

getting it right *for every child*

Getting to know GIRFEC

What Getting it Right For Every Child means for
Children and Young People who are Disabled or live
with Long-Term Conditions

Parent & Carer Information Pack

January 2020



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Introduction

Welcome to the Health and Social Care Alliance Scotland (the ALLIANCE)'s Getting It Right for Every Child (GIRFEC) workshop and information pack. This pack is designed to raise awareness of GIRFEC and increase knowledge of the language and tools associated with GIRFEC to help you to work in partnership with statutory and voluntary agencies who support you and your child/ young person or young adult. Being able to speak the same language and having an understanding of tools used by professionals, places you on a more equal footing with professionals when you are working together to discuss and arrange the support that may be needed for your child/ young person/young adult.

While the Scottish Government has supported the production of this pack, the responsibility for its content lies with the ALLIANCE. The pack is not a full explanation of the law or policy. For further details please see the Scottish Government GIRFEC website.

We hope this pack will be of help to you. Please let us know if you think we can improve it.

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GIRFEC Glossary

This is a helpful list of the common language used by practitioners in relation to children's services and policy in Scotland.

GIRFEC: Section 1

True or False Quiz

See how much you know already by trying this quick quiz. You can work in pairs but you only have five minutes until sharing your answers with the group! Good luck!

True

False

- 1) GIRFEC came about because the Scottish Government felt that parent/carers were not confused enough about policies and practices affecting their children?
- 2) The Scottish Government has aspirations to make Scotland the best place to grow up?
- 3) Wellbeing is at the heart of the Getting it Right for Every Child approach?
- 4) Sharing information at the right times improves outcomes for children and young people?
- 5) The named person is always the child/young person's parent/carer?
- 6) The My World Triangle was thought of when Mr GIRFEC went on holiday to Egypt?
- 7) A lead professional is appointed when there are 10 agencies or more involved with a child/young person?
- 8) GIRFEC looks at all aspects of a child's life?

GIRFEC Overview

What is GIRFEC?

GIRFEC is the national approach to improving outcomes for our children and young people, bringing together and coordinating services so that children and young people get the help they need if or when they need it. The approach aims to help children, young people and families so that Scotland really becomes a great place to grow up.

Who does it affect?

It is for **every** child and young person and families too, so that no one is left without the support they need. It is a way of working that builds on the strengths and capacity of children and families to improve wellbeing. It is a way of working that promotes partnership, recognising the right of children and families to be involved in decision making about the help they need and how that help should be organised and delivered. It is aimed at tackling needs early to avoid bigger problems or concerns developing.

Where has it come from?

GIRFEC was introduced by the Scottish Government in 2006 as it was widely recognised that services needed to work together and that children and parents needed one clear point of contact to ensure that the right help is offered at the right time.

It is generally the case that most children and young people get the help they need from their families and from universal services, like health and education. But there are groups of children and young people, like disabled children or children living with long term conditions and those with very complex care and health needs who need more than the universal services can provide on their own. The GIRFEC approach has been found to be the best way to ensure that children and families get the coordinated, targeted support some need.

What does it involve?

GIRFEC is a way of working that supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help children and young people to grow up feeling loved, safe and respected so that they can realise their full potential.

And GIRFEC is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.

It is a rights based approach that brings the United Nations Convention on the Rights of the Child (UNCRC) to life.

Getting it right for every child is Scotland's approach to improving the way services work together, and is aimed at supporting children, young people and their families. It is about improving outcomes for children and young people and making sure public agencies respond well to needs and risks. It also sets out how children's services can change, by bringing together a range of services to children and families in a coordinated way, in order that children's wellbeing is better supported. It is a way of working that ensures that the child is at the centre of decision making.

Key Principles/Components of GIRFEC

The GIRFEC approach is based on a set of principles and core components that apply in all areas of Scotland. That means that children, young people and families can have confidence in how they are to be supported no matter where they live.

These main features of the approach are mentioned briefly here and are more fully explained in the following sections of this pack.

GIRFEC

- **Is child-focused**

Children, young people and families should have their views sought and listened to. They should be involved in service planning and, wherever possible, in making decisions that affect them. This means that practitioners should help children, young people and parents to be active partners in assessment to identify wellbeing needs and risks, agree together what support is appropriate and how it will be delivered.

This means that practitioners work alongside and support children, young people, families and those who know the child or young person well, to consider what they need, what works well for them and what might be less helpful. Working in partnership with children or young people and their families is in all but exceptional circumstances the most effective approach to improving outcomes.

- **Is based on an understanding of wellbeing**

This is achieved through considering the 8 Wellbeing indicators; Safe, Healthy Achieving, Nurtured, Active, Respected, Responsible and Included. A holistic understanding of the child's or young person's wellbeing is fundamental to supporting their development in their family and community and offering the right support at the right time. It takes into consideration the wider influences on a child or young person and their developmental needs so that the right support can be

offered. It is based on tackling needs early - it aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing.

- **Provides a clearly identified point of contact**

Many children, young people and families do not know who to turn to when they need to seek information, advice or support. The GIRFEC approach offers a clear point of contact, often referred to as a named person, who is available to offer help to children and to help families navigate the system.

- **Requires joined-up working**

It is about children, young people, parents, and the services they need working together in a coordinated way to meet specific needs and improve wellbeing – it is about proportionate assessment and planning to identify concerns, assess needs, and agree actions and outcomes, using the framework of the wellbeing indicators and the broader National Practice Model.

- **Supports informed choice, respects confidentiality and proportionate sharing of relevant and necessary information**

Establishing trusting relationships and working in partnership with children and families is a foundation of the Getting it right for every child approach. This means that children, young people and families should expect practitioners to be clear about what information sharing will be necessary, and with whom, for what purpose and what the recipient will do with the information when engaging with services.

This is usually achieved through the provision of “privacy notices” that are given orally; through printed physical or electronic communication; through some other communication means or through a mixture of communication means. This can be achieved by practitioners discussing matters with children, young people and families in day to day practice, or more formally through written information provided by services to families, or both.

