



Contents

1	Introduction.....	4
1.1	Getting it Right should be:	4
2	Purpose of a Team Around the Child.....	5
2.1	When a “Team” Around the Child is Required	5
2.2	Wellbeing Indicators	5
2.3	My World Triangle.....	6
2.4	The Resilience Matrix	6
2.5	Chronologies of Significant Events	6
2.6	Corporate Parenting	8
2.7	Effective Management.....	8
2.8	Team Around the Child Meetings:	8
2.9	Support and Challenge	9
2.10	Effective Communication:	9
2.11	Members of the Team Around the Child:	10
2.12	Core Members:	10
2.13	Specialist Services:.....	11
2.14	Direct Work with the Child and Family:	11
3	Named Person.....	12
3.1	Who is the Named Person	12
3.2	Direct Support.....	12
3.3	Complexity and Need	12
3.4	Child Protection Planning Meetings	13
4	The Lead Professional.....	14
4.1	Identifying the Lead Professional:.....	14
4.2	Disagreement Resolution re Lead Professional:.....	14
4.3	Lead Professional Responsibilities:	15
4.4	Reviewing the Identified Lead Professional:	15
4.5	Identifying the Team:	15
4.6	Creating the Conditions for Meetings.....	16
4.7	Scheduling Meetings	16
4.8	Arranging Venues.....	16
4.9	Attendance at Meetings	16
4.10	Meetings without the Family	17
4.11	Notes of Meetings.....	17
4.12	Amendments to Notes	18
4.13	Transfer of Lead Professionals	18
4.14	Transfer of Team Members	18
4.15	Support for Lead Professional	19
5	Team Member’s Responsibilities	19



5.1	Parents and Carers.....	20
5.2	Health Visitors.....	20
5.3	School Nurses	21
5.4	The General Practitioner.....	22
5.5	Mental Health Services.....	22
5.6	Children and Families Social Workers	23
5.7	Residential Care Staff.....	24
5.8	Foster Carers.....	25
5.9	Professionals in Education Services.....	26
5.10	Third Sector Partners.....	26
5.11	Ownership and Shared Risk	27
5.12	Supporting Team Around the Child Meetings	28
5.13	Existing Roles	29
6	Support & Preparation for Child and Family in the Team Around the Child	29
6.1	The Voice of the Child	29
6.2	Explaining Roles.....	29
6.3	Listening and Recording	30
6.4	Supporting Families in Meetings.....	31
7	The Child’s Plan.....	31
7.1	Managing the Child’s Plan	31
7.2	Reviewing the Child’s Plan	31
7.3	Independent Advocacy	32
7.4	Sharing the Plan	32
7.5	Child’s, Parent’s or Carer’s Views on the Plan.....	32
7.6	Support in Expressing Views	32
7.7	Specialist Support.....	32
7.8	Meeting the Child and Family	33
7.9	Consistent Approach	33
7.10	Power Imbalance	34
7.11	Reflective Practice	34
7.12	Professional Consultation	34
7.13	Joint Consultation	35
7.14	Adverse Childhood Experiences.....	36
7.15	Consensus.....	36
7.16	Disagreement on Actions.....	36
7.17	Complaints.....	37
8	Concluding the Team Around the Child	37
9	Appendix 1 Note Template for Team Around the Child Meetings.....	38
10	Related Documents and Resources	40
11	Version history.....	41



1 Introduction

These **Inter-agency Procedures** are for members of a Getting it Right for Every Child (Getting it Right), Team Around the Child, aimed at helping those members understand the purpose and process of how such teams are planned and managed, and how meetings are arranged. They sit within the Orkney [Getting it Right Guidance for Professionals in Orkney](#).

They are primarily for the workforce of services for children and young people in need of care and protection, Orkney children's services partnership (the Partnership).

It is essential that people joining a Team Around the Child, including children, young people, and families, receive and familiarise themselves with these Procedures to help them be an effective member, and aid their understanding of and attendance at meetings.

Teams Around the Child exist within the Scottish Government framework for Getting it Right based on children's rights, the principles of which reflect the [United Nations Convention on the Rights of the Child](#) (UNCRC).

It is for **all** children and young people because it is impossible to predict if or when they might need support. Getting it Right should also respect parents' rights under the [European Convention on Human Rights](#) (ECHR).

1.1 Getting it Right should be:

- **Child-focused** - to ensure the child or young person and their family, is at the centre of decision-making and that support is available for them;
- **Based on an understanding of the wellbeing of a child in their current situation** - taking into consideration the wider influences on a child or young person and their developmental needs when thinking about their [wellbeing](#), so that the right support can be offered;
- **Based on tackling needs early** - aiming to ensure needs are identified as early as possible to avoid bigger concerns or problems developing; and
- **Requires joined-up working** - it is about children, young people, parents, and the services they need, working together in a co-ordinated way to meet the specific needs and improve their wellbeing.

The [Getting it Right National Practice Model](#) provides shared practice concepts within assessment and planning. Practitioners should be familiar with the core elements such as the 'SHANARRI' wellbeing indicators, the My World Triangle, and the Resilience Matrix. Together they support holistic analysis of safety and wellbeing, dimensions of need, and the interaction of strengths and concerns.



2 Purpose of a Team Around the Child

The overall purpose is to ensure children and young people are kept safe and well within their families, wherever possible, with co-ordinated Partnership support and assistance.

Where this is not possible, it is to plan for and arrange for children to be provided with alternative care and accommodation, usually through the Looked After Child Review system or within the Child Protection system.

The title “Team Around the Child” is intended to convey the following principles:

- ✓ The child is at the **centre** of all professional activity and decision-making;
- ✓ The team is formed **around** the child and their **needs**;
- ✓ The process of supporting the child is “**child-centred**”; and
- ✓ The **voice** and **experience** of the child is central to co-ordinating support.

2.1 When a “Team” Around the Child is Required

Teams Around the Child are required when children need support from more than one service. This is often where there is Compulsory Home Supervision through the Children’s Hearing system, a Looked After and Accommodated Child, a child with disabilities, complex needs, or a child where there are child welfare concerns identified from their wellbeing indicators and assessment of the child’s needs.

At the earliest point of knowing more than one service is involved with a child and family, the people involved in providing the services should initiate discussion with each other and discuss setting up a Getting it Right, Team Around the Child, as per these Procedures.

In some circumstances, there might not be more than one service involved yet but the practitioner or professional supporting the child may believe other services are required. For example, Social Work Services or specialist Children’s Health Services.

There are Getting it Right *wellbeing indicators* which make it easier for children and families, and the people working with them, to discuss how a child or young person is doing at a point in time and if there is a need for support, including co-ordinated support from more than one Partnership service.

2.2 Wellbeing Indicators

Getting it Right, managed through Team Around the Child meetings, should support children and young people to grow up feeling loved, safe, and respected, to realise their full potential. At home, in school or the wider community, every child and young person should be:

- ✓ **Safe**
- ✓ **Healthy**
- ✓ **Achieving**



- ✓ **Nurtured**
- ✓ **Active**
- ✓ **Respected**
- ✓ **Responsible**
- ✓ **Included**

These eight factors are inter-connected and are referred to by their initial letters – **SHANARRI** and can be used by practitioners and professionals when thinking about what needs a child may have for co-ordinated support. They provide a holistic representation of children’s wellbeing needs and outcomes. Safety is paramount.

2.3 My World Triangle

Is a starting point for considering what unmet developmental needs, including unmet needs for protection might be present in a child’s life. The Triangle focuses attention on the three dimensions of a child’s world: the child; their family; and their wider environment. When a concern has arisen, the Triangle is a useful tool for gathering information about strengths and concerns within an investigation.

Practitioners using the My World Triangle will need to consider who is best placed within the family and professional network to provide information in relation to specific areas within a child’s life.

2.4 The Resilience Matrix

Is a matrix which may be used in consideration of the dynamic interaction of stresses and protective factors in the child’s world. ‘Resilience’ refers to positive adaptation despite serious adversities and threats to a child’s development.

