of social worker or other key worker from the service

Chronologies - Significant Events

	Changes to legal status including primary and secondary statutes where applicable
	An established pattern of missed appointments without acceptable reasons, including refusal of entry
	Dates and conditions of contact/conditions of no contact
	Change of address including foster placement and temporary accommodation
	Referrals to the Children's Reporter and the grounds of referral
	Outcome of children's hearings
	Details of planning meeting and/or review dates including LAC
	Any other relevant concerns or positive progress
	Any threats or actual incidents of violence to staff including verbal threats
	Date when summary statements, working agreements, risk assessments are completed
	Significant home visits
Police	Any incident involving a child/young person that would require notification to another agency about a child/young person (could include child protection, bullying, wellbeing concerns, missing persons, youth offending and ASB)
	Any incident involving an adult that would impact on the wellbeing of a child/young person (could include parent's arrest/ drug or alcohol misuse, involvement in serious and organised crime groups, mental health issues)
	Any incident where the environment or circumstances would impact on the wellbeing of a child/young person (could include neglect, poor living conditions, inappropriate risk taking, internet communications)

Chronologies - Significant Events

	Some convictions of an adult may impact on the wellbeing of a child or young person where they are part of or become part of a family (could include Registered Sex Offenders, Domestic Abusers, Schedule 1 offenders)
	Significant events where a child or young person is victim of or witness to a serious crime
	Where compulsory measures of supervision are likely to be required
	Where an officer has repeated contact for minor behavioural issues in the family or community (could include children/young people dealt with by campus officers)
Housing	Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
	Positive or negative changes in family and housing e.g. relocation, eviction, transfer to private tenancy
	Positive or negative changes in maintenance of tenancy agreements
	Positive or negative changes in neighbour relations or anti-social issues. Where this has led to further action being taken, for example ASBO, then this should be recorded
	Evidence of, or referrals for suspected drug dealing, drug taking or excessive alcohol use
	Reports of anti-social behaviour on the child/young person or parents
	Reports from Elected Members, members of the public or Anti-Social Behaviour Staff regarding anti-social behaviour
	Any concerns about the safety or welfare of children or young people noted directly by housing staff or passed to them by others in the community e.g. children left unattended, poor standards of household cleanliness, children/young people wandering the streets or being out in poor weather without adequate clothing
	Any threats or actual incidents of violence to staff

Chronologies - Significant Events

	Any other relevant concerns, positive events
Scottish Children's Reporter Administration	Dates of referral
	Referral reason e.g. care and protection, youth justice, domestic abuse, school attendance. For example:
	Section 67(2) a, likely to suffer unnecessarily or health or development likely to be seriously impaired due to a lack of parental care Section 67 (2) b, schedule 1 offence committed against child/young person
	Legal status and changes to legal status
	Dates of any Children's Hearings
	Any decisions made about the child/young person i.e. hearings, voluntary measures, interim compulsory supervision order, compulsory supervision order, contact review hearing, deferred hearing

APPENDICES - Section 2 - Single Planning Process

Appendix 4 Universal Plus Meeting Note Template

<table>
<tr>
<td colspan="2">

Universal Plus Meeting
Note of Meeting
</td>
<td>getting it right
for every child</td>
</tr>
<tr>
<td>

Full Name:

D.O.B:

Age:

Gender:

Nursery/ School/ Further Education (if applicable):
</td>
<td>

Address:

Postcode:
</td>
<td>

Please specify supporting document including date:
</td>
</tr>
<tr>
<td></td>
<td></td>
<td>

Reference Number
(i.e. CHI / SCN / Mosaic)

Child's first language:

Child's preferred language/form of communication:
</td>
</tr>
<tr>
<td colspan="3">

Meeting details
</td>
</tr>
<tr>
<td>

Date of Meeting:
</td>
<td colspan="2">

Chair of Meeting:
</td>
</tr>
<tr>
<td colspan="3">

Attendance (any apologies):
</td>
</tr>
</table>

Purpose of Meeting

Key points of discussion

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Agreed Action Plan and Outcomes to be achieved:

Well-being indicator	Outcomes to be achieved	Actions	Who and by when?	How will we know if we are making progress?

Safe			
Healthy			
Achieving			
Nurtured			
Active			
Respected			
Responsible			
Included			

Wellbeing indicators not requiring action:

Date and Venue of Next Meeting:

Date:	Venue:	Time:

If no further meetings required, please state reason:
Annual Review Date:
Chairperson signature
Signed: **Print Name:**   **Date:**

Initial **Meeting Around the Child** **Note of Meeting**	getting it right for every child
Specify supporting documents (including date) :	**in the Scottish Borders**

Child			
Full Name: **Home Address**: Postcode:		**Current Address** (if different): **Postcode**:	
D.O.B:	**Gender**:	**Reference Number**: (i.e. CHI / SCN / Mosaic)	**Child on Child Protection Register: YES/NO**
Nursery/ School/ Further Education (if applicable):		**Child's first language**: **Child's preferred language/form of communication**:	

Meeting details
Date of Meeting:

Parent / Carer		
Name:	**Relationship**:	**Address if different from above**:
Telephone:	**Parental Rights**:	**Present at Meeting**: YES / NO

Name:	Relationship:	Address if different from above:
Telephone:	Parental Rights:	Present at Meeting: YES / NO

a   No plan or Review required

Appendix 5b Review MAC Template

<table>
<tr>
<td>

Review
Meeting Around the Child
Child Protection Case Conference
S31 (Looked After and Accommodated Child)
Other, please specify
Minute

</td>
<td rowspan="2">

getting
it right
for every child

in the Scottish Borders

</td>
</tr>
<tr>
<td>Specify any supporting documents including date :</td>
</tr>
</table>

Child

Name:	**Current Address** (if different):
Home Address:	
Postcode:	**Postcode**:

D.O.B:	**Gender:**	**Reference Number:** (i.e. CHI / SCN / Mosaic)	**Child on Child Protection Registration: YES/NO**

Nursery/ School/ Further Education (if applicable):	**Child's first language**:
	Child's preferred language/form of communication:

Meeting details

Date of Meeting:

Parent / Carer

Name:	**Relationship**:	**Address if different from above**:
Telephone:	**Parental Rights**:	**Present at Meeting: YES / NO**
Name:	**Relationship**:	**Address if different from above**:
Telephone:	**Parental Rights**:	**Present at Meeting: YES / NO**

Who has provided consent to information sharing? If consent is not required explain why:

Lead Professional

Name:	Agency/ Designation:	Contact information:	Present at Meeting: YES / NO

Team around the Child

Agency /Designation	Name	Address and Tel No.	Additional relevant information	Present at meeting
Named Person :		Tel:		
		Tel:		
		Tel:		

Have there been any significant changes in the child's life since the last review? If yes please specify and comment on the impact on the child

Wellbeing indicator	Summary of Progress towards outcomes since last review
Safe	Outcome (s) as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Healthy	Outcome (s) as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Achieving	Outcome (s) as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Nurtured	Outcome (s) as per child's plan:

	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Active	Outcome (s) as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Respected	Outcome as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Responsible	Outcome as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Included	Outcome as per child's plan:
	Progress:
Progress towards achieving outcome	Not achieved ☐ Partly achieved ☐ Mostly achieved ☐ Fully achieved ☐

Is the child's situation improving at a pace that meets the child's needs?
If drifting, why is it drifting?
What changes are required to bring this back on track?
Any other changes to be made to the Child's Plan?