- **Provides a lead professional to coordinate and support planning for a child, young person and, where relevant, young adult**

Some children, young people or young adults have complex needs that will best be met through the development of a joined up plan. This, for example, could include disabled children and those living with long term conditions, children with education support needs, children with social needs, children and young people who are or have been “looked after” by the state and those who are at risk of serious harm. A joined up plan could involve a range of services working together with each other and with the child, young person or young adult and their family.

In these circumstances, a lead professional will be appointed to coordinate the plan. The lead professional will usually be identified in discussion with the child, young person or young adult and parents and other partners to a plan. The intention is that the role of lead professional is undertaken by a practitioner who has the background,

experience and position to ensure that the plan is coordinated effectively to achieve the wellbeing outcomes outlined in it.

The following sections provide more in-depth information about the key aspects of the GIRFEC approach.

GIRFEC: Section 2

The named person, the National Practice Model and the lead professional

What is the named person service?

GIRFEC policy is that all children, young people and their parents or carers can access a named person through a named person service. Named persons do not work on their own. Through this policy, health boards and local authorities support senior practitioners who have the named person role. These authorities are responsible for the named person's work through their policies and procedures. Some other organisations - for example - independent or grant aided schools – provide a named person service for children attending these schools.

What is a named person?

Sometimes at times of stress or challenge, children, young people or parents don't know who they can rely on for advice or support. The GIRFEC approach means that **all children, young people and parents or carers can access a clear point of contact**, often referred to as a named person, who can help them and or their parents/carers by offering them information, advice or access to other services. This means that the child or family are offered a point of contact who can work with them and with other agencies. A key role for this point of contact is to offer help to children, young people and parents to “navigate the system” in order to provide information, advice or further support to help improve the child's wellbeing. This offer of a contact point for all is to ensure that everyone knows who to turn to for help; that no child, young person or parent should be without support when and if they need it.

But this contact person does not replace parents or carers. Parents have the primary responsibility for bringing up their children and named persons will seek and carefully consider the views of parents and children before giving information, advice or support for children, young people or families to access other services. **Children, young people or parents are not obliged to take the support or assistance offered by named persons.** Under the GIRFEC approach, simply declining the offer of information, advice or other support is not, in itself, to be regarded as a problem.

Who is the contact or named person for your child?

Depending on the age of the child or young person, a health visitor or senior teacher usually takes the role of named person. In most cases (but not all) this is likely to be:

- Birth to primary school – Health Visitor
- Primary School – Head Teacher/Deputy Head
- Secondary School – Head Teacher/Guidance Staff.

The named person functions are embedded into the role of these professionals. You should be made aware who the contact or named person for your child is but if you are unsure contact your health visitor, school or education department who will be able to put you in contact with your named person or someone who knows who that is.

What are the responsibilities of a contact or named person?

For most children, the contact or named person will not need to do anything more than they normally do in the course of their day to day job. This is because most children get all the help they need from their families and the universal services of health and education.

However, some children and young people may need extra support, and the named person can offer help by providing information, advice or by helping the child or parents to access other services.

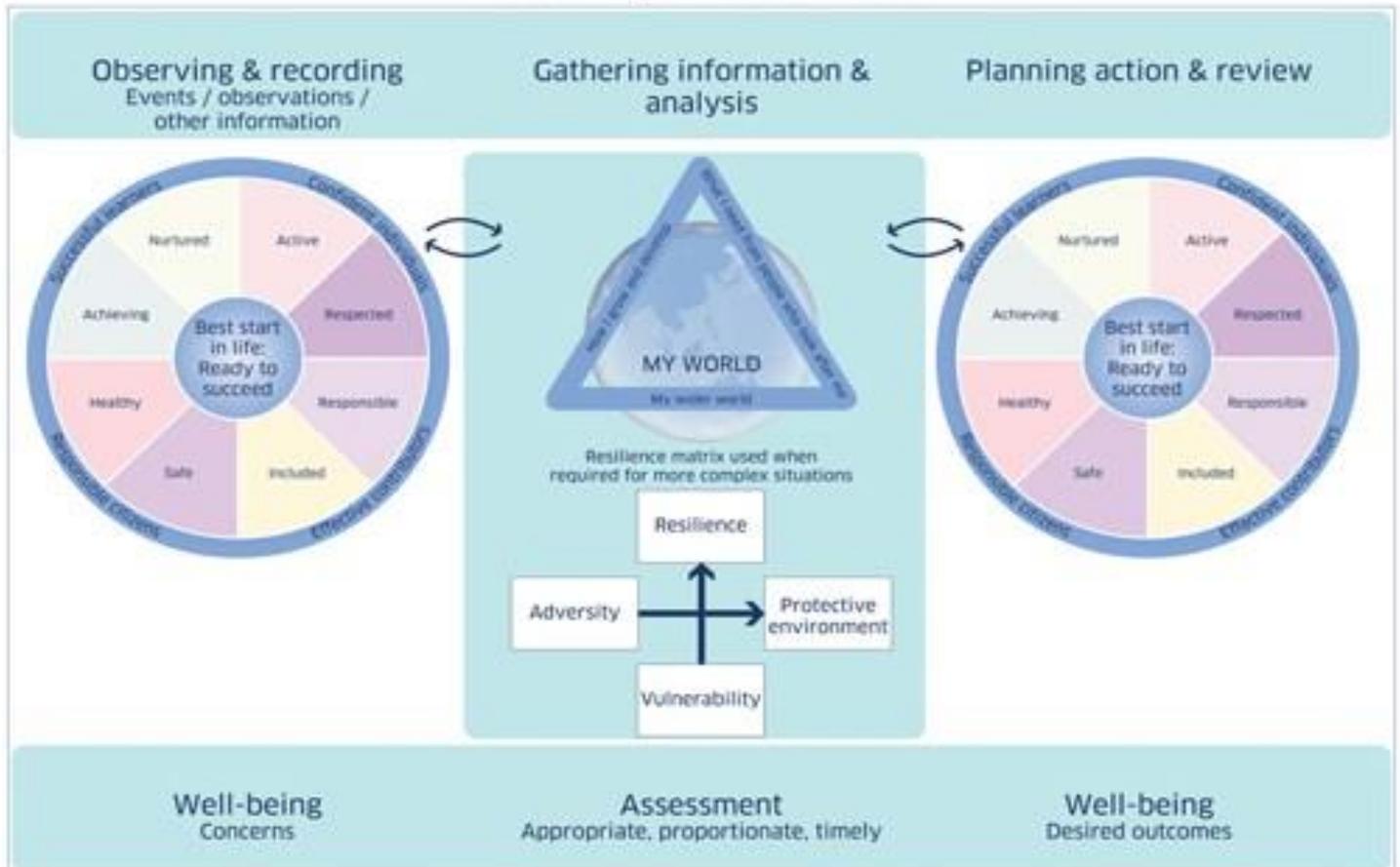
Where concerns about a child's wellbeing are made known by a child, young person, parent or other practitioner, the health visitor or senior teacher needs to think about how they may help. They speak with the child, young person and/or parents, review the information they have, communicate with other services where appropriate, seek and take account of children's and parent's views and assess whether any further action or support would help. They would then offer that information, advice or support to the child, young person and or parents.

