getting it right
for Orkney’s children and young people

Guidance for professionals in Orkney

August 2012
This ‘Getting it Right for Every Child Guidance’ is compatible with the principles of the European Convention of Human Rights and the Human Rights Act 1998. The Guidance also complies with the UN Convention on the Rights of the Child 1989. The Guidance is also compatible with the equality and diversity principles and duties set out within the Equality Act 2010, and meets the requirements of national legislation and local policy on inclusive practice.
Introduction

What is ‘Getting it Right’?

‘Getting it right for every child’ is a national initiative. The impetus driving it is the ongoing need to recognize and develop good practice that protects and supports children and young people by alerting practitioners to their wider needs and how these can be met. Where each practitioner is vigilant and communicating with colleagues across disciplines, it is less likely that unmet needs will endure and be compounded.

‘Getting it right for Orkney’s children and young people’ describes the approach taken locally which aims to give all children and young people the best start and sustained support throughout their childhood.

The overarching concept of ‘Getting it right for every child’ is a common approach across all agencies, that supports the delivery of appropriate, proportionate and timely help to all children and young people as they need it. This is expressed as:

“…the right help, at the right time, in the right way”

‘Getting it Right’ is a mindset, not a set of forms or particular meetings. It is about providing and supporting what works with children and their families.

All those working with children and young people share a responsibility for identifying their needs, including care and welfare needs, and working in partnership…

…with the child or young person,
…with family and community,
…with service providers,

to

…put support in place to meet those needs
…that is ‘proportionate and least intrusive’
Across services in Orkney, we are working towards greater consistency in our culture, systems, and practice, based on the underlying principles of ‘Getting it right for every child’. The different agencies and services will still have their distinct roles, but will be operating within a shared framework:

**The three levels of sharing across agencies**

| Shared culture | means | shared values and principles  
| Shared systems | means | shared ways of doing things, sharing information and concerns, communicating openly, sharing training and development  
| Shared practice | means | shared assessment and planning, shared intervention and monitoring, shared reviewing  

Who is this guidance for?
This guidance is for staff in all sectors and services for children in Orkney.

It provides a reference for existing practitioners and service managers, and newly appointed staff undergoing induction. It is also relevant to practitioners in adult services who work with parents or carers. This includes the Council (as Corporate Parent) working in partnership with other service providers.

Who has contributed to this guidance material?
This document includes elements from the national framework of tools and processes of ‘Getting it right for every child’ together with materials, protocols and experience developed locally by Orkney practitioners and managers. Those who participated in Lead Professional training have contributed valuable insights.

Getting it Right guidance identifies good practice and appropriately high professional standards. It forms the basis of future developments, some of which will be statutory.
Section 1: Shared Culture

Shared Principles and Values

‘Getting it right for every child’ is founded on 10 core components that can be applied in all settings by all Orkney practitioners:

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing\(^1\).

2. A common approach to requesting involvement, gaining consent, and to sharing information where appropriate.

3. An integral role for children, young people and families in assessment, planning and intervention.

4. A unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, co-ordinated through planning meetings.

5. Planning, assessment and decision-making processes that lead to the right help at the right time.

6. High standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland.

7. A Named Person\(^2\) within universal services\(^3\) to address needs and risks at the earliest possible time.

8. A Lead Professional\(^4\) to co-ordinate and monitor multi-agency activity where necessary.


10. The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries through the national (eCare) programme where appropriate.

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\(^1\) Wellbeing is illustrated by the ‘Wellbeing Indicators’ wheel in the diagram on page 40.

\(^2\) Health Visitor for children under school-age; Head teacher for children of school-age.

\(^3\) Universal services are Health and Education.

\(^4\) Person acting as coordinator where there is ongoing involvement of two or more agencies.
The child at the centre

‘Getting it right for every child’ aims to have a network of support in place so that children and young people get the right help at the right time.

This network will always include family and/or carers and universal health and education services, **which will meet most needs.**

Only when support from the family and community and the universal services can no longer meet their needs will **targeted and specialist help** be called upon.

Only when voluntary measures no longer effectively address the needs or risks will **statutory measures** be considered.

‘Getting it right for Orkney’s children and young people’ builds on the expectation of good practice whereby:

- The child or young person is
  - at the centre of assessment and planning.
  - considered as a whole person (not a ‘case’).

- The individual and family
  - feel confident about the help they are getting.
  - understand what is happening and why.
  - have been listened to carefully and their wishes have been heard and understood.
  - are appropriately involved in discussions and decisions that affect them.
  - can rely on appropriate help being available as soon as possible.
  - will experience a coordinated response if several practitioners are involved.

Professionals must seek and pay attention to ‘the voice of the child’, and also to set up procedures that involve the child, young person and family meaningfully in assessment, planning, interventions and reviews. Stakeholder feedback locally has shown that families feel more positive about meetings where they are clear about the purpose, feel listened to, and where a clear plan emerges.

