

Getting it right for every child

The Child/Young Person's Pathway

Integrated framework for developing children and young people's well-being

This map illustrates Lanarkshire's single system of assessment, planning, action and review for children and young people. It has been developed and agreed by NHS Lanarkshire, North and South Lanarkshire Councils, the Lanarkshire departments of the Scottish Children's Reporter Administration and colleagues in the voluntary sector, to make sure everyone works in the same way to improve children and young people's well-being. The map shows the different responses which are appropriate to children/young people's needs depending on their well-being. It explains exactly how each of the core components of *Getting it right for every child* should be used. The pathway is supported in both North and South Lanarkshire by a range of decision making forums, such as the developing MAST in North and the revised JATs in the South, which help to make sure that children receive the right response at the right time. The single system aligns with targeted intervention in Public Health; staged intervention in Education, including the Additional Support for Learning (ASL) Act; and voluntary and compulsory intervention in Children and Families Social Work.



The family and universal services



70%/80% of children make their journey from birth to the world of work supported by their family and universal services.

The Named Person in universal services works with a child and family making sure that the child/young person's well-being is developing as it should. As children and young people make the transition from one universal service to the next, a discussion takes place with the child/family, Informed Consent is requested where necessary, and the Named Person passes information about well-being to the next Named Person (maternity services and public health will use well-being for every child), (health plan indicator core in public health, health and well-being in the curriculum for excellence in education.)



20%/30% of children will need more help.

Additional support within a universal service

Some children and young people need a bit of extra help from universal services to make sure their well-being develops as it should.

For example, a diabetic mother may be supported by the diabetic clinic to ensure the well-being of her unborn child, or a pre-school child may need some help from a paediatric physiotherapist. The Named Person uses the Single Agency Assessment and Planning paperwork to identify the help a child needs. Depending on the age and stage of the child, the What I Think Tool is used to make sure children and young people's views are heard. Informed Consent is not required to share information internally, but the Named Person will discuss the information being shared with the child/young person/family. Requests for Assistance may be made by telephone or using the paper format to ask for support. The Single Agency Plan (ASP in education) and Single Agency Chronology help to track and monitor well-being. (Health plan indicator additional in public health. In education this response covers help within the school and within the education authority.)

Joint working – additional support from another agency

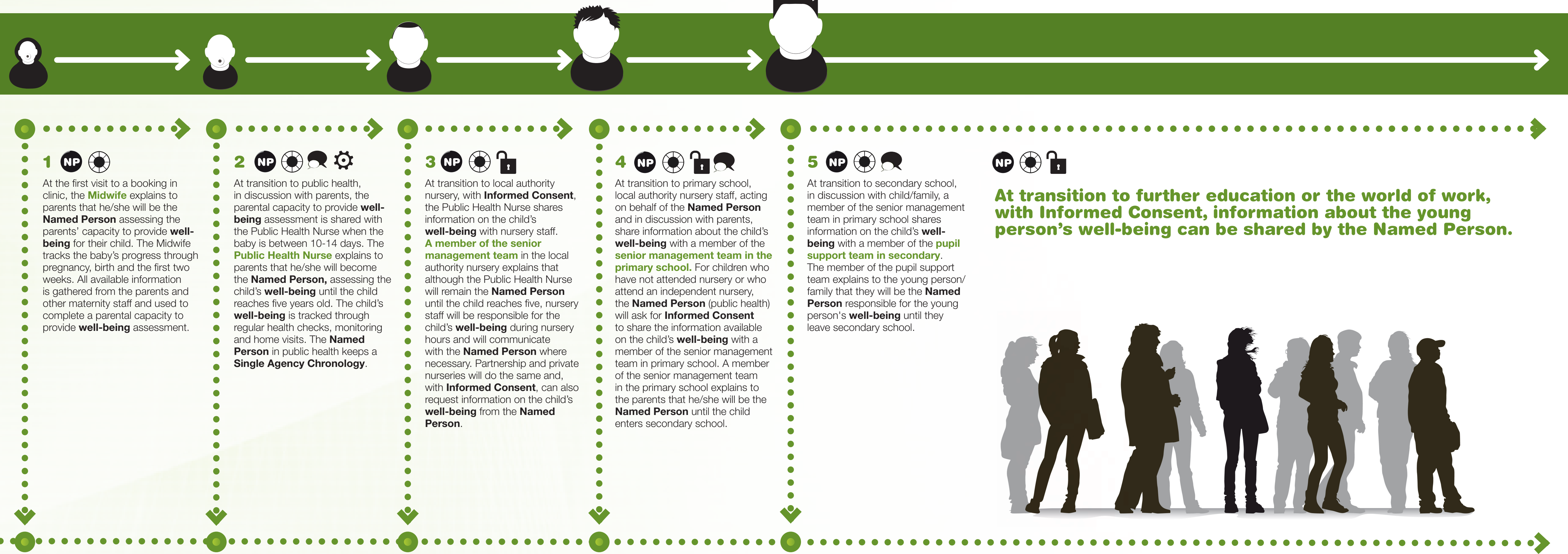
Some children and young people need universal services to work with another agency to develop their well-being.

