Child’s Planning Framework Guidelines –August 2017

The proposed commencement date for the Children and Young People (Scotland) Act is August 2018. After this date every local authority in Scotland must operate a Named Person Service (NPS) for all children and young people aged 0-18 either the National Health Service (NHS): birth - starting school, or Education Service: starting school until 18.

In order to prepare for the commencement of the Children and Young People (Scotland) Act 2014, East Lothian as a proposed Named Person Service, has updated its staged assessment model for children of school age to reflect some of the necessary changes to comply with the new legislation. This period of time before the act commences allows Education and Children’s Wellbeing Services to implement our updated framework allowing time for review and refinement. It is important to note that the NHS Lothian is also working towards processes and systems within the new legislation for birth – to starting school. Although there will be some differences in processes, the language of GIRFEC and work of professionals in both services will reflect the focus on early intervention and positive outcomes for the wellbeing of all East Lothian children and young people.

Following a legal challenge to the information sharing duties of the act at the Supreme Court in 2016, the Government has updated this section and published a draft illustrative Code of Practice on Information Sharing (June 2017) which should be used under Parts 4 and 5 of the act. The current draft set of these guidelines reflects the Code of Practice. (Please refer to Information Sharing section on page 20 and http://www.gov.scot/Resource/0052/00521285.pdf)

Descriptions of roles and functions in these guidelines have been based on the latest Children and Young People (Scotland) Act 2014 draft guidelines published in 2015.

Principles and Values of Getting it Right for Every Child

Getting it right for every child is underpinned by common values and principles which apply across all aspects of working with children. Developed from knowledge, research and experience they reflect the right of the child as expressed in the United Nations Convention on the Rights of the Child (1989) and build on the Scottish Children’s charter (2004). They are reflected in legal powers and duties, professional protocols, quality standards and a range of professional guidance.

The summary below is intended to be both practical and relevant to professionals with a part to play in ensuring that each child is: safe, healthy, active, nurtured, achieving, respected, responsible and included.
• **Child at the centre:** The experience and needs of each child are central, and their views should be considered. Involve children in decisions about their lives in ways and at a pace which suits the child, their age, stage and circumstances.

• **Holistic approach and early intervention:** Whatever your professional role, try to consider the whole child. Although your involvement with a child may be short-term, as far as may be appropriate in each case, do consider the child's needs for longer term support.

• **Confidentiality and information sharing:** Respect the right to confidentiality for children, and for families, while recognising that the duty to safeguard children comes first.

• **Safety:** Recognise each child’s right to be safe. Being safe and feeling safe are fundamental aspects of well-being. If concerned about risk to a child, be alert to the implications for other, perhaps equally vulnerable children in the situation.

• **Promoting opportunities and valuing diversity:** Actively promote opportunities for children who face discrimination and extra barriers. Respond positively and creatively to diversity among children and families, and colleagues.

• **Partnership with families:** Recognise how parents, family members and those in the child’s network, are (or may with help become) the most significant contributors to meeting a child’s needs in most situations. In many circumstances they can lead the plan of action. Listen to those who know the child well, have a considered view of what the child needs, of what works well for the child in his/her family and of what may not be helpful.

• **Building on strengths:** Work to engage the strengths and resources within the family network in plans to address needs and risks for the child (as far as this is safe and achievable).

• **Bringing help to the child:** If you can play a part in a plan of help, consider how help can be brought to the child rather than automatically passing on information and responsibility.

• **Bringing help together:** Play your part in ensuring that children and families experience a co-ordinated and unified approach when several professionals are involved. Try to ensure that families are not subjected to stressful repetition of information, avoidable delay, or to assessments without a plan of action to help.

• **Supporting informed choice:** Support children and families in understanding what help is possible and what their choices may be.

• **Teamwork between professionals and agencies:** Respect the contribution and expertise of other professionals; and co-operate with them to meet the needs of children, as far as may be appropriate for your role and context. For example this may be through consultation, sharing information, shared assessment, planning, action, or material support.

• **Professional boundaries and standards:** Recognise that sharing responsibility between agencies does not mean acting beyond our competence or responsibilities. Take action if safety or standards are compromised, whether that means alerting your own manager/employer or another appropriate authority.

• **Individual development:** Commit to professional learning and development. This may be through training, supervision, teamwork, or application of research evidence. Commit to improvement upon inter-professional practice in work with children and families.

• **Values across all working relationships:** Recognise that respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, families and colleagues. Be sensitive to the impact of the work upon other professionals. Beside the well-being of children and families, consider the well-being of colleagues and value their support.
The good practice and professionalism of the staff, allied health professionals and other agencies who work with and support the wellbeing of children and young people in East Lothian is recognised as the strength. It has also to be acknowledged that the vast majority of our parents/carers nurture and care for their children very well and will have no need of the intervention of extra services apart from what is seen as the norm.

