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getting it right for every child

Changing Professional Practice and Culture to Get it Right for Every Child

An Evaluation of the Development and Early Implementation Phases of *Getting it right for every child* in Highland: 2006-2009

The Scottish Government

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The Scottish Government, Edinburgh 2009

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Executive Summary

1. The national programme

Getting it right for every child is a national programme that aims to improve outcomes for all children and young people in Scotland. It seeks to do this by providing a framework for all services and agencies working with children and families to deliver a co-ordinated approach which is appropriate, proportionate and timely. While the Core Components of *Getting it right* reflect and build on existing good practice across the country, it is also recognised that developments of this breadth and magnitude will necessitate a long-term commitment to changes in systems, practices and professional cultures.

The development Implementation Plan for *Getting it right* was published in June 2006. It outlined a development strategy for streamlining children's records, assessments and action plans, the development of national practice tools, training materials and guidance, the development and pilot testing of a prototype electronic solution to facilitate information sharing across children's services and a communication strategy for keeping managers and staff working in children's services informed of developments. In addition, two pathfinder projects were established to help shape, develop and test the practice tools and training materials and to inform the development of national guidance for *Getting it right*.

2. The pathfinder projects

The Highland pathfinder, located in Inverness and its hinterland, was formally launched in September 2006 with a remit to address all aspects of children's and young people's needs from birth through to eighteen and encompassing not only all children's services but also those other services and agencies whose work significantly affects the lives of children and their families. The development phase focused on awareness raising for stakeholders and operational managers and staff, streamlining the governance and strategic planning structures and developing and trialling an appropriate practice model with supporting tools and guidance, training materials and mechanisms for sharing information within and across children's services. The implementation phase began in January 2008 with multi-agency training for operational managers and Lead Professionals. The roll-out across Highland began in the spring of 2009, although some aspects of the practice model had been rolled out earlier.

The second pathfinder project became operational in 2007 and was designed to test the implementation of the *Getting it right* approach in response to a single issue or theme: meeting the needs of children and young people living with or affected by domestic abuse. Pathfinder areas were identified in four local authorities: Dumfries and Galloway, Edinburgh City, Falkirk and West Dunbartonshire.

3. Structure of the *Executive Summary*

This summary is based on the overview report on the development and implementation phases of the Highland pathfinder. A later report will focus on the development and implementation phases in the single issue pathfinder areas.

It does not summarise the main report section by section, instead integrating the emerging common patterns by:

- highlighting the signs of progress that have been identified over the course of the development and implementation phases;
- identifying key learning points for mainstreaming *Getting it right* across Highland and in other parts of Scotland; and
- outlining some of the ongoing challenges and areas for development that still need to be addressed.

Consequently this summary does not sequentially follow the chapters in the main report.

4. Sources of data

The findings summarised here are drawn primarily from:

- Interviews and focus group discussions with strategic and operational managers and frontline staff working in the universal and specialist services for children and families.
- Follow-up surveys across a larger response staff base.
- Observations of a sample of meetings where children's needs were assessed and plans developed.
- Observations of a sample of training sessions for managers, Lead Professionals and Named Persons.
- Interviews and case study analysis of a sample of children, young people and families.
- Analysis of samples of completed Records and Plans for children and young people with a diversity of needs and concerns.

5. Signs of progress and key learning points for improving outcomes for children and families

Improving outcomes for children and families: Outcomes are results and within the context of the *Getting it right* approach we would expect to see them manifested in terms of the changes that take place in children and young people's lives as a direct result of the actions taken by the relevant services and agencies; the longer-term consequences in terms of their life chances and choices when they are older; and the level of service-user satisfaction experienced by those children and young people and their families as a result of the ways in which they were helped and supported. The report drew on data collated by the different services in Highland for statistical returns to the Scottish Government and for measuring the impact of their Children's Services Plan. It also draws on an analysis of the experiences of just under 100 children and young people who were tracked through the system.