Practitioners should use resources and techniques that are ‘child-friendly’ when eliciting children’s views, as well as for preparing them to take part as far as possible in their own meetings. Some examples of materials to support this are included in the Appendix on pages 35-37.
Shared professional standards
Further expectations shared across discipline boundaries are:

- Whoever recognizes an unmet need for a child or young person has a responsibility to act on this through discussions with representatives of other relevant services.
- Practitioners in other agencies respect the professional concern of colleagues and engage in joint discussions.
- Assessment and interventions will be proportionate and relate to the circumstances of the child. They will be the least intrusive possible.

The ‘Getting it right for every child’ approach provides five questions a practitioner needs to ask when concerned about a child or young person:

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

Practitioners may choose to employ these questions during professional/peer supervision.

Solution Oriented working
Many services across Orkney have adopted a ‘Solution Oriented’ approach which is essentially forward-looking towards a ‘preferred future’ as pictured by the child, young person or family. Aspects of the preferred future are turned into realizable goals, and the steps towards them become the action plan.

Solution Oriented working encourages people to look at what has worked in the past, or when there have been exceptions to difficulties. It helps people to build on the strengths, skills and resources of any situation to plan achievable steps towards their own goals. This contrasts with ‘deficit’ models where a lot of time and energy goes into describing and probing what has gone wrong or is dysfunctional. It feels empowering for participants who are central to the process rather than passive recipients of services.

Some of the key questions and prompts used in Solution Oriented working are given in Appendix 5, page 32.

We have incorporated Solution Oriented principles into the suggested format for holding meetings (see Appendix 2, page 23), and also into the Integrated Assessment and Planning format. (See Appendix 4, page 26)

Colleagues in social work will recognize the features of Solution Oriented working in the ‘Signs of Safety’ approach and its tools.

The principles underpinning Solution Oriented working are given in Appendix 1, page 22.
**Shared language**

In Orkney we are trying to use a common language between agencies and services to understand and express the needs we identify in children and young people. We are also trying to use the same terminology for processes and roles.

**The Wellbeing Indicators**

The ‘Wellbeing Indicators’ is one of the tools of the National Practice Model set out by the Scottish Government, and forms the basis for the Curriculum for Excellence (see below). It is a set of concepts that all Orkney agencies have agreed to use. Practitioners are encouraged to consider each of the headings for every child and young person they work with, and to consider any areas of unmet need. Each practitioner has a responsibility for identifying possible areas of need and taking steps to see they are met.

The sectors of the Wellbeing Indicators wheel are sometimes referred to as ‘SHANARI’ because of the acronym formed by their first letters:

- **Safe**
- **Healthy**
- **Achieving**
- **Nurtured**
- **Active**
- **Respected & responsible**
- **Included**

(A full-page diagram is given in Appendix 12, page 40)

**The child’s plan**

In the *Getting it Right* approach, any child or young person who requires additional help should have a plan to address their needs and improve their wellbeing. All plans (whether single-agency or multi-agency) should include and record:

- Reasons for the plan
- Partners to the plan
- The views of the child or young person and their parents or carers
- A summary of the child or young person’s needs
- What is to be done to improve a child or young person’s circumstances
- Details of action to be taken
- Resources to be provided
- Timescales for action and for change
- Contingency plans
- Arrangements for reviewing the plan
- Lead Professional arrangements where they are appropriate
- Details of any compulsory measures if required

(See template for integrated assessment and planning, Appendix 4, page 26)
Curriculum for Excellence
The purpose of the curriculum is to enable each child or young person to be a successful learner, a confident individual, a responsible citizen and an effective contributor. Learning begins at birth and continues throughout our lives. Scottish Government education strategy, and the curriculum frameworks that deliver it, are designed to help learners develop the skills they need for learning, life and work.

The curriculum includes the totality of experiences which are planned for children and young people through their education, wherever they are being educated. Health and wellbeing is an integral part of this curriculum. Some aspects of health and wellbeing are the responsibility of all adults, working together to support the learning and development of children and young people.

The Named Person role
Every child in Orkney will have a Named Person either from the primary health team or from education, according to their age. For children below the statutory school age the Named Person will be their Health Visitor. For school-age children the Named Person will be their Head Teacher.

For home-educated children, this role can be delegated by the Head of Schools to an Education Officer or the local Head Teacher in order to protect children’s rights and support their health and wellbeing.

The Named Person will remain associated with the child, even if additional help is offered. The Named Person will be able to co-ordinate any help from within their own agency and will help families request the involvement of other agencies and services as appropriate. The role of the Named Person is:

- to be the first point of contact for the child, young person or family
- to seek consent and facilitate request for involvement
- the named person will work with the child or young person and their family to prepare and monitor any plans that are drawn up
- to lead the review of impact
- the Named Person may also be the Lead Professional when two or more agencies are working together

When it becomes apparent that there is to be ongoing involvement of other agencies in meeting the child’s needs, the Named Person should discuss who is best placed to take on the role of Lead Professional with the young person, parents or carers and other practitioners.