The concept of resilience promotes analysis. The matrix is a tool which may help practitioners and key family members share understanding about concerns, and think about how to target support. The matrix is not an exact formula or map. However, it may assist focus and review of progress in relation to:

- Dominant risks and concerns;
- Protective factors and what is working well; and
- What needs to change to ensure the child’s safety and wellbeing.

2.5 Chronologies of Significant Events

Chronologies of Significant Events provide a key link in the chain of understanding needs and risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances, or those of an individual using adult services. Patterns of behaviour and trends in the way of life can greatly assist any assessment and analysis as per the [Care Inspectorate Practice Guide to Chronologies 2017](#), on which [Orkney Partnership Guidance 2021](#) is based.



Chronologies are a logical, methodical, and systematic means of organising, merging, and helping make sense of information. They also help to highlight gaps and omitted details which require further exploration, investigation, and assessment.

Chronologies can be used on a single or multi-agency basis and be developed to assist in current and ongoing assessment and risk management, or as an aid to reviews of past events. Despite being applied to a range of situations with different focus and purpose, the basic approach is essentially the same.

The Care Inspectorate Practice Guide explores nine key characteristics of a chronology that should mean it is:

- A useful tool in assessment and practice;
- Not an assessment, but part of assessment;
- Not an end, rather a working tool which promotes engagement with people receiving services;
- Accurate and relies on good, up-to-date case recording;
- Detailed enough but does not substitute for recording in the file;
- Flexible so that detail collected may be increased if risk increases;
- Reviewed and analysed – a chronology which is not reviewed regularly is of limited relevance;
- Constructed differently according to different applications, for example current work and examining historical events; and
- Recognising that single-agency and multi-agency chronologies set different demands and expectations.

In simple terms, Chronologies identify the most significant events in a child's life, including adverse childhood experiences, allowing understanding of the impact these events have had on the child, the child's needs, the risks presented and how the Team Around the Child should target Partnership services.

Chronologies must be regularly reviewed, analysed, and kept up to date. Thirty- or forty-page chronologies are unlikely to be read or properly understood and provide no value in understanding what has happened in the child's world.

Chronologies help note themes and patterns which should be analysed, contributing to the overall assessment and identification of appropriate support and action. They should be accessible, easy to read, succinct, summarised and focussed. Each entry should be brief, descriptive, and significant.

For example, attending a meeting or not attending a meeting, is not a significant event but a *pattern* of attending and participating (positive) or not attending and avoiding (non-compliant) may be "significant".



2.6 Corporate Parenting

Where the child is Looked After most members of the Team Around the Child will also have corporate parenting responsibilities and should familiarise themselves with [Orkney's Good Parenting Plan](#).

2.7 Effective Management

Teams Around the Child are most effectively managed by meetings including all the people involved in directly providing services to support the child and family under the leadership of a Lead Professional.

Leadership is expected from **all team members** with clear focus on achieving positive outcomes for the child at the centre.

Effective management requires good interpersonal skills, clear communication, and motivation. It relies on strong organisation and appropriate delegation. The Team Around the Child, including the parents, is there to ensure children and young people are kept safe and well within their families. Members need to be clear about what is expected of them individually and as a Partnership.

Forward planning and strategic thinking are necessary along with problem-solving and effective decision-making. While Lead Professionals have an important role, all members of the Team Around the Child are encouraged to identify issues and themes and seek practical solutions.

As Lead Professional you will ensure each team member provides a summary of involvement with the child and family. This will be updated during and between Team Around the Child meetings by team members to the Lead Professional.

2.8 Team Around the Child Meetings:

Team Around the Child Meetings are held between professionals and families, like any other meetings which seek to engage partners, children, and families, in meaningful discussions on how best they can be supported. The Lead Professional has responsibility for Chairing Team Around the Child meetings.

There is nothing particularly technical or complicated about them, they rely on:

- ❖ Good engagement;
- ❖ Mutual respect and trust;
- ❖ Inclusion;
- ❖ Information sharing, see Inter-agency Guideline [Code of Practice: Information Sharing, Confidentiality and Consent](#);
- ❖ Effective communication; and
- ❖ Co-ordination of support.



The role of the Lead Professional in Chairing Team Around the Child meetings, can be challenging at times and all team members should ensure they are supportive, open, honest, and participatory.

2.9 Support and Challenge

Team Around the Child effectiveness is enhanced by collaborative working including “support and challenge”. Professional challenge is the process of *reflective* questioning which can lead to a better understanding of decision-making, why people do things, and the rationale and thinking behind it. Questions such as:

- ❖ What was the thinking behind the decision?
- ❖ Can you explain why you took this approach?
- ❖ Did you consider any other suitable approaches?
- ❖ What did you think the outcome might be?
- ❖ Did you consider any possible unintended outcomes?
- ❖ Did you think about changing your approach to maximise effectiveness?

It is often the case in children’s services work, that evidence of harm or risk takes precedence over all other types of evidence. It is not possible to accurately predict human behaviour and as Munro (1999:121) points out in child protection work, “it is surprisingly hard to develop a high accuracy rate in predicting a relatively rare event”.

Support and challenge, therefore, can help develop a reflective process which can lead to change and in turn create improvement. A positive “friction” can be created from professional challenge which generates motion, leading to improvement and change. Organisations which perform well and efficiently have cultures which encourage “questioning” and “support and challenge”.

Figuring out how to be part of a new or a changing work culture can at times be frustrating for us all. People create cultures and it is important that we get to know our colleagues which we can do in various ways including working on team projects, co-working with families, leading small-scale tasks, or developments, engaging in team meetings and socialising in the workspace during breaks or team development sessions.

This promotes common interests, builds trust, helps identify team strengths and interests, areas for development and professional allegiances. This is particularly necessary when working as a member of a Team Around the Child which requires greater effort to get to know and develop relationships with people in other services who are often based elsewhere.

2.10 Effective Communication:

Regular communication and information sharing is crucial between meetings to ensure actions are being delivered and children are being properly supported. This is a shared responsibility for all members of the team including parents or carers.



As Lead Professional, you have an important role in sharing relevant reports and written information with the Team Around the Child. Such information includes, amongst other things:

- Chronologies of Significant Events;
- Risk Assessments;
- Parenting Assessments;
- Child or Young Person's Plan;
- Specialist Assessments;
- Progress Reports; and
- Notes of Meetings.

As Lead Professional, you have a role in helping the team be open-minded, active listeners, reflective practitioners and able to *compromise*. Most importantly, this involves establishing a dialogue with parents and carefully listening to the child.

Straight talking conversation is the basis of effective communication and all members of the Team Around the Child should not neglect its importance.

As a Team Around the Child member, you have responsibility to use clear and simple language, be aware of your non-verbal communication, have a flexible consultation approach, listen with empathy, establish a rapport with the child and family, and communicate effectively with Partnership colleagues.

For example, effective communication between all professionals should be **clear, timely** and **discrete**. This communication is needed to make accurate assessments, ensure interventions are appropriately provided, and ensure people understand their health and wellbeing status and needs.

One of the marks of an effective leader is the ability to make the complicated simple!

2.11 Members of the Team Around the Child:

Members will include Partnership practitioners, carers, and professionals, involved with the family, providing a direct service, who know the child and family, and who contribute to the support identified and the outcomes sought.

2.12 Core Members:

Core members will usually be from agencies with a Getting it Right *requirement* to attend:

- Health Services.
- Specialist Services.
- Education Services.
- Social Work Services.
- Third Sector Services.
- Other Local Authority Staff as appropriate.



- The child, parents, Independent Advocates or identified support people.

As a member of a Team Around the Child, it is your job to support the Lead Professional and ensure focus on achieving positive outcomes for the child.

2.13 Specialist Services:

Where specialist services are involved in supporting the child they should be invited into the team or invited to specific meetings depending on their role, the nature of their work and their availability. For example, they may not be based in Orkney and their role may have been to provide a specialist assessment with no identified continuing service requirement.

2.14 Direct Work with the Child and Family:

Direct work with children, families, and members of the Team Around the Child should be **relational** and **professional**.

Members of the team are expected to combine their professional and personal qualities in providing direct work while ensuring their private life is left at **home**.