SIGNS OF PROGRESS	LEARNING POINTS
• The rate per 1000 of children (0-15) on the Child Protection Register has fallen from 3.0 to 1.5 since 2005. • The rate of registrations per 1000 has fallen from 2.5 to 0.8 over the same period.	These trends primarily reflect the raised awareness following child protection inspections undertaken in Highland over the last four years. However, more recently it was agreed in Highland that the *Getting it right* approach

• The rate of child protection referrals has also been falling over that time scale. • The proportion of case conferences leading to registration is considerably higher than in Scotland as a whole. • The proportion of children on the Register with repeat registrations has fluctuated over the last four years but began to fall in 2008.	should also be followed in Child Protection cases and, although it is too soon to measure the impact of this, it would be anticipated that this would lead to a more holistic approach to assessment and planning which addressed not only the child's safety but also his or her other unmet needs.
Other indications of child safety, including provision for child protection, Looked After children, accident prevention and anti-bullying policies in schools indicate that children and young people in Highland are safer than they were four years ago.	The reliability of the mechanisms for monitoring incidents of bullying in schools and when travelling to schools varies from school to school and more could be done to identify and disseminate examples of good practice.
An analysis of three tranches of non-offence referrals by police in the pathfinder area to the Reporter's Office and to social work and the universal services indicates that non-offence referrals from this source have been reduced by between 70% and 75% in the last two years. Over the same time period: • The number of reports requested by the Reporter which were submitted within the target time has increased; • The number of new supervision requirements has increased; • The proportion of children seen by supervising officers within 15 days is now 100%	The main consequences of these trends for children and young people have been: • A more proportionate response by police and social work to concerns; • Social work, schools and health are producing fewer reports for the Children's Reporter; • An assessment and plan is put in place more quickly for those who are not referred to the Reporter but for whom concerns still exist that may require additional or multi-agency support.
The length of time Looked After children have been waiting for permanent and adoptive placements has been falling over the last four years. The proportion of children in kinship care placements has increased slightly. The number of children and young people with a history of offending who have residential school placements has been falling. The length of time that children are accommodated away from home is now beginning to fall.	These trends are a result of changes put in place over the last five years or more. The significant added value of the *Getting it right* approach here has been in: • better integrated and more holistic planning to meet a wider range of unmet needs; • a greater emphasis on engaging the young people in the planning process; • a greater emphasis on helping the young people to take ownership of that plan; • greater help with handling the transition from care to adult life.
The health targets for 0-5 year-olds will be met by 2010 with the possible exception of reducing the number of expectant mothers who smoke. The performance of the lowest attaining 20% has been consistently above the average for Scotland as a whole.	Essentially these are population measures and while they give a good indication of the extent to which Highland has met its priority targets for its last Children's Services Plan, they are less effective in terms of measuring the specific impact that the *Getting it right* approach has on individual children and young people.

Significant progress has been made in terms of improving access to respite care, Sure Start support (or equivalent) and support for young carers.	
There has been a significant decrease in exclusions from secondary schools as alternatives have been increasingly employed, although exclusions from primary schools are increasing.	
The attainment levels of Looked After children, particularly those living away from home, and children from ethnic minorities are improving.	

Service User Outcomes: A clearer picture of whether the new processes and procedures are improving the circumstances of children and young people can be obtained from tracking them through the system. Work is still ongoing with case studies of children, young people and families receiving support from a wide range of services and agencies and at varying levels of need.

SIGNS OF PROGRESS	LEARNING POINTS
The analysis of the records, plans, reviews and experiences of 97 children and young people showed that: • There was evidence of clear progress towards their intended outcomes in two-thirds of the cases analysed. • In a further 20% of cases there was evidence that situations involving children and young people that had previously been escalating had now been stabilized but their needs were so complex and multiple that more time was needed before evidence of significant changes in their Well-being Indicators could emerge.	There is a cumulative impact here of many changes that have taken place in recent years in terms of professional practice in children's services and in terms of the resourcing of a range of different interventions for addressing many of the concerns and unmet needs confronting children and young people. Nevertheless it is also clear that the gradual shift to an outcomes-led approach, the greater clarity in specifying the intended outcomes and the fact that review meetings increasingly focus on progress and not just on whether the actions in the plan have been carried out, are making an important contribution to ensuring improved outcomes for children and young people.