As this is a partnership approach, with the child or young person at the centre, and respecting children's and human rights, there should be agreement between the child, young person and the health visitor or senior teacher about each step that is taken. Depending on the capacity of the child or young person to make informed decisions on their own, parents may be involved in reaching agreement about actions. In most circumstances, irrespective of the capacity of the child or young person, it is simple good practice for parents to be centrally involved.

But of course, where professionals, including a named person, are concerned that the child or young person may be at risk of significant harm, they must use the Child Protection Procedures to safeguard the child or young person.

The **National Practice Model** has been developed to help all practitioners, including health visitors and senior teachers, to offer the right help at the right time. We talk about the National Practice Model next.

National practice model



The National Practice Model, illustrated above, is a key GIRFEC tool to help practitioners, including named persons, have relevant and appropriate conversations with children, young people and their families. It provides a consistent, child and family centred way to consider a child, a young person or young adult's wellbeing and the need for support. This is done as part of practitioners' everyday job. By using this approach, practitioners should develop an understanding of the child, young person or young adult's views and parent's views, their wider environment, network of support, strengths and challenges. And children, young people, young adults and parents need to know how this model works, as they are key contributors to it.

The model helps practitioners, including those acting as a named person to think about a child's wellbeing in a systematic way. They will start by reviewing what they know about any concerns made known, usually by the child or family themselves, regarding a child's wellbeing. They should consider this information carefully with the family and the child and with any other appropriate professionals and assess what needs to be offered to the child and family to promote the child's wellbeing. In

cooperation with the child and parents, they will plan any further action to be taken and can ask other services to help meet the child's wellbeing needs.

The model requires practitioners to ask the following key questions;

What is getting in the way of this child or young person's wellbeing?

Do I have all the information I need to help this child or young person?

What can I do now to help this child or young person?

What are the child's and what are the parent's views?

What can my agency do to help this child or young person?

What additional help – if any – may be needed from others?

Engaging with children, young people and families around these key questions is central to the model. Establishing trusting and open relationships between practitioners and families, where everyone's views are respected, underpins this engagement. This can help the practitioner to offer the right support at the right time as part of their own, or their agencies role, or to offer to help the child, young person or family access other services where that is appropriate.

We know that proportionate sharing of relevant and necessary information can help parents and professionals to promote, support or safeguard the wellbeing of the child or young person or to secure other services where that is needed. In keeping with data protection law, children, young people and families should expect practitioners to be clear about what information sharing will be necessary, and with whom, for what purpose and what the recipient will do with the information when engaging with services.

What is a lead professional?

Not every child, young person or young adult needs to have a lead professional, but where complex combinations of support are required, as can be the case for disabled children and young people, those living with long term conditions, or where a young person with complex support needs is transitioning into adulthood and adult services, a lead professional is usually appointed to coordinate an integrated, or joined up support plan for the person. This is likely to be someone well known to the family, someone who is already working with them, such as a speech therapist or a social worker.

What do they do?

The lead professional's main role is to help children, young people, or young adults and the family to participate fully in the assessment and in making the joined up plan, and to be their main point of contact regarding the plan. Lead professionals are there to ensure that the help and support agreed and recorded in the plan is provided, that everyone does what they say they will do. While the lead professional has responsibilities to coordinate a plan, other practitioners have responsibility to deliver their own agency's part of the plan. Lead professionals will work to ensure that all practitioners and services involved work well together with families as a team to assess needs and to deliver a plan to meet a child's or young person's wellbeing needs. We will say more about planning for a child, young person or young adult later in this pack.

The Case Study in the next page of your pack shows how parents, the named person, the lead professional and others work together to support "Charlie" using the GIRFEC approach.

Case Study: Getting it Right for Charlie



How the lead professional co-ordinated a complex package of support for Charlie and his family.

Three-year-old Charlie had multiple and complex needs which called for a high degree of personal care and monitoring. His condition was described as 'life limiting' and 'life threatening' – which meant he was not expected to live beyond his teenage years.

An only child, he lived at home with his mum and dad, who had a supportive network of friends and family.

Charlie's named person at birth was his mum's health visitor. Because of the complex range of services and specialist supports Charlie needed, he had a joined up plan and a lead professional, the Community Children's Nurse from the moment he left hospital.

Support from a wide range of professionals

Charlie and his family got support from a wide range of professionals, so it was important to them to have someone co-ordinating this.

Charlie went to a specialist nursery four mornings a week and stayed overnight with his grandparents two or three times a month. He sometimes got respite care at the children's hospice to give his family a break. He attended four different specialist hospital services as well as a community paediatrician, a paediatric nurse and a paediatric physiotherapist.