Decision of the Meeting	
a No further plan/review required	☐
b More information required. Universal Information and Assessment to be completed by ……………………………………………………………………………..(name and date)	☐

c	Outcomes and actions agreed. Updated Child's Plan to be prepared by ………………………………………………………….…………………..(name and date)	☐
d	Additional resources may be required. Named Person or Lead Professional to discuss with Line Manager/budget holder.	☐
e	Referral to the Children's Reporter to be completed by ………………………………………………………….………………..(name and date)	☐
f	Other, specify…………………………………………………………………….……….	☐

Is everyone in agreement with the decision of the meeting? – if no please specify

Date and Venue of Review Meeting (if required)

Date:　　　　　　Venue:　　　　　　　　　　　　　　Time:

Chairperson/ Lead Professional signature

Signed:　　　　　　Print Name:　　　　　　　　　　　Date:

THE LEAD PROFESSIONAL

1. Understanding the Role and Responsibilities of the Lead Professional
2. Escalation Policy for disagreements in relation to the Lead Professional

When a Meeting Around the Child (MAC) has been convened, the identified members of the team around the child need to give consideration as to whom, if a child's plan is needed, will be the child's Lead Professional.

The expectation is that the Lead Professional will be the most appropriate professional to co-ordinate the child's plan and work with the family to improve outcomes for the child.

1. Understanding the role and responsibilities of the Lead Professional	
Who is the Lead Professional	The Lead Professional is the professional who is best placed to carry out the coordinating role when the child has more complex needs or where two or more agencies need to work together to help the child.
Role of the Lead Professional	Where there is a need for one or more targeted interventions to meet the wellbeing needs of a child (and hence there is a requirement for a Child's Plan), the Lead Professional will manage the Child's Plan.
Responsibility of the Lead Professional	- ensures the child's Plan is complete, accurate and up-to-date - ensures the child's Plan and note of meeting is shared with TAC - ensures that support is coordinated across agencies - ensures the child and family are kept informed, and are actively involved in the process - acts as 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 - promotes teamwork between agencies and with the child or young person and family - is familiar with the working practices of other agencies - Liaises with other staff who have specific roles or who are carrying out direct work or specialist assessments - ensures the child or young person is supported through key transition points, particularly any transfer to a new Lead Professional
Does the Key Professional always become the child's Lead Professional?	No – they only become the child's Lead Professional if they meet the criteria, see above. There will be times when the Key Professional is the Lead Professional, but in other cases, it may be more appropriate for another professional to take on this role, in agreement with the partners to the Plan.

THE LEAD PROFESSIONAL

Role of the Team Around the Child	To attend the meetings and contribute to assessment, planning and reviewing the agreed outcomes. There is a shared responsibility among the professionals around the table to agree the arrangements for chairing and take notes of the meeting
Role of Key professional who is not Lead Professional	Where there is a Lead Professional in place, the role of the Key professional will continue to promote, support and safeguard the child's wellbeing alongside the role of the Lead Professional.
How long is the Lead Professional involved?	Until the child no longer requires targeted intervention, and therefore a child's plan.
What happens when a Lead Professional is no longer required?	The Lead Professional will contact and handover to the Key professional who will continue to support the child within universal services.
When is the Social Worker always the Lead Professional?	All children whose name is on the Child Protection Register. When a Child is subject to a Legal Order. E.g. Interim Compulsory Supervision Order, Compulsory Supervision Order or Permanence Order When there is a high risk of family breakdown and/or concern about a child where current parenting is the primary issue (top end of Level 3 – based on risk assessment) N.B this can only happen with the consent of the family

Suggestions to identify the most appropriate professional to take on the Lead Professional role. (Please note that the list is not exhaustive)	• For school aged children Key Professionals or other staff nominated by the school will act as Lead Professional where the primary issue is school related and there are no other significant concerns about a child's wellbeing or safety. • For pre-school children, Key Professionals or other staff from within NHS services will act as the Lead Professional where the primary issue is of a health nature or low to medium concern regarding parenting. • Where the primary need/issue/concern is a child's mental health a member of CAMHS team or suitable health lead will act as Lead Professional. • Where the primary need/issue/concern relates to a young person who is significantly offending then the Lead Professional will be a Youth Justice/ social worker. • Where the primary need/issue/concern relates to a child with a disability, depending on assessment of need i.e. depending on whether regular respite care is needed or ongoing health input, the health professional or social worker need to decide who is most appropriate to take on the Lead Professional role.

2. Process for agreeing Lead Professional within the MAC process

The expectation is that every effort will be made by the team around the child to resolve any issues without any unease for the child and family.

1. A MAC is held and the decision made that the child requires a child's plan.

2. The expectation is that the Lead Professional will have been identified prior to the MAC or during the MAC.

3. If the decision over the Lead Professional has not been reached amicably by the end of the MAC, the professionals should remain after the child and parent(s) leave to decide who will take on the Lead Professional role.

4. In the event that a Lead Professional has still not been identified, the Key Professional will advise their Line Manager. The Key Professional's Line Manager will contact the Line Managers of the other members of the Team Around the Child to resolve the issue.

5. In the exceptional case, where there remains disagreement, the Line Manager of the Key Professional will then submit all information that was available at the MAC (including the notes of the meeting and the Child's Plan) to agency's GIRFEC Lead for their consideration and decision.

6. The maximum amount of time for the issue to be resolved by the agency's GIRFEC Lead is one month. The default position is that the Key Professional will act as the Lead Professional during that time.

7. Agency's GIRFEC Lead will advise the Key Professional of their decision.

Appendix 5d Arranging & Chairing a MAC

GUIDANCE ON ARRANGING & CHAIRING A MAC

Arranging and Chairing a MAC

Setting up the MAC	
	Provide adequate notice wherever possible.
	Ensure invites have gone out.
	Book a meeting room.
	Arrange a note taker if possible.
	Ensure any necessary paperwork is readily available.
	Ensure there are enough chairs.
	Consider the need for refreshments, box of tissues.
	Ensure reception is aware of who will be attending.
Prior to Meeting	
	Meet with child/parent(s).
	Introduce yourself and explain that the MAC is all about the child and that your role as Chair is to manage the MAC to make sure that the child is kept central, that everyone has an opportunity to speak and that by the end of the meeting everyone is clear about decisions, and any plans to meet the needs of the child.
	Ask parents if they understand why a MAC is being held.
	Ask parents if they have any questions prior to the MAC.

Crib for Chairing a MAC
Make sure all of the following is summarised in the Note of the Meeting:

1. Introduction
- *I would like to welcome everybody to this Initial Meeting Around the Child in respect of……………………….*
- *My name is …………………………. and I am chairing today's meeting.*
- *We are here today for (the child) and, as adults in his/her life, to see whether there are any supports that he/she needs.*
- *If we could now go round and everyone introduce themselves saying what relationship/involvement they have with (the child).*
- *Any apologies?*

2. Reason for Meeting (Wellbeing)
- *What is everyone's understanding of why we are here? (Open up discussion to tease out specific reasons for the meeting)*
- *Ask everyone to provide a Chronology update since last meeting*
- *So to sum up………..(summarise the presenting issues and link them to the wellbeing indicators, state what this specifically means for the child)*

3. Note of Meeting (Assessment)

- *To get a good understanding of what is going on for (the child) we need to talk about……..*
- *What is working well? (Acknowledge any strength/protective/resilient/positive factors)*

To make sure that all areas of the child's life are considered please refer to the Child's World and the wellbeing indicators.

