

CELCIS response to the Scottish Government's stakeholder consultation on 'Getting it right for every child (GIRFEC) Refresh - Practice Guidance'

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CELCIS is Scotland's Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. CELCIS is a leading improvement and innovation centre. We improve children's lives by supporting people and organisations to drive long lasting change in the services they need, and the practices used by people responsible for their care. We welcome the opportunity to respond to the Scottish Government's consultation on refreshed Getting It Right for Every Child (GIRFEC) practice guidance materials, the publication of which will be an important contributor towards realising the Scottish Government's wider priority to transform outcomes for children, young people, and families in Scotland, and create the conditions that enable all children and young people to flourish. As we progress on Scotland's journey to incorporating the United Nations Convention on the Rights of the Child (UNCRC) into our domestic law, and keeping The Promise of the Independent Care Review, the need to focus on upholding children's rights, and ensuring families are supported in the right way at the right time, is especially clear.

Our response to this consultation is based on research evidence, practice experience and expertise offered through our long-standing, cross-organisational networks, including communities of lived experience. These networks are made up of people across the workforce, including leaders working across the spectrum of children's services and other public services that support children. Learning from our partnership work 'Addressing Neglect and Enhancing Wellbeing' (ANEW) has particularly informed our response. This work is funded by the Scottish Government as part of the Child Protection Improvement Programme, in recognition of the necessity to improve approaches to, and experiences of, early intervention. Over the past five years, this work with CELCIS and local areas has advanced to offer key insights into the cultural and practice shift required to fully implement GIRFEC.

The full and effective implementation of GIRFEC is key to realising the Scottish Government's ambitions for Scotland to be the best place for children to grow up, and for all children to grow up loved, safe and respected so that they realise their full potential.¹ As Scotland's approach to promoting and improving the wellbeing of every child, GIRFEC is at the heart of policy and practice to support children and families, and aims to establish a shared approach across all children's services. As such, the provision of high-quality practice guidance on

¹ <https://nationalperformance.gov.scot/national-outcomes/children-and-young-people>

the elements which constitute the approach is fundamental to have in place, and the opportunity to contribute to the development of these materials is welcome.

General comments relating to all the resources being consulted on

Strong foundations

We warmly welcome the tone set at the beginning of each guidance document. Early reference to the UNCRC, and an articulation of the refreshed values and principles underscore the rights-based foundation of GIRFEC practice, which has children and families at the centre.

Importance of implementation

Whilst guidance is necessary in providing clarity to practitioners and managers around their responsibilities, and the processes they should follow, guidance alone is insufficient to achieve sustained practice change. In addition to the planning, commissioning and resourcing of the right community-based and relationship-based services to meet family's needs, work must extend beyond the dissemination of guidance documents to ensure there is effective implementation, embedding practice within the working cultures of the many organisations and practitioners who work with families under a GIRFEC approach. CELCIS has considerable experience of this type of work, and we welcome any opportunity to share our learning to support the implementation of a GIRFEC approach across Scotland.

Guidance must support practice

Whilst the guidance provides a description of the GIRFEC framework, and key roles and concepts within it, it could be improved by developing information about the specifics of practice. Further detail to support practitioners to do what is in the framework, to a consistently high standard, would strengthen the guidance considerably. Currently, there is a focus in the guidance on what the various roles (e.g. Named Person, Lead Professional) are, whereas guidance is required about *how* practitioners should undertake these roles to be doing them well.

The guidance documents reflect the intentions of GIRFEC, but as such and do not provide real world, relatable examples which could further support practitioners. Including case studies and practice examples, formatted to be visually distinct from other text, could illuminate and highlight how children and families can be supported in different situations. The inclusion of examples which include early concerns that, left unmet, can develop into significant difficulties for children and families, are important to highlight.

The guidance would also benefit from including information about how wellbeing (including wellbeing outcomes) could be measured. Wellbeing surveys, such as the Health and Wellbeing Census or the Glasgow Motivation and Wellbeing Profile could be cited as examples, and the Scottish Government's current work

on the Core Wellbeing Indicators Framework, organised under the SHANARRI headings, may support this too.

It is notable that throughout the guidance documents, key elements of the GIRFEC approach are given limited attention. Our understanding is that specific guidance related to Child's Plans is forthcoming, however even at this stage further information about this (such as what it should contain and how regularly it should be reviewed), and other key GIRFEC concepts would strengthen the guidance throughout. These include:

- Reference to the Team Around the Child, and Team Around the Child (or child planning) meetings, as the vehicle for bringing children, parents/carers, and practitioners together to plan ahead.
- Further information about the role of chronologies, who develops them, where they are held and how and when they are shared.
- Including more detail of the continuum of need which children and families may experience, to be met with commensurate support, from universal to targeted/specialist support for complex and high levels of need. This is mentioned in the Policy Statement, but more emphasis would be helpful in the practice guidance documents, especially to add clarity in understanding situations in which a Lead Professional is needed.

Children and families at the centre

We welcome the instances where the guidance brings involvement of children and families to the fore, particularly when discussing decision-making and holding meetings. However, there is very limited reference to how children and parents/carers can participate in assessments and planning. As well as highlighting the importance of child and parent/carer voice, the guidance would be strengthened by the inclusion of examples of how to support children and families' participation, e.g. through 'buddy' support from trusted adults. Because the guidance is very high level, there is limited opportunity to demonstrate what truly rights-based and inclusive practice could look like. To support the implementation of the GIRFEC model, we must listen to the needs of all children (including babies and pre- or non-verbal children) as well as their families and seek to understand their experiences, at every single opportunity.

Additionally, there are occasions where the language used in the guidance is disempowering, and the position of voice of children and families is not strong enough. For example, the National Practice Model guidance details the SHANARRI indicators, noting that 'Respected' is about being "given a voice". Children and families already have a voice and views, and do not need to be given this by professionals. Rather professionals' responsibility is to do more to listen and understand the voice and experiences of children and families, ensure there are platforms and opportunities for views and experiences to be shared, take these into account, and ensure that any participation is meaningful for them, on their terms.

Terminology

There are several instances of key terms or legislation being referred to (for example, 'protective factors,' 'personal information,' 'multiple and intersecting forms of inequality,' 'named person service'), but no full explanation or description is given for these. This will cause confusion: readers will need to do further work/research to make sense of these terms, which will lead to variations in how the guidance is interpreted across the country. Ensuring consistency of phrasing and including a glossary of terms would strengthen the guidance.

