

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

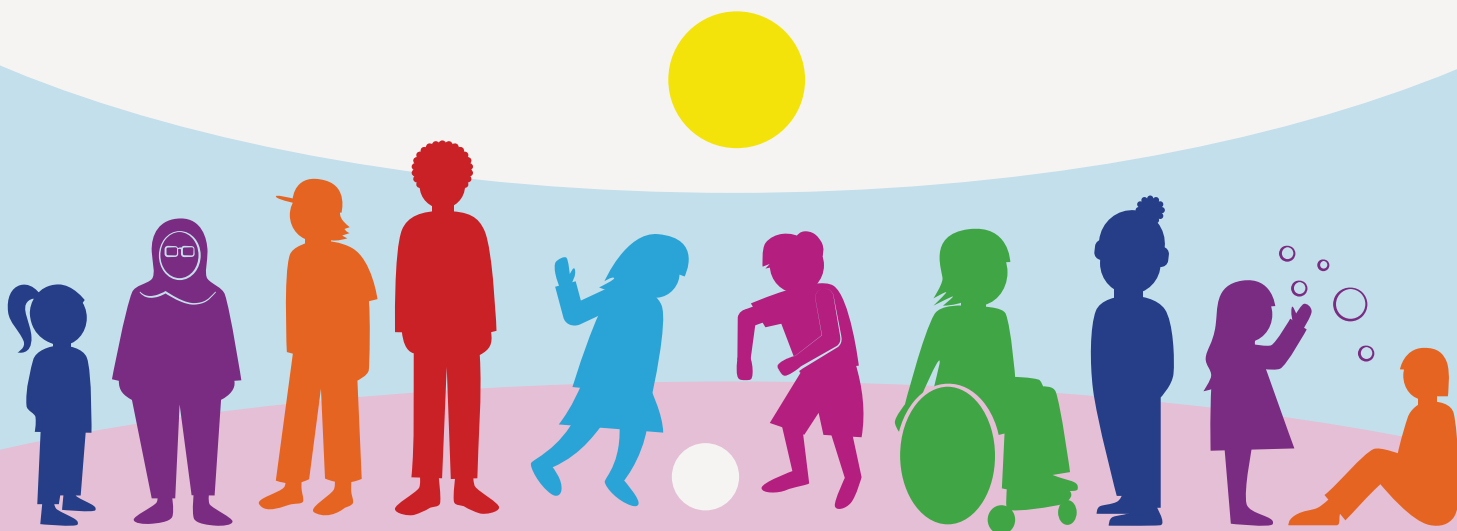


Parent and Carer Information Pack

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: Section 1

Learning Outcomes

At the end of the session, attendees will:

Have an increased knowledge and understanding of GIRFEC

Understand how to use the GIRFEC toolkit

Understand how to promote children and young people's wellbeing by using the GIRFEC approach

Have access to ALLIANCE GIRFEC materials and know where to find sources of support

GIRFEC Overview

What is GIRFEC?

GIRFEC is the Scottish Government's commitment to provide all children, young people and their families with the right support at the right time - so that every child and young person in Scotland can reach their full potential. It 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.

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. In September 2022, the Scottish Government published its refreshed national policy on GIRFEC and outlined how all sectors and services should work together, in a rights-respecting way, to ensure that all children, young people and families receive the right support, from the right people 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.

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

GIRFEC is a rights based approach and is underpinned with the United Nations Convention on the Rights of the Child (UNCRC) and other existing children's rights protections which will help to create a Scotland where all children and young people are recognised as individuals and rights holders, where their human rights are embedded in all aspects of society.

In summary, GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. Through a common understanding of wellbeing, recognising that children and young people need to grow up safe, healthy, achieving, nurtured, active, respected, responsible and included, so that they can become confident individuals, effective contributors, successful learners and responsible citizens. It is an evidence-based, internationally recognised and child-rights-based approach. It is locally embedded and positively embraced by organisations, services and practitioners across Children's Services Planning Partnerships, with a focus on changing culture, systems and practice for the benefit of babies, infants, children, young people and their families.



Values and Principles of GIRFEC

The GIRFEC approach is based on a set of values and principles 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.