**Child’s Planning Framework**

This staged framework of assessment and planning builds on our existing processes but also takes account of the National Practice Model within the legislation of the Children and Young People (Scotland) 2014 Act. It is child centred, holistic and integrated in its approach to ensure that children and young people and their families, with additional support or wellbeing concerns receive the earliest, most effective and least intrusive response to their needs.

**NATIONAL PRACTICE MODEL**

It is a dynamic framework where assessment is directly linked to intervention and should be solution focused. Key to success are parents/carers, children and young people and agencies work together in gathering information (observing and recording, gathering information), carrying out interventions and evaluating progress (planning, action and review).

The framework recognises the critical part played by the universal East Lothian Health and Education Services in supporting the optimal development for all children. The majority of children are supported within universal services where their wellbeing will develop without the need for any additional support. If a wellbeing concerns arises, this should be identified early and steps taken to ensure that support is available to prevent further difficulties or an escalation needs. In a number of
cases additional and targeted support involving multi-agency working will be required to support complex needs. In every case where a child requires additional or targeted support from Health and/or Education the assessment and plan will be recorded in a Child’s Plan.

The following key principles underpin the Child’s Planning Framework:

- serves the best interests of a child or young person by putting the child at the centre
- includes the views of a child or young person in accordance with his/her age and level of understanding and the views of the family and /or others who are significant in a child’s life
- takes account of all aspects of a child or young person’s life, respecting rights and diversity, recognising communication or religious needs
- brings together professionals to ensure that assessment focuses on personal and family strengths, needs and risks and considers what needs to be done to address additional support or wellbeing needs.
- seeks to give an appropriate, proportionate and timely response to concerns

The aims of the Child’s Planning Framework are:

- to assist co-ordination of assessment and planning of intervention for individual children and young people;
- to inform decisions about the need for further specialist assessment and if so, to provide information on this;
- to support multi-agency working, consistency and good communication between practitioners by having a shared framework for assessment and planning across agencies;
- to support earlier intervention;
- to provide evidence of requests for assistance to specialist services and provisions.

**Stages of Child’s Planning Framework**

Within Education, there are three stages:

**Stage 1 - Universal**

Most of our children and young people fall into the universal category of our framework. They may require a degree of support at some point in terms of adjustments to the environment, curriculum, learning, teaching and assessment or minor health concerns. In nurseries and schools, this is likely to be delivered ‘in house’ or by nursery staff or school based staff. Specialised school staff e.g. support for learning teachers or school nurse may provide direct support to children or advice to staff in supporting individuals. This is considered as Universal Services available for all children and young people.

*Assessment and Recording within Universal Services:* The planning and recording for universal support will be within an establishment’s normal wellbeing planning and recording procedures. The 5 Practitioners Questions and Wellbeing Indicators within the National Practice Model are the starting point for any wellbeing concern. (Appendix 1). The key to the success of the assessment and planning is the people involved in the process. These are parents/carers, the child or young person (age appropriate) and relevant staff. It is vital that everyone involved knows their role in the support
as well as the planned outcomes. Regular monitoring, record keeping and reviewing ensure the plan is a working document. The views of the child (age appropriate) or young person and parents/carers remains a key part of this process and should be recorded. Above all, good communication is at the heart of this process.

**Stage 2 – Additional**

When the wellbeing needs of a child have not been met at universal level, it is necessary to move to stage 2 of our framework. This requires additional intervention over a sustained period. The Named Person, with the parent/carer, child (age appropriate) or young person and key individuals completes an assessment to consider what the needs are and how best to support these. This may involve support for learning or pastoral-care interventions or input from other agencies e.g. health, voluntary agencies. A child reaching this stage 2 ‘additional’ level is likely to require the support of professionals who do not routinely work with children and young people e.g. behaviour support (outreach and not available in school) or Speech and Language Therapy or Educational Psychology support or Occupational Therapy or mental health support. This type of support be time limited and reviewed.