3 Named Person

The Getting it Right approach underpins both preventative and child protection processes. This includes an identified point of contact to provide early support, advice and access to services, a shared approach to assessment and consideration of wellbeing, and a shared response to identified needs, including planning for children across services where needed. Refreshed national guidance describing GIRFEC policy and practice is expected to be published in 2021.

The Scottish Government's commitment to the UNCRC is built on practical foundations in universal services. Parents need to know who they can contact when they need access to relevant support for their child's wellbeing. Within the GIRFEC approach, these foundations are carried out through the role of a named person who can provide a clear point of contact within universal services, if a child, young person, or their parents want information, advice, or help.

3.1 Who is the Named Person

The named person function is provided by a person known to the child and family from universal services. This is usually a health visitor from birth to school age, a head teacher or deputy during primary school years and a head teacher, deputy, pastoral care teacher or guidance teacher during secondary school years, including children who are home schooled.

3.2 Direct Support

The family may be offered direct support from their named person, or access to relevant services from NHS, Local Authorities and Third Sector or community groups. At times during childhood and adolescence, some children and young people will need some extra help.

A named person can provide or access information, advice and support to children and young people from within their own service, and when necessary request support from other services or agencies.

3.3 Complexity and Need

When the complexity or urgency of need requires co-ordinated intervention from more than one service or agency, it is crucial that a Lead Professional is identified to take on the co-ordinating role. A multi-agency 'Child's Plan' should be developed at this time.

Where a child is thought to be at risk of harm, their safety is the priority and assessment, and planning processes will reflect this.



3.4 Child Protection Planning Meetings

A Child Protection Planning Meeting (CPPM) is an inter-agency meeting which is convened when there are concerns that a child is or may be at risk of significant harm. [Part 3 of the National Guidance for Child Protection in Scotland](#) describes activities that precede a CPPM. The Chair ensures the CPPM supports engagement of parents and all relevant agencies in assessment of risks and strengths, and in planning next steps. This includes a potential referral to the Reporter. Information can be found at the website of the Scottish Children's Reporter Administration www.SCRA.gov.uk.

Anyone can refer a child to the Reporter but they cannot do it anonymously. Getting it Right can ensure professionals, whether a Named Person, Lead Professional or single agency practitioner, assess the wellbeing of children and young people having considered the SHANARRI indicators at section 2.2 above.

Where voluntary engagement is not addressing a child's needs sufficiently and are unlikely to do so, a referral to the Reporter should be considered. The Orkney Partnership Guidance on referrals to the Reporter is intended to assist anyone who is considering making a referral to the Reporter (Available from [related downloads](#) from December 2021).

The criteria for referral to the Reporter are:

- a) the child is in need of protection, guidance, treatment or control; and
- b) it might be necessary for a Compulsory Supervision Order to be made in relation to the child.

The Local Authority and the Police must refer a child when the criteria apply. Any other person may do so. Before making a referral to the Reporter, the referrer must have considered the referral criteria and believe that they apply. This should involve consideration of whether voluntary engagement will be likely to meet the child's needs and, if not, whether a Compulsory Supervision Order might be a proportionate response.

In many situations voluntary support will have been tried before a referral is made, but this is not necessary in making a referral. The decision to refer to the Reporter will often be made by the Team Around the Child.



4 The Lead Professional

Scottish Government guidance describes the role of the Lead Professional being:

“When two or more agencies need to work together to help a child or young person and family, there will be a Lead Professional to co-ordinate that help”.

A Lead Professional will be responsible for ensuring the production and review of an agreed multi-agency Child's Plan as detailed in Part 3 of the National Guidance for Child Protection in Scotland. This should integrate information from previous plans by individual agencies as appropriate.

Reports for a child's planning meeting or for a CPPM should be circulated to everyone involved, especially the child and family. Reports should be available and presented so that they are accessible to all. This includes, for example, children or parents or carers with learning disabilities. In this instance, this will require extra time for planning and supporting the process to help ensure maximum understanding and transparency.

4.1 Identifying the Lead Professional:

The partners involved in supporting the child need to agree which professional takes on the Lead Professional role, co ordinating a multi-agency Child's Plan. The Lead Professional can be drawn from any of the services or agencies which are partners to the Child's Plan.

Children and families may be involved in several formal processes. For example, they may be Looked After, have a Child Protection Plan, and or a Co-ordinated Support Plan. They should experience a co-ordinated process, managed as far as possible by a single meeting structure, with due respect for principles of lawful information sharing. Family understanding and positive engagement is likely to depend on the extent to which they can hear and be heard and become partners in 'joined up' planning.

Where there is a statutory responsibility such as children subject to a Supervision Requirement or a child previously on the Child Protection Register, a member of Social Work staff, most likely a Social Worker, will be the Lead Professional.

Where a child has a Co-ordinated Support Plan (CSP), it is likely to be appropriate for an Education or Health professional to be the Lead Professional. Each case should be considered individually based on the circumstances.

4.2 Disagreement Resolution re Lead Professional:

In exceptional circumstances, where agreement cannot be reached on who is best placed to act as the Lead Professional, this should be referred immediately to relevant Service Managers or Mangers for agreement and resolution.

Any minor delay in the identification of the Lead Professional should not detract from the importance of delivering actions and co-ordinating support for the child.



4.3 Lead Professional Responsibilities:

As Lead Professional, you are required to:

- Make sure the child or young person and family **understand what is happening** at each point so that they can be involved in the decisions affecting them;
- Act as the **main point of contact** for children, young people, practitioners, and family members, bringing help to them and minimising the need for them to tell their story several times;
- **Promote teamwork** between agencies and with the child or young person and family;
- Ensure the **Child's Plan is implemented** and reviewed;
- **Be familiar** with the working practices of other agencies;
- **Support other staff** who have specific roles or who are carrying out direct work or specialist assessments;
- Ensure the child or young person is **supported through key transition points**, particularly any transfer to a new Lead Professional;
- Ensure the Child's Plan is **accurate and up-to-date**; and
- Ensure effective co-ordination of the Multi-agency **Chronology** of Significant Events.

4.4 Reviewing the Identified Lead Professional:

The Lead Professional role can be reviewed as required at an appropriate Team Around the Child meeting and each time someone joins or leaves the team.

4.5 Identifying the Team:

As Lead Professional, you have responsibility to initially identify the Team Around the Child and ensure they are invited to meetings. Generally, these will be people who know the child well and provide direct services e.g., Head Teacher, Primary School or Guidance Teacher, Secondary School (if Class Teacher cannot attend due to classroom time) School Nurse, Health Visitor, GP, Family Support Worker, Third Sector Services, for example, Who Cares? Scotland. If a child is Looked After and Accommodated the Lead Professional will invite the child's carer, foster carer, kinship carer or representative from the Children's Residential Service.

As teams establish and begin to function effectively, all members will share responsibilities for identifying new members and helping the Lead Professional ensure they are invited to meetings.

As Lead Professional, you should note that due to demands on time, GPs may not always be able to be full members of the Team Around the Child but may be able to attend specific meetings. You should establish at the beginning of the process if they can become a member of the team or can attend specific meetings. The outcome of this enquiry should be



recorded on the child's file. The GP should be kept informed of the co-ordinated support being provided to the child and the progress of actions to deliver the required outcomes.

You may also decide, in conjunction with the team, that other people may attend for specific purposes for a time limited period. This may include Housing Services, Child and Adolescent Mental Health Services, Community Learning and Development staff or specialist services providing short-term dedicated input. In doing so, the child and parents must be helped understand why this is necessary and agree to their inclusion.

An important consideration will be the relationship they have with the family and whether their input can be provided in any other way without having to attend meetings which centrally seek to include the child and family.

As Lead Professional, where parents do not agree to any short-term involvement of specific service representatives, you will ensure the contribution of these services is shared within the Team Around the Child while working to resolve the issues of non-inclusion.

4.6 Creating the Conditions for Meetings

Team Around the Child meetings should be engaging, open, honest, friendly, and inclusive with every effort made to help children and families feel welcome and involved. This means they must be prepared in advance and given clear and accessible information on the purpose and process of meetings.

As Lead Professional, you have responsibility for the child and parents being told what information is being shared, with whom and for what purpose, and that their views will be considered.