The refreshed values and principles of GIRFEC include:

Placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them;

Working together with families to enable a rights-respecting, strengths-based, inclusive approach;

Understanding wellbeing as being about all areas of life including family, community and society;

Valuing difference and ensuring everyone is treated fairly;

Considering and addressing inequalities;

Providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential; and

Everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families.

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

GIRFEC: Section 2

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

What is a named person?

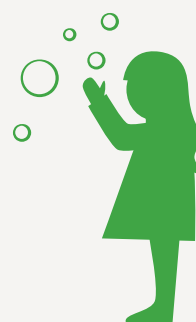
Children, young people and families need to know who they can contact when they need access to relevant support for their own or their child or young person's wellbeing. Within the GIRFEC approach, these foundations are carried out through the role of a named person who is able to provide a clear point of contact within universal services, if a child, young person or family want information, advice or help.

The support of a named person is available to all children, young people and their families. However, there is no obligation on children, young people and families to accept the offer of advice or support from a named person.

Who is a named person?

The named person is primarily provided by health and education services and is usually someone who is known to the child, young person and family and who is well placed to develop a supportive relationship with them.

Depending on the age of the child, a health visitor or senior teacher usually takes on this role. Before children enter primary school, the health visitor has the role, at primary school, the head teacher or deputy head, at secondary school, the head teacher or guidance teachers. The contact or named person functions are embedded into the role of these professionals because every child is offered a health visitor and all children and young people are offered a place in school. Should a child, young person or family require support from a named person outwith school term-time, contact should be made with their local authority. Local authorities should make contact details available for sources of support outwith term time. Access to support from a named person should remain in place until a young person reaches the age of 18 (or older if still at school). Additionally, an aftercare service for care experienced children and young people is a legal requirement under the Children and Young People (Scotland) Act 2014 which can work with young adults to the age of 25.



Who is the 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 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.

Once a wellbeing need has been brought to the attention of the named person, it is their responsibility to work together with the child, young person and their family, and other agencies if needed, to explore what support could be provided to address the identified wellbeing needs. 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. We will go over some of the tools used to assess the wellbeing of the child or young person shortly in the session.

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 named person 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.

What is a lead professional?

During childhood there may be circumstances where children, young people and families require the support of a child's plan. This is where a lead professional will be needed. 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 children and young people with disabilities or 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 the development and operation of a child's plan for the person.

Who is a lead professional?

The lead professional 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 or someone working within the third sector. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child or young person and their family. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role. Throughout a child or young person's journey, this person may change depending on the child or young person's needs, but there should always be a lead professional identified when there is a multi-agency child's plan.

What are the responsibilities of a lead professional?

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 plan, and to be their main point of contact regarding the plan. They should have the appropriate skills and experiences to coordinate all agencies involved in supporting a child and young person's wellbeing. 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 child's plan, other practitioners have responsibility to deliver their own agency's part of the plan. We will say more about planning for a child, young person or young adult later.

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 health visitor. Because of the complex range of services and specialist supports Charlie needed, he had a child's 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.