*Assessment and Recording at Stage 2: Assessment and planning for the child or young person at this stage will be documented in a Child’s Plan within the SEEMiS Wellbeing Application Module Planning and Assessment section (Appendix 1) which will be coordinated by a child or young person’s Named Person. This plan will make clear the interventions and expected outcomes and roles and responsibilities of all those involved, a review date plus formally record the views of the assessment expressed by the child or young person and the parent/carer.*

**Stage 3 - Targeted**

All children and young people at this stage will have significant and continuing needs. They will require **intensive and targeted** assessment and intervention for example:

- children who’s additional support needs are such that they require an Exceptional Needs package or placement in a special education provision
- children with a Co-ordinated Support Plan in place because they require targeted intervention from Services to meet their educational needs
- children who are looked after by the local authority (both at home and away from home) and children on the child protection register
- children of school age who’s health needs require ongoing and targeted support from a Health Care professional

*Assessment and Recording at Stage 3: As at Stage 2, the assessment and planning for the child or young person at this stage will be documented in a Child’s Plan within the SEEMiS Wellbeing Application Module. At this level a Lead Professional will be appointed to work alongside the Named Person in supporting the family (see section on Lead Professional) for further information on the Lead Professional). He/she will be responsible for the effective implementation of the plan and will make clear the roles and responsibilities of all those involved as well as recording the views of the child or young person and the parent.*
In order to support children and young people express their views for any assessment please refer to the 7 **Golden Rules of Participation** which are a set of principles that anyone working with children and young people can use. They help children and young people tell adults about things that are important to them. Please refer to the following website link for further information.
https://www.cypcs.org.uk/education/golden-rules


**Key Roles and Core Elements of the Planning Framework:**

**Key roles:**
- a **Named Person** from with the **Named Person Service** – involved at all levels of support
- a **Lead Professional** – becomes key when targeted support is required. (We are waiting on the Scottish Government to confirm the definition of this role in later guidelines).

**Core Elements**
- use of **Chronologies** to record significant life events of children and young people
- the recording and monitoring of **Wellbeing Concerns** to identify and put in place support at the earliest possible stage
- use of the National Practice Model to complete a comprehensive **Wellbeing Assessment**
- the **Child’s Planning Meeting** to bring together the child’s network of support, the child and their family to consider the child’s needs and identify the desired outcomes to be recorded on the **Child’s Plan** and supporting planning documents (such as Individualised Education Plan, Co-ordinated Support Plan, Health Care plan etc.)

**The Named Person/Named Person Service**

**The Named Person**

Within the Children and Young People (Scotland) Act 2014, local authorities in Scotland must provide a **Named Person Service** for every child 0-18 (and up to 26 years of age for certain young people). From this Named Person Service it is an entitlement for every child or young person to have an identified **Named Person** made available to them.

This Named Person is the main point of contact for a child or young person and their parents/carers should they want information or advice. A Named Person will also be the point of contact for other services and agencies where wellbeing concerns about a child or young person can be reported. This is not a new role but a new title to formally recognise those practitioners who traditionally carry out
these roles within our health and education services. For further information on the role and functions of a Named Person, please refer to The Children & Young People (Scotland) Act 2014 draft guidelines http://www.gov.scot/Topics/People/Young-People/gettingitright/publications/revised-draft-guidance.

What is the role and function of a Named Person?

- Within Education, someone who knows the child or young person in a professional capacity
- A contact for children or young people and families
- A contact for other agencies who have wellbeing concerns about a child or young person
- Key to the role is promoting, supporting and safeguarding the wellbeing of children and young people.
- Not a ‘do-er’ of everything but a ‘gatherer/holder’ of information e.g. From health professionals, other educational support services, voluntary agencies, Police Scotland and the general public

The Named Person Service

Further information and details on professionals who will be part of the Named Person Service will be made available nearer the time of implementation of the Children and Young People (Scotland) Act (2104)
Practitioners who are identified as the Named Person are likely to:

- make sure that the child or young person and family are aware of the existence and function of the role and be the first point of contact for the child and his or her parents/carers seeking information or advice
- encourage parents to understand and contribute to their child or young person’s wellbeing
- develop and maintain positive relationships with the child or young person and family
- encourage the child or young person and family to participate in the decisions which affect their lives
- ask parents/carers and children and young people for consent to share information with other professionals when it is in the best interest of the child or young person’s wellbeing
- maintain accurate and up to date information about the child or young person’s wellbeing including any assessment and planning documentation
- monitor and review progress on the child or young person’s development and access appropriate, proportionate and timely help when required
- maintain a chronology of concerns, actions and outcomes
- respond appropriately to other professionals with an interest in the child or young person’s wellbeing (within information sharing protocols)
- initiate and co-ordinate any help a child needs from within their own agency
- initiate and co-ordinate any help a child or young person needs from another agency until the point a Lead Professional may be appointed
- facilitate positive transitions for the child or young person including sharing information with a new Named Person and ensuring that they are aware of any additional help the child may need
- support the role of the Lead Professional if required
- share agreed information timeously
- complete agreed actions in the Child’s Plan

Practitioners and professionals can help to support theNamed Person role in a number of ways:

- routinely explaining the role of the Named Person during the course of their day-to-day contact with children or young people and families. Some children or young people and parents/carers may not know who their Named Person is initially.
- recording the name and contact details of the child or young person’s Named Person in all records (if not known state the Named Person Service i.e. East Lothian Council).
- asking for informed consent to share relevant information with the Named Person where it is in the best interests of the child or young person
- ensuring that the Named Person is kept informed of any changes in circumstances or support offered to the child or young person or parent/carer which may impact on the child’s wellbeing.