Include what is working well for the parents/carers and how this impacts on the child.

Make reference to the sources, assessments, tools used.

Make sure that risks related to the current situation have been considered, discussed and are recorded within the notes.

Where the Wellbeing WEB has been used identify the areas where scoring is high, and it is consensus or a majority view.

Acknowledge any existing supports/resources that are working well.

Make sure that the views of the child/parent/carer/professionals are represented.

- *Is anything that is working well likely to change? What needs to get better?*

Acknowledge any concern/risk/adversity, and state why this needs to improve for the child.

Where the Wellbeing WEB has been used make reference to the indicators that have low scores.

Comment on what needs to improve.

Make sure that the views of child/parent/carer/professional are all heard in order to acknowledge differing perception.

- *What is getting in the way of the child's wellbeing and development?*

Make sure that all areas of the child's life are considered.

Refer to sources, assessments, tools used such as the Child's World and the wellbeing indicators.

What is going on for the parents/carers which negatively impacts on the child.

- *Is everyone in agreement with what is working well and what needs to get better?*

Child's Plan

in the Scottish Borders

Full Name: **D.O.B:** **Age:** **Gender:**	**Address:** **Postcode:**	**Please specify supporting document including date:** **Reference Number:** (i.e. CHI / SCN / Mosaic)

Date of Plan: **Date of Previous Plan:** **Current Legal Status:** **Is this plan delivered and managed under the Self Directed Support framework? Yes or No**	**Number of plan:**	**Co-ordinated Support Plan attached?**	YES/NO
Describe the purpose of the Child's Plan (i.e. what do we want to achieve for the child/young person?)		**Individual Education Plan attached?**	YES/NO

Action Plan and target **Outcomes** to be achieved:

Outcomes to be achieved	Actions	Who and by when?	How will we know if we are making progress?	Well-being Indicator(s)
1				
2				
3				
4				
5				
6				
7				
8.				

Wellbeing indicators not requiring action:

Contingency Plan:

Areas of disagreement:

Child's view of the Plan?

Parent/Carer view of the Plan?

I have read, understood and agree to the Plan:		
Child's name:	Signed, if appropriate:	Date:
Parent/Carer's name:	Signed:	Date:
Lead Professional/Named Person:	Signed:	Date:
When will this plan be reviewed?		
Date: Venue:		Time:

Appendix 5f Escalation Policy - Child's Plan disagreement

Escalation Policy in relation to disagreement in regards to a Child's Plan

This policy is to be used in the spirit of shared learning and improvement of child's plan in response to an identified wellbeing need. It is not a method of complaining about interagency colleagues or ongoing disputes which are covered by the Dispute Resolution Protocol.

Examples of situations (which is not exhaustive) to which the protocol should be used:

1. Member(s) of the team around the child disputing whether a child's plan is needed.
2. Member(s) of the team around the child raising concern around other professionals involvement causing a lack of progress with the child's plan
3. Member(s) of the team around the child raising concern because the Lead Professional is on long-term sick and no replacement from the team around the child has been agreed to take on the role.

Your professional responsibility to raise concerns in relation to a child's plan is vital to ensure that the child's plan is progressed in order to achieve the outcomes for the child.

1. Member(s) of the team around the child have concerns/disagreements in relation to the child's plan which cannot be resolved after discussions.

2. The professional(s) raising the concern will discuss the concern/disagreement with their Line Manager. If there is more than one agency involved, or if the disagreement remains unresolved, the respective Line Managers will consult with one another to discuss the situation further. Every effort should be made by the professional(s) and Line Manager(s) to resolve the concern/disagreement.

3. If the disagreement cannot be resolved then a Professionals Meeting must be convened within 5 working days where all the information on the child is shared and an agreement sought on the way forward.

4. The meeting will be organised and chaired by the Key Professional's Person's Line Manager or equivalent.

5. If there is still no agreement consideration will be given to whether it is necessary at this point to implement the Dispute Resolution Protocol.

6. Refer straight to Scottish Borders Child Protection Procedures - Dispute Resolution Protocol.

Procedure for Reflective Review of the Meeting Around the Child (MAC)

1. Purpose

1.1   This procedure sets out the procedure for an independent review of Meetings Around the Child (MAC) to ensure that cases are progressed effectively and outcomes are improving within reasonable timescales for children and young people.

1.2   The procedure will support multi-agency staff in their decision making, giving practitioners the opportunity to reflect on progress or lack of progress and consider alternative actions. This procedure should reduce the risk of children remaining in the MAC system too long without sufficient progress being made.

1.3   This procedure provides the Lead Professional and Team around the Child (TAC) with the opportunity for   a 'reflective review', considering all alternative actions, using their knowledge of the family but led by a practitioner who has no prior involvement with the family or management responsibility for the workers.

1.4   This procedure is not intended to replace the important role of the MAC or of individual supervision; nor does it replace the Child Protection Case Conference or Section 31 review system.

1.5   When MACs have been held for a period of 6-months, the Lead Professional must seek the view from their line manager to identify if outcomes from the Child's Plan are being met and/or whether a Reflective Review is required.

When MACs have been held for a period of 12-months, the Lead Professional must request a Reflective Review via their agency GIRFEC Lead.

1.6   A Reflective Review can be requested at any time by the Lead Professional (or by any member of the TAC, after first discussing it with the Lead Professional) who considers insufficient progress is being made timeously or that improvements are temporary. This may result from outcomes not being met and/or family members failing to engage or change.

2. Reflective Review MAC procedure

Stage 1: MACs have been in place for period of 6 months

Lead Professional must seek the view from their line manager to identify if outcomes from the Child's Plan are being met and/or whether a Reflective Review is required

Child's Plan in place and outcomes being progressed

Outcomes not being met and Reflective Review required

Continue with MACs and work to progress Child's Plan

Lead Professional documents discussion with line manager in child's record

Lead Professional contacts their agency GIRFEC Lead to request Reflective Review and sends all previous MAC minutes, Child's Plan and Chronology *(see appendix 1 for Reflective Review Referral)*

Agency GIRFEC Lead contacts GIRFEC Leads Group and reviewer identified

Reviewer assesses all information (MAC minutes, Child's Plan and Chronology) and has discussion with Lead Professional, MAC Review Template completed

Reviewer makes decision that all appropriate support is in place and follows this up with discussion with Lead Professional

Reviewer completed Reflective Review Stage 1 Template *(see appendix 2)*

Reviewer sends email to the Team Around Child to highlight review has taken place and sends completed template, invitation for TAC to contact them if they disagree/have concerns

Lead Professional documents information in child's record

Reviewer advises the requirement for a Reflective Review MAC with Lead Professional and Team Around the Child

Lead Professional advises child/young person and parents/carers of Reflective Review MAC

Review MAC takes place and MAC Review Template Stage 2 completed and uploaded to child's record and shared with TAC *(see Appendix 2)*

Lead Professional provides feedback child/young person and parents/carers

Learning points from Reflective Review shared with GIRFEC Leads Group

Stage 2: MACs have been in place for period of 12 months

MAC's have been held for a period of 12 months - Lead Professional must request Review MAC

↓

Lead Professional contacts their agency GIRFEC Lead to request Reflective Review and sends all previous MAC minutes, Child's Plan and Chronology *(see appendix 1 for Reflective Review Referral)*

↓

Agency GIRFEC Lead contacts GIRFEC Leads Group and reviewer identified

↓

Reviewer assesses all information (MAC minutes, Child's Plan and Chronology) and has discussion with Lead Professional, MAC Review Template completed

Reviewer advises the requirement for a Reflective Review MAC with Lead Professional and Team Around the Child

Reviewer makes decision that all appropriate support is in place and follows this up with discussion with Lead Professional

Reviewer completed Reflective Review Stage 1 Template *(see appendix 2)*

Reviewer sends email to the Team Around Child to highlight review has taken place and sends completed template, invitation for TAC to contact them if they disagree/have concerns

Lead Professional advises child/young person and parents/carers of Reflective Review MAC

↓

Lead Professional provides feedback child/young person and parents/carers

Review MAC takes place and MAC Review Template Stage 2 completed and uploaded to child's record and shared with TAC *(see Appendix 2)*

↓

Learning points from Reflective Review shared with GIRFEC Leads Group

3

Appendix 1: Reflective Review MAC – Referral Form

This form must be used when requesting a MAC Reflective Review to be completed by the Lead Professional or any member of the Team Around the Child.