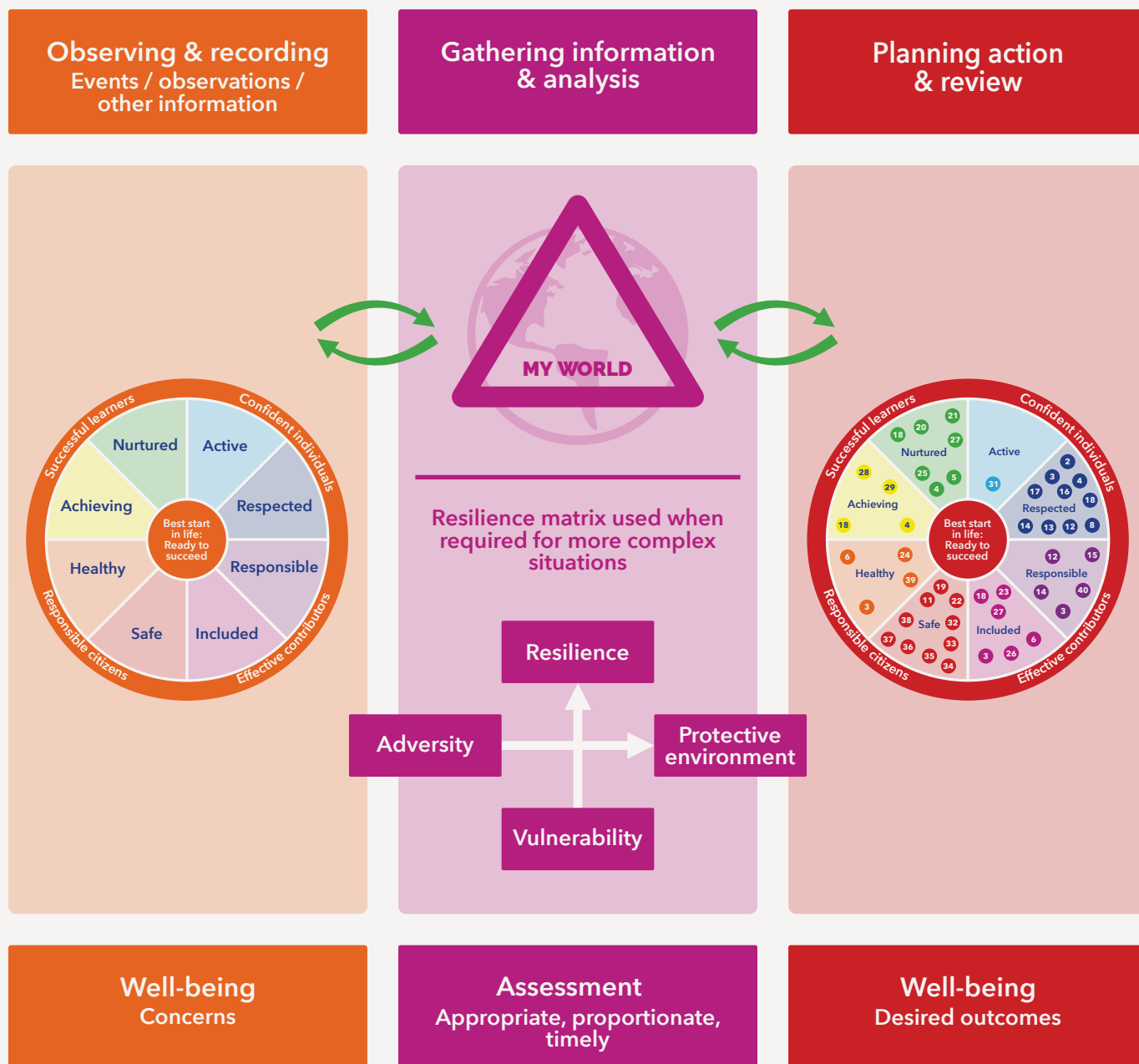
When Charlie started at the specialist nursery, the nursery head took on an increasing co-ordinating role and it was agreed that she should become his lead professional while his health visitor remained his named person and the Community Children's Nurse provided a link to the range of health services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



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.

National practice model



The National Practice Model, illustrated above, is a key GIRFEC tool to help practitioners, including named persons and lead professionals, 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 that is needed and appropriate to help this child or young person?

What can my agency or organisation do now 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. and can ask other services to help meet the child's wellbeing needs.

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; having opportunities to take part in activities such as play, recreation and sport, whether they are safe; growing up in an environment where they feel secure, nurtured and listened to, including freedom from abuse or neglect, or whether there are things that are getting in the way of aspects of children's wellbeing. Practitioners use the eight wellbeing indicators (SHANARRI) as the starting point of a conversation with children, young people and parents about the child's or young person's wellbeing. The wellbeing indicators (SHANARRI) 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.

GIRFEC: Section 4

The child's plan 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.

The child's plan

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 child's plan if that would benefit the wellbeing of the child, young person or young adult.

A child's 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 child's 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, a child's plan 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

A child's plan would support partnership working with the child, young person, young adult and parents.

A child's plan would promote more effective and efficient joined up working between practitioners and services.

A child's plan would improve outcomes for the person over and above the planning processes generally available.

A child's plan 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 child's 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 child's plan which is designed to meet the individual needs of each child.

Health authorities will usually be **responsible for coordinating and producing the child's 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 a child's plan 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 the child's plan. 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 a child's 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.