Examples of good practice when sharing information with Named Person:

- Adult addiction services are supporting a parent experiencing difficulties with substance use. The addictions worker asks the parent for the details of their child’s Named Person and
explains that they may like to communicate with them from time to time to make sure the child’s wellbeing is supported. With the parent’s permission the Named Person is made aware that the parent is receiving support and can then support the child appropriately.

- A social worker from Adult Wellbeing becomes aware that a child’s parent is soon to be released from prison. They make sure that the child’s Named Person in education is fully informed so that the child’s wellbeing can be monitored for positive or negative changes and appropriate support put in place if required.
- A General Practitioner has concerns about an aspect of a child’s wellbeing and makes a request for assistance to an Allied Health Professional. The GP seeks parental consent to make the child’s Named Person aware of the concerns and the service being requested.
- A class teacher is concerned about a child’s slow progress with literacy. A period of class based intervention and small group work with the Support for Learning Teacher is implemented. Despite this support there is very little progress. The Class teacher and/or Support for Learning Teacher share their concern with the Named Person so they can consider appropriate and proportionate action to be taken based on further assessment, to ensure wellbeing needs are being met.

**Lead Professional**

A Lead Professional will always be required in cases where children and young people require multi-agency assessment and intervention. Please refer back to page 4 & 5 for details of **Stage 3 – Targeted Intervention**.

Practitioners identified as Lead Professionals will:

- have a good relationship with the child or young person and/or /parent/carer plus ensure they have an understanding of the assessment and planning process
- maintain good communication with a child or young person’s Named Person
- ensure that the views of the child or young person and parent/carer are heard and recorded during assessment, planning and decision making
- make sure all relevant people are aware of the existence and function of the role of Lead Professional
- ensure the Child’s Plan is accurate, current, implemented and reviewed regularly
- arrange meetings/reviews as and when agreed or required
- make sure that consent to share information and plan is agreed with the child or young person (age appropriate) and parents/carers
- call on the knowledge and experience of those involved in the plan to explore possible solutions when there are challenges in fulfilling planned outcomes

N.B. Where a child or young person is the subject of a Statutory Order or on the Child Protection Register, the Lead Professional will always be a Social Worker. This includes Looked after children (LAC).
**Chronologies**

**What is a chronology?**

A chronology is used to record significant events in a child’s life to date drawing on the knowledge an information held by each agency involved with the child and family. It may also provide an early indication of an emerging pattern of risk and concern. This may be evident by gradual and persistent withdrawal from protective factors such as non-attendance or avoidance of health appointments, non-attendance at nursery/school alongside frequent attendance at A & E or GP on call service.

Chronologies should contain sufficient detail, but should not contain details of every contact with the child or young person. It is important to note that what might be a key event in one child’s life, will not even be relevant to another child. In this respect, agencies are asked to use their professional judgement in completing a chronology.

There are two types of chronology.

1. A single agency chronology is collated from the information held within one single agency and provides a brief description and summarised account of events in date order. It should be used to assist in the understanding of the impact life events and to inform decision making.
2. An integrated chronology is produced as part of a multi-agency intervention and will include only information extracted from single agency chronologies that is relevant and proportionate to support intervention.

Chronologies should be shared with a child or young person (age appropriate) and their parent/carer unless there are justifiable legal reasons for withholding this information. This is not only for check of accuracy (e.g. date of birth, dates of events/incidents) but is part of the relationship of working together. It should also reflect relevant positive events too, e.g. improving attendance or keeping immunisation appointments for a young child. A chronology can also be shared with other agencies if appropriate and with consent.

**What should be included in a chronology?**

A chronology may contain information about a child or young person’s health, education, referrals to social services or external agencies, police, parental health or lifestyle choices, changes in family structure, child protection issues, housing issues and even pre-birth issues. A single incident, no matter how significant or insignificant, may appear itself of greater importance in the life of a child or young person when placed in the context of a time line chronology that can be shared.

Please refer to the Scottish Government Guidance on extended examples of what constitutes a chronological event in (Appendix 3)
Wellbeing Concerns

A child or young person’s wellbeing is assessed and monitored regularly through observations and interactions between health visitors, teachers, support staff and parents/carers. Assessment is an integral element of this universal service accessed by all children and young people. As part of this assessment or as a result of discussions with parents, child or young person, colleagues or other agencies a concern may be raised about a child or young person’s wellbeing. It is important that these concerns are recorded and monitored and where appropriate, support measures put into place to address the concern.