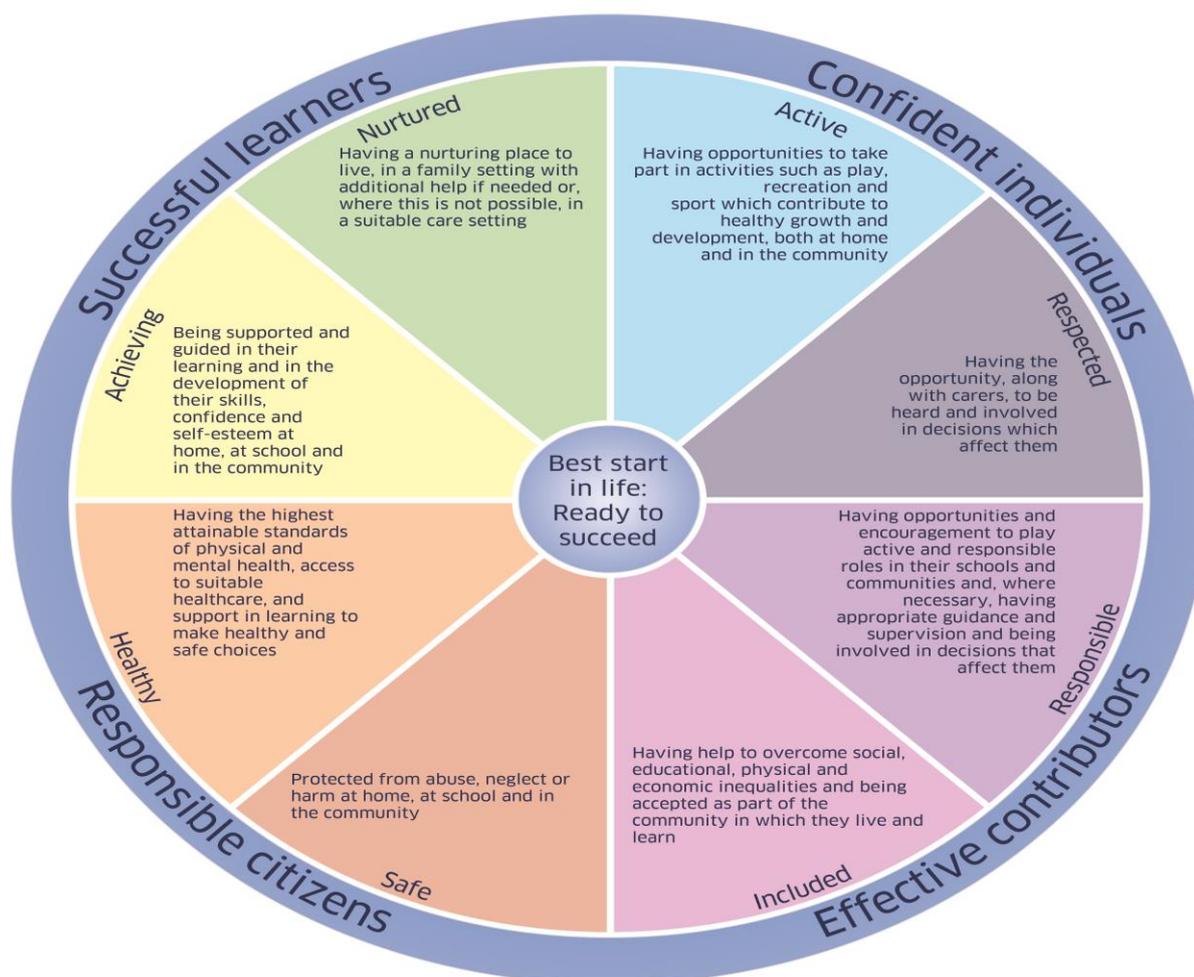
While there was no on-going social work involvement, the family had had a visit from the local social work children's disability team to introduce themselves in case there was a future need for support or adaptations in the home. Charlie's lead professional – in her role as Community Children's Nurse – supported the family with his nutritional needs, mobility and aids, medication, medical supplies and equipment.

When Charlie started at the specialist nursery, the nursery head took on an increasing co-ordinating role and it was agreed that she should become his lead professional while his Health Visitor remained his named person and the Community Children's Nurse provided a link to the range of health services involved.

Charlie's parents welcomed this development. They had regular contact with the nursery which was reassuring and they felt that the nursery head who knew Charlie well was best placed to coordinate the wider support network and Charlie's plan.

GIRFEC: Section 3

Wellbeing Indicators and Wellbeing Wheel



The national outcomes for children and young people from the Curriculum for Excellence, say that all children should be Confident Individuals, Effective Contributors, Successful Learners and Responsible Citizens. To achieve this all children need to be **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included**. These are known as the Wellbeing Indicators, and are sometimes referred to by the term SHANARRI.

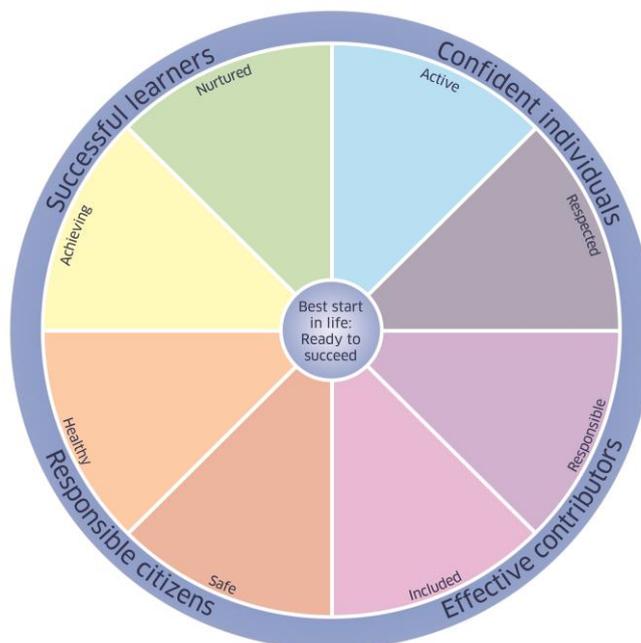
Professionals involved in supporting children and young people consider whether children and young people are, for example, active; being able to take part in activities such as play, recreation and sport, whether they are safe; protected from abuse and harm, or whether there are things that are getting in the way of aspects of children's wellbeing. Practitioners consider the eight Wellbeing Indicators as the starting point of a conversation with children, young people and parents about the child or young person's wellbeing. The Indicators provide a common language for everyone.