4.7 Scheduling Meetings

As Lead Professional, in conjunction with the Team Around the Child, you shall schedule meetings at a time and frequency which best supports the identified actions to achieve the required outcomes. While this is not prescribed, generally complex matters with multiple wellbeing issues to resolve, will require regular meetings.

4.8 Arranging Venues

Wherever possible, meetings should be held in person in an accessible, comfortable location and room. Team members should know what facilities are available from their service and how to access and book rooms as required. Venues and rooms should be arranged based on what is best for the child and family.

4.9 Attendance at Meetings

All members of the Team Around the Child, must prioritise attendance and participation in meetings and every effort should be made by the whole team to support and encourage the attendance and participation of the child and family.



All team members should ensure the child is supported to make a positive contribution; and the child, parents or carers are involved.

As Lead Professional, you should ensure the child's, parent's or carer's views are properly represented, considered, and documented.

As a member of a Team Around the Child, if you are unavoidably unable to attend the meeting, you must ensure the Lead Professional is updated with your contribution, information, and actions, in advance of the meeting where possible.

This can be done by email, telephone or in a separate meeting, as efficiently and succinctly as possible.

Unlike Child Protection Conferences, there is no requirement for a Team Around the Child meeting to be quorate. While full attendance must be sought, there is always value in team members, even in small numbers, meeting to discuss progress.

As Lead Professional, where team members have consistently failed to attend meetings, you must seek assurance on attendance and in exceptional circumstances, escalate the matter to the member's Line Manager.

As Lead Professional, where parents have not attended regularly (this would usually mean the child is also not attending) or refuse to be part of the team, you should work with them to understand what the barriers are and how the team can have these reduced. All actions to support their attendance require to be clearly recorded and reviewed regularly.

4.10 Meetings without the Family

As Lead Professional, if the child or parents cannot attend the meeting, you will have to decide if the meeting should proceed, taking account of the needs of the child and the progress of actions required to meet outcomes.

Where meetings are held without the family, as Lead Professional, you must ensure the family is informed of decisions and agreed actions. This should be done **within 3 calendar days** of the Team Around the Child meeting.

4.11 Notes of Meetings

As Lead Professional, you are responsible for having a note of the meeting compiled which should be undertaken by another member of the team, to allow you to Chair the meeting. The note must be sent out to members of the team within **10 calendar days** of the Team Around the Child meeting using the template at **Appendix 1**.

As a member of the Team Around the Child, you should take notes on agreed actions and implement them as quickly as possible without waiting to receive the note of the meeting. Where there is doubt about actions required, you must provide your opinion and seek or give clarity on the action required from your service.



Notes are confidential and should not be passed by professionals to third parties without the consent of the Chair except where transfer is made to another office of the same agency. Notes and other records associated with the Team Around the Child process should be retained by the agencies receiving them in accordance with their record retention policies.

4.12 Amendments to Notes

Team Around the Child meetings are recorded on the template at **Appendix 1** for clarity on agreed actions and timescales. The note is not a *verbatim* or *process* recording of the meeting, it is a brief working tool to help ensure actions are understood, agreed, and can be reviewed at the next meeting. The note should be easy to understand, simple and clear.

As a member of the Team Around the Child, on receipt of the note template, you should review content. If something is inaccurate, incomplete or the meaning is unclear or ambiguous, and all or any of which could: significantly be open to misinterpretation or inaccuracy, you should speak to the Lead Professional as soon as possible to have it fixed.

The process should be confined to the specific matter and is not an invitation to correct grammar or typing errors. Amendments should be in exceptional circumstances and are not intended to create a “membership led” note, which is impractical, time consuming, and unnecessary.

4.13 Transfer of Lead Professionals

As Lead Professional, you must ensure effective transfer of information when another Lead Professional takes over, when the family moves away, or when the multi-agency Child’s Plan is no longer needed and responsibility transfers to the most appropriate person to provide further support.

4.14 Transfer of Team Members

Where members of the Team Around the Child are changing, they should advise the Lead Professional at the earliest opportunity, confirming that the child and family will be told of the change and kept informed of who the new team member will be, working directly with them.

As a member of the Team Around the Child, transferring or leaving, you must ensure all outstanding actions, for which you or your service is responsible, are updated and communicated to the Lead Professional at the earliest possible time before you leave the team.

You must ensure you have followed the professional operating requirements within your children’s services profession or agency including recording, transfer summaries, passing on relevant information to partners, and the process of disengagement or transfer with the child and family.



4.15 Support for Lead Professional

Where additional support and development is required to fulfil the role of Lead Professional this should be discussed with their direct Line Manager who should agree the support and development required. This should be managed through the professional supervision arrangements within the service of the identified Lead Professional.

Opportunities for support may include in person and on-line:

- ✓ Mentoring;
- ✓ Skills Development;
- ✓ Leadership Courses;
- ✓ Communication Courses;
- ✓ Shadowing and Peer Review; and
- ✓ Research work.

5 Team Member's Responsibilities

Members of a Team Around the Child will usually include the Midwife, Health Visitor, School Nurse, GP, Social Worker, Head Teacher in Primary Schools or Guidance Teacher or other Education Services professional, Child and Adolescent Mental Health practitioner, a Third Sector practitioner such as Who Cares? Scotland, Independent Advocacy Worker, and any representative of a direct service being provided to the child and family including Addiction Services where there is significant impact on the child's wellbeing from the adult's addiction or mental health.

Generally, the Police would not be a member of a Team Around the Child. Where, for example, a young person may be involved in offending behaviour, the Lead Professional may wish to check with the Police if they hold any information that may help the team when working on the Child's Plan. Sometimes input from a Police Officer can help a family understand a legal process or related procedure, and they can strike a supportive relationship with the family.

Like any business meeting, Team Around the Child meetings must be focussed, purposeful, well attended and fully supported by core members and those attending.

As a team member, you have a professional responsibility to work in partnership, to place the needs of the child at the centre of support activity and to prioritise delivery of actions to meet identified outcomes for the child.

You have responsibility to contribute to making the process engaging, open, honest, friendly, and inclusive while making every effort to help children and families feel welcome and involved.



5.1 Parents and Carers

As a Parent or Carer including Kinship Carer, member of the Team Around the Child, your role is central in ensuring the needs and views of your child are placed at the centre of decision making by the Team Around the Child.

Working alongside the Lead Professional (Social Worker, Health or Educational Professional) your parental understanding and care of your child, and their needs, is crucial in helping to ensure members of the team are fully informed of your family circumstances.

You will be supported by the Lead Professional to help you and your family:

- Ensure you and your child is supported to make a positive contribution and are involved in Team Around the Child meetings.
- Feel confident about the help you are receiving.
- Understand what is happening and why.
- Be listened to carefully and your wishes have been heard and understood.
- Are appropriately involved in discussions and decisions affecting you.
- To rely on appropriate help being available as soon as possible.
- Experience a coordinated response if several practitioners are involved.

The Lead Professional will tell you what information is being shared, with whom and for what purpose, and your views will be considered.

If, for any reason, you are unavoidably unable to attend the meeting, you must tell the Lead Professional or one of the other professionals involved.

When attending the Team Around the Child meeting, everyone will be introduced, and you shall be told what they do and how they can support you and your child.

Depending on the age and maturity of your child or young person, they can be involved in meetings too and with your support, the team can help to make you feel comfortable and welcome. Every effort will be made to ensure you and your child is made to feel welcome in the meeting and if there is anything at all which is making things difficult for you, you should speak to the Lead Professional.

You shall be asked if you would wish to have a support person attend the meeting with you or an independent advocate. Independent advocates can help you express your views and explain what decisions have been made if, for any reason, you have not fully understood everything discussed at the time.

5.2 Health Visitors

As a health visitor member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.



The Early Years have a profound impact on an individual's future experience of health and wellbeing. Health professionals, particularly health visitors, have a vital role to play in supporting children and families in the first few years of a child's life.

Health visitors have an important role in early years and can address variation by ensuring, services and professional practices are provided *consistently* to all children under 5 and their families.

Health Visitors utilise solution focused, public health approaches to place an emphasis on reducing inequalities by increasing access to supportive interventions.