It is everyone’s responsibility to report concerns about a child or young person’s wellbeing. Parents/carers or the young person themselves may be the first to bring a wellbeing concern to the attention of a professional. Any member of staff receiving a concern whether written or verbal, should respond to the person raising the concern with sensitivity whether it to be offer a solution or offer to investigate further. Always record a concern and the first actions to be carried out.

If a wellbeing concern has been raised by someone other than the child or young person or parent/carer, it should be discussed with the child/young person and their parent and consent sought to inform the Named Person and/or Lead Professional. On receipt of this information the Named Person should consider the concern and take appropriate and proportionate action. This may include, speaking with young person or their parents, monitoring the situation, seeking further information or making arrangements to complete a fuller wellbeing assessment.

Wellbeing concerns can be raised for a child or young person regardless of the level of intervention that is in place. (For Exemplar Wellbeing Concerns see Appendix 4)

Attached is a copy of a simple and straightforward form which can be used for recording wellbeing concerns and sending on to a child or young person’s Named person. (Appendix 5).

N.B. If the concern is deemed to be a child protection matter please seek advice and follow the Edinburgh and Lothians Inter-agency Child Protection Guidelines (2015).

Wellbeing Assessment – National Practice Model

The National Practice Model provides a common approach across all local authorities in Scotland for all agencies who have a role in supporting, promoting and safeguarding the wellbeing of children and young people. It provides a framework for practitioners to structure and analyse information in a consistent way to help and understand an individual child and family’s needs, strengths and barriers. This will allow a shared understanding of a child or young person’s needs and identify wellbeing concerns that need to be addressed. The framework can be used by professionals across all agencies whether in a single or multi-agency context. The model also promotes the involvement of children and families in the decision making processes.

The Five Practitioners’ Questions
These questions support agencies at every level in their role in supporting the wellbeing of all children and young people and should be routinely considered:

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 and young person?
3. What can I do now to help this child and 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?

(Plus - What are the child’s and parents’ views?)

By responding to these questions, professionals can be confident that they are taking appropriate steps and actions to find a solution to a wellbeing concern.

The Wellbeing Indicators
The Wellbeing Indicators should be routinely considered in monitoring children and young people. They are essential in understanding how children grow and develop and usually a wellbeing concern will straddle more than one indicator.
My World Triangle
The My World Triangle helps to provide a common framework to understand a child or young person’s whole world by focussing on the three dimensions of a child or young person’s life: the child themselves, their family and their wider world. It allows a holistic picture of the child to be understood in terms of strengths and pressures.

The Resilience Matrix
The Resilience Matrix supports the practitioner in considering the strengths and challenges for a child or young person identified from gathering information using the My World Triangle. Along with any specialist assessments, the information gathered within the four headings of resilience, vulnerability, protective environment and adversity should allow a robust assessment to be drawn together.

(Appendix 2 –National Practice Model including Guidance on My World Triangle guide and sample assessment)

Why Complete a Wellbeing Assessment?
The wellbeing assessment draws together all known information about a child or young person’s wellbeing: health, education and home.

The aims of completing a wellbeing assessment are to:

- Establish a structured, streamlined and simplified process of information gathering and analysis across services which improves efficiency by reducing duplication
- Establish a common language for professionals, children, young people and families
- Ensure that children and young people receive appropriate, proportionate and timely help
- Improve the quality of assessment information used when considering how to improve the wellbeing of children or young people.
- Be solution focused when planning for children or young people.
- Support consistency in the practice of involving children or young people and their families in the decisions which affect their lives
- Facilitate the process of sharing information where it is in the best interest of a child or young person and their family.

The role of the Named Person in completing a Wellbeing Assessment is to:

- Have an overall understanding about the purpose of completing the assessment
- Support and encourage the child or young person and family to understand and contribute to the process, recording views in their own words
- Request information from anyone within their own service who has knowledge of the child or young person and/or their family which is likely to be relevant to the assessment
- Gather and record all information available against each domain of the My World Triangle
- Consider the strengths as well as the pressures and capture any known or emerging risks to the child
- Use factual information, plain English and non-judgemental language
- Consider which, if any other practitioners should receive a copy of the report
• Request permission from the child or young person and parents/carers to share the assessment report where this is in the best interests of the child or young person

**When should a Wellbeing Assessment be completed?**

It is assumed that at this stage, all universal service strategies will have been tried, the wellbeing concerns still exist or have increased and in order to improve outcomes for a child, the addition of another agency or professional is necessary.

It is the first step in the assessment process for universal services to capture their perspective on what is known about a child or young person’s wellbeing and to consider what is already being done to help. This assessment should form the basis of any future assessment activity and include more detailed information as it becomes available.