My World Triangle

How I grow and develop is where consideration should be given to factors in the child or young person's life relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing practitioners must think about many different aspects of their lives including: learning and achieving positive relationships with family and friends, self-confidence, independence and communication.

What I need from the people who look after me accounts for the critical influences of other people in the child or young person's life. Parents normally have the most significant role, but the role of siblings, wider family, teachers, friends and community is also important. Considering the inputs from people surrounding the child or young person can indicate where there are strong supports and where other supports are required. Practitioners must think about a range of factors including: everyday care and support, positive adult role models, knowing what is going to happen and when, and an understanding of family background, beliefs and culture.



My wider world reflects how the communities where children and young people grow up can have a significant impact on their wellbeing and the wellbeing of their families. The level of support available from a child or young person's wider family, social networks and within their neighbourhood can have differing effects. Practitioners must think about the local context including: employment, education, healthcare, housing and sense of belonging and safety.

The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

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 three 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 child's 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 child's plan should be aimed at supporting and developing these strengths, as well as being concerned with overcoming difficulties or filling gaps.



Resilience Matrix

With the right support at the right time, every child and young person can reach their full potential.

Resilience

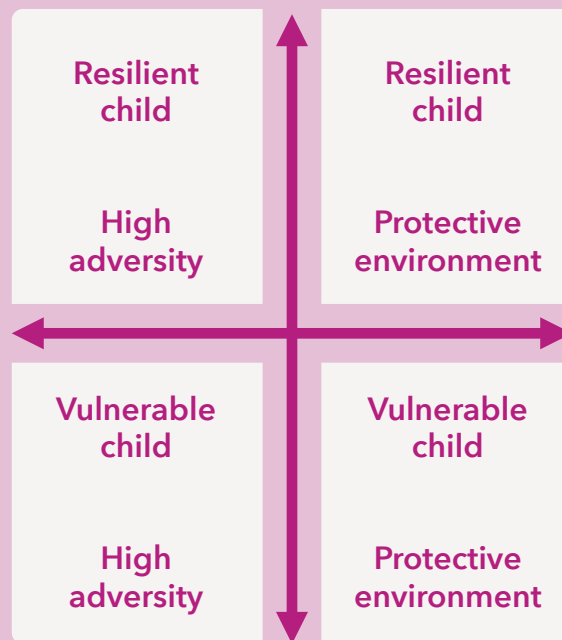
Characteristics that contribute to the child or young person's resilience, such as positive self-esteem, secure attachment, problem-solving skills.

Adversity

Factors in the child or young person's environment that can contribute to their vulnerability such as poverty, parental substance use, domestic abuse.

Protective environment

Factors in the child or young person's environment that protect from or mitigate against adversity, such as positive school experience, at least one supportive adult, community networks, leisure activities, family support.



Vulnerability

Characteristics that can contribute to their vulnerability, such as poor attachment, minority status disability, negative care experience childhood trauma, inconsistent/neglectful care, experience of abuse.