The development of the Universal Health Visiting Pathway, and its underpinning programme of work promotes the professional practice of health visitors in:

- Supporting and safeguarding the wellbeing of children;
- Person-centred planning and engagement;
- Building strong relationships from pregnancy;
- Offering support during the early weeks and planning future contacts with families;
- Focussing on family strengths, while assessing and respectfully responding to their needs.

The Pathway Programme consists of home visits to see the living environment in which the child is being raised to truly connect with the child and their parents. The early establishment of the “family, health visitor” *relationship* provides health visitors with a solid foundation for their role as the Named Person from the birth of the child.

To get to know the family, the health visitor needs to first gain access to the family at home. Health visitors’ holistic work with families allows parent to get to know the health visitor. Then a range of activities can follow including:

- Assessing and onward referral;
- Continual availability;
- Reciprocal exchange; and
- Collaborative interaction.

This is aimed at leading to parents understanding and having confidence in the health visiting service, being able to express their needs and accept referrals, or initiate further contact as needed.

5.3 School Nurses

As a school nurse member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

The role of the school nurse has been redefined ([Transforming nursing, midwifery and health professions roles: the school nursing role in integrated community nursing teams](#)).



School nurses are registered nurses or midwives who have undertaken additional education, to support school-aged children in attaining their health potential. School nurses deliver proportionate universal services to school-age children, based on their professional assessment of need.

School nurses aim to work in collaboration with Named Persons and health, social care and social work teams to provide early support and prevent escalation of need. School nurses will be alert to children who may be at risk or experiencing significant harm and must raise their concerns in line with Orkney Multi-agency Child Protection Procedures, Social Work Child Protection Procedures, and their own children's health services child protection procedures – NHS Orkney Public Protection Guidance (October 2020).

5.4 The General Practitioner

As a GP member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

General Practitioners (GPs) and practice staff are well placed to detect early or developing concerns about children and families. Their roles encompass prevention, recognition and early response, and out of hours GP services. GPs may be involved in the provision of ongoing therapeutic support to children and families who have experienced harm, often into adulthood.

In addition, GPs and their teams may be working directly with adults who pose a risk to children and young people, including those experiencing problematic alcohol and drug use or living with domestic abuse, and those who have mental health difficulties.

GPs will alert a statutory agency without delay if they are concerned that a child or young person has experienced or is at risk of harm from abuse or neglect.

GPs are also key partners in the identification and support for adults with significant risk factors, such as alcohol and drug use and mental health difficulties, which may impact on their ability to care for children, young people, adults or older people.

5.5 Mental Health Services

As a professional in children's Mental Health Services member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

Mental health practitioners have a potential key role in both adult and child support and protection because they engage with vulnerable people. They play an important role in reducing risks arising from adult mental health difficulties identified within the Child's Plan.

All mental health staff in child and adolescent services and within adult services must be



competent to identify concerns about children and young people. Mental health services are largely community based, with some inpatient facilities, and delivered by multi-disciplinary teams including social workers. They may become aware of children and young people who have experienced, or are at risk of, abuse and or neglect, and should raise concerns in line with our Multi-agency Child Protection Guidelines, Social Work Child Protection Procedures, national Child Protection Guidance and NHSO Public Protection Guidance.

Within adult services, consideration should then be given to the impact of the mental ill health of a significant person in the child's world. If they are concerned that a person's mental health could put children at risk of immediate or significant harm, they must act in line with the above procedures and guidance.

Mental health practitioners should take account of any wider factors which may affect the family's ability to manage and parent effectively, including strengths within the family in relation to the child's needs.

5.6 Children and Families Social Workers

As a social worker member of the Team Around the Child, if you are not acting as Lead Professional, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

Local authorities have a duty to promote, support and safeguard the wellbeing of all children in need in their area, and, insofar as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to children's welfare and wellbeing needs.

Social workers provide personalised social work services and support, often to our most vulnerable, marginalised, and at-risk children, young people, and families. They aim to support families stay together by identifying strengths, critically assessing need, and providing services to meet identified need, in conjunction with children's services partners. Where it is not possible for children to stay at home, their role is to plan for and arrange for children to be provided with alternative care and accommodation

Social workers seek to establish trusting, meaningful working relationships with children, young people, and families from which to undertake their helping role. Social workers must place the needs of the child at the centre of all their decision-making which should be evidenced based and transparent.

As per section 4.1 above, where there is a statutory responsibility such as children subject to a Supervision Requirement or a child previously on the Child Protection Register, a member of Social Work staff, most likely a Social Worker, will be the Lead Professional.



Children subject of Child Protection Registration are supported through the work outlined in Orkney Social Work Child Protection Procedures, where the Lead Professional is the allocated Social Worker, and the “Core Group” is effectively the Team Around the Child.

Children and young people requiring support to be kept safe and well within their families, including support from more than one service requiring co-ordination to achieve outcomes in a Child’s Plan, are supported through the work outlined in these Procedures for a Getting it Right, Team Around the Child.

5.7 Residential Care Staff

As a Residential Keyworker, your role is one of the most important and unique roles in any service as you are raising our children and young people in a direct and caring way within a small *family group* children’s house. The care and support you provide is often life lasting and transformational in the lives of some of our most traumatised and vulnerable children and young people.

Residential Care Staff build trusting, warm, affectionate, and meaningful relationships with looked after children and young people, providing consistent care and daily direction, while ensuring the Lead Professional and Team Around the Child are fully informed of the child’s views and needs.

As a member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

As a Residential Keyworker, your understanding of the child’s development, the impact of trauma, and the nature of their personal attachments is essential in helping the team plan the child’s immediate and future care requirements, including the need for permanence. Your summary of the child’s progress and development in your care is central to the identification of support needed for the child and in placing their needs at the centre of decision making.

As someone providing daily care to the child, you have a central role in helping the child attend meetings, creating conditions for inclusion, while making every effort, in conjunction with the Lead Professional, to help families feel welcome and involved.

As a Residential Keyworker, or in covering for the Keyworker, you have a role in ensuring the Manager of the Children’s House and the Care Team are:

- Contributing to the Child’s Plan in conjunction with the Manager and Senior;
- Fully informed of decisions taken by the Team Around the Child;
- Routinely checking out the child’s views and needs;
- Sharing the child’s views;
- Clear on the messages to be shared with the child and the best means of doing so;
- Effectively contributing the experience of working with the family;



- Keeping the chronology of significant events up-to-date; and
- Ensuring the child is at the centre of decision making.

As a Residential Keyworker, or in covering for the Keyworker, you will alert the Lead Professional to any significant changes to the child or young person without delay, particularly if you have any concerns for the child's safety or wellbeing. You are the best link the child has with the Lead Professional and Team Around the Child and you are in a very privileged position in providing a direct caring role for the child.

5.8 Foster Carers

As a Foster Carer, member of the Team Around the Child, your role is one of the most important and unique roles in any service as you are raising our children and young people in a direct and caring way within a family context. The care and support you provide can last a lifetime and be transformational in the lives of our most traumatised and vulnerable children and young people.

You also have a unique role in working with and supporting the child's family whenever they can receive and accept the support, encouragement, and emotional strength you can offer. Your role is unlike any other in the child's life and you have a privileged position from which to influence and help develop the child's plan and future care.

Foster Carers build trusting, meaningful relationships with looked after children and young people, providing consistent care, daily routine, direction, warmth, and affection, while ensuring the Lead Professional and Team Around the Child are fully informed of the child's views and needs as you see them in caring directly for the child or young person.

As a Foster Carer, member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional. Where required, the process can be supported by your Supervising Social Worker.

As a Foster Carer, member of the Team Around the Child, you have a role and influence in ensuring the Lead Professional in conjunction with your Supervising Social Worker is:

- Fully informed of significant developments with the child in your care;
- Routinely advised of the child's views as expressed to you by the child;
- Provided with your interpretation of the child's behaviour;
- Informed, from your experience of caring for the child, of the best means of communicating messages to be shared with the child; and
- Placing the child at the centre of decision making as per your experience in directly caring for the child and your engagement with the family wherever this is happening.