Clarity about information sharing

The Promise of The Independent Care Review is clear that Scotland must fulfil its commitment to early intervention and prevention, and its findings and conclusions amplified the message that it is transformational change that is required to effectively support children and families.² Rather than services being structured to prioritise system needs, policy priorities, legislative and monitoring demands, services must be grounded in children and families' experiences and shaped around their needs, views and preferences.

Underlying the findings of numerous Serious Case Reviews is an acknowledgement of consistent failings in the system around lack of appropriate, proportionate information sharing, within the bounds of the law, at earlier opportunities. Crucial to changing this, as highlighted by The Promise, is changing the culture and leadership surrounding information sharing.³ There is a need to recognise and value the professional judgement of those working with children and families and ensure an enabling culture to share information at an early stage when there are concerns about a child.

Unfortunately, this pressing need is lost in the gap between the vision for a 'refreshed' GIRFEC articulated in the draft Policy Statement, and the concentrated focus in the various Practice Guidance documents on the complex legal landscape in relation to information sharing. This is most pronounced in the Information Sharing guidance itself, but an overly wary tone is notable in every one of the guidance documents, with an emphasis on the complex legal landscape. This will inevitably confuse and disable practitioners. Our primary concern here is that practitioners, particularly Named Persons, will feel discouraged from sharing information when early signs indicate families need additional help. Matters may escalate, reaching higher levels of need or even crisis point before practitioners feel able to share concerns with partners. This is precisely the opposite of a preventative approach, and the guidance must do more to enable practitioners to provide proportionate and supportive responses to early signs of difficulty.

² The Independent Care review (2020) *The Promise* <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

³ *ibid*

Across each of the guidance documents, the clarity of messaging about information sharing could be improved, to ensure practitioners are clear that proportionate sharing information based on wellbeing concerns is crucial to a multi-agency preventative approach and is achievable alongside upholding children and families' rights to privacy.

Consultation questions

1. GIRFEC policy statement

Select from: 'Completely,' 'Mostly,' 'Somewhat,' 'A little,' 'Not at all'

- How clear and easy is the statement to understand? **Mostly**
- Does the statement provide clarity on the refreshed values and principles of GIRFEC and its core components? **Mostly**
- Does the statement give practitioners confidence in the importance of embedding and implementing GIRFEC to improve outcomes for children and families? **Mostly**
- To what extent do you think that the statement will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights?
Somewhat
- Does the statement reflect the importance of the voice of the child and family? **Mostly**

Can you outline anything specific that would be helpful to add to this statement?

The information within the Policy Statement establishes the Scottish Government's commitment to the GIRFEC approach, to realise the ambition to make Scotland the best place to grow up. This, coupled with the clear and unwavering commitment to embed and uphold children's rights as set out in the UNCRC, is warmly welcomed. The policy statement could go further, explaining UNCRC rights are interrelated and indivisible. This provides an opportunity to explain how GIRFEC and the guidance can support the range of children's rights, including a right to private family life; for a child to express their views in matters that affect them; and for their best interests to be the primary consideration in all matters.

We welcome the recognition of the need for concerted and renewed effort to work in partnership to fully implement GIRFEC to ensure children and families have the support they need, particularly within current landscape of recovery from the COVID-19 pandemic, efforts to eradicate child poverty, and the commitment to keep The Promise of Scotland's Independent Care Review. Furthermore, we welcome the recognition of the [Christie Commission](#) the future

delivery of public services, which highlighted the pressing need to prioritise preventative approaches to meeting needs, changing the ways agencies work together, and in genuine partnership with children and families, if we are to improve outcomes.^[100]⁴ .

In addition, most of the other key areas one would expect to see within a policy statement pertaining to GIRFEC are included in the draft statement, including its place within the National Performance Framework; the role of Child Rights and Wellbeing Impact Assessments (CRWIA); Children's Services Planning, integration, and multi-agency collaboration at a strategic level; and the continuum of children's needs, from temporary and non-urgent wellbeing needs to complex, immediate needs relating to Child Protection.

There are some notable gaps however, which, if filled, would present a more complete picture of the relevant policy landscape. Namely:

- **Corporate parenting.** Whilst recognising GIRFEC is for all children, it nonetheless underpins the approach to working with children and families when the state formally intervenes in children's care and protection. Reference to the duties and responsibilities of Scottish Ministers and public sector bodies as corporate parents under Part 9 of the Children and Young People (Scotland) Act 2014 (the 2014 Act) would strengthen the existing content, particularly in relation to the commitment to listen to care experienced children and young people in relation to the delivery, inspection and continuous improvement of services mentioned in paragraph 16.
- **Development, transitions, and emerging adulthood.** Paragraph 29 provides some context to understanding children's needs with respect to their experiences of trauma and adversity and the impact these experiences can have on their development. We suggest further emphasis is given to taking a developmental approach to assessment, as opposed to assessments being based on chronological age. This is pertinent for all children, but especially relevant for older children who may be making the transition from 'children' to 'adult' services. A growing body of research on the concept of 'emerging adulthood' recognises a significant shift in the age at which young people mature into adult roles, which increasingly does not happen until mid to late-20s.⁵ Whilst the draft guidance sets out that GIRFEC is for all children up to the age of 18 (and older for some young people: for example young people up to the age of 26 who are eligible for Aftercare under Part 10 of the 2014 Act, or those up to the age of 21 accessing Continuing Care provisions under Part 11 of the 2014 Act), there remains a fragmented policy and practice landscape for many children aged between 16-18. Structural, attitudinal, and cultural barriers to meeting the needs of older children through a GIRFEC approach exist.

⁴ Christie, C. (2011) [Commission on the future delivery of public services](#). APS Group Scotland

⁵ Mann-Feder, V and Goyette, M. eds. (2019) *Leaving Care and the Transition to Adulthood*, New York: OU Press

The Policy Statement could more clearly set out how their developmental needs are to be met without their being caught in 'uninhabited land' between child and adult services.⁶ The Scottish Government's 'Staying Put Scotland' guidance is a useful resource to draw from in this area.⁷

- **Additional Support Needs and Co-ordinated Support Planning.** Whilst appreciating that the Policy Statement provides background and contextual information, rather than practice guidance per se, further detail would strengthen the brief mention in paragraph 30 of children who require Additional Support for Learning. For example, information about how meeting Additional Support Needs as part of a GIRFEC approach relates to the legislative framework provided by the Education (Additional Support for Learning) (Scotland) Act 2004. Providing a link in a footnote to the legislation provides insufficient detail to understand the interaction between these legislative and policy frameworks. When children require a coordinated support plan to meet their Additional Support Needs, by virtue of having multi-agency involvement in their lives, they will also require a Child's Plan under GIRFEC. How and whether these can be integrated, with a focus on wellbeing remaining at the centre, should be made clear within the Policy Statement.