When it becomes apparent that a child has unmet needs that the Named Person cannot meet from within their own agency, he or she should contact other agencies or services to discuss the situation and agree next steps. A list of local services and their contact details is provided in Appendix 13, page 41.
The Lead Professional role

When two or more agencies need to work together to provide help to a child or young person and family, there will be a Lead Professional to co-ordinate that help. The Lead Professional would normally be drawn from the team of health, education, or social work professionals working with the child, young person or family. The role of the Lead Professional is:

- to make sure that the child or young person and family understand what is happening at each point so that they can participate in the decisions that affect them
- to be the main point of contact for children, young people, practitioners and family members, bringing help to them and minimising the need for them to tell their story several times
- to promote teamwork between agencies and with the child or young person and family
- to ensure the child’s plan is implemented and reviewed
- to be familiar with the working practices of other agencies
- to support other staff who have specific roles or who are carrying out direct work or specialist assessments
- to ensure the child or young person is supported through key transition points, particularly any transfer to a new Lead Professional
- to ensure the information contained in the Child’s Plan or the Young Person’s Plan is accurate and up-to-date.

Who should be the Lead Professional?

The consideration of the need for and the decision to nominate a Lead Professional should be taken at the multi-agency meeting where it becomes apparent that there will be ongoing involvement of more than one agency which needs coordinating.

Parents and the child or young person must be included in the discussion of who is best placed to take up the Lead Professional role. The Lead Professional is not necessarily the person at the highest management or specialist level, but should be someone with frequent contact with the family who is able to communicate easily with all members of the team around the child.

Often the Named Person will become the Lead Professional as they continue to be the person with most direct contact with the child and family. Under certain circumstances, however, this may not be appropriate or practical. For example:

- Where a child is on the Child Protection Register or is a Looked After Child, the Lead Professional will always be a named social worker.
- Where a school-age child has developed a medical condition or requires significant medical/therapeutic intervention, the Lead Professional role might be taken by a health professional.
- Where a (possibly stressed/vulnerable) family have a strong preference to work with a particular professional within the team who has both the capacity for this role and the on-going involvement to make this appropriate.
It may be appropriate for the Lead Professional to change depending on the needs or circumstances of the child/young person and their family. This should be reviewed at subsequent meetings to ensure that the Lead Professional is best placed to continue to provide support to the child/young person, the family and the multi-agency team.

**Concept of Assessment**

There is a shared understanding among professionals in Orkney that assessment is a continuous process that informs planning, and that reviews of the impact of interventions also contribute to the assessment.

Assessment takes place through the gathering and analysis of information. It does not necessarily imply direct work with a child or young person, or the use of formal or standardised tests. Assessment information can come from observation in a range of settings, discussion with parents and other practitioners, or checklists/questionnaires, etc.

The purpose of assessment is to inform a plan to maximise learning and development - so we are interested in how things work best for the child or young person. This introduces the concept of ‘dynamic assessment’ where the individual actively participates in and reflects on what is being discovered with the assessor through the course of chosen activities. The assessor is looking at what kind of intervention might be most helpful and appropriate in the circumstances.

Practitioners in Orkney are developing the skills and applications of joint assessment, and also *integrated* assessment, where information from many sources is shared and discussed. Practitioners have described the value of sharing information in this way at meetings, rather than writing separate reports. This results in a deeper understanding of the situation for a child or young person as the impact of any issues is seen in the context of his or her wider life.

**‘Request for Involvement’ and ‘Referral’**

We have developed a form for formally asking other professionals to join the team around a child or young person. This is known as a ‘request for involvement’. It signals that another practitioner is being asked to become involved, without necessarily taking over. The existing Named Person or Lead Professional maintains their original role. The form includes consent to share information with other professionals working with the individual.

It is helpful to specify in the request what the expected contribution of the new practitioner is, and any success criteria or exit strategy that can be set. This helps services plan their involvement and disengage at an appropriate point.

A template for making a request for involvement is provided in Appendix 3, page 25. An electronic version of this form can be downloaded from the OIC Website (within the section ‘Education is for All’) for use by professionals involved.

Occasionally a team of professionals will wish to engage a specialist to carry out some specific investigations to inform the general care/support plan. This would usually be termed a ‘referral’. It more commonly happens within the health professions, and the person consulted is likely to be only temporarily involved.
Section 2: Shared Systems

Shared methodology
The flowchart and narrative on the following pages indicate the system that has been developed in Orkney for recognising, sharing and processing concerns regarding children and young people. The majority of concerns will be about children who require support rather than protection, and who need universal or additional services rather than compulsory intervention. We are therefore focusing on the central and left sections (blue and white boxes) of the flowchart.

‘Getting it Right’ shapes the culture for all children’s services, within which the more specific legislation for small groups of children applies. Practitioners are reminded that separate guidance should be followed for Child Protection and Looked After Children.

Initial stages - Sharing information and concerns
Regardless of where the concern originates, a practitioner needs to ask whether there may be unmet needs beyond the scope of their own service. Under ‘Getting it Right’ the practitioner can simply contact other professionals who may be able to contribute to a discussion that will determine whether a child has ‘unmet needs’.

At an informal level this discussion can take place between professionals without divulging the name of the child or young person. If it is agreed that there may be an unmet need and a formal approach is needed, the practitioner already involved will share the concern with the family to obtain agreement for involving others in the assessment and planning process. A useful form of wording in such discussions is: “I’d like to involve a colleague in (service) who can help us understand (child’s need) and plan together. I’ll need to tell them what I know about (child). Are you happy for me to contact them and arrange a meeting?”