6. Signs of progress and key learning points for changing professional practice

Changing Practices: changing or improving the repertoire of established ways of proceeding when concerns have been raised about a child, young person or family

SIGNS OF PROGRESS	LEARNING POINTS
The procedures and pathways that are now followed by professionals working with children and young people in the pathfinder area are more rational and streamlined.	Business process mapping of the different paths and routes that a child takes from single to multi-agency support and from universal to specialist services has played an important part in identifying: • duplication of procedures and processes;
When a concern is raised about a child that requires multi-agency support, A Child's Plan meeting is now the norm instead of	

different agencies holding their own planning meetings around different needs and concerns.	• barriers to the delivery of appropriate, timely and proportionate support. This in turn has contributed to strategic managers buying into the changes proposed.
Staff working with children in the pathfinder areas are now using the same tools processes and procedures, with growing evidence of convergence of stronger shared multi-agency thinking and use of language across agencies at each stage of support provision.	The training provided has been critically important here for two reasons: • It has been multi-agency; • It has been workshop-based with a focus on using the new tools and processes to work through cases and typical scenarios. Monitoring and quality assurance by operational managers and the development team has also been important during the implementation phase to ensure not only that the new tools and processes were being employed but also that they were being applied as intended.
Every child and young person in the pathfinder area has a Named Person in health or education responsible for making sure that the child has access to the right help to support his or her development and well-being. Every child and young person who requires additional help and support from more than one agency has a Lead Professional who co-ordinates the planning and ensures that the different services provide a network of support around the child. There is growing evidence that children's needs are being identified at an earlier stage by Named Persons and this is enabling the Lead Professional to get the necessary support in place much more quickly. There are also clear indications that the role of the Lead Professional is contributing to a more focused response to children's needs and concerns. The input from the child's Named Person is proving to be critical in facilitating the transition from single- to multi-agency support. Understanding of the Named Person responsibilities at this interim developmental stage is still bedding in. There is still uncertainty remaining among Named Persons about this role, particularly about the implication of when they are required to adopt the Lead Professional role.	Staff who have taken part in the training for Named Persons and Lead Professionals were more likely to: • document the decisions that have been taken; • ensure the evidence for taking these decisions are recorded; • go beyond the immediate concern that has been raised to take into account where there is a wider range of unmet needs; • demonstrate a clearer link between assessment and planning; • specify the intended outcomes and what would constitute evidence of progress in the achievement of those outcomes. Quality assurance and self-evaluation processes are also being developed to benchmark the new practices and ensure that these become the norm. Opportunities for staff to meet periodically to reflect on the practice change process and explore ways of building this into the continuing professional development of those who work in children's services enhance the processes and help embed them. Building good working relationships between Named Persons and Lead Professionals is critically important to effective assessments of needs and planning. This is particularly the case where Named Persons are not fully confident about multi-agency working where this is required of them, and is likely