At the point that it is agreed between the Named Person in universal service and the child or young person and parents/carers, that additional support may be required, it is expected that a Wellbeing Assessment will be completed appropriately and proportionately.

**The Child’s Plan**

The Child’s Plan is the document where the ‘team around the child’ records the interventions and outcomes to improve a child’s wellbeing. Using the wellbeing indicators, it should outline the agreed actions that professionals will take to achieve them. The complexity and detail in the plan will be proportionate to the level of need and support identified.

The purpose of the single Child’s Plan is to reduce the confusion and duplication of different agencies focusing on different parts of a child’s life and to make sure that everyone is being solution focused to support the child or young person’s wellbeing.

The Named Person and if appropriate, the Lead Professional (Stage 3 – Targeted) will be the individuals who are responsible for the recording and coordinating the Child’s Plan.

The Child’s Plan will:

- establish a common language that is accessible to children or young people, families and all practitioners
- support consistency in the practice of involving children or young people and families in decisions that affect their lives
- ensure that all relevant information relating to a child or young person’s unique situation is considered and supports robust decision making
- establish a co-ordinated, streamlined and simplified process of information gathering and analysis to reduce duplication across agencies
- record the interventions and outcomes for children and young people clearly stating the ‘by whom and by when’ for everyone involved: the children and young people, parents/carers and professionals.
- facilitate the practice of sharing information where it is in the best interest of children and families
The Named Person/Lead Professional will ensure that:

- all relevant information is available to inform the Child’s Plan including single agency assessments, chronologies, specialist assessments plus any other relevant documentation.
- the child or young person and parents/carers are supported to contribute and understand the plan, arranging specialist advocacy services to support a family where appropriate
- the appropriate professionals are part of the process of planning for the child or young person
- everyone involved understands their the role within the plan as well as expected outcomes
- disagreements are fully discussed and recorded
- arrangements for reviewing progress are agreed
- the plan in draft form, is circulated to everyone involved, any necessary changes are updated and communicated to the Lead Professional or Named Person

Once the Child’s Plan is finalised the Named Person/Lead Professional will:

- ensure the child (where appropriate) and their parents/carers receive a copy of the Plan
- ensure all other relevant professionals receive a copy of the Plan (with consent from the child or young person and parents/carers)
- ensure that regular contact is maintained with the child or young person and family to receive feedback or changes in the child or young person’s wellbeing
- if necessary, support the child or young person and family to facilitate the interventions offered
- be a main point of contact for all practitioners who are contributing to the Child’s Plan recording progress or difficulties in achieving the desired outcomes
- monitor how well the Child’s Plan is working and whether it is improving the child’s wellbeing
- ensure the plan is reviewed at the agreed date.
- co-ordinate the agreed specialist assessments which may be needed, with advice from other practitioners where necessary and make arrangements for these to take place
- facilitate review opportunities for child or young person, parents/carers and professionals and amend the Child’s Plan when necessary.
- at key transition points, make sure the child or young person has a carefully planned and agreed transition to another establishment.
- Ensure there is an effective and secure transfer of relevant information and Child’s Plan.

The role of the team around the child is to:

- represent their agency’s perspective and experience of the child or young person and/or family fairly, accurately and honestly
- use professional knowledge, experience and skills to contribute to the development and implementation of the plan
- maintain regular communication with the Named Person/Lead Professional regarding the effectiveness of the plan and the monitoring process
• alert the Named Person/Lead Professional to any change in the child or young person’s circumstances or concerns regarding their wellbeing within the Information Sharing Code of Practice

Who will need a Child’s Plan?
A Child’s Plan will be in place in every case where additional and/or targeted support is required to support and promote the wellbeing of a child or young person. See pages 4 and 5. When a Child’s Plan meeting is held, key members of the ‘team around the child’ are invited to discuss and agree a plan to improve the wellbeing of a child or young person. Assessments should be available to the child or young person, parents/carers and appropriate professionals prior to the meeting.

Preparation for review of a Child’s Plan
Due to the demands on professionals’ time, the days when groups of professionals, the child or young person and parents/carers met together on a regular basis have gone. Aspects of plans can be reviewed between agencies and Named Person/Lead Professional and the child or young person and parents/carers in person, by phone call or secure email. Irrelevant of how a plan is reviewed, the essential questions for consideration by the Named Person or Lead Professional along with the child or young person, parent/carers and professionals are:

• has there been a change in the child or young person’s wellbeing and is there any new information or change of circumstances?
• what is the progress toward the outcomes?
• is there anything in the plan that needs to be changed?
• does the child still need a multi-agency plan?
• what needs to happen next?