If it becomes apparent that there is not an unmet need beyond the scope of the single service already involved, then the assessment and planning continues as a single service or single agency plan.

The tools used to examine concerns and determine unmet needs are those of the Scottish Government’s National Practice Model (The Wellbeing indicators, My World Triangle, and Risk/Resilience matrix) which are universally applicable.

Multi-agency involvement
Many children access services from different agencies, but this does not necessarily imply multi-agency planning. For example, a child may require glasses, dentistry, or speech therapy without the need or expectation for joint planning with education services. The key concept is impact – does the concern impact on other areas that need planning? If, for example, the child’s educational needs are affected by or are the result of sensory impairment, language development or social factors, then the services involved need to be assessing and planning together.
Version: May 2011
Multi-agency assessment and planning

- practitioners and family members need to discuss who is best placed to take on the Lead Professional role
- assessment information from a range of practitioners is brought together
- contributors jointly consider the impact of the various strengths and challenges facing the child or young person
- contributors may refer to data they have gathered through tests, surveys, and other investigations
- outcome is a jointly produced ‘Integrated Assessment’ and a related ‘Child or Young Person’s Plan’
- shared assessment leads to a shared approach to meeting the child or young person’s needs.

The assessment and planning meeting is usually chaired/facilitated by the Lead Professional who will guide everyone present through a planned series of steps to summarise relevant strengths and difficulties, prioritise long-term goals, and develop an action plan for working towards these. Local tools have been developed for structuring these meetings drawing on the National Practice Model. These tools are provided in Appendices 2 and 4.

Relationship between plans

The ultimate aim in ‘Getting it right for every child’ is that any child or young person would only have one plan, however many agencies and services were involved.

Nevertheless, some children’s plans are statutory documents with their own Codes of Practice and local guidelines stemming from the relevant legislation. These plans have a given format and review procedure which cannot be changed at the discretion of local services. Until and unless new legislation is in place, these ‘stand alone’ statutory plans must be prepared where a child meets the legal requirements for having one. Examples of statutory plans are:

- Co-ordinated Support Plans (or CSP)
- Looked After Children Care Plans
- Child Protection Plans

Other plans cannot substitute for these.

In Orkney we are developing the concept of ‘nested plans’ whereby the statutory plans can refer to other plans that relate to the child’s needs. For example, a CSP details what the staff in ‘Appropriate Agencies’ other than Education are doing to support educational objectives, and does not itself contain all the details included in the child’s Individualised Education Plan (IEP).
Recording and sharing
- Records of meetings and discussions are made at the time with the family members contributing
- Records are shared with all the people contributing to the assessment and plan
- It is the responsibility of the Lead Professional to see that records are made and distributed
- Another practitioner may scribe during the meeting to help the process
- During the meeting, summarise and recap to check the accuracy of the notes made
- Decide on review date, who is invited to the review, and the circulation list before completing the meeting.

Plans are working documents and it is more important to share their content quickly to promote interventions than to have long delays while lengthy minutes are typed up. To this end practitioners are encouraged to use quick and simple ways of recording meetings. (See Appendices 2 and 4).

An electronic way of sharing selected information between agencies (eCare) is being developed in Scotland. Individual agencies are able to advise practitioners specifically on guidance relating to statutory work and the legal requirements for certain Plans and their reviews.

Implementing and reviewing the plan
- The practitioners named in the plan are responsible for carrying out their own interventions within the set time-frame
- The practitioners named in the plan are responsible for sharing relevant information with the Lead Professional prior to the review meeting
- The review should focus on action taken towards meeting the goals set at the previous meeting, and the extent to which this has been successful
- The review will decide whether to continue the multi-agency planning and reviewing process, revert to single agency planning, or terminate the planning process altogether.
Section 3: Shared Practice

Common features
Regardless of our different professional backgrounds, all practitioners are striving for the best outcomes for the children and young people they work with. The ‘Getting it Right’ agenda recognises that practitioners share the same values and principles, and are interested in developing ways of working that transcend the boundaries of distinct disciplines. This covers areas such as respect for individual dignity, personal choice and mastery.

This section of the Guidance deals with the contributions at practitioner level from all disciplines to Getting it Right.

Examples of the good practice inherent in ‘Getting it Right’ are:
- Maintaining the child at the centre
- Sharing information
- Reducing the number of meetings/appointments for families
- Keeping assessment and intervention proportionate and relevant to the concerns
- Working ‘with’ children and families rather than doing things ‘to’ them
- Empowering individuals to take effective control of their own lives.

The National Practice Model highlights the following good practice for all professionals working with children and young people:

- the child/young person is central to the process and their perspective is taken account of
- the assessment is proportionate and relates to the child’s circumstances

There are five parts in the Orkney practice model. Practitioners endeavour to address all of these parts in the way most appropriate to the child or young person’s needs. Recognising this shared agenda makes it easier for practitioners from different disciplines to work collaboratively.

1. Use the Well-being Indicators or My World Triangle (and any specialist assessments) to explore relevant areas and gather further assessment information on a child’s needs
2. Consider risk factors using Signs of Safety or another approved framework to help organise and analyse information where appropriate
3. Summarise the assessed needs, paying attention to the impact of the various strengths and challenges
4. Construct a plan and take appropriate action
5. Review the plan
Joint working

It is important to establish and develop joint working. Where needed, joint staff training and professional development should be part of strategic plans across services (see page 20).