Name of child:	
Date of birth:	
Address:	
Name of practitioner requesting review:	
Contact email:	
Contact phone number:	

Brief background of case, including date of first MAC, and specific areas of lack of improvement in outcomes for child(ren):

Members of the Team Around the Child:	
Name:	**Email:**

Appendix 6a to Child Planning Manual

Attached Documents – these must be provided	
Notes of MAC Meetings	
Chronology	
Child's Plan	
Wellbeing web(s)	
Other (please specify)	

FOR COMPLETION BY AGENCY REPRESENTATIVE

Name of Referrer	
Telephone:	
Email:	
Date:	

Please send this form and other documents to your agency GIRFEC Lead

Appendix 2: MAC Reflective Review Stage 1 – review of records and discussion with Lead Professional

Name of child: **DOB:**

Name of Lead Professional:

Name of Independent Reviewer:

1. **What outcomes/progress has been achieved for the child? What has worked well?**
2. **What are the unmet needs and risks?**
3. **What is stopping needs being met and risks being managed/reduced?**
4. **What additional support is needed?**   **Who else might be able to offer help/support?**
5. **Is a Review MAC required?**

Appendix 3: MAC Reflective Review Stage 2 – reflective MAC

Name of child: **DOB:**

Name of Lead Professional:

Name of Independent Reviewer:

Date of meeting:

1.   **Attendees:**
2.   **What outcomes/progress has been achieved for the child?**
3.   **What are the unmet needs and risks?**
4.   **What is stopping needs being met?**
5.   **What additional support/action is needed?**
6.   **Date Child's Plan will be updated by Lead Professional**
7.   **Learning points to be shared with GIRFEC Leads**

Appendix 6b Referral for MAC Reflective Review

Reflective Review MAC – Referral Form

This form must be used when requesting a MAC Reflective Review to be completed by the Lead Professional or any member of the Team Around the Child.

Name of child:	
Date of birth:	
Address:	
Name of practitioner requesting review:	
Contact email:	
Contact phone number:	

Brief background of case, including date of first MAC, and specific areas of lack of improvement in outcomes for child(ren):	

Members of the Team Around the Child:	
Name:	**Email:**
Attached Documents – these must be provided	

Appendix 6b to Child Planning Manual

Attached Documents – these must be provided	
Notes of MAC Meetings	
Chronology	
Child's Plan	
Wellbeing web(s)	
Other (please specify)	

FOR COMPLETION BY AGENCY REPRESENTATIVE

Name of Referrer	
Telephone:	
Email:	
Date:	

Please send this form and other documents to your agency GIRFEC Lead

MAC Reflective Review – review of records and discussion with Lead Professional

Name of child: **DOB:**

Name of Lead Professional:

Name of Independent Reviewer:

1. **What outcomes/progress has been achieved for the child? What has worked well?**
2. **What are the unmet needs and risks?**
3. **What is stopping needs being met and risks being managed/reduced?**
4. **What additional support is needed?**   **Who else might be able to offer help/support?**
5. **Is a Reflective Review MAC required?**

Appendix 7   Health to Education Transition Flowchart

Health to Education Transition Flowchart

Health

Ongoing:
HVs identify children needing help with wellbeing and seek consent to share information from parents with Key Professional in school.

Mid April:
Child Health Admin send info re schools to HVs

May/June:
HVs complete Health to Education Transition form for children needing help with wellbeing

List of all children moving from Health to Education shared.

HVs meet with head teachers (Key Professional) to discuss specific children with addition wellbeing information to be shared.

Health Visitors:
All relevant information shared with appropriate Key Professional in school

Autumn Term	XMAS	Winter Term	EASTER	Summer Term	Summer Break	Autumn Term

November:
P1 Enrolment Forms available to Parents Includes consent to share information with health

March/April:
P1 Enrolment Decisions Made

April:
For placing requests, Education contact parents to confirm enrolment

Information shared with Child Health Admin re school

Summer Term:
Late enrolment / transfers to be confirmed by schools with parents

1st Day of Term

Head teachers:
All head teachers aware of children with wellbeing needs where relevant health information has been shared

Education

Version: Nov 2017

SCOTTISH BORDERS
Health to Education Transition Form for Key Professionals re children requiring help with wellbeing

(To be completed by the Child's Health Visitor electronically, to be discussed with Head Teacher and uploaded to SEEMIS Wellbeing Application by the school)

Child's Name:	
Date of Birth:	
Parents/Carers Name:	
Key Professional - Health Visitor	
Key Professional - Primary Head Teacher:	
How and when have the parent/carer been advised of the change to the child's Key Professional?	
Has the parent/carer been advised of the information that is being passed over to the Head Teacher and why? If not, why not.	
Date of Transition meeting:	

1. **Summary of additional help that the child needs?**

2. **Who is part of the Team Around the Child?**

Name	Role	Phone number

3. **Additional information shared**

Chronology

UIA

Wellbeing Assessment

Resilience Matrix

Other (please provide further information)

4. **Dates of future Universal Plus, MACs, other meetings**
     -
     -

SEEMiSGroup LLP

Enabling Digital
Information for Education

01/02/2017

Wellbeing Application

Scottish Borders COUNCIL

Post Implementation Guidance

SEEMIS WELLBEING APPLICATION	
As of 9th January, 2017, Scottish Borders Council implemented the SEEMiS Wellbeing Application. This is used by SMT and pastoral staff in all SBC schools.	
TRAINING	
We are aware that it has been some months since training took place so in order to refresh skills, users should go to the SEEMiS website using the following link https://www.seemis.gov.scot