The trust you gain from the child and your insight into the child's development, their likes and dislikes, strengths, hobbies and interests, their relationships with their parents or carers, and home experiences is deeply important in helping the Team Around the Child



make child-centred decisions. Your Foster Carer’s practice should be underpinned by an understanding of trauma, child development and attachment, supported in the context of your relationship with your Supervising Social Worker.

5.9 Professionals in Education Services

As an educational services professional, member of the Team Around the Child, you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

Children and young people do best when they are well supported by their parents, family, and community, and by the universal services of health and education.

Professionals in Education Services support the development of improvement objectives based on wellbeing and provide evidence of educational and social improvement as part of an overall improvement plan.

Getting it Right and Curriculum for Excellence are central to improving outcomes for our children and young people. They emphasise that promoting, supporting, and safeguarding the wellbeing of children is a responsibility for all staff working in a school or nursery.

Getting it Right in Education Services seeks to:

- Put the best interests of the child at the heart of decision-making;
- Take a holistic approach to the wellbeing of a child;
- Work with children, young people and their families on ways to improve wellbeing;
- Advocates preventative work and early intervention to support children, young people, and their families; and
- Ensure professionals work together in the best interests of the child.

[Getting it Right for every child \(GIRFEC\): evaluating wellbeing guide – Guide for professionals in education and third sector settings.](#)

5.10 Third Sector Partners

Third Sector organisations play a hugely significant role in our communities and working in partnership with universal services which can be key to promoting, supporting, and safeguarding children and young people, as well as vulnerable adults and older people.

They bring expertise, knowledge, skills, creativity, innovation and very often, additional funding which can help deliver shared outcomes for children and young people.

Third Sector children’s services partners have an important role in supporting our most vulnerable and at-risk, children, young people, and families, and are equal members of the Team Around the Child when they are engaged in providing direct services.



As a member of the Team Around the Child you shall provide a summary of your involvement with the child and family. This will be updated during and between Team Around the Child meetings to the Lead Professional.

Third Sector services, particularly in our remote islands and rural communities, play a vital role in ensuring our most vulnerable people receive support at a local level, often when universal and specialist services are not present in these communities or are in mainland Orkney.

Third Sector services are often able to undertake roles with individuals, families, and communities which universal and statutory services, due to the nature of their legislative roles and duties, cannot. Third Sector services often emerge as a result of gaps and opportunities identified by communities. Their development is based on mutual trust and deep-rooted understanding of community needs, strengths, challenges, and aspirations.

They occupy potentially strong positions, particularly in remote communities and can be valuable partners in supporting universal and statutory services in engaging with communities.

Working in partnership with statutory services can present challenges to Third Sector partners related to: confidentiality, trust, acceptance, and tolerance. Therefore, roles and responsibilities within partnership working should be explored at the beginning and any uncertainties or lack of clarity over who is doing what and why, should be addressed, guided by the principles outlined in Section 2.7 effective management.

The focus remains on ensuring the child is at the centre of decision-making and their wellbeing needs and protection are paramount.

5.11 Ownership and Shared Risk

Partnership working requires shared ownership and shared risk which is best achieved where professionals and practitioners understand their roles and responsibilities and have confidence in the system of how services for children and young people in need of care and protection are organised.

It is essential that teams grow and develop together under the leadership of the Lead Professional, with absolute clarity on purpose and function. This may take time to establish and there could be need for particular team development and bonding initiatives to support the process.

Any member of the Team Around the Child may identify such a need or have helpful ideas about how such initiatives can be introduced, which they should discuss with the Lead Professional in the first instance.

Team Around the Child meetings allow Partnership practitioners and professionals to:



- **Support** each other in placing the child at the centre of decision-making;
- Professionally **challenge** each other in furtherance of keeping children at the centre;
- **Hear** directly from the **child** – see Inter-agency Guideline [Voice of the Child](#);
- **Hear** directly from the **parents**, carers and family;
- Provide **structure** for the child and family to be **centrally included** in care planning;
- Provide **co-ordinated support** and assistance;
- Provide **leadership and effective teamwork** to safeguard and promote child welfare and child protection;
- Plan **effective support** and actions for the child and family;
- **Share information** and plan further support;
- **Build confidence**, understanding and team effectiveness;
- **Review actions** and the effectiveness of teamworking; and
- **Keep momentum** for achieving agreed outcomes.

Team Around the Child meetings make important contributions to childcare planning, for example, transitions following Child Protection Deregistration or where support is still required after children are no longer Looked After.

5.12 Supporting Team Around the Child Meetings

The responsibilities for Team Around the Child meetings rest with the Lead Professional. The effectiveness and successful fulfilment of the purposes of Team Around the Child meetings rest with all the services in our Partnership, and the children and families at the centre of them, working collaboratively together *in partnership* to achieve their purposes. This applies to all members of the Team Around the Child.

As Lead Professional, it is your responsibility to:

- Provide professional leadership within the Team Around the Child;
- Manage the Getting it Right approach by establishing regular, timely, and proportionate Team Around the Child meetings;
- Ensure the child is at the centre of decision-making;
- Record the views of children, families and team members;
- Record the actions from Team Around the Child meetings;
- Ensure the Team Around the Child is fulfilling its purposes;
- Offer support and challenge as per the [Partnership's Self-evaluation and Continual Improvement Approach](#).

As a member of the Team Around the Child, you have personal and professional responsibility for supporting all the above and for working effectively with the Lead Professional in helping them fulfil their responsibilities.



5.13 Existing Roles

The Lead Professional does not replace other practitioners who have specific roles or who are carrying out direct work or specialist assessments.

6 Support & Preparation for Child and Family in the Team Around the Child

All members of the Team Around the Child, particularly those who are working directly with the child and family, should think about how they can contribute to helping the child and family prepare for being part of the Team Around the Child.

As Lead Professional, you have a key role and team members are encouraged to speak with you to help plan and assist generally in this process.

6.1 The Voice of the Child

The “child's voice” is a phrase used to describe the effective involvement of children and young people in professional processes and decision-making. It means more than seeking their views, which could just mean the child saying what they want, rather than being really involved in what is happening.

The UK Government also believes the voices of children and young people should be heard when decisions are made which affect them. The voice of the child is important because it is vital to hear a child's opinion about their care when a decision is made that could ultimately affect them for the rest of their lives.

6.2 Explaining Roles

A good start is to explain your role, to listen openly and seek the voice of the child without advising or judging. This can be done by:

- Direct engagement;
- Observation;
- Discussion with parents, family members, carers or agencies;
- Analysis of information held to consider what the impact might be on the child.

In considering some of our most involved processes of engaging children and families, including their involvement in the Team Around the Child, children should be helped to understand:

- Getting it Right, including the Team Around the Child;
- The Child's Plan;
- Looked After Child system;
- The Children's Hearing system;
- Health Assessments and Children's Health processes,



- Educational Support Plans; and
- Police work.

This includes thinking about how the child or young person can be involved and how they can contribute to decisions about their future. This can be supported by accessing advocacy services via the Lead Professional.

6.3 Listening and Recording

Depending on the age and maturity of the child or young person, they will often have a clear idea of what needs to be done to ensure their own safety and wellbeing. We must listen, take note, and have evidence we have done so.

Children and young people should be listened to at every stage of the process of our involvement with them and their family and given appropriate information about the decisions being made.

Box 1 below provides examples of the types of questions and considerations in planning for the attendance or recommending not to have the child or young person involved, in the Team Around the Child or their meetings. This may also include planning and preparation for attendance at a Children's Hearing, should one be convened. Consideration should be given to explaining the process, providing views, method of participation, and opportunity for a pre-hearing visit to the Children's Hearing Centre.

Box 1:



How can we prepare a child for a Team Around the Child Meeting?

- The age and stage of development of the child?
- The child's concentration span and ability to participate in adult meetings with or without their parents?
- Does the child know the purpose of the meeting and what may be discussed?
- Would the child like to see the room?
- Does the child know who will be attending and why they will be there?
- If the child will not know some of those attending the meeting can they see a photograph of the person before the meeting to easily identify people?
- Consider letting the child do a seating plan for the meeting, who would the child like to sit next to them, who will sit directly across from them?
- Do they want to attend all or part, or just provide their views to the meeting?
- Who would they like to support them in the meeting and help them share their views; social worker, teacher?
- Does the child want to use a hand signal to show how they are feeling?



