

Practice Briefing 3
Using the *National Practice Model I*:
Identifying Concerns and using the *Well Being Indicators*

This is the third in a series of Practice Briefings that have been written to help practitioners and managers put *Getting it right for every child* into practice in their agencies. The Practice Briefings should be read in conjunction with the Scottish Government's *Guide to Getting it right for every child (2008)*, the *Guide to implementing Getting it right for every child (2010)*, and the *Getting it right for every child Evaluation Themed Briefings (2010)*, all of which can be found on the *Getting it right for every child* website. www.scotland.gov.uk/gettingitright

The *Guide to Getting it right for every child (2008)* spells out the Values and Principles of the approach, the key roles, the Core Components and the *National Practice Model*. These practice briefings are designed to provide further information on the roles of the *Named Person* and the *Lead Professional* and more detail on how to use the *National Practice Model*, including when children may be in need of compulsory measures. Further briefings will be added as *Getting it right for every child* becomes embedded and practice examples from across Scotland become available.

The Practice Briefings

Practice Briefing 1. The role of the *Named Person*

Practice Briefing 2. The role of the *Lead Professional*

Practice Briefing 3. Using the *National Practice Model I*: Identifying concerns using the *Well-being Indicators*

Practice Briefing 4. Using the *National Practice Model II*: Gathering information with the *My World Triangle*

Practice Briefing 5. Using the *National Practice Model III*: Analysing information with the *Resilience Matrix*

Practice Briefing 6. Using the *National Practice Model IV*: The *Child's Plan*: one child, one plan

Practice Briefing 7. The contribution of *Getting it right for every child* to the Children's Hearings System

The *Getting it right for every child* context and responding to concerns

A fundamental principle of *Getting it right for every child* is that there are clear and transparent ways of accessing advice and help. A guiding principle is that help should be appropriate to the individual circumstances. In many cases, the *Named Person* or another practitioner will be able to act quickly to provide the help that is needed.

Practitioners need to help children and families feel confident they can raise concerns and talk about their worries to people who will listen and respect their point of view. Children and families should feel that any worries will be taken seriously. This will demand sensitivity and awareness by practitioners of any cultural issues that might influence children's and families' perspectives. Children and families should also know that, if appropriate, action will be taken and help provided. Some of the worries that families have will be about their children's health or progress. But parents also worry sometimes that their children might not be safe in their school and community.

The *Getting it right for every child* approach should ensure that parents feel able to talk to a practitioner, usually the child's *Named Person*, in order to make sense of their worries and do something about them.

Gaining permission from children and families to record and share information about concerns

It is important that children and their families are fully involved in the sharing and recording of any information about concerns. Children, according to their age and understanding, and their parents or carers need to know what is being written down and what will happen to that information. Practitioners should ask their permission to share the information in accordance with local protocols and record these according to local recording practices.

Defining concerns

Children, families and practitioners can all raise a concern. which can be described in many different ways. A concern can be an event, or series of events or attributes, which affects the welfare, well-being, potential, or happiness of a child. This leads to

anxiety or unease in the person identifying the concern, which should be recorded.

Concerns can arise for a number of reasons, for example:

- a particular event (e.g. a child suddenly behaving unexpectedly at school; a domestic violence incident at the child's home) which, on its own, causes concern
- a pattern or cluster of events which cause concern when they are all put together but where any individual event might not cause concern if taken on its own
- an attribute or characteristic of the child or a fact about them which does not take the form of an event (i.e. something that might make them vulnerable, such as a child with a hearing or sight impairment or a child who has difficulty in managing their anger)
- an attribute or characteristic of someone associated with the child or a fact about someone associated with the child which does not take the form of an event (again something that might make the child vulnerable), such as a parent who is misusing drugs
- something about the child's environment that puts them at risk (e.g. a dangerous neighbourhood or being homeless)
- some combination of these factors – where concern arises because there is a constellation of concerns that makes the child vulnerable (e.g. a premature baby living in a household where there is domestic violence and limited income).

Anyone should be able to identify, record and share concerns at an early stage, without feeling they have to wait until a problem is evident or the family is in a state of crisis.

Using the eight *Well-being Indicators* to define concerns

In order to identify and record concerns in a consistent way, the *National Practice Model* uses the eight *Well-being Indicators*. These eight indicators represent the key areas that are essential to help children flourish. They provide a common language for all practitioners to note where children's well-being is not reaching the level it

should.

The eight *Well-Being Indicators*

Safe: protected from abuse, neglect or harm at home, at school and in the community;

Healthy: having the highest attainable standards of physical mental health, access to suitable health care, and support in learning to make healthy and safe choices;

Achieving: being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community;

Nurtured: having a nurturing place to live in a family setting with additional help if needed, or, where this is not possible, in a suitable care setting;

Active: having opportunities to take part in activities, such as play, recreation and sport, which contribute to healthy growth and development at home and in the community;

Respected :to be given a voice and involved in decisions that affect their well-being;

Responsible: taking an active and responsible role in their schools and communities;

Included: having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

Agencies will have developed their own systems of recording concerns using the *Well-being Indicators*. The *Named Person* in health and education (see Practice Briefing 1) has the means to record concerns within their record of a child's progress. In most other cases, agencies are developing ways of recording concerns, making

sure every agency uses the common language of the *National Practice Model*.

There are occasions when practitioners will need to make a judgement about whether emergency procedures to protect a child from harm need to be instigated. In these cases, it will be necessary to identify the concerns that have brought about the need for immediate action but also record concerns in other areas of a child's life if these are known.