Furthermore, the Policy Statement would benefit from some reordering to ensure greater coherence for the reader. The 'Policy and Legislative context' section may be better placed after the 'Policy Statement' section, to enable better flow between the introduction which sets GIRFEC within the broader policy landscape. The 'Policy Statement' section provides more detail about the GIRFEC framework and its basis and values. At present, this is towards the end of the document and deserves greater prominence. The specific and detailed areas of policy and legislation currently outlined in paragraphs 8-22 could follow the 'Policy Statement' section to facilitate a more coherent structure.

The inclusion of a diagram/infographic to illustrate how the GIRFEC approach aligns and integrates with the wider policy landscape should be considered. A visual that includes the UNCRC, The Promise, the relevant provisions of the 2014 Act, and the National Child Protection Guidance would be an extremely helpful guide.

2. Practice Guidance on the Role of the Named Person

Select from: 'Completely,' 'Mostly,' 'Somewhat,' 'A little,' 'Not at all'

- How clear and easy is the guidance to understand? **Somewhat**
- Does the guidance provide clarity on the role of the named person in the implementation of GIRFEC? **A little**

⁶ Stein, M. (2012) *Young People Leaving Care: Supporting Pathways to Adulthood*. London: Jessica Kingsley

⁷ Scottish Government (2013) *Staying put Scotland: providing care leavers with connectedness and belonging*. Edinburgh: Scottish Government

- Does the guidance help provide confidence and understanding for practitioners working in the role or alongside the named person? **A little**
- To what extent do you think that the guidance will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights within the role of the named person? **A little**
- Does the guidance reflect the importance of the voice of the child and family? **A little**

Can you outline anything specific that would be helpful to add to this guidance?

Supporting practice of the Named Person

The provision of practice guidance to outline the role of the Named Person is necessary to set out a clear, shared understanding of the role for all practitioners working within a GIRFEC approach, and for practitioners undertaking the role of Named Person to assist them in their practice. Whilst the draft guidance goes some way towards establishing clarity about the role, some areas remain ambiguous, and further illustrative detail about how those undertaking the role of Named Person should practice is also required.

As the guidance indicates, the role of the named person includes:

- being the first point of contact for the child.
- ensuring that the views of the child are sought and recorded.
- ensuring a child and their family are involved in the decisions that affect them.
- ensuring the child and their family understand when and why information is shared about them and that they consent to this (unless there is good reason not to seek such consent).
- recording and managing information about a child and their family.
- preparing the Child's Plan according to SHANNARI indicators.
- assessing strengths and risks to the child; and
- developing and implementing the Child's Plan.

These are not simple tasks. Each of these require specific skills development, support, and time capacity to undertake to a consistently high standard. Through our work with multi-agency partners in three local areas in Scotland in our Addressing Neglect and Enhancing Wellbeing (ANEW) programme, we are aware that those undertaking the role of Named Person do not always feel confident and competent to undertake all elements of their role, pointing out that there are key skills (such as assessment of risk/wellbeing and chairing Team Around the Child meetings) that have not always been central their existing professional role. Given this has been a longstanding issue, the draft guidance provides an opportunity to go much further in illustrating how this practice should be undertaken, as opposed to simply stating that it should. One example of this is in the presentation of the five Wellbeing Questions on page 7.

The drafting could easily be misinterpreted as questions a Named Person should ask directly to children and families, as opposed to reflective and sense-making questions for the Named Person to consider themselves. Furthermore, the guidance focusses heavily on the requirements of individual practitioners. Much greater emphasis is also required on the leadership in services and creating the infrastructure necessary to support the consistently high-quality practice of individual practitioners.

Paragraph 23 contains an extensive list of expected skills and understandings. There may be an opportunity to re-organise these and group some skills and understandings under sub-headings to make the list more coherent. We also note here that there is an expectation that Named Persons will undertake a neurodevelopmental profile of the child, which seems unrealistic and better carried out by a specialist professional. Within this list there is currently no mention of the Named Person's role in organising and chairing Team Around the Child meetings, which is a significant and often central part of their role and should be included.

Further attention could be given to an outline of the necessary training and coaching that should be made available to practitioners to develop their confidence and competence across all areas of their Named Person role. The role of leadership and management to support the workforce to obtain and maintain these skills should also be outlined, including specifically referring to, either through discrete sections or case study examples, how professionals in different agencies (health and education, for example) will be supported to ensure they have the skills, time, and resources to practice to a high standard. The training and support needs of practitioners from different disciplines may differ, as will the time capacity required to perform these duties in addition to those they perform in the course of their day-to-day work. Leaders and managers, including at strategic levels, must understand what is required, and ensure practitioners have the necessary time to undertake this crucial role.

Clarity of responsibility for undertaking the Named Person role

Whilst paragraphs 8 -11 are helpful, the guidance could provide greater clarity about which professionals, specifically, hold the Named Person role, to reflect practice across Scotland. Further detail would help to clarify:

- The role that midwives play for unborn children and their families, and during the first 10 days of life, at which point there is a transition of support for families to health visitors.
- In secondary schools, it could be clarified that 'Principal Teachers' refers in practice to a head teacher, deputy, pastoral care teacher or guidance teacher.
- The process for school leavers under the age of 18. It may not be feasible for a school to maintain the role of Named Person once a young person leaves. Furthermore, paragraph 11 suggests when a young person starts college or work there will be a change of Named Person, suggesting this

role would be undertaken by someone in the college or workplace. This requires further detail if it is the case, especially in cases where the young person requires any additional support. As a solution to this complexity, there could be a suggestion of an Education Officer in each local authority area holds the Named Person role for school leavers, as they will have connections to schools, social work and know how to access wider services (such as CAMHS and Third Sector services).

Additional information is required to clarify the processes and approaches to be taken when there are changes for a child in who their Named Person is – whether this is due to a transition in the child's life such as starting or leaving school, or a change in Named Person for any other reason, such as when a child moves from one area of the country to another, when the child or family requests a change of Named Person, or when the Named Person practitioner leaves their role for any reason (such as change of job, parental leave, sickness).

Paragraph 21, which identifies what steps should be taken if a child/family no longer wishes to work with the individual in the Named Person role, should be moved into the general 'Named Person' section, for example after paragraph 7. Greater clarity is required regarding managing situations where the child wishes to work with the Named Person, but members of their family do not (or vice versa), practitioners need advice and support in dealing with complex and conflicting situations, with guidance focused on enabling them to take a child-rights approach to such scenarios.