- Where the child does not wish to be part of the team or attend meetings, what is the best way of letting them know what actions are being taken?

6.4 Supporting Families in Meetings

Where team members have information, for example, that there are important health appointments for the child or family, particularly during the days preceding Team Around the Child meetings, they should advise the Lead Professional accordingly so alternative meetings can be arranged.

All team members have an important role in explaining to the child and family the purpose of the Team Around the Child, the importance of coming to meetings, the decisions and actions from meetings and key professional processes, for example, specialist assessments, co-ordinated support, and wellbeing indicators.

7 The Child's Plan

A personalised Child's Plan is required when a child needs a range of extra support planned, delivered and co-ordinated. It must explain what should improve for the child, the actions to be taken and why the Plan has been created. The Child's Plan should be managed by the Lead Professional, with the right skills and experience, to make sure the Plan is managed properly.

7.1 Managing the Child's Plan

As Lead Professional, you will manage the Child's or Young Person's Plan ensuring the Team Around the Child is fulfilling all its purposes, mainly to ensure the child is at the centre of decision-making and support is being provided effectively to achieve agreed outcomes.

As Lead Professional, you are responsible for the co-ordination and delivery of the Plan based on an integrated assessment of wellbeing.

You shall monitor achievement and outcomes of supports specified in the Child's Plan and communicate effectively with members of the Team Around the Child and others providing support who may not be a member of the team.

As Lead Professional you shall ensure the child and their family are supported to participate fully in the whole process of assessing their needs, in decision-making and in risk management.

7.2 Reviewing the Child's Plan

As Lead Professional, you are responsible for ensuring regular review of the Child's Plan.

You are the main point of contact for everyone in the team, including practitioners who are delivering help to the child, to feedback progress on the Child's Plan or raise issues.



As Lead Professional, you shall ensure the help provided is consistent with the needs identified in the Child's Plan.

You shall ensure services are not duplicated and specialist services are accessed and included as part of the Child's Plan.

7.3 Independent Advocacy

As Lead Professional, you shall work with the child and their family and the Team Around the Child to make sure the child and family's views and wishes are heard and properly considered and, when necessary, link the child and family with independent advocacy.

You should ensure you are familiar with current commissioning arrangements within the Partnership for the provision of Independent Advocacy for children and for their parents or carers. This includes understanding what specifically they are commissioned to provide and how they deliver their services, as per the Who Cares? Scotland contractual arrangement.

7.4 Sharing the Plan

As Lead Professional, you will ensure the Child's Plan is written in language that is understandable by all who are required to read it – plain English with care based language as per – [Telling the Child's Story : Care Based Language](#)

7.5 Child's, Parent's or Carer's Views on the Plan

As Lead Professional, you should assist the child, parents, or carers to give their views in the most appropriate way. The child's, parent's or carer's views must be considered in reaching decisions and actions within the Plan. The Plan is for them and they must be involved and engaged in creating it.

As a member of the Team Around the Child, if you are aware of views expressed by the child or family which may not have been shared already, you should advise the Lead Professional accordingly.

The family should be given Getting it Right leaflets by the Lead Professional and explain them so they know what will happen at Team Around the Child meetings.

7.6 Support in Expressing Views

As Lead Professional, in conjunction with the team, you must consider different ways of helping the child and family express their views during meetings and assessment processes. This might include the need for them to have an identified support person from their family or an independent advocate to support them if required.

7.7 Specialist Support

Specific support may be required, for example, an interpreter if the family's first language is not English. As a member of the Team Around the Child, if you have a specialist knowledge



or specific support role which can contribute to this, you should speak to the Lead Professional.

As Lead Professional, in conjunction with the team, you will arrange the support required to maximise attendance and participation in Team Around the Child meetings, for example:

- Sign or language communicators;
- Separate attendance by family members; or
- Staggered attendance, for example, separated or feuding parents.

Box 2 provides examples of the types of questions and considerations for the Lead Professional and team, in planning for gathering the child's views.

Box 2:



Child's Views

What is in your gaining children's views tool bag?

- Standard forms?
- Child drawing a picture?
- Child writing a letter or piece for the meeting. See: <https://www.childline.org.uk/info-advice/bullying-abuse-safety/getting-help/asking-adult-help/#Writesomeonealetter>
- Video podcast?
- 3 houses tool? See: <http://www.socialworkerstoolbox.com/the-three-houses-template/>
- Games?

7.8 Meeting the Child and Family

As Lead Professional, you will meet the child and parents or carers in advance of the first Team Around the Child meeting to ensure they understand who will be there, what will happen, how they can contribute to the meeting, check they have understood the reports and know the recommendation.

7.9 Consistent Approach

As a team member, if you have a planned meeting with the child or family prior to the Team Around the Child meeting, speak with the Lead Professional to ensure you are delivering the same key messages in any discussion the family may initiate with you about the Child's Plan, assessment process or agreed actions.

Where for any reasons this has not been possible, you should refer to the content of these Procedures to help answer any specific questions and speak to the Lead Professional after



outlining what support you provided to the child and family about their concerns or questions.

7.10 Power Imbalance

Children and families attending Team Around the Child meetings are at significant disadvantage to other team members; there is a power imbalance and can feel they are “being judged”.

Many are not familiar with the workings of multi-agency meetings, protocols and business processes and every step should be taken by all members of the Team Around the Child to ensure they are helped to feel comfortable, welcome, and respected.

Parents, like all of us, have different life experiences, skills, abilities, characteristics, capabilities, and personalities. Team members must have empathy, understanding, **humanity**, **warmth**, and **professionalism** in their interactions and in placing the needs of the child “at the centre” of the Team Around the Child process.

7.11 Reflective Practice

As a member of the Team Around the Child, you must engage in reflective practice including asking yourself reflective questions about your role and the overall Getting it Right process and its impact on the child and family.

Reflective questions which allow you to put yourself in the shoes of the parents will include:

- How would I feel if this was my family?
- What would I expect to be told and be supported?
- What professional standards would I want to see?
- What might I do if I am not satisfied with how I am treated?
- How can I complain when I feel disempowered?
- Should I challenge or just stay quiet?

As a member of the Team Around the Child, you must ensure the process is good enough for you and if it is not, what are you going to do about it working with the team.

If it is not good enough for you, why should it be good enough for any child or family.

7.12 Professional Consultation

In the context of these Procedures, consultation is an exchange of views between staff and managers, consultants, or experts, to consider a particular question or challenging issues to help solve a problem or develop an approach to ensure a child’s needs are addressed.

Within children’s health services consultation might be a meeting to discuss, decide, or plan an approach, between several doctors and health professionals, to discuss the diagnosis and treatment of a patient.



Within children and families social work consultation is a problem-solving process in which advice and knowledge, as well as reflection on the social worker's practice, is offered by someone possessing specialised expertise or experience.

Social worker ethics consultation is aimed at making better decisions regarding how to manage challenging ethical issues. Social workers can benefit from the expertise and experience of consultants, as well as their ability to help social workers reflect on ethical issues from various perspectives.

Teaching Consultation presents an opportunity, amongst other things, to have a tailored, individualised consultation with an expert to explore best practices on ways to enhance teaching effectiveness and improve student learning across all types of courses and with students who have different educational specialisms.

7.13 Joint Consultation

In Partnership working, there are occasions when it is considered *joint consultation* would be a useful process to help solve a problem or develop an approach to ensure a child's needs are addressed.

Joint consultation within these Procedures is a meeting with professionals and experienced managers or consultants for the purposes of gaining information, guidance, perspective, and professional direction, in a collaborative approach, across professional disciplines.

Whatever the reason or the perspective within a professional discipline on joint consultation, for the purposes of these Procedures the following should apply:

- There is a blockage to the delivery of the Child's Plan or wellbeing;
- There are significant ethical issues to be explored;
- Information, guidance, and professional direction is sought; and

"There is need for consultation across professional disciplines to help solve a problem or develop an approach to ensure a child's needs are addressed".

As Lead Professional if you believe the above elements can best be addressed by means of joint consultation, you should discuss this with the Team Around the Child and reach agreement on what is required by way of joint consultation and why.