Key messages;

- Many of the indicators are connected. What is important is that a 360 degree picture of the child or young person is considered, relating to their whole life experience and circumstances, and not just narrow aspects of their life, however important these aspects are.
- There is no “set level” of wellbeing that all children should achieve. Each child should be helped to reach their own individual potential.
- Wellbeing is a relative concept, influenced, for example, by the child, young person or parent’s views, individual make up, circumstances and the support available from family, community and services.
- Because everyone is an individual, we may all have differing wellbeing needs. And as individuals, our wellbeing needs can change, for example as we grow older, or if we suffer an illness or accident or after recovering from this.
- Children and young people can thrive in different environments. Practitioners should be aware and respectful of families’ background, culture and beliefs.
- It is very important that when wellbeing indicators are being considered, strengths as well as areas of concern or difficulty are taken into account.
- Professionals sometimes use the My World Triangle and the Resilience Matrix to help think about and clarify strengths as well as areas where additional support is needed. We will look at both of these later.

Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) states that the best interests of the child must be the primary concern in decisions that affect children. The wellbeing indicators can help everyone to consider what is in children’s best interest and to uphold this right.

Indicator Definition Game



Using the above GIRFEC Wellbeing Indicators put the following under what you feel to be the appropriate heading. (Write the numbers in each segment)

- 1) Understands the consequences of not following school rules
- 2) Takes part in one or more sporting activities
- 3) Responds well to any additional support provided
- 4) Free from exposure to physical abuse and violence within or out with the home or the threat of it.
- 5) Attends health care services and medical screenings when necessary
- 6) Feels trusted
- 7) Is confident and competent when faced by new challenges
- 8) Has completed immunisations by relevant age
- 9) Has emotional and development needs which are not neglected
- 10) Is free from bullying
- 11) Attends school regularly
- 12) Has a well-developed sense of self-esteem and self-respect
- 13) Receives appropriate care and guidance from parent/carers

It is important to remember that there is no 'set level' of wellbeing that all children should achieve; each child should be helped to reach their own individual potential.

GIRFEC: Section 4

Joined up planning to support the wellbeing of children, young people and young adults.

Traditionally, the GIRFEC approach includes all children and young people up to the age of 18. However, the ALLIANCE believes that the principles that underpin the approach and many of its core components should apply to young adults too. This is particularly, but not exclusively, the case for young adults who are disabled or who live with long term conditions. At times of transitions, including transitions into adulthood and adult services, young adults will greatly benefit from a holistic assessment of their needs using the wellbeing indicators and from coordinated planning. The ALLIANCE calls on the Scottish Government, Health Boards and Local Authorities to embrace this approach in the further development of guidance on joined up planning to support the wellbeing of children, young people and young adults.

One planning framework

Delivering a proportionate, streamlined and where necessary a joined up approach to assessment and planning is a core component of Getting it right for every child. This means that as far as possible planning should be part of a single framework with planning by different practitioners or services incorporated in a joined up plan if that would benefit the wellbeing of the child, young person or young adult.

A joined up plan should be considered and offered to a child, young person or young adult who requires coordinated support to address their needs and improve their wellbeing. It is important to recognise that a joined up plan should be developed and taken forward in partnership with the child, young person, young adult and parents. It remains the case that apart from in very exceptional situations (e.g. Mental Health law) only the Courts or Children's Hearings have the power to compel parents, children or young people to accept support.

Through the GIRFEC approach, joined up plans should be offered, prepared and delivered where;

- The child, young person, young adult or parents believe that there would be benefit in the provision of structured, integrated support.
- The law says there should be a plan, such as in the case of additional support for learning, or for children looked after by the state.
- There are multiple or complex needs or risks being addressed through planning requiring intensive short or medium term support or longer term coordinated support.
- Support is to be provided by more than one service over the same time period

- Joined up planning would support partnership working with the child, young person, young adult and parents.
- Joined up planning would promote more effective and efficient joined up working between practitioners and services.
- Joined up planning would improve outcomes for the person over and above the planning processes generally available.

A single, joined up planning framework should lead to less form filling and red tape for practitioners and families. In some cases, where there are complex needs, this will include **incorporating aspects of existing plans**, such as a coordinated support plan, into the joined up plan. For example, planning for children who are looked after or subject to child protection procedures can follow the single planning framework, leading to a joined up plan which is designed to meet the individual needs of each child.

Health authorities will usually be **responsible for coordinating and producing the joined up plan** for children who are under primary school age. Local authority services, such as education or social work are usually responsible for coordinating plans for children of school age. However, this arrangement can change, where that is agreed to be in the best interests of the person. For example, where a child of school age has very complex health needs or life limiting conditions, it may be agreed that the lead professional is a health practitioner and that the health body would be responsible for supporting the lead professional to coordinate the plan.

What should joined up plans contain?

While each plan will be unique to the individual, it would be expected that all should contain;

- a) The reasons for the plan
- b) Who are the partners to the plan
- c) A summary of the child, young person or young adult's wellbeing needs that are being addressed by the plan
- d) The desired outcomes and how it will be known they have been achieved
- e) The views of the child, young person, young adult and parents
- f) Details of action to be taken and by which service or practitioner
- g) Timescales for action and for progress
- h) Arrangements to review the plan
- i) Lead professional arrangements

The plan should as far possible be jargon free and provided in a format that is easily read and understood. The child, young person, young adult and their parents should have a copy of the plan, unless having that would put them or others at risk of serious harm.