Checklist for effective joint working

- Practitioners know the roles of colleagues in other services and agencies – what they offer, how their services are accessed, what specialised skills and knowledge they can contribute (see Appendix 13, page 41)
- Practitioners are confident in forming teams around a child or young person
- Newly appointed staff are inducted into use of requests for involvement
- Re-structured services and teams share new protocols and remits with colleagues in other services and agencies
- Short-life interdisciplinary discussion and working groups are formed to look at specific questions of joint working arising directly from casework.

It is a recognised challenge to include tertiary services, such as visiting consultants, in a team around the child, and extra effort is required to keep everyone in the loop of information flow and joint planning. In these cases it would seem more important than ever that an effective Lead Professional is appointed and ‘Getting it Right’ guidance is followed.

Joint assessment

- Can help reduce the number of separate appointments or interviews for children and their families
- Can reduce duplication where various professionals would carry out similar investigations
- Works best where practitioners have planned the assessment in advance and discuss how they will operate together, starting from what they are jointly trying to find out.

Assessment

Assessment and the My World Triangle

The ‘My World Triangle’ is one of the Scottish Government’s National Practice Model tools provided to ensure that all factors influencing a child’s wellbeing are considered when integrated assessments are being made. A full-page version is given in Appendix 10, page 38.

The practitioner is prompted to inquire into:

- how the child or young person is growing and developing
- what the child or young person needs from the people who look after him or her
- the impact of the child or young person’s wider world of family, friends and community
It will usually include discussion with parents and professionals involved with the child or young person, for example, class teacher, support for learning staff, speech and language therapist, social worker, foster carer or residential worker.

It should build on other assessment information already available. It may involve observation in day-to-day situations and/or individual work with the child or young person as required.

The important question when making an assessment is ‘SO WHAT?’ and practitioners need to keep reflecting on what any information they gather contributes to their understanding of the whole situation and their ability to move things forward for the child or young person. Information gathering should be proportionate and relevant to the issues in hand. In most cases, it will not be necessary to explore every area of the triangle in detail but only to look at those relevant to any presenting issue.

**What is integrated in an ‘integrated assessment’?**
A professional can’t do an integrated assessment alone. It is not about collecting more information, but about putting different kinds of information together.

The added value of integrating information from various sources (including different viewpoints) is that the whole is greater than the sum of the parts. We can ask how one bit of the jigsaw affects another bit, and how these things combine to impact on the child or young person. Obviously the child or young person’s view has to be sought and taken into account when working this out.

This synergy should help us answer the big ‘So what?’ questions about all the bits of assessment information:
- What does that tell us?
- Why does that matter?
- How does that help us move forward?

Integrated assessment does not mean a longer list of things we know. It is about more **useful** information because we are then better equipped to identify needs clearly and to plan effectively using strengths and strategies that are likely to work.

‘Getting it Right’ assumes that the assessment information gathered from a number of sources will be integrated during a meeting, which will lead to the formation of the written ‘Integrated Assessment and Plan’. In practice this can be difficult to achieve in a single meeting (if, for example, the child has complex needs), and it may be necessary to reconvene to complete the process.

There are prompts on the Integrated Assessment and Plan document (Appendix 4, page 26) to summarise and analyse the information gathered and discussed at the integrated assessment meetings.
Meetings

Setting up and running meetings
Practitioners in Orkney have taken part in Lead Professional training which includes detailed guidance and rehearsal of setting up and running good meetings. This should enable many professionals to take the role of chair/facilitator or recorder at meetings, and not assume that these roles will always be taken by the Lead Professional.

One product of the Lead Professional training was an aide memoire called ‘Getting Meetings Right’ which is reproduced in Appendix 6, page 33. This prompts the person setting up and facilitating the meeting to ensure that the parents and child or young person are prepared for the meeting, and that the meeting is positive and constructive. A few key points are:

- Have a separate chair and minute taker
- Stick to the agreed times for starting and finishing
- Use a prepared format for running and recording the meeting that is shared and agreed at the start
- Make sure everyone feels ‘heard’, while keeping the meeting focused
- Recap using notes made during the meeting
- Decide on the circulation list and review date before the meeting ends.

Review meetings

- If the child has statutory social work involvement, follow separate guidance
- Purpose of review meetings is to see if the plan is working
- Chairperson makes it clear from the outset that the purpose of the meeting is to review the impact of interventions since the last meeting
- Focus on what has worked, what has not been tried, and whether to revise the goals in a new action plan
- Discuss any barriers to trying some previously agreed actions
- Use the Solution Oriented Meeting Record (Appendix 2, page 23) as a template – record what has improved, and if anything has got worse
- Whether the plan should continue to be managed in the same way, eg if outcomes have been met, consider reverting to a single agency plan with a Named Person rather than a Lead Professional
- The child/young person’s views (and those of parents or carers) about any part or all of the plan and review.