Users should login to the website using their usual Click & Go login but **prefixing a 'b' before the z** in their name. Once logged in, users can us   user either or both of two learning methods in the website as follows | |
Training > Videos > Wellbeing	This allows the user to watch videos for each menu item.
Training > Wellbeing Materials	This gives a printed copy of the latest version of the various manuals. Users are reminded that they should visit this menu on a regular basis over the coming months for updated manuals, especially after a rollout has taken place.
ESTABLISHMENT CONTACT	
To assign a new Establishment Contact	In Click & Go > Management > Establishment Contact (Assign Establishment Contact Role to Staff tab)
All students **must** have an Establishment Contact. There are two ways to do this	
In Bulk	In Click & Go > Management > Establishment Contact (Bulk Allocation of Establishment Contact tab)
Individually	In the Wellbeing Application > Student Dashboard > Change Estab. Contact
ESTABLISHMENT CONTACT SUPPORT	
Schools can opt to have Establishment Contact Support in school. The profile for this role only gives access to limited menus eg Create/Upload.	
Access	In Click & Go > Management > Establishment Contact (Assign Support Establishment Staff tab)
Training for EC Support	This is one screen and it is expected that the Establishment Contact will login to the SEEMiS website and print off the document under Wellbeing Materials (as above) named *Wellbeing Quick Start Guide EC Support Establishment.* They should then go through this guide with the Support person.
CREATING INFORMATION/UPLOADING DOCUMENTS	
This functionality should be used with a view to creating a timeline to use in a Chronology.	
TRANSITIONING	
In	This is done when a pupil is enrolled. An Establishment Contact should be allocated at this time.
Out	This is done when a pupil leaves your school.
NOTE	1. It is recommended that each school should keep a transitioning **log of errors**. If a user incorrectly uploads a document then this must be remembered when transitioning a pupil out of the school – that could be months or even years later.
	2. Some schools have alerts for Transitioning on their school dashboard which include non-current students – this is caused by a bug which will be corrected in a forthcoming rollout (poss 23rd Feb). In the meantime you should continue with Transitioning students who have joined/left your school between now and then.
	3. SEEMiS has identified an issue which occurs when a student has two or more past admission records in a school which could be confusing the system, making it enable the button when it shouldn't - there is work taking place at the moment around the retrieval of transfer information which will ensure only the most recent admission is looked at, again this should be in the next rollout.
FURTHER HELP/SUPPORT	
About process	Jim Marshall jmarshall@scotborders.gcsx.gov.uk
About system	Email to seemissupport@scotborders.gcsx.gov.uk

APPENDICES - Section 4 - Universal Information and Assessment

Appendix 10 UIA Template

<table>
<tr><td colspan="4" align="center">CONTENTS</td></tr>
<tr><td colspan="4">Reason for Assessment: (e.g. Children's Reporter, Children's Hearing, Looked after Child Review Meeting, Case Conference, MAC, other)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Details and Date of Meeting: (if relevant)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td>Child's Name:</td><td>Also known as:</td><td colspan="2">Date of Birth:</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Contributions have been made by the following:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Contents:</td></tr>
<tr><td colspan="4">Part A: Universal Information</td></tr>
<tr><td colspan="4">Part B: Assessment – The Child's World, Analysis and Conclusion</td></tr>
<tr><td colspan="4">Appendices (please <u>underline</u> if any of the following is attached to this assessment):</td></tr>
<tr><td colspan="4">Child's Plan

Co-ordinated Support Plan</td></tr>
</table>

Individual Education Plan

Child Protection Checklist

Chronology

Single Agency Report (list the agencies who have submitted a single agency report)

Non-Disclosure and Compulsory Measures (if appropriate)

Update Report (see guidance)

Other ……………………………………….

UNIVERSAL INFORMATION   Part A

1. Details of Child

Child's Name:	Also known as:	Date of Birth:	

Home Address of Child:			

Home Tel no:			

Mobile no:			

Does the child live elsewhere?	YES/NO	If yes, complete Section 4.	

CHI no:	Agency Ref no:	Religion:	Ethnicity:

Nursery/School attended:			

Additional Support Needs: Children who may require additional support for a variety of reasons (see guidance for list to choose from)

If other then please specify:

Additional Communication Needs: For example, signing or interpretation assistance

Legal status of child:	
Child on Child Protection Register: YES/NO	**Looked After Child:** YES/NO
Non-disclosure: YES/NO	
- if yes please complete Appendix: Compulsory Measures and Non-Disclosure	

Child's first language:	
Parent's first language:	
Interpreter needed?	

2. Household Composition of Child's family home
Please show all persons who hold parental responsibilities (PR) for child.

First Name	Family / Surname / also known as		D.O.B.	Relationship to subject		PR (Y or N)	

3. Any other significant family members or other significant people living outwith the household. *Please show all persons who hold parental responsibilities (PR) for child.*

First Name	Family/ Surname/ also known as	Relationship to subject	Age / D.O.B.	Gender	Address and Telephone no.	PR (Y or N)
					Mob no:	
					Mob no:	
					Mob no:	

4. Placement Details (if child not living at home)

Name of Carer:

Address:

Telephone number:

Type of placement (e.g. foster care, kinship, residential, other):

Any other details (only if applicable e.g. respite arrangements):

5. Involved agencies/Team Around the Child		
Designation Named Person **Agency**	**Name:** **Address:** **Tel:** **Emergency No:** **(if applicable)**	**Additional (relevant) information** (e.g. work pattern if part time)
Designation Lead Professional **Agency**	**Name:** **Address:** **Tel:** **Emergency No:** **(if applicable)**	
Designation **Agency**	**Name:** **Address:** **Tel:** **Emergency No:** **(if applicable)**	
Designation **Agency**	**Name:** **Address:** **Tel:** **Emergency No:** **(if applicable)**	

ASSESSMENT: The Child's World, Analysis and Conclusion	Part B

Summary of presenting needs and/or risks for the child

The Child's World

Views of the child and his/her desired outcomes

Views of the parents/carers and their desired outcomes

Analysis (see guidance)

Areas of Disagreement

Conclusion and Recommendation (see guidance)

Child's Plan

Please ensure that a Child's Plan is attached. If not, please provide reason:

Lead Professional (PRINT NAME):	Signed:	Date:

Integrated Chronology of Significant Events (insert rows as needed)

Date of Event	Event Details	Action/Outcome	Source

Appendix: Single Agency Report (see guidance)

Appendix: Non- Disclosure and Compulsory Measures

Disclosure consideration	
Non-disclosure:	**YES/NO**
If yes please specify type of non-disclosure (e.g. surname, address, school, health centre)	

Compulsory Measures

Note: This section should be completed whenever;
   a) *the Reporter has requested a report; or*
   b) *a referral is being made to the Reporter; or*
   c) *Children's Hearing is being held (initial and review)*

1. **Are compulsory measures being recommended?** YES/NO (If no, please go to 4).

2. **If compulsory measures have been recommended, what is the evidence that the Child's Plan cannot be achieved on a voluntary basis?**

3. **If compulsory measures have been recommended, are any specific conditions being requested? If so, why? Be specific about which conditions, including non disclosure, are being recommended and why such conditions would be supportive?**

4. **If compulsory measures have not been recommended, what is the evidence that future support for the child and his/her family can be provided on a voluntary basis?**

Appendix: Update Report
(for Warrant, continued Hearings or at the request of the Children's Reporter)

Name of Child:	
Date of Birth:	
Most Recent UIA dated:	
Reason for Update Report:	

Update on child's circumstances
Conclusion and Recommendation

Author:	
Date:	
Line Manager Signature:	

Universal Information and Assessment	getting it right for every child

Guidance on Universal Information and Assessment

1. The lead professional is the sole author of the Assessment to ensure that it is concise, focussed on the key issues, coherent and in one style.

2. The new Assessment format is significantly simplified in order to allow staff to present the information and analysis in a narrative style as much as possible, avoiding the duplication and constraints imposed by the current format. The simplification also allows the format to be used proportionately in many more situations than is currently the case.

3. Members of the Team around the Child will make their contributions by way of a separate report in most instances and the author of the Assessment will make reference to the separate reports in the Assessment itself. The separate reports will be appendices to the Assessment. Each agency will design its own format (s) for its single agency report. It is not intended that there are lots of additions documents attached as appendices. Therefore, if the contribution to the report is brief, contributing professionals can agree that their views are incorporated into the Assessment with no need to include the information as an appendix.