Children, young people, young adults and their parents should, other than in exceptional circumstances as may be the case with regard to child protection situations, be in the driving seat with regard to joined up planning. These are the child, young person or young adult's plans. The plans set out how others are going to support them. Local authority and health services should actively develop joined up

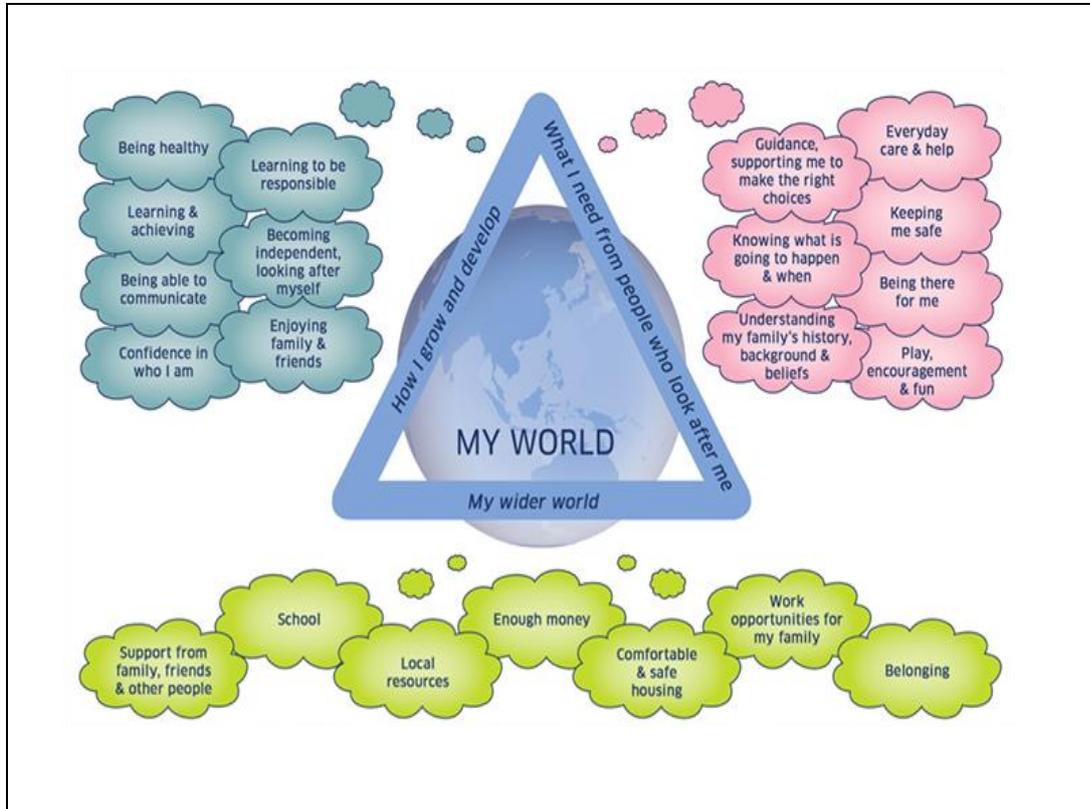
plans in partnership with families, unless there are compelling reasons that would stop them doing so.

The plan should make clear to children, young people, young adults and parents and carers what those involved are to do in order that wellbeing is supported. The plan, and progress made should be reviewed from time to time in partnership with children, young people, young adults, parents and carers.

Article 12 of the UNCRC states that when adults are making decisions that affect children, children have a right to have a say and have their opinions taken into account. This joined up planning approach helps make sure this right is upheld.

To help assess Wellbeing strengths, needs and risks, practitioners often use tools such as the My World Triangle and the Resilience Matrix. We discuss both of these next.

The My World Triangle



When planning and thinking about a child, young person or young adult's needs, every practitioner should, in partnership with the individual and their parents or carers, think about the **whole person and their circumstances**.

The My World triangle set out here is designed to help do that. It focuses on the individual and what is needed to support their development and wellbeing. Adults who are parents or carers may have needs or problems that could affect children, young people or young adult's wellbeing, and these should be considered too when assessments are being made.

Let's have a look at the triangle. The 3 sides of the triangle around the child/ young person/young adult represent their world. At the base is their wider world, which considers the strengths, supports and opportunities, or gaps and challenges, relating for example, to family, education, housing, money and work.

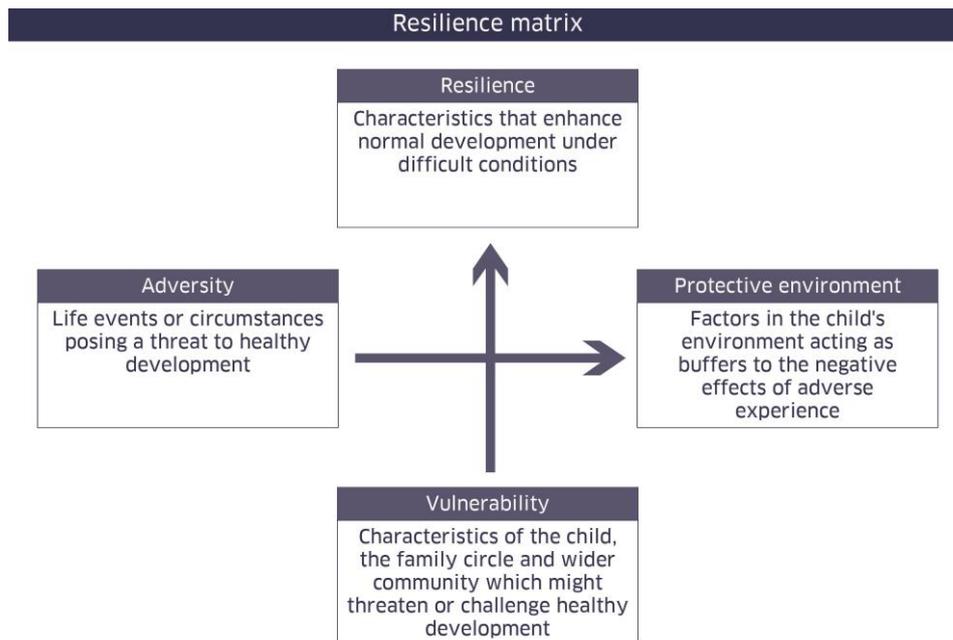
One of the sides represents how the child/young person/young adult is growing and developing, relating, for example, to strengths and concerns about how they learn, their health, ability to communicate and their confidence.

The other side of the triangle represents what the child/young person/young adult needs from those who look after them; including whether they are loved and well

cared for, safe, are guided and are encouraged to play and have fun as well as to achieve.

A joined up plan should address all of these areas of life that are relevant to the individual so that a complete picture is formed, including their physical, social, educational, spiritual and psychological development.