Records of meetings

- A member of the team around the child who has also attended Lead Professional training can make a summary record during the review and planning meeting which can then be circulated
- Legible hand-written copies are perfectly acceptable
- Flip-charts to record contributions are particularly valued by children participating in their own meetings
Individual responsibilities when participating in meetings

- Respond to invitations
- Turn up on time (or send apologies/information)
- Contribute constructively, making links between pieces of information
- Help the facilitator move the process forward
- Make a note of any actions you have agreed to carry out

Child’s voice in meetings

Each practitioner will be involving the child in their own assessments, but reviews and planning meetings are usually best prepared for by having one person (possibly the Lead Professional) taking responsibility for eliciting the child’s views in advance. This person can then act as an advocate or prompter where necessary in any meetings.

The person chairing or facilitating will also be making sure the child gets to comment on things that are said, and to rate the relative importance or significance of issues raised. The child can often be given the lead in choosing which issues should be prioritised or judging which interventions are most likely to be effective.

Children and young people can be helped to give their views with child-friendly stationery, materials and software. See Appendices 7 – 9 (pages 35-37) for some templates.

Joint CPD

Learning from and with each other

Good questions for all practitioners watching their colleagues in other disciplines are:
- ‘How did they do that?’
- ‘Could we use that?’
- ‘Can we offer something better than that?’
- ‘What would make this better for all of us?’

Practitioners in Orkney have a good record of joint training and development, sharing resources and working collaboratively on projects. Joint working with familiar colleagues across disciplines helps us build on good practice from casework, through systems and joint protocols to strategic developments.

Sharing training and development

‘Getting it right for Orkney’s children and young people’ has stimulated joint working between partner agencies. Training has been jointly developed and delivered to audiences drawn from the whole range of local services.

Feedback from training and from practitioners trialling the national and locally developed tools has been invaluable in revising this ‘Getting it Right’ guidance.

Practitioners are encouraged to discuss training and development needs around Getting it Right with colleagues and managers.
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<td>41</td>
</tr>
</tbody>
</table>
Solution Oriented principles

- **1** If it works, do more of it; if it doesn’t work do something different.

- **2** Small changes in any aspect of a problem or failed solution can make a big difference.

- **3** People have a wealth of resources within them, with which they can make changes.

- **4** A focus on future possibilities and solutions enhances change.

- **5** No sign-up, no change.

- **6** Collaboration enhances change.

- **7** The problem is the problem, not the person.

- **8** Possibilities are infinite, and exceptions provide clues.

- **9** People have unique ways of solving their problems.

- **10** Keep one foot in pain and one in possibility.
<table>
<thead>
<tr>
<th><strong>Focus</strong> of meeting (name or issue)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of birth</strong> (or other identifier)</td>
<td></td>
</tr>
<tr>
<td><strong>Date &amp;</strong> <strong>place</strong> of meeting</td>
<td></td>
</tr>
<tr>
<td>People involved in meeting</td>
<td></td>
</tr>
</tbody>
</table>
| **STRENGTHS/PROTECTIVE FACTORS**  
  What things work at the moment?  
  What is going well and should continue?  
  When do things go best? (exceptions)  
  What is happening then that we could expand on or use differently? |  |
| **CONCERNS**  
  What is the ‘story’ that people want heard?  
  Has everyone had a chance to speak?  
  (Facilitator’s role is to **acknowledge** and allow all stories, and summarise/reframe using language of ‘us and we’) |  |
**GOALS (long-term)**
What do people want? What will be different? Who will be doing what differently? Who will notice a change?

**GOALS (short-term)**
What would be an achievable step towards the long-term goal? What would show things were moving in the right direction?

**ACTION PLAN**
Who needs to do what, by when, in order for the short-term goal(s) to be met?

---

Do we need moving to a different stage?

**How will we know if this has worked?**

---

<table>
<thead>
<tr>
<th>Date for Review</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>People invited to review</td>
<td></td>
</tr>
<tr>
<td>Signature of minute taker</td>
<td></td>
</tr>
<tr>
<td>Details of lead professional</td>
<td></td>
</tr>
</tbody>
</table>

Copies to:
# Request for Involvement

**From** | **To**
---|---

---

## Personal Details of Child/Young Person

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename</th>
<th>DOB</th>
<th>School Establishment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name and Address of GP</th>
</tr>
</thead>
</table>

---

## Parental Responsibility Details

<table>
<thead>
<tr>
<th>Names of parents/guardians</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (if different from above)</th>
<th>Home Tel</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work/alternative Tel</th>
</tr>
</thead>
</table>

---

## Reason for Request

**Reason for Request:**

**Expected Outcome:**

**Success Criteria:**

**Exit Strategy:**

---

## Consent

I agree to the request and the information contained within it. I agree to the sharing of information with other members of the multi-disciplinary team supporting my child.