4. In addition to single agency reports, plans for children covering specific areas of their lives eg CSPs and IEPs can also be included in appendices and reference made to them in the Child's Plan.

5. The analysis section of the Assessment should, wherever possible, be based on the outcome of a multi-agency discussion.

6. The proposed revised format can be more easily adapted for use in providing reports to external agencies such as Children's Reporter and Children's Hearings.

7. The ability to update the Assessment without completing a new document is being proposed in a very limited number of situations i.e. when a Children's Hearing is continued or a Warrant is issued. A fully updated Assessment is required for all other situations including Review Children's Hearings and when there is a change to the recommendation.

8. The Chronology Section has been separated from the main body of the report in order to make it easier to update on a regular basis without the need to revise the whole Assessment. This would also allow the chronology to be downloaded as a stand-alone document for ease of access and reference.

9. The "Compulsory Measures" Section is being proposed to assist staff in being very clear in their argument as to why compulsory measures should be considered and separating this from the process of Assessment and planning for a child. This section also provides

the opportunity to inform the Reporter, if appropriate, about people to whom the information in the report should not be disclosed.

Front Sheet

Reason for Assessment

State the source of the request for the Assessment. For example the Children's Reporter, Children's Hearing, a Looked After Child Review (S31), identified need for further assessment as a decision from a Meeting Around the Child (MAC)

Contents

Part A:	The expectation is that Part A will be completed in every instance.
Part B	The expectation is that Part B will be completed in every instance.
Appendices:	Under the heading of Appendices please <u>underline</u> which of the appendices are being included in the Assessment.
Chronology:	A chronology always needs to be included.
Single Agency Report:	Each agency will design its own format (s) for its single agency report. It is not intended that there are lots of additions documents attached as appendices. Therefore, if the contribution to the report is brief, contributing professionals can agree that their views are incorporated into the Assessment with no need to include the information as an appendix.
Update Report:	This update report on the child's circumstances can only be used in very limited circumstances (Continued Hearings and issuing of warrants). It should include any significant changes in the child's life since the last Assessment was completed, acknowledging any subsequent changes in analysis including any changes to need and/ or risk.

Part A – Universal Information

This section contains the core information on a child, also referred to as the minimum data set.

Religion - please specify

Ethnicity - choose from one of the following: White Scottish, other White British, White Irish, Other White, Indian, Pakistani, Bangladeshi, Other South Asian, Chinese, Caribbean, African, Black Scottish, other Black, German, Latvian, Lithuanian, Lithuanian, Polish, Portuguese, Russian, Any Mixed Background, Other Ethnic Group, Not given.

Additional Support needs -   choose from one of the following: Has Motor Or Sensory Impairments, Is being Bullied, Is Particularly Able or Talented, Has Experienced A Bereavement, Is Looked After, Has a Learning Difficulty, Is living with parents who are abusing substances, Is living with parents who have mental health problems, Has English as an additional language, Is not attending school regularly, Has emotional or social difficulties, Is on the child protection register, Is a young carer, Has Autistic Spectrum Disorder including Asperger, Has communication or language impairment, other

Legal Status - choose from: section 70 Children Scotland Act, section 25 Children Scotland Act, other (please specify).

PR (Parental Responsibility) - answer yes or no.

Non-disclosure – Are you recommending non-disclosure? If yes then please specify the type of nondisclosure eg surname, address, foster carer details, school, health centre and provide the reason why.
If this Assessment is for the purpose of a Children's Hearing and, for example, you stipulate that the child's address must not be disclosed then the Assessment must not contain the child's address because the Assessment will be sent to all 'relevant' persons.'

PART B – Assessment: The Child's World, Analysis and Conclusion

Practitioner Identifies the Need for an Assessment of Need/Risk

The 5 GIRFEC questions can be used to support the assessment process

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

Summary of the presenting needs and/or risks for the child?

This should provide a clear and **concise** understanding of why the Assessment is needed. Clearly stating the presenting issues in relation to the Wellbeing (SHANARRI) indicators and being specific about what this means for the child.

Examples:

1. There is a risk/need that the child is being emotionally harmed by regular incidents of domestic violence within the home. (Safe)

2. There is a risk/need that the child will not thrive and develop normally because of inconsistent care provided by his/her parents who misuse drugs and alcohol on a regular basis. (Safe)

3. There is a risk/need that the child is suffering physical and emotional harm due to excessive chastisement by parents. (Safe)

4. There is a risk/need to the unborn child's health due to the alcohol and drug use of the mother during pregnancy. (Healthy)

5. There is a risk/need that the child will suffer avoidable injuries because of the physical dangers within the home. (Healthy)

6. There is a risk/need that the child's health will suffer due to incomplete immunisations and failure of parents to attend health screening appointments. (Healthy)

7. There is a risk/need that the child will not meet appropriate levels of academic attainment due to low attendance and disruptive behaviour in school. (Achieving)

8. There is a risk/need that the child will not achieve his/her learning targets due to his/her complex needs unless appropriate additional support is provided. (Achieving)

9. There is a risk/need that the child will not develop into a healthy, happy and well-adjusted child due to;
   • Poor physical care by parents
   • Lack of a strong loving attachment with parents
   • Living in a family where parents do not understand the primacy of the needs of their child
   • Living in a household where he/she is persistently subject to criticism, being ignored, humiliated etc.(Nurtured)

10. There is a risk/need that the child's physical and emotional health is being adversely affected because he/she;
    • Does not have regular time playing with parents
    • Is not encouraged by parents to play with other children
    • Is not encouraged by parents to actively engage in sporting and recreational activities in school and in the community. (Active)

11. There is a risk/need that the child does not feel respected because she/he;
    - Is experiencing bullying by peers and adults
    - Is experiencing discrimination on the grounds of age, gender, ethnicity, religion, culture, disability, where they came from or live. (Respected)

12. There is a risk/need that the child is not developing an age-appropriate sense of responsibility because she/he;
    - Is not following simple rules and instructions and beginning to internalise these
    - Is unable to exercise some degree of self-control over their emotions and behaviour
    - Is unable to show understanding of the consequences of their actions
    - Does not show respect for other children's possessions or school equipment
    - Is disruptive in school and does not respond positively to correction
    - Bullies and discriminates against others
    - Misuses drugs and alcohol
    - Commits offences in the community. (Responsible)

13. There is a risk/need that the child will be excluded from opportunities open to other children because she/he;
    - Lives in a home which is overcrowded
    - Lives in a family which has inadequate income to support his/her involvement in activities at school and in the community
    - Is not receiving adequate support for her/his learning difficulties/complex needs
    - Experiences bullying, discrimination, labelling or stereotyping. (Inclusion)

The Child's World

This section should contain a descriptive account of the child's background and current situation. The My World Triangle should be used to structure thinking so that a whole child approach is taken. The interaction between the three domains and how they impact one upon the other must be carefully analysed in order to gain a complete and accurate picture of the child. Ensure that the views of the child, parent/carer are considered and included throughout.