And remember, this should not just be about problems or concerns. All children, young people and young adults have strengths, internally, in their immediate and wider families and in their wider world. The joined up plan should be aimed at supporting and developing these strengths, as well as being concerned with overcoming difficulties or filling gaps.



Adapted from Daniel, B., Wassell, S., and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, Jessica Kingsley Publishers Ltd., London and Philadelphia and Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, Jessica Kingsley Publishers Ltd., London and Philadelphia.

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When children/ young people/young adults have very complex needs or concerns, or where safety is in doubt, professionals may use the Resilience Matrix to help them to analyse the information they have about the individual's circumstances. Using the matrix to help understand both the strengths and the vulnerabilities in a person's situation can help professionals, in partnership with children/young people/young adults and parents, think through the information they have gathered when looking at the My World Triangle. In turn, this can help everyone to come to the best decisions about how to help support families strengths, how to improve the individual's confidence, capacities and capabilities or indeed how to work with the family and the wider community to keep children and young people safe.

When looking at **adversity**, consideration will be given to any life events or circumstances posing a threat to wellbeing and development, such as loss, abuse, neglect, poverty, poor or unsuitable housing.

When looking at **vulnerability**, consideration will be given to any characteristics of the person, their family circle and wider community which might threaten or challenge wellbeing, such as disability, very poor health, and prejudice in the community and lack of, or poor, attachment.

In turning to strengths, a **protective environment** may include factors that act as a buffer to the negative effects of adverse experience for example, in the home, the wider family network and friends, the services that help, the school and in the wider community.

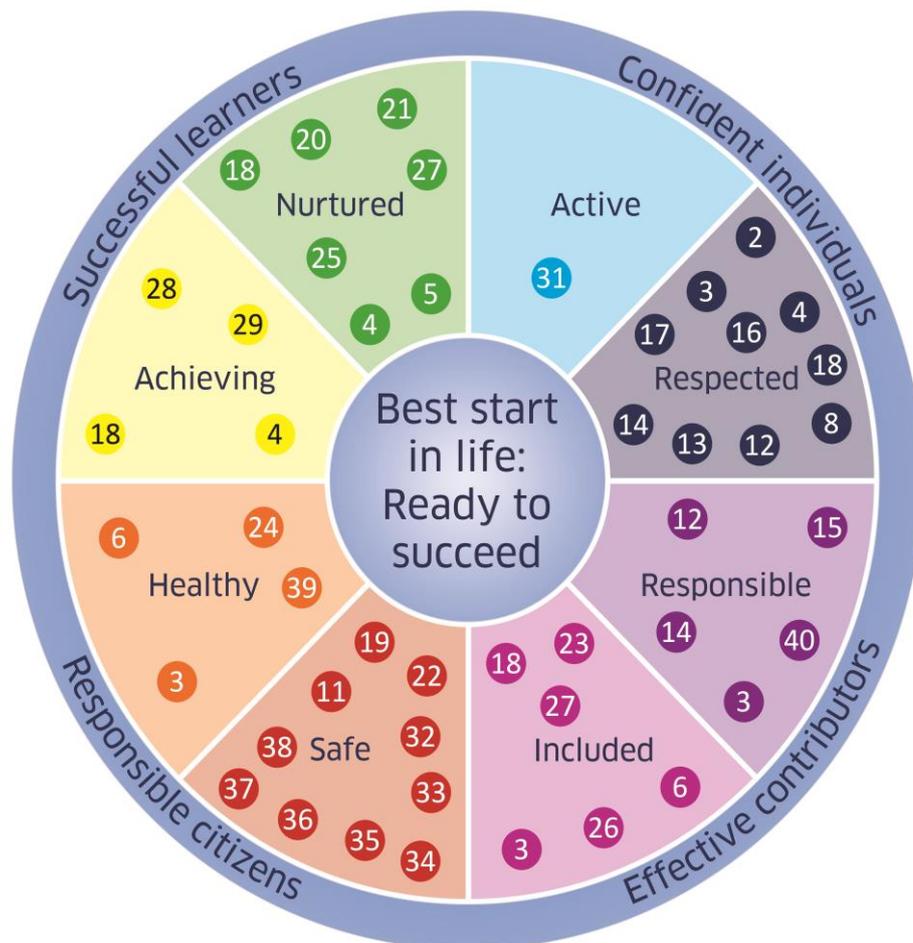
When looking at **resilience**, consideration is given to characteristics of the person which help them to develop under difficult circumstances, such as having sense of belonging within a secure loving family, good self-esteem, an outgoing temperament or nature and developing problem solving skills.

GIRFEC: Section 5

How it all Fits Together

The United Nations Convention on the Rights of the Child (UNCRC) is the foundation of GIRFEC.

All children and young people share the same fundamental rights. These are clearly set out in the UNCRC. These rights help us all to recognize what makes for a safe, healthy, happy childhood and a good start in life. It underpins our approach to children's rights in Scotland, providing us with a framework for ensuring we consider children's rights whenever we take decisions. The UNCRC is enshrined throughout GIRFEC.



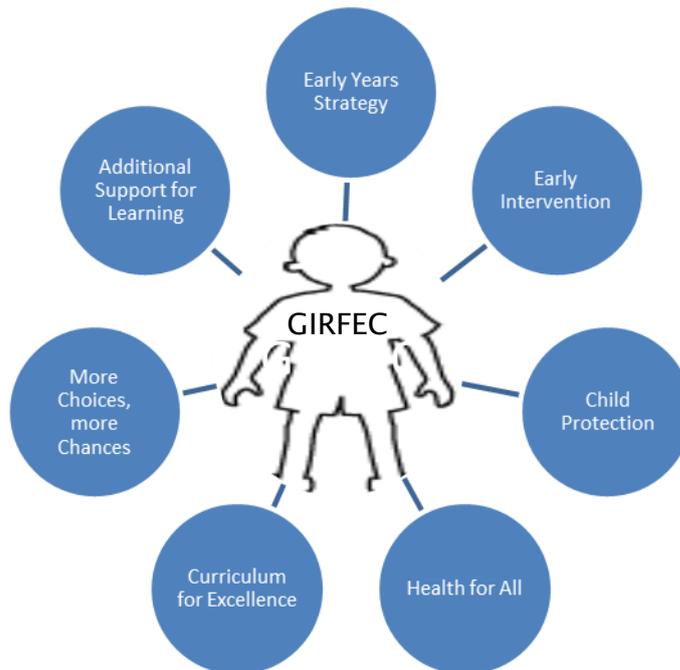
This diagram demonstrates how the UNCRC Articles link with wellbeing and the GIRFEC processes. These are children's rights which keep the child at the very centre of the Getting it Right for Every Child framework. An information leaflet on the rights of the child by the Children and Young People's Commissioner Scotland is available for anyone who wants more information on these rights. This diagram