The Named Person is noted to be responsible for co-ordinating the child assessment and planning process where the child's needs can be met within their own, single organisation/service. What is less clear is the boundaries of what a single organisation/service are. For example, in the case of a Health Visitor, would CAMHS or Allied Health Professionals be deemed to be in the same service? Similarly in education, would Educational Psychology? Greater clarity and detail about these issues is required, especially about how and when the role of the Named Person differs from (and interconnects) with the Lead Professional role. This must include how and when each professional should use the various elements of the National Practice Model. Further comment about who use the National Practice Model tools and how they do so is provided in our responses to Questions 3 and 4, but we would highlight that the information in paragraph 28 about deciding what additional action is required to respond to wellbeing concerns, exemplifies how confusion may arise between the roles of Named Person and Lead Professional. It is unclear from the table provided how one would decide whether, if another agency is to be involved, the Named Person takes on the role of Lead Professional (as in route 2a), or a practitioner from another agency takes on the Lead Professional role (as in route 2b).

The guidance would benefit from information about situations where a child over whom there are wellbeing concerns is a parent with their own child or children. Clarity is required about who should undertake the Named Person role in such cases, and if each child should have their own, separate Named Person, how the roles interact. Similarly, the expectations for sibling groups who may have the same Named Person, or equally may have different Named Persons if they attend different schools or have different Health Visitors. This circumstance will commonly occur (for example when there are age gaps between siblings) but is not mentioned in the guidance and elaboration on this is needed to guide practice.

There are some instances where 'Named Person Service' is referred to (paragraphs 4, 11 and 14), although the 'service' and how it differs from 'Named Persons' is not explained. If both terms are to be used, it would be helpful to clarify the difference, but we feel reference to 'Named Person Service' may not be needed.

Emphasis on the proactive role of the Named Person

The guidance emphasises the role of the Named Person as a reactive 'point of contact' whom children, families and professionals can approach and seek advice from. This is important, and indeed, Named Persons must be approachable to concerns shared with them. However, more could be done to clarify that the role of a Named Person is also a proactive one, in observing, noticing, and acting upon concerns at an early stage. Having a systematic approach to early identification of concerns is vital to providing support before concerns escalate.

Through CELCIS' work in the ANEW programme, an approach has been developed and tested for supporting a more consistent practice in relation to how wellbeing concerns are being noticed, communicated, recorded, and responded to within health visiting, early years, primary and secondary settings. The approach consists of the use of an early concerns mapping tool for a one (or two) week period by all those supporting the Named Person functions in each setting, followed by a meeting to jointly look at the collected data, make sense of any trends or patterns, and reflect on the learning. Where the approach was consistently used, it provided not only valuable aggregated data on early wellbeing concerns, but also informed improvement measures and supported the Named Person practice. Further learning from the development of this early concerns mapping approach can be shared with stakeholders.

Information Sharing

Our concerns about the complex nature of guidance about information sharing (further detail given in our response to Question 5) have an impact on the Named Person guidance. For GIRFEC to work, Named Persons must feel enabled and empowered to share information with the Team Around the Child, based on a child's wellbeing. The many references emphasising considerations such as "compliance with legal rules," "information sharing in a lawful and fair way" and the need to "lawfully record and process sensitive information" within the Named Person guidance appear as warnings against sharing information which may,

taken together with the Information Sharing guidance itself, limit the facilitation of preventative, multi-agency support. It is vital to get this right and guidance must facilitate this.

Are there any areas where the further development of resources or guidance would be helpful in supporting the role of the Named Person?

Limitations of guidance alone

Whilst guidance is necessary in providing clarity to practitioners and managers around their responsibilities, and the processes they should follow, guidance alone is insufficient to achieve practice change. Through our work with partners in our Addressing Neglect and Enhancing Wellbeing (ANEW) programme, we have undertaken extensive exploration into how GIRFEC is operating in practice across three local areas in Scotland and it is clear Named Person practice not only varies across areas but also within local areas and teams. This is unsurprising given that the evidence is clear that without a clearly defined practice, and supportive infrastructure, including aligned training, and importantly on-the-job coaching to practice, there is likely to be variation in quality of practice.⁸

Practice profiles and Data Tools

Practice profiles set out the core components of a practice, programme, or intervention, and describe the key activities associated with each core component.⁹ These provide a full operationalised description of a particular practice, so that this can be taught, learned, and implemented with consistency and clarity, across different settings. These are also useful tools to inform the development of training and on-the-job coaching and ensuring fidelity to support the full and consistent implementation of the practice.^{10 11}

In our efforts through the ANEW programme to comprehensively set out effective Named Person practice in a practice profile, we adopted a co-production approach with the participation of practitioners from multiple agencies and middle and senior managers/strategic leads from Health, Early Years, Education, Social Work, and the Third Sector. Dundee, one of the local areas involved in the ANEW programme, is starting to use this practice profile to support practice across multi agency partners. There is much that can be offered through reference to and use of Dundee's GIRFEC Profile which CELCIS helped develop. The profile is publicly available and can be accessed here:

⁸ Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature* (FMHI Publication No. 231). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

⁹ Metz, A, Bartley, L, Fixsen, D, & Blase, K (2011). *A Guide to Developing Practice Profiles*. National Implementation Research Network (NIRN), Chapel Hill, NC

¹⁰ Hall, G & Hord, S (2011). *Implementing change: Patterns, principles and potholes* (3rd ed.). Boston, MA: Allyn & Bacon.

¹¹ Metz, A (2016) *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations*. White Paper. NIRN, Chapel Hill, NC.

<https://www.dundeeprotectschildren.co.uk/sites/default/files/GIRFEC%20Practice%20Profile.pdf>

Alongside the suite of refreshed GIRFEC guidance materials there would be significant value of having an additional document in the form of a practice profile, one that (like the Dundee example above) is detailed and provides greater clarity about practice for those holding the function. It must be emphasised however, that whilst practice profiles support practitioners to be clear about their role and their approach to it, like guidance more broadly, these in themselves are not enough to lead to consistent practice. Practice profiles are designed to sit alongside the necessary ongoing support (training and coaching) and data tools (gathering actionable data to inform where practice and/or supportive infrastructure needs to be strengthened) which must also be part of everyday practice. This entails strategic leadership to understand and ensure capacity is in place to support and enable practice aligned to the practice profile.

CELCIS have developed other tools to support more effective implementation of a GIRFEC approach, including an 'Early Concerns Mapping Form', a 'Team Around the Child Meeting Observation Tool' and a 'Parent Feedback Questionnaire'. These tools provide actionable data for practitioners to use to strengthen their practice, enabling workforce development at individual, team and organisational levels. The tools contribute to site-based and strategic action planning, to ensure that the necessary infrastructure is in place to sustain high quality practice; ensuring that practice can be scaled across an organisation and supported over time.