As a member of the Team Around the Child if you believe the above elements can best be addressed by means of joint consultation, you should discuss this with the Lead Professional.

As Lead Professional if you have decided joint consultation is required, you should discuss this with your line manager and outline what the issues are and how they may best be supported by means of joint consultation. This may include:



- Joint consultation with Senior Managers or Heads of Service across identified professional disciplines.
- Improvement support from Orkney Islands Council or NHS Orkney or both.
- Organisational development from Orkney Islands Council or NHS Orkney or both.
- External consultants who can provide consultation across professional disciplines.

Where it is considered external consultation is the best approach, shared funding would have to be agreed between the professional disciplines for approval by relevant Heads of Service.

7.14 Adverse Childhood Experiences

Research informs that adverse childhood experiences can impact on a person's whole life and often parents of children subject of the Getting it Right approach may have experienced trauma in their lives. The aim is to protect the child not to punish the parent.

As a member of the Team Around the Child, note the power imbalance and reflect on the most effective means with which you can personally help minimise it through the ways in which you contribute to the meeting, present your information and views. Most importantly, in how you are ensuring the needs of the child are at the centre of decision-making.

7.15 Consensus

As Lead Professional, you should seek consensus for decisions and recommendations, particularly the content of the Child's Plan and the actions required to deliver positive outcomes.

As a member of the Team Around the Child, your role is to contribute to the Child's Plan, provide direct services as required, give feedback on progress of agreed actions, place the needs of the child at the centre of decision-making and undertake actions in your name within the timescale agreed.

As Lead Professional, in Chairing Team Around the Child meetings you must;

- Take all views into account;
- Explain the rationale; and
- Make agreed and required changes to the Child's Plan.

As a member of the Team Around the Child **you are expected** to support all decisions.

7.16 Disagreement on Actions

As a member of the Team Around the Child you may seek clarification on the Child's Plan or actions identified to achieve positive outcomes for the child. In doing so, you should be clear on what is required and why, including your own role and contribution to the Plan as part of the team.



If, after open discussion with the Team Around the Child, you still believe any decision or action may not promote the child's wellbeing, or the decision is unwarranted, you should speak with the Lead Professional out with the meeting. If you are unable to resolve the matter the Lead Professional should note your views and rationale.

7.17 Complaints

Individuals who have concern about any part of the Team Around the Child process, including the process or conduct of meetings, should seek to have this addressed at the earliest point of identification. If this is about the process of the Team Around the Child meeting, the Lead Professional should be given the opportunity to address it at the time in the spirit of collaborative working.

Where the matter cannot be resolved at the time and requires a formal complaint, the Complaints Procedure for the relevant children's service should be evoked, and the person should be advised of the process.

As a member of the Team Around the Child you should be familiar with your service's Complaints Procedure and should offer information and advice to the Lead Professional as required.

8 Concluding the Team Around the Child

It is fully expected that the work of the Team Around the Child will result in children and young people being kept safe and well within their families, extended families, or alternative care, have their wellbeing needs met, have the need for a Child's Plan and co-ordinated support reduced or no longer required.

This can only be achieved when the Team Around the Child has evidence to support that:

- ✓ The child and family have benefitted from the co-ordinated support provided;
- ✓ The child and family are in agreement there is no longer need for a Team Around the Child;
- ✓ All needs have been identified and sufficiently met;
- ✓ All formal processes, for example, the Children's Hearing system, have been positively concluded;
- ✓ Individual service provisions have been successfully provided and are no longer required;
- ✓ There is no requirement for co-ordinated support as per these Procedures for a Getting it Right Team Around the Child.



9 Appendix 1 Note Template for Team Around the Child Meetings

To ensure you are using the most recent version please access this template from 'Related Downloads' at the following link: <https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm>



The Orkney Partnership
Note Template for Team Around the Child Meetings
 P0318-FORM-014 | 1.0

Team Around the Child Meeting	Note of the Meeting		
Child/Young Person's Name		Date of Birth	
Date of Meeting		Date of Last Meeting	

RECORD OF THOSE PRESENT AT THE MEETING				
Name	Relationship/Role	Contact Details	Report Submitted	Note of meeting

RECORD OF THOSE NOT IN ATTENDANCE				
Name	Relationship/Role	Contact Details	Report Submitted	Minute

Parental Responsibilities and Rights Held by:	
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LEGAL STATUS	
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CURRENT SITUATION FOR THE CHILD OR YOUNG PERSON	
Views of Child	
Views of Parents	

1 | 2



The Orkney Partnership | Note Template for Team Around the child Meetings
P0318-FORM-014 | 1.0



**NEW INFORMATION SHARED AT THE MEETING
(INCLUDE ANALYSIS OF THE IMPACT ON THE CHILD)**

--

**ANY CHANGES THAT NEED TO BE MADE TO WHERE THE CHILD OR YOUNG PERSON LIVES TO
IMPROVE THEIR SAFETY AND WELLBEING**

--

CONSIDERATION OF LEGAL MEASURES

--

ACTIONS

--

**NAME OF
CHAIRPERSON**

--

**SIGNATURE OF
CHAIRPERSON:**

--

DATE:

--

Inaccuracies/Omissions:

NOTE: Any Omissions or Inaccuracies in the Note of Meeting should be Notified to the Chairperson (Lead Professional) within 7 Calendar Days of receipt, otherwise it will be assumed the Note is agreed. Only Amendments which materially and substantially affect the meaning of contribution should be Notified to the Chairperson.

The Note of the Meeting must be shared with the Team Around the Child.

This Form Contains Confidential Information which should only be shared in accordance with the Data Protection Act 1998.



10 Related Documents and Resources

Related Documents and Resources (Listed in order of mention)	
Reference number	Title
P0318-GUID-011	Inter-agency Guideline
	Getting it Right Guidance for Professionals in Orkney
	United Nations Convention on the Rights of the Child (UNCRC)
	European Convention on Human Rights (ECHR)
	Getting it right for every child (GIRFEC) - Wellbeing
	GIRFEC National Practice Model
P0318-GUID-016	Inter-agency Guideline
	Guidance on Completing Chronologies of Significant Events
	Care Inspectorate Practice Guide to Chronologies 2017
P0318-REPT-001	Orkney's Good Parenting Plan.
P0318-GUID-005	Inter-agency Guideline
	Code of Practice: Information Sharing, Confidentiality and Consent
	Part 3 of the National Guidance for Child Protection in Scotland
	Scottish Children's Reporter Administration www.SCRA.gov.uk .
P0318-GUID-022	Referral to the Children's Reporter Guidance (available from related downloads from December 2021)
	Transforming nursing, midwifery and health professions roles: the school nursing role in integrated community nursing teams
	Getting it Right for every child (GIRFEC): evaluating wellbeing guide – Guide for professionals in education and third sector settings
P0318-GUID-020	Inter-agency Guideline
	Voice of the Child
P0318-GUID-010	Children's Services Partnership Self-Evaluation and Continuous Improvement Approach
	Telling the Child's Story : Care Based Language



Related Documents and Resources

(Listed in order of mention)

	Child writing a letter or piece for the meeting. See: https://www.childline.org.uk/info-advice/bullying-abuse-safety/getting-help/asking-adult-help/#Writesomeonealetter
	3 houses tool? See: http://www.socialworkerstoolbox.com/the-three-houses-template/

11 Version history

Owner	Improvement Delivery Group
Next review	February 2022

Document status

Version	Status	Date	Amended by	Reason / overview
0.0.A	Draft	19 October 2021	JL	Initial draft
0.0.B	Draft	5 November 2021	JL	Transfer into partnership template. MS comments addressed. Issued to Improvement Delivery Group for Review.
0.0.C	Draft	15 November 2021	GO	Partnership comments collated: <ul style="list-style-type: none"> ○ DH (Police Scotland) ○ SMcA (SCRA) ○ JL (Social Work) ○ GA (VAO)
0.0.D	Draft	16 November 2021	JL	Inclusion of JB (Social Work) comments. All collated partnership comments addressed.
1.0	Live	02 December 2021	JL	Issued as approved for use