The information gathered and presented must be proportionate and relevant and it is not always necessary to explore every area of the triangle in detail. However, a brief consideration of them all ensures that important information is not lost. The following prompts are provided for your consideration and application based on your professional judgement.
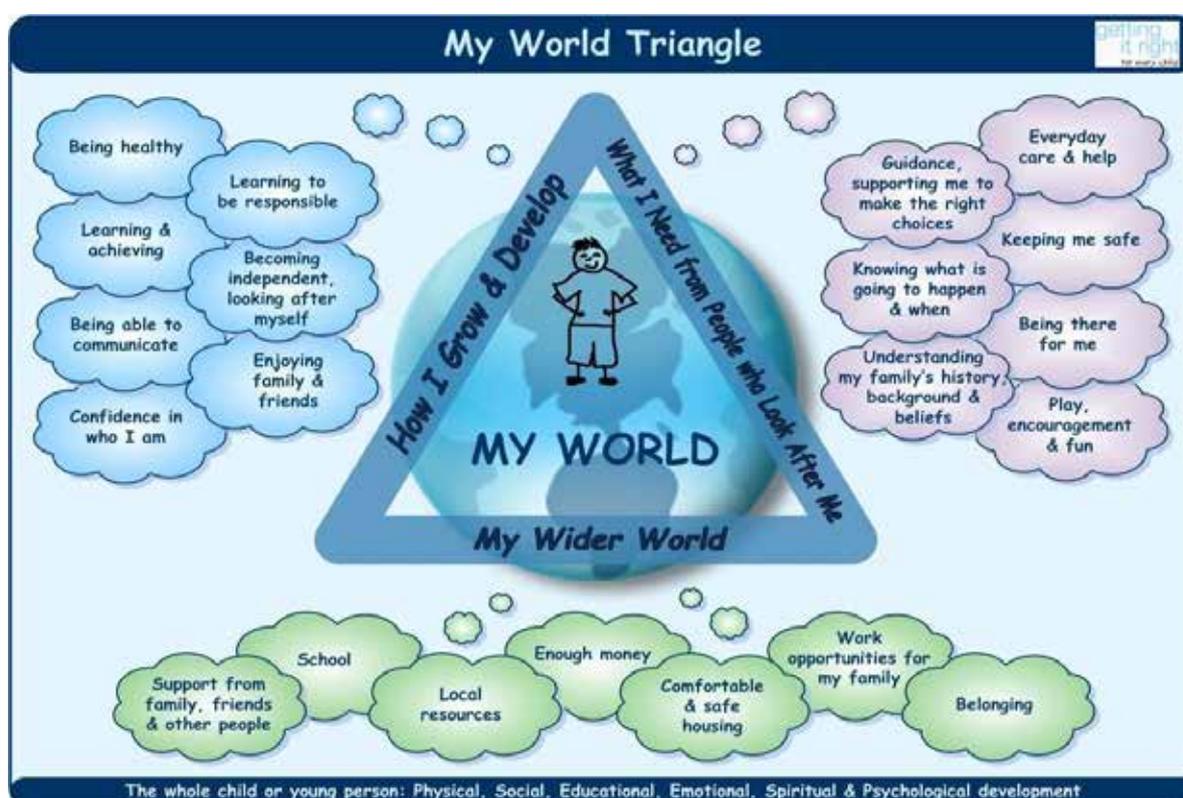
The Child's Wider World

- **Current Family and Home Situation:** Family structure including siblings, other significant adults, etc. who lives with the child and who does not live with the child – what role do they play

- **Family history, functioning and well-being -** Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour; parents/carer stress and requirements for support.

- **Wider family -** Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities.

- **Housing, employment and financial considerations -** Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship.

- **Social and community elements and resources-** Including education, Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships.

What is the child getting from his/her parents/carers?

- **Basic care, ensuring safety and protection** - Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment.

- **Ensuring safety and protection** - Proper supervision, protection of child from harmful environments or adults.

- **Emotional warmth and stability** - Stable, affectionate, stimulating family environment; praise and encouragement; secure and insecure attachments; frequency of house, school, and employment moves.

- **Guidance, boundaries and stimulation** - Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities.

- **Cooperation of child, parent or carer:** History and current analysis of co-operation:

How is the child growing and developing?

- **Health, General health -** Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information.

- **Physical development -** Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc

- **Speech, language and communication -** Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding.

- **Emotional and social development -** Feeling special; early attachments; risking/actual selfharm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy; mental health.

- **Behavioural development** - Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; antisocial behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

- **Identity, self-esteem, self-image and social presentation -** Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability.

- **Family and social relationships -** Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

- **Self-care skills and independence -** Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family.

- **Learning, Understanding, reasoning and problem solving -** Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction.

- **Progress and achievement in learning -** Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest.

- **Aspirations -** Ambition; pupil's confidence and view of progress; motivation, perseverance

Views of the child and of the parent/carer

Views of the child
Dependent on the age and the stage of the child.
Encourage the child to express their view.
Use their words where ever possible.
If considered appropriate ensure that the content of the Assessment has been discussed with child and that they have had the opportunity to comment.

Views of the parent/carer
Encourage the parent/carer to express their opinion.

Ensure that the content of the Assessment has been discussed with parent/carer and that they have had the opportunity to comment.
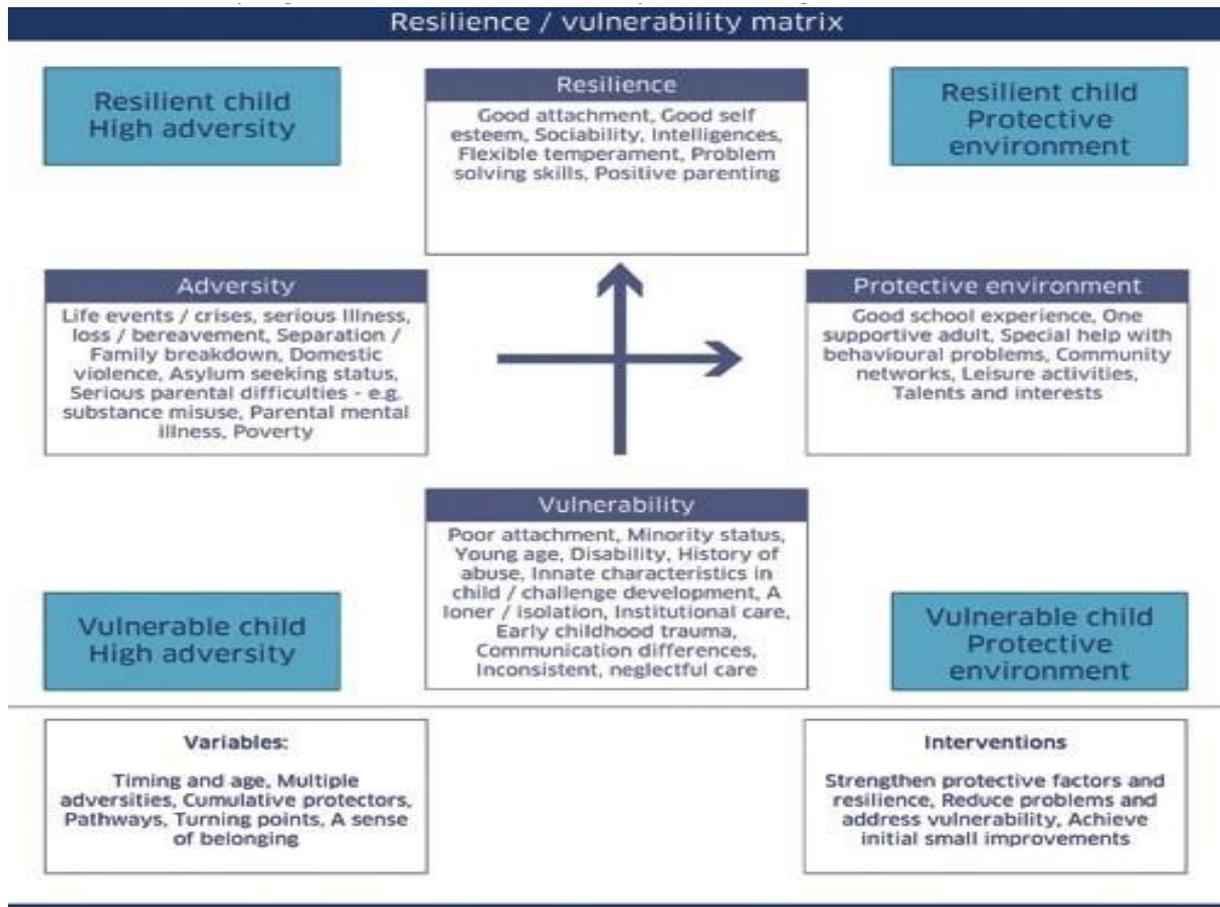
Analysis

What is meant by analysis around a child's wellbeing?