<table>
<thead>
<tr>
<th>Name (printed)</th>
<th>Signed</th>
<th>date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent</th>
</tr>
</thead>
</table>

| parent |

---

## Contact details (person/agency making request)

<table>
<thead>
<tr>
<th>Name (printed)</th>
<th>Designation/job title</th>
<th>Signed</th>
<th>date</th>
</tr>
</thead>
</table>

Address, phone number, email
Integrated Assessment and Planning for Children and Young People

A meeting was held on (date) to create an integrated assessment and plan for **Name:**

The people listed below contributed to the assessment and plan:

- X (Name and role)
- X
- X

### Details

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Preferred language / communication method:</td>
</tr>
<tr>
<td>School/Provision currently attended:</td>
</tr>
<tr>
<td>Date of entry to provision:</td>
</tr>
</tbody>
</table>

### Parental Details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child/young person:</td>
<td></td>
</tr>
<tr>
<td>Address (if different from child's / young person's):</td>
<td></td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Preferred language / communication method:</td>
<td></td>
</tr>
</tbody>
</table>

### Parental Details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child/young person:</td>
<td></td>
</tr>
<tr>
<td>Address (if different from child's / young person's):</td>
<td></td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Preferred language / communication method:</td>
<td></td>
</tr>
</tbody>
</table>
**How I grow and develop**

Consider each of the headings below and record **significant** strengths, and **significant** concerns (factors that might give rise to additional support needs). Note any specialist assessments used:

- Physical health; gross motor skills
- Learning, interests and achievements; problem-solving; thinking and memory; fine-motor skills
- Communication skills
- Mood; self-awareness; own views and opinions
- Personal responsibility and maturity
- Social interest and social development

<table>
<thead>
<tr>
<th>Profile of strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>

**Analysis of strengths and concerns**

- What does that say about (you)?
- Why is that important? What impact does that have?
- What helps? What needs to happen to stop that being a problem?
Environmental factors that support or limit development
Consider each of the headings below and record significant strengths and significant concerns (factors that might give rise to additional support needs).

- Interactions with family, friends and other people (including play, encouragement, fun, support)
- School – relations between home and school; teaching group/class; peer group
- Local resources I attend (clubs, school)
- Comfort and security (enough money; comfortable & safe housing; work opportunities for my family)
- Belonging – understanding the history, background & beliefs of my family & community
- Nurture, safety and guidance
- Power & decision-making; involvement in planning; having a voice

<table>
<thead>
<tr>
<th>Profile of strengths</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis of strengths and concerns
- What impact are these factors having on you/the child?
- What is limiting further uptake/development in each area?
**Resilience matrix**
Consider all the information you know about the child’s world. Which elements are having the greatest positive and negative impact on the child right now?

**Summary Analysis and Conclusions**
What are the conclusions from this assessment?
What areas need to be worked on? (long-term goals)
Any immediate/urgent risks/unmet needs that have to be addressed?

**Areas of disagreement**
Areas where partners hold different views about the summary analysis and conclusions.

<table>
<thead>
<tr>
<th>Disagreement by</th>
<th>Reason for disagreement</th>
<th>Action taken to resolve</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the desired outcome for this child/young person?</td>
<td>What we are going to do? (indicate any compulsory measures &amp; attach evidence)</td>
<td>Resource implications (how much of who/what; where; 1:1 or small group, etc)</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

Integrated Action Plan
Short-term targets towards the long-term goals
You may need additional copies of this page. For each part of the plan discuss & record:
<table>
<thead>
<tr>
<th><strong>Contingency plan</strong> (actions to be taken if difficulties worsen, agreements not reached, or any risk of harm continues)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Child/Young Person’s views on the plan</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Parent/carer’s views on the plan</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Lead professional</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Designation</th>
<th>Contact details</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review date &amp; time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>People invited to the review:</th>
</tr>
</thead>
</table>

| Copies of this record to: |
Questions and prompts
for assessment and meetings

Choose the ones you like and adapt them to suit the situation

**Listening – hearing concerns**
From your point of view, what are the main concerns?
Why do you think that keeps happening? What do you think is going on there?
How did that make you feel? / How is all this making you feel?
What would you say is the impact of that?
Why is that important? What is that telling us?

**Exceptions**
I wonder if there are some times when its not quite so bad?
Tell me/us about the times when it’s less of a problem.
Tell me/us what’s happening when things are going a bit better.
You mentioned that things usually start off ok – what’s happening then? Why
does it go ok at least for a while?
Why is that important? What is that telling us?

**Strengths, Skills and Resources**
What is going ok at the moment? What makes that work ok?
Tell me about your interests/strengths/achievements – what does it take to be
able to do that? What does that say about you?
How did you get to be good at …?
Who else knows you can/are…? What else would they say about you?
When do we see things at their best? (Can you give us an example?) What
factors are operating then?

**Starting to think of a preferred future**
If the problem did not exist any more how would things look?
If you could wave a magic wand what would be different?
What would you be doing instead of what you do now? What difference would
that make?
What would you be thinking/feeling?

**Setting goals/targets**
With this problem…what would be a good result for us, say by the end of the
month? Like a goal.
So do you have any ideas on what we should be working on changing?
And is that possible, do you think? What would make that happen?
Can you think of the last time it was like that for you?