Through the ANEW programme, there are early indicators from small tests of change within Early Years and Primary settings that effective GIRFEC practice in Team Around the Child meetings has a positive impact on children and families, promoting increased engagement in the child's plan, greater understanding of decisions being made, as well as increased parental engagement in the child's wider education.

Testing of the Early Concerns Mapping Form has highlighted how early concern indicators can be viewed through different lenses, and not always recognised as a sign of unmet need. Indeed, where it was used with consistency (i.e., for a one or two week period by all those supporting the Named Person functions in a given setting), the form provided an important framework for reflective GIRFEC practice and discussions relating to assessing and responding to child's needs. Similarly, the use of the Team Around the Child Meeting Observation tool, alongside reflective practice discussions, allowed the identification of barriers to and facilitators for high-quality meetings, and thus contributed to more child-centred, strengths based and solution-focused meetings.

These tools, alongside the knowledge and experience of supporting implementation of GIRFEC offer much, which can support the plans for effective implementation of the refreshed guidance.

3. Practice Guidance on the role of Lead Professional

Select from: 'Completely,' 'Mostly,' 'Somewhat,' 'A little,' 'Not at all'

- How clear and easy is the guidance to understand? **Somewhat**
- Does the guidance provide clarity on the role of the lead professional in the implementation of GIRFEC? **A little**
- Does the guidance help provide confidence and understanding for practitioners working in the role or alongside the lead professional? **A little**
- To what extent do you think that the guidance will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights within the role of the lead professional? **A little**
- Does the guidance reflect the importance of the voice of the child and family? **A little**

Can you outline anything specific that would be helpful to add to this guidance?

Clarity of Lead Professional role and relation to role of Named Person

It is helpful to outline the roles of Lead Professional and Named Person, and how the transition between these two roles should work, but there remains an inherent practice challenge in multi-agency working when systems do not provide the training, coaching or capacity to collaborate effectively.

Through our ANEW programme, we are aware that there are differing perceptions between agencies about levels/tiers of concerns and the Team Around the Child meetings which are required in response. These dynamics can impact on communication or conflicting views about who 'should' be holding the co-ordinator or chairing role(s). In practice, there are challenges around clarity of role/function of Named Persons, and how this differs and interconnects with the Lead Professional role, particularly when Social Work become involved. It is essential, both for practitioners and for families, that there is a consistent understanding of roles, responsibilities, and processes, so that families can understand, and practitioners can be confident in how and where to share concerns.

This guidance is an opportunity to overcome some of these challenges by providing greater clarity. In practice, there is a tendency for a Named Person to step back when a Lead Professional becomes involved. Greater clarity around the process and practice around how these roles should collaborate would be helpful in ensuring a more consistent understanding and approach. For example, Paragraph 13 notes that the Lead Professional is responsible for using the National Practice Model frameworks to formulate an assessment and collate a

Child's Plan. However, these may have already been undertaken by a Named Person at an earlier stage, and the integration of existing assessments, and processes of reviewing them are not discussed. Sections 1.74-1.80 of [Scottish Government's National Guidance for Child Protection in Scotland 2021](#) are useful in establishing some of the details about how the roles interact.

Moreover, the guidance does not articulate any clear difference in terms of the skills of a Lead Professional and a Named Person, so it becomes unclear when and why both these roles are necessary. Using a diagram and referring to a continuum of escalating need and concern could support better articulation and understanding of the distinction between the two roles.

There are two similarly titled paragraphs with differing content: 'Role of Lead Professional' (5) and 'Roles and task of Lead Professional in planning and taking action to help a child' (14). Amalgamating would give better clarity.

Clarity in determining who should be Lead Professional

Paragraph 4 explains that any practitioner providing support to a child could be identified as the Lead Professional. It would be helpful here to provide more clarity about the actual process of establishing who the Lead Professional should be, how long the role continues for, whether the role has a voluntary element, and if so, what should be done if no professional is willing to take on the role or when there is disagreement in this regard.

Additionally, there is a need for clarity about the role of the child and family in agreeing who the Lead Professional should be. The guidance presents a situation whereby the Lead Professional is chosen by consensus. Several practitioner types are referred to as potential Lead Professionals but, in practice, the role is often undertaken by social workers (and always in cases of Child Protection or a child subject to Care and Risk Management processes). This should be made clearer – i.e., stating that the Lead Professional is typically a social worker but, in some circumstances, the role might be held by one of the other practitioner types.

The guidance also identifies that practitioners such as Young Carer Support Workers or Youth Workers (for example) can be Lead Professionals. Given the needs of children requiring a Lead Professional, it may not be reasonable to expect such practitioners, potentially without the qualifications and up-to-date experience and training that would be held by professionals such as social workers, to undertake this role.

Clarity regarding arrangements when (and whether) there should be a change of Lead Professional if a child moves (for example, to a different local authority area) are important to include in the guidance too.

Clarity about responsibilities of the Lead Professional

The guidance outlines the range of roles and tasks which constitute the Lead Professional's responsibilities, particularly collating information to inform the Child's Plan, and holding a monitoring and coordination role over the plan's implementation. Paragraph 8 provides an overview of some of the circumstances in which a statutory requirement exists for a record of a child's needs and plan to meet them. What is less clear is the role and responsibility of the Lead Professional in relation to these statutory requirements. For example, whether it is the responsibility of the Lead Professional to assess a child's need for a co-ordinated support plan under the Education (Additional Support for Learning) (Scotland) Act 2004. Clarity over these matters is necessary if the statutory requirements noted in paragraph 8 are retained.

Despite statements that the Lead Professional is not responsible for the actions of other practitioners or services, other parts of the guidance suggest the Lead Professional may be expected to monitor the quality of the support provided by other members of the Team Around the Child. Without any authority over other professionals' behaviour or practice, this could prove complex in practice, and greater clarity is required in terms of where, how, and by whom, matters should be raised when there is disagreement within the Team Around the Child about the approach to take to support children and families, or indeed what should happen when there appears to be little progress or a failure to meet the outcomes identified in the Child's Plan.

Relatedly, the guidance would benefit from further development to support practitioners to measure progress against agreed outcomes set out in the Child's Plan. Identifying indicators and measuring outcomes can be complex and without sufficient guidance, practitioners may struggle to do this effectively.