In order to support children and young people express their views for any assessment please refer to the 7 Golden Rules of Participation which are a set of principles that anyone working with children and young people can use. They help children and young people tell adults about things that are important to them. Please refer to the following website link for further information.
Specialist Assessments

Specialist assessments may be necessary because of particular issues regarding a child or young person’s wellbeing, e.g. child development, behaviour, support for learning needs or parental issues e.g. substance misuse or offending behaviour. These assessments would normally be carried out by our associated health professionals, educational psychologists or other appropriate invited agencies.

Whilst it may be necessary in some circumstances to append a specialist assessment to a Child’s Plan, e.g. a Co-ordinated Support Plan, in most cases the relevant specialist assessments will be integrated into the Child’s Plan by the Named Person/Lead Professional in the same way as other assessments.

Practitioners who have carried out specialist assessments should interpret the information in terms of the impact on the child’s growth and development and wellbeing clarifying:

- what this means for the child or young person?
- what impact the difficulty has on the child or young person’s wellbeing?
- their growth and development?
- what they need their parents/carers to do?
- what they need their community, school and the wider professional network to do?

These assessments, if not able to be part of the core assessment, should be stored securely within your establishments’ normal system.

All assessments should be shared with the child or young person, parents/carers and relevant professionals with consent, prior to any planning meeting. It is important that the Named Person or Lead Professional ensure that the child or young person and parents/carers understand the content of assessments.

Coordination with other planning documents

The Child’s Plan can be supported by other planning documents (such as Individualised Education Plan, Co-ordinated Support Plan, Health Care plan etc.). These should be referred to and referenced within the Child’s Plan. It is the long term intention that these documents will be subsumed within the Child’s Plan however, at present they will sit alongside and support the Child’s Plan, in many cases providing more detailed planning.

Additional Planning Documents:

- Additional Support Needs (ASN) profile – a document outlining the wellbeing needs of children and young people and the strategies and supports to be used when working with the pupil. This is a good overview document and will be useful for adults working with the child to consult to ensure they are aware of their needs and preference for communication etc.

- Individualised Education Plan (IEP) – a document outlining the educational programme designed to meet a Child’s needs. It provides detailed information on curriculum design and
delivery and individual educational targets for children and young people who need teaching and learning to be differentiated.

- **Health Care Plan** – a document to record how a child/young person’s Healthcare needs will be met whilst in school. It may relate to short term needs such as taking of tablets or to management of longer term conditions including emergency responses.

- **Risk Assessment and Plan** – a document to record details of a child/young person’s Additional Support Needs that may cause a risk of harm either to themselves and/or others and the measures put in place to reduce this.

**When a Child/Young Person Moves Out of their Local Authority**

Through the transition process within the SEEMiS Wellbeing Application Module a child or young person’s plan, with the consent of the child or young person and his or her parents/carers, will be sent to from one Scottish local authority school to another. The Named Person is responsible for ensuring that the most recent assessment and planning information is sent to the receiving local authority and then passed onto the school and Named Person as soon as possible. Any other plans out with the SEEMiS Child’s Plan require to be forwarded to the relevant person in the new authority e.g. a separate Social Work plan. This would be the responsibility of the Lead Professional. It is the responsibility of the Named Person and Lead Professional to ensure all relevant information is passed on to the new local authority.

If a child or young person moves to a Scottish independent school which does not use the SEEMiS Wellbeing Application Module, it is up to the Named Person/Lead Professional to ensure that the Child’s Plan plus other relevant information is sent securely to the new school. The Children and Young People (Scotland) Act 2014 is legislative only in Scotland therefore If a child or young person moves away from Scotland, the Named Person Service ceases to operate. There is still a duty of care to ensure that any relevant information regarding a child or young person’s wellbeing is shared with any new school if practical.

**Child’s Planning Meeting**

When a Child’s Plan meeting is held, key members of the ‘team around the child’ are invited to discuss and agree a plan to improve the wellbeing of a child or young person. Assessments should be available to the child or young person, parents/carers and appropriate professionals prior to the meeting.

This planning meeting should result in a Child’s Plan being drafted. This could be as simple as an Individual Educational Plan or a multi-agency plan. The meeting is intended to replace and streamline the planning process to one meeting and the creation of one plan involving all appropriate agencies. The routine discussions which take place between individual professionals and families before and after any planning meeting will continue.
Who can convene a Child’s Planning Meeting?

- The Named Person or Lead Professional is responsible for calling the Child’s Planning Meeting.
- If a Lead Professional has not been appointed, the Named Person will bring the relevant parties together.
- Where a Lead Professional already exists, they are responsible for convening/arranging meetings.
- A child or young person and parents/carers should be invited to attend any meeting which takes place. Professionals should not convene meetings involving some members of the team around the child without the knowledge and input of the Named Person and Lead Professional.

When will a Child’s Planning Meeting be convened?