The Named Person in maternity may need to Request Assistance from housing services. The Named Person in public health may need to Request Assistance from education to support a child. The Named Person in school may need support from speech and language Therapy or advice from the primary mental health care team. Single Agency Assessment and Planning paperwork is used to make sure all available information is gathered and analysed. One agency will agree to take on the role of Lead Professional to track and monitor the child or young person's well-being using a Single Agency Chronology. (Health plan indicator additional in public health. In education this response covers the stage where help is required from out with the education authority.)

Integrated working

A small proportion of children will need a number of agencies to integrate their working practice to develop a child's well-being. Agencies will depend on each other, regularly sharing skills, information and expertise to improve outcomes for the child or young person.

For example, maternity and adult social work services will integrate their work to support children living with mental illness. Public health may need to integrate their work with nursery or primary education services for children with complex disabilities. Social work family support services will integrate their work with education and/or public health for children experiencing difficult home circumstances such as young carers. The child/young person/family will be asked for Informed Consent to participate in a process of gathering, structuring and analysing information into an Integrated Assessment and Child's Plan with a focus on improved outcomes. The desired improvements to well-being will be identified and actions agreed by the group. Single Agency Chronologies will be shared to create an Integrated Chronology and further Requests for Assistance may be needed to involve other services. (Health plan indicator additional in public health. In education this response covers the stage where education staff are dependent on others.)



At transition to further education or the world of work, with Informed Consent, information about the young person's well-being can be shared by the Named Person.



Key Features

Below is a graphic representation of the core components of *Getting it right for every child* including icons and written explanations for each. The map on the opposite side shows how the core components are used appropriately and proportionately depending on a child or young person's well-being. Single Agency Assessments, Chronologies and Plans build into Integrated Assessments, Chronologies and the Child's Plan when it becomes necessary to develop a child or young person's well-being.

Named Person



The professional within one of the universal services of maternity, public health, primary or secondary education who is responsible for children and young people's well-being at different stages of their lives.

Well-being Wheel



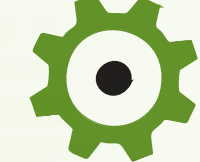
Represents the eight indicators of well-being which are the desired outcomes for every child in Scotland. Each aspect of children and young people's well-being should be considered if professionals have any concerns.

Discussion with child/young person



Children and young people should be consistently involved in the decisions which affect their lives and professionals are expected to encourage participation at every stage in any process of assessment, planning and review.

Single Agency Chronology



An agreed format used within one agency to provide a summary of positive and negative significant events for the child/young person. This tool helps to identify patterns and trends in children and young people's lives and will contribute to ongoing assessment, planning and review.

Informed Consent



An agreed standard and format used to gain permission from children and families when it is in the best interest of a child or young person to share information with another professional.

What I Think Tool



Is a tool which supports professionals to encourage children and young people to express and record their own views about well-being, what help they might need and what they would like to change.

My World Triangle Assessment



The My World Triangle Assessment provides a common structure to think about the child's whole world when one agency needs a detailed picture of a child/young person's life. It is used to gather and structure relevant information into a mental map of all the strengths and pressures affecting a child and family to identify the most appropriate response.

A Request for Assistance



An agreed format to ask for help for a child/young person no matter what they need from health, education, social work, housing, adult services or the voluntary sector. The aim is to replace all existing referral forms we currently use with one standard format.

The child/young person's network of support



This is the term used to describe the group of practitioners who are contributing to improving a child/young person's well-being at any given time. It could be a large group from different agencies or two or more practitioners from the same agency.

Resilience Matrix



The tool which is used to analyse all the available information to identify the priority issues in a child or young person's life and what needs to change. It allows the balance between adversity and protective factors and between resilience and vulnerability to be identified.

The Child's Plan



The Child's Plan is used when agencies need to integrate their working practice to develop a child or young person's well-being. It follows on from the Integrated Assessment and specifies the desired outcomes or positive changes and the actions necessary to achieve them. It details exactly what will be done by whom and by when to develop a child or young person's well-being.

The Integrated Assessment



A format used when agencies need to integrate their working practice to develop a child's well-being. It builds from Single Agency Assessments and Plans using the My World Triangle and Resilience Matrix.

Integrated Chronology



An agreed format which brings together information from all Single Agency Chronologies into one single document, providing a summary of positive and negative significant events. It can be regularly updated and discussed as part of ongoing assessment and planning to make sure that everything possible is being done to develop the child/young person's well-being.