Four main ways that concerns may trigger access to help

1. Where children or families wish to bring concerns to the *Named Person* or *Lead Professional*

Sometimes children and families may have a worry about the child that they wish to discuss with the *Named Person*, or they may wish to request a service they think would help resolve a particular issue. In these cases, the child and family should discuss the issue with the *Named Person*. The exception to this will be where a *Lead Professional* has already been appointed and a *Child's Plan* has already been drawn up. In these cases, such as where a child is looked after by the local authority, the *Lead Professional* will usually be the most appropriate person to deal with the request. However, a principle of *Getting it right for every child* is that children and families should be able to get help easily and as early as possible. In some circumstances, they may approach a practitioner they know and trust to contact the *Named Person* or *Lead Professional* on their behalf.

2. Where concerns are identified by the *Named Person* or others in a statutory agency

The *Named Person* will record concerns they have noted themselves to inform further action or practitioners in their own or other agencies might pass information to the *Named Person* to decide with them whether any further action is required.

Relevant agencies which may include health and other services working with services for adults, especially in health, need to take into account whether a patient is also a parent and whether that adult's condition will have an impact on the child. If they think it will affect children in the family, they should, normally, with parents'

permission, get in touch with the *Named Person*.

The principles of the *Children (Scotland) Act 1995* expect that parents have a responsibility to safeguard and promote the health, development and welfare of their children. Health and other services for adults have an obligation to collaborate with children's services to make sure parents get the best possible help to fulfill their responsibilities towards their children.

3. Where concerns are noted by individuals or non-statutory agencies or organisations outwith health and education

Concerns can be put forward to the *Named Person* by members of the public or community organisations, such as playgroups, sports and youth groups as well as by voluntary organisations. A youth worker, for example, might be concerned about a young person's behavior and feel that additional help is required that cannot be met by the service they are providing.. Other adult services are also included here. All of these practitioners should detail their concerns using the *Well-being Indicators*, and the evidence on which they are based, in the same way the *Named Person* would do and use the procedures in their agencies to check information they hold about the child. They would should also check out their concerns and the evidence for these with their managers, as well as discuss these with the child and family provided this does not place the child at risk of harm. They will then inform the *Named Person* for the child. In most cases, the *Named Person*. the person who has noted concerns and the child and family will decide together what further action is to be taken.

In a minority of cases, where the child's immediate safety is an issue, local child protection procedures should be followed.

4. Concerns noted by the police

Police in their day-to-day duties may identify or be notified of concerns for a child or young person. It may be that the activities of adults in their lives is having an impact on their well-being, such as alcohol or drug misuse, chaotic lifestyles of the parents/carers or domestic abuse within the family home. It may be that the child or young person is placing themselves at risk of harm by alcohol or drug misuse, regularly running away from home, involved in anti-social or offending behavior or

associating with adults who may pose a risk to them. In other situations a crime may have been committed against a child or young person, or they may have been abused or neglected in some way.

No matter what the concern, information will be gathered, recorded and shared with the *Named Person* or *Lead Professional*, other appropriate people who are involved with the child or young person or those who may need to be involved as a result of the concerns identified.

If a police officer thinks from his or her observations that a child is at immediate risk of harm and the child or young person is in need of protection, the police may use emergency powers to remove the child or children from this situation and child protection procedures will be followed. In this situation the concerns identified will also be recorded and shared with the *Named Person* for the child or young person and the *Lead Professional* if one has already been appointed. The Children's Reporter will be notified about any child protection investigation and its outcome (see Practice Briefing 7. *Getting it right for every child and the Children's Hearings*).

What happens to concerns once they have been identified?

What happens to the concerns will very much depend on the nature of the issues and their impact on the child. It is possible to identify the different routes and processes from the point of identification of concerns and their impact on a child to the formulation of a single agency plan or a multi-agency *Child's Plan*.

Getting from identification of concerns to providing appropriate help will always involve some gathering of information and analysis of need before a plan can be put in place. In some cases, this can be done very quickly with minimum paperwork. In other cases, a great deal of information will need to be gathered and analysed to get the complete picture. In any circumstances, practitioners can offer help in the meantime. Having to gather complex information should not preclude immediate help being offered.

There are five questions practitioners will ask themselves at the point where a

concern has been identified and recorded. These are:

- **What is getting in the way of this child or young person's well-being?**
- **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 can my agency do now help this child or young person?**
- **What additional help, if any, may be needed from others?**

Using the concerns to provide additional help

It may be at this point that there is sufficient information in relation to the child's well-being to draw up a single agency plan and provide help for the child and family immediately.

In other circumstances, the concerns may indicate a need for additional help from other agencies as part of early intervention which can be co-ordinated by the *Named Person* taking on the role of *Lead Professional*. Requests for such help should be based on assessment and a recorded in a plan

If the concerns indicate the need for more information or requires action of a more serious nature, the *Named Person* may wish to hand over the co-ordination to a *Lead Professional*. The *Lead Professional* will use the recorded concerns to provide foundation material for a fuller assessment using the *My World Triangle* and any specialist assessment tools (see Practice Briefings 1 and 2).

Endnote

Identifying concerns is only one place in the *National Practice Model* where the *Well-being Indicators* are used. They are used again at the stage of formulating and reviewing the *Child's Plan* (see Practice Briefing 6 and 7).

Getting it right for every child team

The Scottish Government

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