demonstrates how the wellbeing indicators tie in with the United Nations Convention on the Rights of the Child, as has been pointed out in earlier sections of this pack.

The numbers indicate how Articles of the Convention may apply to each segment of the wellbeing wheel, to each wellbeing indicator. For example Article 3 states that children should be asked for their views before their decisions are made about them. They could not be **Included** if their views are not sought and taken into account.

This shows that the wellbeing wheel has been designed to cover all the bases of children's rights.

The Child at the Centre of Policy and Practice



This diagram shows the child at the centre. GIRFEC supports the United Nations Convention on the Rights of the Child and underpins policy surrounding children, young people and their families. This includes policies such as Curriculum for Excellence, Additional Support for Learning and More Choices More Chances which support children's education and employment opportunities, the Early Year's Strategy and Early Intervention and Child Protection, through which children's needs are met at the earliest stage possible and they are kept safe, and Health For All, which promotes children and young people's health and wellbeing.

This diagram is not fully complete or comprehensive. It is intended to show that GIRFEC does not stand alone. GIRFEC is integrated with other children's policy and practice in Scotland.

GIRFEC is intended to be the way professionals in Scotland respond to the needs of children and young people. Professionals must work together as fully as possible with children, young people and with their parents or carers.

Partnership is a cornerstone of the GIRFEC approach. That is why it is important that parents and carers, children and young people understand this approach. We hope this pack helps you to do that.

Getting it Right for Every Child Glossary

Joined up planning framework

Joined up planning is designed to provide a consistent approach to planning for children/young people/young adults who need coordinated support. It helps staff working with children and families to work better with each other and with children/young people and young adults and their families to think about and help meet their wellbeing needs.

Getting it right for every child (GIRFEC)

Getting it right for every child is the national approach to working with children, young people and families. It aims to bring services together to provide the right support for children and young people at the right time. Collaboration between services and with children and families is a cornerstone of this approach.

Lead professional

Lead professionals are usually appointed when children/young people or young adults have a complex range of needs which can best be met through the provision of a joined up plan. The lead professional can help by coordinating this plan.

Named person

A named person is a clear contact person who can offer information, advice or support to access services to help children, young people and their parents if and when they need help. Health visitors and senior teachers usually have this role.

Wellbeing Indicators

The national outcomes for children and young people from the Curriculum for Excellence, are that all children should be Confident Individuals, Effective Contributors, Successful Learners and Responsible Citizens. To achieve this all children need to be **Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included**. These are known as the Wellbeing Indicators.

Additional Information

This pack is provided by the Health and Social Care Alliance Scotland (the ALLIANCE)'s Getting it right for every child (GIRFEC) project. Every effort has been made to ensure that the contents are accurate at the time of publication, but it is not intended that the contents are a full or definitive account of the law or policy. While the project is supported by the Scottish Government, the ALLIANCE is responsible for the content of the document.

The project aims to promote awareness about GIRFEC among children or young people who are disabled or living with long term conditions and their families, to help empower them to access and influence the support they need to achieve their desired outcomes and potential.

We hope that increasing awareness of the GIRFEC will build children and young people's own capacity and confidence to shape the support and services they require. The experience of children, young people and parents will be at the heart of this work and we will help ensure that these experiences inform how GIRFEC is implemented by reporting feedback we get from children, young people and their parents or carers to the Scottish Government.

Useful Contacts

| | | |
|---|----------------|---|
| ARC Scotland | 0131 663 4444 | https://arcscotland.org.uk/work-with-us/ |
| ChildLine Scotland | 0800 1111 | https://www.childline.org.uk/Scotland.asp |
| Children and Young People's Commissioner Scotland | 0131 346 5350 | https://www.cypcs.org.uk/ |
| Children's Health Scotland | 0131 553 6553 | https://www.childrenshealthscotland.org/ |
| Contact a Family | 0808 808 3555 | https://contact.org.uk/ |
| Enquire | 0345 123 2303 | https://enquire.org.uk/ |
| Health and Social Care Alliance Scotland (the ALLIANCE) | 0141 404 0231 | http://www.alliance-scotland.org.uk/ |
| One Parent Family Scotland Helpline | 0808 801 0323 | |
| Parenting Across Scotland website | | www.parentingacrossscotland.org/ |
| ParentLine Scotland | 0800 028 22 33 | |
| The Scottish Government GIRFEC web site | | http://www.gov.scot/Topics/People/Young-People/gettingitright |

These contacts are national helplines or websites that can be helpful to children, young people and their parents, they are not a comprehensive list and they do not, for example, reflect local or sector, or disability specific organisations.

Keep up to date

Our project has a website which will be kept up to date on progress made in implementing GIRFEC as that happens. <https://www.alliance-scotland.org.uk/policy-into-practice/getting-to-know-getting-it-right-for-every-child/>

Feedback

Part of this project involves getting insights from children and young people as well as their parents and carers to help provide feedback which may influence policy and practice.

If you have attended an information session, we will encourage you to complete a feedback form at the end of the session. The facilitator will collect these and we can use them to collate opinions and insights.

Contact us

If you have any questions or are interested in arranging free GIRFEC training from us please contact GIRFEC@alliance-scotland.org.uk

Resources

<https://www.alliance-scotland.org.uk/policy-into-practice/getting-to-know-getting-it-right-for-every-child/resources/>

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