1 NP

The Named Person is concerned that the child's well-being will not develop with the standard universal service provision.

2 NP

The Named Person discusses concerns with the child/young person/family and they agree that help is needed.

3 NP

The Named Person child/family complete the well-being assessment and What I Think Tool.

Depending on information gathered go to 4/5 or 1

4 NP

Where there is enough information to act, internal support from a universal service is identified. The child/young person/family discuss and agree. An internal Request for Assistance may be used.

5 NP

Where a more detailed picture is needed the My World Triangle Assessment is used. The child/young person/family discuss and agree. An internal Request for Assistance may be used.

Depending on information gathered go to 6 or 1

6 NP

The actions agreed are recorded in the Single Agency Plan (ASP in education) and a Single Agency Chronology is commenced (public health nurses will have a chronology for every child).

The Named Person child/family review well-being and decide whether more or less support is needed.

1 NP

The Named Person is concerned that the child's well-being will not develop through the universal service working alone.

2 NP

The Named Person discusses concerns with the child/young person/family and they agree that help is needed.

3 NP

The Named Person child/family complete the My World Triangle Assessment and What I Think Tool.

Depending on information gathered go to 4/5 or 1

4 NP

The additional support from another agency is identified. Informed Consent provided and a Request for Assistance made to the other agency.

5 NP

A Single Agency Plan is used to identify the desired improvements to well-being. (A Single Agency Plan may take the format of a CSP to meet legal requirements).

Depending on information gathered go to 6 or 1

6 NP

Two agencies agree who will take on the role of Lead Professional.

7 NP

Single Agency Chronology is used to track and monitor progress.

The Lead Professional child/family review well-being and decide whether more or less support is needed.



The child/young person's pathway shows that most children and young people make their way from pre-birth to adulthood supported by their family and universal services. Help to children and young people who need it should be appropriate and proportionate, and any of the responses here may be necessary at any time with the aim of being most inclusive and least intrusive.

Compulsory intervention

This response is part of Integrated Working but refers to situations where there is a compulsory role for children and families social work which will be a very small proportion of children/young people.

Where there is no compulsory role for social work, for example, where family support is being offered voluntarily, the child/young person/family will be supported through the integrated working response. Where there is a compulsory role for children and families social work, they will take on the role of Lead Professional such as:

- Children looked after at home and away from home
- Children subject to child protection procedures
- Where the Children's Reporter Administration requires a report.

It may also be that a child or young person already has an Integrated Assessment, Child's Plan and Network of Support which identifies a possible compulsory role for children and families social work. Where this is not the case, a number of additional steps will be completed before the child or young person's Network of Support is in place. Where the Children's Reporter Administration previously requested a social background report, the Integrated Assessment and Child's Plan will be put in place and submitted to the Reporter. Where children require a child protection plan in place to manage risks, an Integrated Assessment and Child's Plan will follow where it does not already exist. (Health plan indicator additional in public health. In education this response covers the stage where education staff are dependent on others.)

Children and Families Social Work receive a Request for Assistance and there is a compulsory role.

A. A Child Protection Investigation is required

A1 LP The Lead Professional has a discussion with the child/young person/family to record their views.

A2 LP

The Lead Professional gathers all information including any existing Single or Integrated Assessments, Plans and Chronologies. A decision is taken whether to proceed to an investigation or support through joint or integrated working. A decision may also be taken to refer directly to the Reporter.

Depending on information gathered go to 2 or 2 or B4

A3 A+

Where the decision is to present to child protection conference, all information is gathered and analysed using the My World Triangle Assessment and Resilience Matrix. The conference may decide not to register but to make sure an integrated working response is in place or put in place.

A4

Where the decision at child protection conference is to register, a core group and child protection plan are put in place to manage risks.

A5

The core group then becomes the child/young person's Network of Support and meets at the agreed intervals to review the child's well-being including safety.

B. The Children's Reporter Administration requires a Report

(currently within a set timescale).

B1 LP

The Lead Professional Requests Assistance from all relevant partners to share all available information.

B2 LP

The Lead Professional has a discussion with the child/young person/family/all relevant partners to record their views.

B3 LP

All existing Single Agency and Integrated Assessments, Plans and Chronologies are gathered and analysed by the Lead Professional using the Resilience Matrix.

B4 LP

The Children's Reporter constructs a Child's Plan using all available information. All relevant partners are given the opportunity to comment or disagree and their views recorded.

B5 LP

The Children's Hearing considers the Integrated Assessment and Child's Plan and decides which measures are required. The child will receive the level of response identified, either joint working, integrated working or compulsory measures and integrated working.

The child/young person's Network of Support review well-being and decide whether more or less support is needed.