**Planning for success**
How will we know that has worked? What will we measure/observe/notice?
Who will notice that things have changed?
Who else needs to know that you/we are trying this?
How can we make sure these things happen?
How should we celebrate that achievement?
What will be good about achieving that goal?
<table>
<thead>
<tr>
<th>Features of a good meeting</th>
<th>How to ensure this happens</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>Agreed purpose, agenda and structure</td>
<td>Date of meeting set with adequate notice (eg. for any additional assessment and preparation – diary management); suits family arrangements</td>
</tr>
<tr>
<td>Shared understanding/expectations &amp; ethos</td>
<td>Information distributed – including views of child (in good time - admin support)</td>
</tr>
<tr>
<td>Limits known</td>
<td>Information read beforehand (personal responsibility &amp; respect)</td>
</tr>
<tr>
<td>Right people (literally ‘core’ group/continuity)</td>
<td>Agenda items requested; Agenda shared in plenty of time (group email?)</td>
</tr>
<tr>
<td>Well attended – nobody late or leaving early</td>
<td>Parents and child prepared beforehand (purpose, who is coming, order/agenda); their literacy issues taken into account</td>
</tr>
<tr>
<td>Environment – comfortable, appropriate</td>
<td>Development of one report/plan to cover all agencies</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td></td>
</tr>
<tr>
<td>Structured framework</td>
<td>Notifying and reminding people about meeting (admin support)</td>
</tr>
<tr>
<td>Timed (starts &amp; finishes on time; balance)</td>
<td>Identified person to contact and organise first meeting</td>
</tr>
<tr>
<td>Agenda followed</td>
<td>Everyone knows who is involved and how each other works</td>
</tr>
<tr>
<td>Focused on aims</td>
<td>People who can’t attend send apologies and contribution/report</td>
</tr>
<tr>
<td>Minuted/recorded</td>
<td></td>
</tr>
<tr>
<td>Chair facilitates relevant discussion</td>
<td></td>
</tr>
<tr>
<td>Commitment by all involved</td>
<td></td>
</tr>
<tr>
<td>Participating seriously – relaxed but not casual</td>
<td></td>
</tr>
<tr>
<td>Meaningful (no waffle, no jargon)</td>
<td></td>
</tr>
<tr>
<td>All contributions listened to &amp; valued</td>
<td></td>
</tr>
<tr>
<td>Family feel 'heard'</td>
<td></td>
</tr>
<tr>
<td>Everyone included (no power-struggles)</td>
<td></td>
</tr>
<tr>
<td>Non-judgemental</td>
<td></td>
</tr>
<tr>
<td>People 'building on' and relating their comments to what has been said</td>
<td></td>
</tr>
<tr>
<td>Language is user-friendly</td>
<td></td>
</tr>
<tr>
<td>Respect amongst the people involved – good manners and honesty</td>
<td></td>
</tr>
<tr>
<td>No surprises</td>
<td></td>
</tr>
<tr>
<td>Confident chairing (trained and following guidelines)</td>
<td></td>
</tr>
<tr>
<td>Everyone encouraged to contribute</td>
<td></td>
</tr>
<tr>
<td>Recap/reframing by chair to sum up and clarify</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>Features of a good meeting</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Realistic, smart &amp; achievable action plan</td>
</tr>
<tr>
<td>Change/optimism</td>
<td>Summarise main points and acknowledge positives</td>
</tr>
<tr>
<td>Agreement</td>
<td></td>
</tr>
<tr>
<td>Result/help for family</td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td></td>
</tr>
<tr>
<td>Date &amp; time of next meeting</td>
<td></td>
</tr>
<tr>
<td>Simplify minute-taking</td>
<td></td>
</tr>
</tbody>
</table>
Young person’s views

Name

Date

Things that are going ok

Things that are not so great

Things that might help
awful - horrible

That’s really hard. I’ll never do it.

pretty bad

That’s really hard. I don’t want to do it.

OK
I suppose

That’s hard, but I think I can do it.

pretty good

That’s quite easy. I’m sure I can do it.

brilliant - great

That’s really EASY. I know I can do it.
Risk – Vulnerability Matrix: National Practice Model

Resilience
Normal development under difficult conditions

Adversity
Circumstances or events posing a threat to healthy development

Protective Factors
Factors that act as a buffer to the negative effects of adverse experience

Vulnerability
Characteristics or potential, varying across individuals, that in part determine healthy development
Local Services

Education
Educational Psychology
Pupil Support (specialist teachers for VI, HI, ASD, behaviour) 01856 886404
Home Link (family includes a pre-school child)
Early Years Principal Teacher

Community Learning & Development 01856 873535

Orkney Health & Care
Health Visitors 01856 888115
School Nurses 01856 888262
Speech & Language Therapy 01856 888239
Paediatric Occupational Therapy 01856 885593
Paediatric Physiotherapy 01856 885592

Social Work 01856 873535
Child & Adolescent Mental Health Service (CAMHS) 01856 873535

Community & Voluntary
Police (community & child protection issues) 01856 872241
Safeguarding Communities – Reducing Offending (SACRO) 01856 875815
Authority Reporter (SCRA) 0300 200 1399

Skills Development Scotland (SDS) 01856 872460
Jobcentre Plus 0845 604 3719

Voluntary Action Orkney (VAO)
Connect Project 01856 872897
Befriending – Youth

Crossroads Carers
Young Carers 01856 870500

Orkney Alcohol Counselling & Advisory Service (OACAS) 01856 874738
Advocacy Orkney 01856 870111
Home Start 01856 870770
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