Where the Named Person has made a Wellbeing Assessment and has concluded a child or young person needs help or resources from other agencies, a Request for Assistance should be made directly to the relevant agency/agencies. Once the relevant Wellbeing Assessments have been completed and there appears to be a need to create a Child’s Plan, a formal Child’s Planning Meeting should be convened to which all relevant people should be invited.

Who should attend a Child’s Planning Meeting?

A planning meeting should include the child or young person (age appropriate), parents/carers and any professionals who have been involved in the assessment. The Named Person or Lead Professional should ensure that the relevant people are invited. There may be occasions where it is appropriate to invite a professional who has not completed an assessment due to their knowledge or experience but this would be agreed by all relevant people before the meeting took place.

Professionals who have been part of the assessment process and can offer specific advice, support or intervention to improve the child’s wellbeing should attend. Advance planning is absolutely necessary to allow professionals time to complete assessments, circulate to appropriate individuals and agree a meeting date. Equally the child or young person and parents/carers require time to read assessments and plan for a planning meeting.

Meetings are most productive when professionals have:

- first-hand knowledge of the child and their family
- had enough time to complete their assessment
- confidence to be able to speak within a formal setting, often in front of parents
- an ability to present balanced information, including strengths, risks, evidence of resilience as well as vulnerabilities
- an ability to listen to other perspectives and reach conclusions about what is best for the child
- the ability to ensure that decisions reached and plans made are communicated and implemented within the agency setting
Involving Children or Young People and Parents/Carers in the Child’s Planning Process

Planning Meetings are most productive for children or young people and their parent/carers when:

- all assessments and any other relevant information is shared with them (age appropriate for the child) well before the meeting to allow time for reading
- they have had a chance to ask for clarification on any aspect of an assessment and understand the language used
- they have an understanding of what will take place at the planning meeting
- they feel comfortable in the company of professionals at the meeting
- they can express their views, contribute to the meeting and have these included in their own words in the planning. (See appendix 5 for documentation on formats to support children or young people and parents/carers to complete as part of the assessment process)
- they clearly understand the plan which has been created and their roles within it.

If there is a likelihood of a child or young person and/or parent/carer becoming distressed at a meeting, attempts should be made to minimise this. Equally, if a child or young person (or parent/carer) chooses not to attend a meeting it is vital that their views are represented at the meeting and the outcome of shared with them. The responsibility for this lies with the Named Person or Lead Professional.

In order to support children and young people express their views for any assessment please refer to the 7 Golden Rules of Participation which are a set of principles that anyone working with children and young people can use. They help children and young people tell adults about things that are important to them. Please refer to the following website link for further information. https://www.cypcs.org.uk/education/golden-rules.

What is the Role of the Named Person or Lead Professional in Child’s Planning Process?

- Convene the meeting giving ample time for professionals to complete their assessments and share before attending
- Where both a Lead Professional and Named Person are involved, the Lead Professional should chair. If there is no Lead Professional, the Named Person should chair.
- Prior to the meeting arrange a note taker. The note taker should consider the best method of recording the meeting for the child or young person and parents/carers
- Ensure all invitees are clear about the purpose of the child’s meeting
- Ensure all relevant assessments and documents have been sent to everyone involved in ample time before the planning meeting
- Ensure that everyone is supported to contribute in the way that is best for them,
- Ensure a solution focused approach concentrating on improving the wellbeing for the child
- Chair effectively, ensuring that all perspectives are represented, decisions taken, dissenting views recorded, actions with timescales agreed and recorded
• Ensure that a child’s plan is constructed or reviewed and everyone understands their role in helping the child or young person /family
• Ensure that the child or young person /family understand what is expected of themselves and other members of the network of support
• Arrange reviews of the Child’s Plan as required
• Forward a draft of the plan to those in attendance within 14 days to allow them to agree the content before being issued as an accurate record of the meeting.

Information Sharing
In June 2017 the Scottish Government published a draft of the Code of Practice on information sharing under parts 4 and 5 of the Children and Young People (Scotland) Act 2014. This change introduces a duty to consider if sharing information with or by the Named Person will promote, support or safeguard the wellbeing of a child of young person and in connection with a Child’s Plan only when certain conditions are met. The government is confident that it ensures compliance with our legal duties when sharing of personal information under parts 4 and 5 of the Act with regard to data protection law, human rights law and the law of confidentiality. Please follow the link for details of the Code of Practice. [http://www.gov.scot/Resource/0052/00521285.pdf](http://www.gov.scot/Resource/0052/00521285.pdf)

Consent to share information should always be sought where possible. The sharing of personal data without the consent of the individual is likely to take place only in very particular and clearly justified circumstances. All professionals must clearly record their reasons for deciding to share (or not to share) information in such circumstances. If there is doubt whether to share or not, always take advice from your line manager or other suitable person.