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

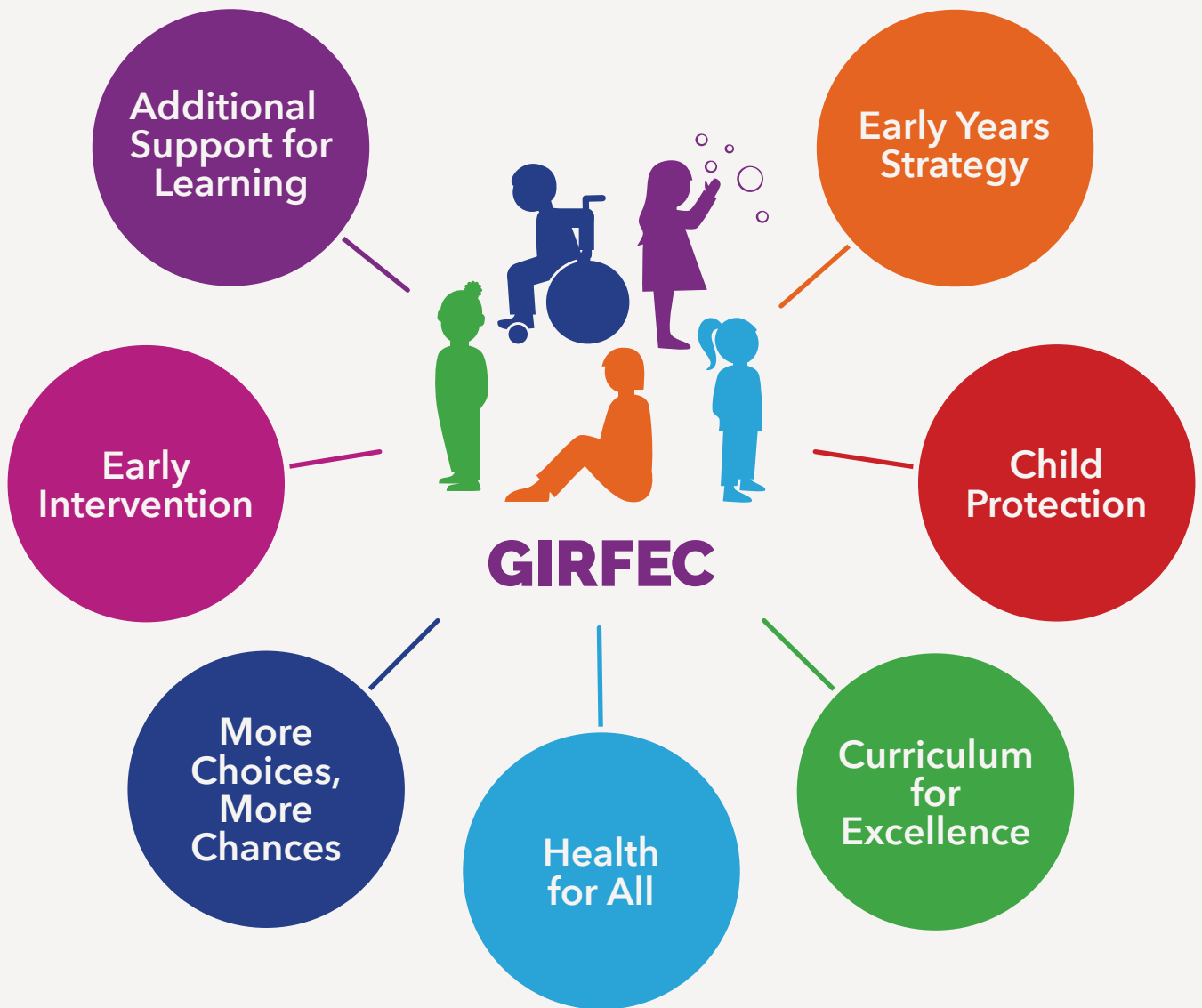
The United Nations Convention on the Rights of the Child (UNCRC) is the foundation of GIRFEC.

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 indicators (SHANARRI). These are children’s rights which keep the child at the very centre of the Getting it right for every child framework.

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.



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.

Breakout Activity

Think about a past experiences, or how you would plan for a future activity for children and young people:

If you were planning an activity for a group, think about the actions you would use to promote the child's wellbeing in preparation for, during and after this activity. Then have a look at the SHANARRI Wellbeing Wheel and think about where you could best map these actions against the wellbeing indicators.

Example: How would you make children feel safe and include?

If you have time...

What is missing? Think about what else you could do to help the child reach their full potential in relation to each of the indicators

Example: Respected - do you let children be involved in planning the activity/shape decisions which affect them?

GIRFEC: Section 6

Information Sharing Charter

Scottish Government have produced an Information Sharing Charter to help explain how you can expect information about you/your child to be managed and aims to make your privacy rights easier to understand. The charters explain how children, young people and families can expect information about themselves to be managed and aims to make their privacy rights easier to understand. On all occasions when information is shared, it should be shared proportionately and the purpose should be to offer help and support as early as possible.

Organisations and those who work within them must follow the charter which states:

- 1** We will explain, as much as we can, what we are doing with information about you/your child and why.
- 2** We will not put you under pressure to agree to share information. We will explain what information we need to provide a service and what services cannot be provided without some information being shared.
- 3** When your child becomes involved with our service, we will be clear about what information sharing will be necessary, with whom, why and what will be done with the information. For example, to help your child get support from another service, we might need to pass on some information about you/your child. In some situations, this may save you and your child repeating yourselves to lots of people.
- 4** We will not share information about you/your child further, or use it for anything that we have not told you about, unless we are concerned that a child may be at risk of harm. If we have to share information without your agreement, we will only share the minimum needed.