Clarity about practice

As discussed in our response to Question 2 in relation to Named Person practice, the guidance provides information about key roles and tasks associated with the Lead Professional role, but there is limited guidance about how a practitioner should undertake these for practice to be of a high standard. A more detailed articulation of high-quality practice for Lead Professionals would support practitioners' understanding and practice. Alongside this, a more detailed and thorough outline is required of the supervision, training and coaching Lead Professionals should receive to enable such high-quality practice with consistency.

Further detail about key GIRFEC concepts

Whilst the guidance refers to teams and teamwork, there is no mention of the 'Team Around the Child' concept and practice. This is a helpful and widely recognised concept which distinguishes those working together, with a particular child and their family, from other teams in which practitioners are inevitably members. The guidance would benefit from utilising the phrase and recognising the use of this model in existing practice.

Information about the Child's Plan would benefit from greater detail in the guidance. Whilst it is indicated that the Lead Professional has responsibility for *collating* the Child's Plan, there is a lack of clarity about other matters, such as with what frequency plans should be reviewed and updated.

Are there any areas where the further development of resources or guidance would be helpful in supporting the role of the lead professional?

Summarising our response above, these would be:

- Clearer guidance about the role of Lead Professional in relation to the role of Named Person, and how these relationships should be navigated.
- Clearer guidance about determining who the Lead Professional should be.
- Clearer guidance about the values, skills and practice required to carry out the role of Lead Professional to a high standard.
- Clearer guidance about what is required from a Lead Professional in relation to statutory requirements.
- More detail about the Child's Plan.
- Consideration of systemic/structural changes that may be required to enable Lead Professionals to practice to a high standard underpinned by GIRFEC values.

4. Practice Guidance on using the National Practice Model

Select from: 'Completely,' 'Mostly,' 'Somewhat,' 'A little,' 'Not at all'

- How clear and easy is the guidance to understand? **Somewhat**
- Does the guidance provide clarity in using the National Practice Model as a key part of the GIRFEC approach? **A little**
- Does the guidance help provide confidence and understanding for practitioners when including children and families in discussing the areas of the National Practice Model? **A little**
- To what extent do you think that the guidance will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights while using the National Practice Model? **A little**
- Does the guidance reflect the importance of the voice of the child and family? **A little**

Can you outline anything specific that would be helpful to add to this guidance?

Further detail about using the National Practice Model frameworks to assess

Differences in approaches to assessment can reflect gaps in understanding of assessment tools, and result in inconsistency of practice and a lack of parity in

the care and support that children and families receive. Assumptions may have been made about the consistent use of the shared language of GIRFEC – this common language can be translated into practice in varied and inconsistent ways. There is limited explanation or definition of terms and tools used with the GIRFEC approach. For example, the National Practice Model diagram is simply presented on page 3 without an introduction, context, or explanation. Whilst experienced practitioners may feel comfortable with the language of GIRFEC, others may not, and further detail is required to ensure consistency of understanding and approach. Inclusion of a glossary of key terms would be a useful inclusion to aid consistent understanding.

The frameworks within the National Practice Model require an elevated level of skill, including an understanding and ability to take a strengths-based approach to assessment. The practitioner using these frameworks may often be a Named Person with limited experience of using the National Practice Model, and whose day-to-day work, professional background, and training may have involved limited exposure to developing the necessary skills to do so. The role of a Named Person is complex and requires considerable time, capacity and support to undertake. The complexity of the National Practice Model frameworks underscores the need to ensure adequate support is built into the system to enable Named Persons, Lead Professionals, and all practitioners in the Team Around the Child, to utilise the frameworks appropriately to inform assessments and Child's Plans.

Whilst an overview of the frameworks is given, the draft guidance does not provide enough detail about when to use each element and how to use these. Furthermore, it is not clear from the draft guidance what a high-quality assessment would look like, and how it should be undertaken. There is a need for further detail and clarity about who is responsible for undertaking an assessment using the National Practice Model, at what stage, how regularly this should be revisited, and how assessments should be shared and developed by other members of the Team Around the Child if more than one agency is involved. 'Part 2B: Approach to Multi-Agency Assessment in Child Protection' of the [Scottish Government's National Guidance for Child Protection in Scotland 2021](#) provides some helpful details to explain key concepts and information about how to use the various tools within the National Practice Model. The guidance may benefit from incorporating similar information.

The views and experiences of children and families must be central in all assessment and planning. Greater emphasis on this is required throughout the draft guidance, including using practice examples and giving clarity about how and whether children and families should be involved in the use of the National Practice Model frameworks. Furthermore, no mention is made of potential data or tools that could inform assessments and be used to measure outcomes. Helpful examples could include the Scottish Government led Health and Wellbeing Census, or the [Glasgow Motivation and Wellbeing Profile](#). Mention is

made of the National Risk Assessment Toolkit, but the guidance would benefit from further information about this, in what context the Toolkit could be used, and its potential value.

In undertaking a refresh of the GIRFEC materials there is the opportunity to consider whether the National Practice Model requires any improvement or modernisation. Currently, there are differences between the SHANARRI indicators, the text used in the 'My World Triangle' bubbles, and the information given in the jigsaw diagrams in the guidance (the text of which is small and hard to read). To support assessment, these could be more clearly aligned.

Furthermore, the information in the jigsaw diagrams covers many complex elements including the cognitive, social, and psychological. A skilful understanding of all these elements by a single agency is unlikely to be commonplace, so if this is the goal, there needs to be considerable work undertaken to ensure systems are aligned to enable practitioners to understand and spend time gathering, and analysing, this level of information about individual children. For example, while it remains those systems in health focus demand on information about developmental milestones, and education systems focus demand on information about attainment, practitioners will not be able to focus on or identify information about wellbeing.

The Resilience Matrix is a particularly complex tool, which a Named Person could be using alone. How they would do so is unclear from the draft guidance, with the potential for the Named Person to focus on counting varied factors rather than using the matrix as intended, as a tool for analysis.

Furthermore, some of the language in relation to the Resilience Matrix could be considered outdated, or at least, not straightforward to understand. Terms like 'vulnerability' risk stigmatising those to whom they are applied. A skilled and nuanced understanding of terms like 'vulnerability' is required to differentiate between 'vulnerability' factors as distinct from 'adversity' factors. This requires skill and training, highlighting the importance of ensuring that all practitioners who use this matrix have these skills, or access to the professional development and support to gain these. Similarly, reference is made to 'protective factors,' which are important to understand when taking a strengths-based approach. Further explanation or examples of what constitute protective factors would be beneficial.