"The ability to break down the different elements within the family situation and the wider community, in order to understand the relationship between the various factors that are impacting on the child, the weight to give to each factor and how they might be changed or influenced. Using information intelligently and constructing a narrative and hypotheses which can be tested and retested"

Munro, E. (2010) *The Munro Review of Child Protection. Part One: A Systems Analysis.* (p.53)

Analysis and GIRFEC

The GIRFEC National Practice Model provides a framework to support practitioners' assessment and planning for a child. The Resilience Matrix is integral to the model as it is a means of analysing the information from the My World Triangle and other sources.

Analysis:

Consider the following as part of your analysis (refer to the resilience/vulnerability matrix above):

1. List the specific protective factors for the child
2. List the specific adversity factors for the child
3. Comment on the balance between protective factors and adversity – does one outweigh the other?
4. List the factor(s) which are the most significant for the child and describe the likely impact on their well-being if they remain unmet (address each separately)
5. What specifically needs to change to strengthen resilience and their protective environment?

For further information please refer to the National Risk Framework
http://www.scotland.gov.uk/Publications/2012/11/7143/downloads#res408604

Conclusion and Recommendation

This should be a brief statement of what is being advocated as the proposed course of action and the reasons for this. Consider the following to inform your option analysis:

Generate **all potential options** for action – including no intervention
Describe potential **benefits** and **deficits** for each option
Describe most **preferred option** and why (This will form the basis of the Child's Plan)
(Articulate what **needs to be in place if a less preferred option** is the only one available)

Chronology

This is a chronology of significant events that are relevant to support the current multi agency involvement in a child's life. The information is taken from the single agency chronologies.

The purpose is to provide a clear account of events in a child's life to date, drawing on the knowledge and information held by each agency involved with the child and family.

A chronology is not a record of an agencies involvement with a child; it is a record of significant events in that child's life.

For further information on Chronologies the Care Inspectorate guidance should be consulted.

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications/practicebriefings/chronologies

The following areas have been identified by agencies as worthy of recording but not every area will be recorded for every child, only where it is a relevant key event:

Education
Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
Positive or negative changes in family circumstances e.g. housing, birth of a sibling
Physical and mental health and wellbeing of child, parents/carers
Positive or negative changes in performance, attainment or achievement
Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g. psychological service, intensive support team, care and learning)
If the child has an Individual Education Plan or Co-ordinated Support Plan
Positive or negative changes in attendance
Positive or negative changes in parental presence, engagement or support with child's learning
Episodes of exclusion or re-integration
Significant periods of absence e.g. illness, pregnancy, truancy
Social inclusion within the school setting including evidence of bullying or positive support networks
Decision to initiate an Integrated Assessment.
Outcomes of internal Assessment team or joint support meeting
Change of teacher or other key member of staff from the child's school Change of school
Any threats or actual incidents of violence to staff by parents or child
Any other relevant concerns or positive improvements

Health
Positive or negative changes in health related problems in relation to the child or their parents/carers, such as disability, substance related issues, mental health issues etc
Changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
Changes to child's physical or emotional wellbeing
Changes in family circumstances e.g. housing, birth of a sibling, emotional well-being
Referrals to Paediatric Services, Therapy Services, Other Agencies
Attendance at Accident and Emergency, Out of Hours and NHS24
Incidences of hospital admissions
Childhood illnesses
Changes in disability
Dates of immunisations and screening (these may or may not be of significance depending on the child's circumstances.)
Kept or missed appointments for ante-natal, post-natal appointments, immunisations, child health surveillance, hospital appointments
Formal health Assessments e.g. developmental, LAAC
Change to the Health Visitor, School Nurse or other key staff member working with the family Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule
Threats or actual incidents of violence to staff
Any other relevant concerns or positive improvements
Significant home visits

Social Work Services

All referrals to social work

Information relating to health or parental lifestyles of parents/carers that significantly impact on the child

Positive or negative changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence

Positive or negative changes in family circumstances e.g. homelessness, birth of a sibling

Referrals to Family Support Services, Home Support, Childcare or other agencies

Dates and details of Social Work Involvement e.g. start date, closure of case and reason Lack of engagement

Child concern referrals

Outcome of child protection referrals/enquiries/investigations

Outcome of child protection related meetings e.g. case discussions, case conferences, core groups

Dates and reason for child being looked after and accommodated

Change of social worker or other key worker from the service

Changes to legal status including primary and secondary statutes where applicable

An established pattern of missed appointments without acceptable reasons, including refusal of entry

Dates and conditions of contact/conditions of no contact

Change of address including foster placement and temporary accommodation

Referrals to the Children's Reporter and the grounds of referral

Outcome of children's hearings

Details of planning meeting and/or review dates including LAAC

Any other relevant concerns or positive progress

Any threats or actual incidents of violence to staff including verbal threats

Date when summary statements, working agreements, risk Assessments are completed Significant home visits

Scottish Border's Chronology format for both Single Agency and Integrated chronology

Date of event	Event Details	Action/Outcome	Source
The date of the event needs to be recorded in all instances Example: 07/05/2011	Salient points only. What was the significant event? Children/young people and their families will see this information and may also be asked for their informed consent to share (with other involved agencies and relevant parties) where it is in their best interest to do so.	Salient points only. What were the actions? What was the outcome?	Information in chronology should be current, factual and from a reliable source. The source of the information relating to a chronology item should be displayed in every instance. Where the information has come from. Please use your professional judgement in cases not covered by the following: If the information has come from **Health** be specific eg GP, Health Visitor, School Nurse, CAMHS, CPN, Midwife, Speech and Language Therapy. If the information has come from **Education** please specify which school eg Kelso High School, Wilton, Sparks of Genius. If you can be specific when the information comes from **Social Work** eg **Social Worker/Duty Social Worker or Family Support Worker** then that is helpful.

Single Agency Reports

Members of the Team around the Child will make their contributions by way of a separate report in most instances and the author of the Assessment will make reference to the separate reports in the Assessment itself. The separate reports will be appendices to the Assessment. Each agency will design its own format (s) for its single agency report. It is not intended that there are lots of additions documents attached as appendices. Therefore, if the contribution to the report is brief, contributing professionals can agree that their views are incorporated into the Assessment with no need to include the information as an appendix.

If there are any single agency reports ensure that they are electronically integrated into the Assessment.

Update Report

Please note that the reference to Warrant will change in accordance to the Children's Hearings (Scotland) Act 2011. When completing an update report please reconsider compulsory measures and non-disclosure in your conclusion and recommendation.

You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

Scottish Borders COUNCIL