5

You have the right to ask if we hold information about you or your child, what we use it for, to ask for a copy of that information and to ask who the information has been shared with. If your child is 12 or over, they have the right to ask for information about themselves. If your child is under 12 they do not have this right in law but they can still ask. If we do not provide the information we will explain why.

6

We will keep information about you and your child accurate and up to date for as long we need it for the purpose for which it was obtained.

7

If you don't agree with information that we hold about you or your child, you and your child have the right to tell us and ask for it to be changed or deleted. We will consider your request and explain what happens next. If you are not happy with our decision you can complain to the Information Commissioner's Office ([Make a complaint | ICO](#)).

8

We store and process information about you/your child securely and protect it from being accessed or used when it shouldn't be, and from being lost or damaged.

9

We only keep information for as long as we need it for the purpose for which it was obtained. Every organisation has its own rules for how long they keep information before they must delete or destroy it.

10

We have a privacy notice that explains in more detail how we collect, store, use and share personal information.

11

If you think information about you/your child has not been managed correctly, you can tell us. If you're unhappy with our response or if you need advice, you can contact the Information Commissioner's Office ([Your personal information concerns | ICO](#)).

A similar Information Sharing Charter has been produced specifically for Children and Young People and is available to view on the [Scottish Government website](#).

Getting it right for every child glossary

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

Agency/agencies

In this suite of documents the term 'agency/agencies' means an organisation or business providing a particular service.

Child or young person

An individual who has not yet attained the age of 18 years.

Child protection

The processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child or young person may be at risk of harm from abuse, neglect or exploitation.

Child's Plan

A personalised child's plan is developed when those working with the child or young person and family identify that a child or young person needs a range of extra support planned, delivered and co-ordinated. The child's plan should reflect the child or young person's voice and explain what should be improved for the child or young person, the actions to be taken and why the plan has been created.

Getting it right for every child (GIRFEC)

This is Scotland's national approach to promoting, supporting, and safeguarding the wellbeing of all children and young people. It provides a consistent framework, shared language and common understanding of wellbeing. GIRFEC puts the child or young person at the heart and helps children and young people get the right support from the right people at the right time.

Family/families

Not all family units look the same. In this suite of documents the term 'families/family' can mean adoptive, biological, foster, kinship, extended, composite and others, for example settings and homes that have felt like family. Some children and young people may belong to more than one family.

Information/data

Data means raw facts and figures, and information is data that has been managed, put into a context, often in order to make sense of it. In the interests of avoiding overly complicated technical details, within this guidance, references to information or data should be taken to mean both, and refer to information about living individuals.

Parent

This document uses the term 'parent' within the meaning of section 15 of the Children (Scotland) Act 1995. The term 'parent' includes a person who is a genetic parent of a child, a parent by adoption, and those who are parents by virtue of Human Fertilisation and Embryology legislation. In this document, the term also embraces a person who has parental responsibilities in relation to the child or young person, who has care of the child or young person, or who is a guardian of the child or young person whether appointed by parents or the court.

Practitioner

In this guidance, practitioner means any person involved in working with children, young people and/or families, whether on a voluntary basis or through paid work. In addition to roles typically thought of as working with children and young people such as health visitors and teachers; this includes wider activities that work with children, young people and families, such as housing services or police.

Wellbeing

For the purposes of these guidance documents, wellbeing is a measure of how a child or young person is doing at a point in time and if there is any need for support. The eight wellbeing indicators (SHANARRI) provide a framework for assessment and planning in relation to wellbeing.

A more comprehensive list can be found on the Scottish Governments website: [Glossary - Getting it right for every child – Overall glossary – 2022 - gov.scot \(www.gov.scot\)](#)

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	www.opfs.org.uk
Parenting Across Scotland website (Parentline)	0800 028 22 33	www.parentingacrossscotland.org/
The Scottish Government GIRFEC website		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 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 an evaluation form at the end of the session. The facilitator will collect these and we can use them to collate opinions and insights (or if online you will be sent the link).

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/>

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,300 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding; with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.



ALLIANCE
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people at the centre