Focus on the SHANARRI indicators may help to create consistency, but in practice can be misinterpreted by practitioners who feel they must divide their assessment to fit the eight different indicators in a prescriptive way, which can mean nuanced information is left out. The descriptors of the SHANARRI indicators on page 4 are high level, and more detailed, concrete examples of what wellbeing might look like, across the spectrum (from thriving to concerning) for children and young people of different ages and developmental

stages would be helpful. This will support practitioners to recognise early concerns before they escalate into emergencies, including lower-level concerns which if left unmet could lead to challenging times for families in the future.

Clarity about using assessments to plan, and support children and families

Linked to the point above, the guidance provides high-level descriptions of factors that contribute to health and wellbeing but does not provide examples of the specifics of what this might look like, how these may manifest in the needs or behaviours of children, or how best to respond to concerns.

Further detail about how to use the information gathered through assessment to inform planning would also strengthen the guidance. For example, it is welcome that those socio-economic factors are seen as integral to assessment under a GIRFEC approach but despite recognising the importance to assessment, the guidance does not offer any insights about what action should be taken if wellbeing needs relating to socio-economic factors are identified. The British Association of Social Workers' [Anti-Poverty Practice Guide](#) would be a useful reference to include to facilitate greater awareness amongst all practitioners working under a GIRFEC approach of how to identify needs, interventions and reflective practice associated with socio-economic disadvantage.

Whilst guidance can provide a degree of assistance to practitioners, on its own it is not sufficient to support practitioners to consistently undertake high quality assessments with children and families and translate these into effective plans. This requires a system wide approach to training, coaching and support for the role.

Section 10 of the guidance relates to how support is accessed following assessment and identification of a wellbeing need. The title of this section – 'Four main ways that a child or young person's wellbeing needs may lead to accessing support' is confusingly phrased (not least because it is then unclear what the other ways there may be), and some of the content would benefit from revisiting. Section 10.1 risks being misread as though it is possible for families to approach the 'wrong' professional for support. Section 10.2 is unclear about how the roles and responsibilities of those working in adult services integrate with GIRFEC practice (particularly Section 10.2.2) and could be clarified to establish a shared picture of requirements for joined-up working. Section 10.3 concerning information sharing by volunteers and non-statutory workers and needs to be developed further in line with our comments about information sharing guidance (both across all parts of the practice guidance, and particularly the Information Sharing guidance itself). Guidance about information sharing must be understandable and facilitate a preventative approach. Section 10.4 clarifies the role of the police where they identify child protection concerns, but there is a significant gap in the guidance, with no information about the role of

the police and how they share wellbeing concerns or contribute to assessment and planning under a GIRFEC approach.

Integrating further guidance about specific elements of the GIRFEC approach

This part of the refreshed GIRFEC guidance would be an ideal place to locate further information about aspects of the GIRFEC approach which are afforded limited explanation in any of the practice guidance materials, particularly the development and use of chronologies and Child's Plans.

Clarity about information sharing

There is an inconsistency between the information in this draft guidance document and that set out in the Information Sharing Guidance. For example, Section 12 of this document discusses gaining permission from families to share information, whereas the Information Sharing Guidance suggests consent is never a sufficient legal basis for sharing information. The messages about information sharing create barriers to collaborative working, and we reiterate our concern that this may prevent practitioners from following up on early concerns about unmet need before they escalate into emergencies.

Are there any areas where the further development of resources or guidance would be helpful in supporting the use of the National Practice Model?

We would summarise these areas as:

- Clearer guidance about how the frameworks in the National Practice Model should be used to make assessments and plan interventions, and by whom.
- More detailed information about important GIRFEC elements which are infrequently referred to, particularly developing, and reviewing Child's Plans, processes for and frequency of Team Around the Child meetings, and use of chronologies.

5. Practice Guidance on Information Sharing

Select from: 'Completely,' 'Mostly,' 'Somewhat,' 'A little,' 'Not at all'

- How clear and easy is the guidance to understand? **A little**
- Does the guidance provide clarity on the practice of information sharing within GIRFEC? **A little**
- Does the guidance provide practitioners with confidence and understanding in making decisions about sharing information? **Not at all**
- To what extent do you think that the guidance will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights within the practice of information sharing? **A little**

- Does the guidance reflect the importance of the voice of the child and family? **A little**

Can you outline anything specific that would be helpful to add to this guidance?

Usable guidelines which enable preventative practice

As The Promise of the Independent Care Review makes clear, Scotland must fulfil its commitment to early intervention and prevention to support families and meet their needs. The Promise reported that *"it is the culture surrounding information sharing that has the biggest impact on protecting children."*¹²

Appropriate information sharing to promote, support and safeguard wellbeing, which is lawful and respects children and families' rights (including to privacy), is fundamental to our preventative approach, GIRFEC.

To minimise confusion and conflict over the boundaries of individual privacy, consent, and professional's obligations to act in the best interests of the child, clear and comprehensive guidance is indeed required. Such guidance should enable the various professionals working with children to understand their obligations, both in terms of protecting the information of children and families and protecting children and families by safe and proportionate information sharing with others.

We would highlight the recommendations of the GIRFEC Practice Development Panel, chaired by Professor Sir Ian Walsh, in their report published in 2019¹³, which have informed this guidance refresh. There are several aspects to these recommendations which require further attention if this guidance is to meet these. The Practice Development Panel's report was clear that practitioners should not be expected to deal with the legal technicalities of information sharing, and there is a need to provide frontline staff with the confidence to share information to support good practice, all the while acting in accordance with the law. The Panel's recommendation included the need to develop guidance which supports information sharing that promotes, supports, and safeguards wellbeing, within the culture and practice of the GIRFEC approach. Additionally, such guidance should provide advice on when and how chronologies are created, who contributes to them, and who they are shared with. In its current form, we are concerned this guidance fails to adequately provide this.

The draft guidance is helpful and clear regarding what practitioners should do in cases where there are concerns about immediate, serious harm pertaining to child protection. However, in relation to sharing information in other circumstances, the drafting of the guidance is often confusing and difficult to understand. That the legislative landscape around data sharing is complex is not

¹² The Independent Care review (2020) *The Promise* <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf> p36

¹³ Welsh, I (2019) *Getting It Right For Every Child Practice Development Panel: Final Report*. Edinburgh: Scottish Government

disputed, but the practitioners who work day-to-day with children and families, whether as Named Persons, Lead Professionals, or anyone else in the Team Around the Child, are not highly trained in this area of the law and as such require helpful and clear guidance which supports them to practice under the GIRFEC model. This guidance document fails to achieve that, and as such in its current form will not support the implementation of GIRFEC.

Rather than providing clarity and enabling multi-agency practitioners to work together with children and families, the tone of the guidance risks disabling legitimate and necessary information sharing that is required for a preventative approach.

Sharing information is critical to promoting, supporting, and safeguarding children's wellbeing, and as emphasised by the GIRFEC Practice Development Panel, the law does not preclude it. However, the current drafting of this guidance document gives the impression of a legal minefield, which would add to anxiety and confusion about sharing concerns at an early stage.

Furthermore, the information and requirements set out regarding audit trails, and recording decisions and reasons for decisions, gives the impression of an onerous and bureaucratic system, and the emphasis on these factors within practice guidance is too great. Instead, what is required is clarity about how practitioners should work together, and with children and families, to support and enhance wellbeing day-to-day under a preventative and rights-respecting approach. Information sharing under a GIRFEC approach is necessary to inform assessment and planning. The focus of this guidance as currently drafted is on sharing information regarding a child's risks, needs and concerns, rather than on their strengths and achievements. The importance of sharing both aspects must be strengthened to allow a more comprehensive and informed assessment of need.

Terminology and language

Despite efforts on page 2 to reassure the reader of the importance of information sharing, and the reminder from The Promise that this should be done timeously¹⁴, the tone of this guidance document is less than enabling. This is not helped by the frequent use of legal terms and jargon which are not explained. Such terms include "special category data," "competent authorities", "data controllers", and "processing", which are either not explained sufficiently, or not explained at the initial point they are used. The phrase 'personal information' is referred to but without any explanation or detail about what kind of 'personal information' is being referred to or described. In some instances, 'personal data' is used instead of 'personal information', which could also bring confusion. Whilst this language may be familiar and obvious to those working in data governance, the same cannot be said for Named Persons, Lead

¹⁴ Independent Care Review (2020) *The Promise* <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

Professionals, or other practitioners in the Team Around the Child expected to use this guidance to assist their day-to-day practice.

There are several places in this guidance where practice examples would be helpful in illustrating the points made. Further illustration would sometimes be required due to the complex legal language, and at others, due to the range of hypothetical situations being described, or a mixture of both. For example, the situations outlined on page 9 concerning determinations about whether a child is 'acting against their own interests' or whether they are able to provide their own consent about information sharing; or on page 4 concerning practitioners making decisions about when to inform children and families about information they receive from 'another source' (the meaning of which is not given).

On page 5, the phrase 'competent children' is used. Whilst this may have meaning under data protection legislation, this is not an appropriate term to use in GIRFEC practice guidance, particularly without explanation.

Clarity about consent in information sharing

The draft guidance is especially confusing around the issue of consent in information sharing. In places, the guidance suggests consent to share information must be sought from a child and their family, in others it suggests consent is never likely to be a sufficient legitimate basis on which to share information. Seeking consent to share information if the information will be shared regardless of consent being given is not a fair thing to do. The difference (if any) between situations where consent should be sought to share information (i.e., situations under which if consent is withheld, the information would not be shared), and those where consent is not sought but there is still transparency between practitioners and children and families about information being shared (regardless of consent), should be clarified.

Akin to our response the Named Person draft guidance, where we advocate a need for a process to follow when the views of a child and their family differ about continuing to work with a Named Person, clarity is required regarding the steps to be taken if a child consents to their information being shared, but a member of their family does not (or vice versa). Practitioners may not be clear whether consent from one party overrides the absence of consent from another. These concerns are detailed and complex and require further attention.

Section 9.1 of the draft guidance which considers 'public task' initially provides some clarity about how decisions to share information could be made. However, as the section continues, it becomes less clear what practitioners are required to do (and to know) in the day-to-day business of their work. Whilst the guidance makes clear that decisions about sharing information with or without consent are important, complex, and difficult, there is not usable guide to follow for practitioners to make such decisions. This has the reverse effect, with practitioners delaying sharing information due to anxiety and confusion.

Clarity about where information should be recorded

Compared to the level of detail which the draft guidance provides about what must be recorded about decisions over sharing information, there is limited mention of where data related to wellbeing ought to be recorded, in what way, and who should have access to this, to undertake their roles as part of the Team Around the Child. This has implications for the viability of working in a multi-agency manner to develop shared assessments and plans, especially if one member of the Team Around the Child has access to different information to other members. Far greater clarity is required in relation to what information should be recorded in a shared multi-agency assessment and Child's Plan, in the child's Chronology, and in their record on different (or shared) services' management information systems (e.g. SEEMIS in Education; Care First, MOSAIC in Social Work). Consistency and 'future proofing' of recording practices are also important in supporting wellbeing throughout an individual's life. If a person chooses to access to access information recorded about them as a child in the future, clear, trauma-informed, and sensitively recording can have a profoundly positive impact on their wellbeing.¹⁵

Are there any areas where the further development of resources or guidance would be helpful in supporting information sharing?

Our suggestions for further development here are summarised as:

- Accessible and user-friendly guidance, which facilitates information sharing in a preventative context, to promote, support and safeguard wellbeing within the culture and practice of the GIRFEC approach.
- Use of relevant case studies and examples to illustrate good practice.
- Clarity about the information which should and should not be recorded in Child's Plan and chronology.

6. Information Sharing Charter

Select from: 'Completely', 'Mostly', 'Somewhat', 'A little', 'Not at all'

- How clear and easy is the charter to understand? **A little**
- Is the language used child and family friendly? **A little**
- Does it provide clarity for your role and responsibilities when informing children and families how their information will or will not be shared? **N/A**
- To what extent do you think that the guidance will help practitioners understand how to embed the United Nations Convention on the Rights of the Child, and to protect, respect and uphold children's rights while sharing the charter with children and families? **N/A**

¹⁵ Hoyle, V., Shepherd, E., Lomas, E. and Flinn, A. (2020). Recordkeeping and the life-long memory and identity needs of care-experienced children and young people. *Child and family social work*. [online]. **25**(4), pp. 935-94

- Does the charter reflect the importance of the voice of the child and family? **Somewhat**

Is there anything missing from this charter that would be helpful for children and families to know and understand about information sharing?

The charter intends to translate complex information about data rights into an accessible document to assist both children and families in understanding their rights which essential but a challenging task. As it stands, parts of the Information Sharing Charter potentially remain too complicated to be helpful for most children, young people, and families. Changes could be made to the language of the document, and the tone, which is systems oriented. For example, references are made to processing information and data schedules, which are not child and family friendly terms.

The views of children and families about what they would need and find helpful from a charter are particularly important to develop a charter that works. Developing a resource collaboratively with children, young people and families is more likely to do that.

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

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