	to impact on the stage of intervention.
The early feedback from families and children and young people indicates that they: • feel more integrated into the planning process; • appreciate having access to someone with a clearly identified lead role; • feel that they are now more aware of when things are happening and what the processes are likely to involve.	It has become the norm to invite the child and family members to planning and review meetings. A solution-focused approach to those meetings is also proving important in engaging children and families in the whole process. But a step-change is also needed where staff come to recognise the value of working with the child and family to find appropriate and proportionate solutions and building on the strengths that have been identified in the assessment process. It is also important to ensure that Lead Professionals have the skills and tools to engage effectively with children and young people, particularly those under eight.
The process of gathering and sharing information about children's and young people's needs is now more consistent. The quality of information being shared across children's services has improved to a significant extent during the pathfinder phase. Staff raising a concern about a child or young person report that they are becoming more confident about giving reasons and evidence to support their concerns.	Improved information sharing is helping to highlight that the initial concern raised about a child or young person, and the initial interpretation of that concern, may not necessarily be the significant one(s). This leads to a more accurate understanding of needs to be addressed and increases the likelihood of the support offered being more appropriate and proportionate. Broadening the range of services providing and receiving information about a particular child is helping to produce a more holistic picture of that child and his or her unmet needs.
The language of tariffs, thresholds and levels has not disappeared entirely but is less common in inter-agency discourse. There is growing evidence that staff are becoming more confident and competent in: • using the Well-being Indicators to structure their concerns and guide their assessment; • using the My World Triangle to understand the strengths and pressures in a child's world that impact on that child's development and well-being; • supporting their professional judgments with evidence derived from their analysis of the impact that these strengths and pressures are having on each child or young person, though the Resilience Matrix tool remains underused as yet. • Staff reports and analyses of records indicate that the use of the *Getting it right* tools is linked with the production of better quality assessments.	While the training has been important in supporting the change process it is also critically important to reinforce this with effective quality assurance and self-evaluation processes and mentoring by experienced staff, particularly those who have been engaged in the development and trialling processes. Generally we found that staff who use the new processes and tools on a regular basis mostly adapt their practice quickly and effectively. Those who need more support are the ones that only use the tools occasionally and may only act as a Named Person or Lead Professional on an occasional basis. Ultimately the primary aim of the training, CPD, mentoring and quality assurance is not just to get staff to use the new tools and follow the intended pathways, it is to get them to apply these tools and process in an analytical way in order to critically assess the impact which the concerns are having on the child's growth, development and well-being.

7. Ongoing challenges and areas for further development in changing professional practice

- Changes of this magnitude and scope take at least three years before they are embedded in the practices of the majority of staff and even then there is a need to develop effective induction programmes for new appointments and to ensure that developing quality assurance and self-evaluation procedures are in place to provide feedback to staff.

- Business process mapping needs to be re-visited after the changes have been implemented to check whether new barriers and areas of duplication may have emerged.

- Engaging professional staff in the mapping process may be an effective way of persuading them of the need for changing and generating a sense of ownership of the new processes when they have been implemented.

- The Well-being Indicators are widely understood and have become embedded in the way staff in children's services within the Highland pathfinder structure their concerns about children, assess their needs and plan and deliver support. However, the evaluation of samples of records and plans indicates that there remains a lack of understanding about the inter-relationship of all the Well-being Indicators and the importance of them all in helping children to achieve their full potential. Not surprisingly, the main focus is on the *Safe* and *Healthy* indicators, but it is important to go beyond these, as soon as there is confidence that these have been addressed. This may need to be addressed in the training and quality assurance processes.

- Much of the focus during the development and implementation phases of pathfinder activity has been on the practice model. However, for those children and young people whose needs are met by the universal services and do not require specialist or targeted support, the key document is the record held by each service and, in particular, its functions as a means of monitoring progress towards each child's developmental milestones and picking up early signs of any emerging problems and concerns. Issues of access and sharing information are being addressed through the development of a virtual electronic system and a Multi Agency Store. But the key question here is whether the records, taken together, can provide practitioners with a holistic picture of each child's development, should the need for this arise, and provide the required quality of evidence-based information in the record on which to platform the multi-agency intervention most effectively when required.

- The evaluation of a sample of records and plans for children and young people with a diversity of needs showed that some practitioners need further support in:

    - completing chronologies around significant events and not just the dates of the actions taken by services;
    - analysing how the evidence gathered around the three sides of the My World Triangle is impacting on the child;
    - using the Resilience Matrix;
    - specifying children's outcomes, with some staff still tending to refer to actions rather than outcomes.

- One of the potential advantages in using the Resilience Matrix would be that it helps staff to focus on how best to achieve long-term outcomes for the child. This is particularly apposite with outcomes related to the child's well-being. The Matrix could help staff to clarify the link between the more immediate and short term outcomes of a plan of action (such as improved attendance at school) and longer term outcomes relating to achievement and inclusion. However, we saw very few examples of its use, even for highly vulnerable children with complex life circumstances and multiple needs. Assessing resilience is complex, involving skill, experience and sensitivity. It possibly requires more training than was provided for in Highland's basic programme.

8. Signs of progress and key learning points for changing professional cultures

Changing professional cultures: bringing about a shift in the prevailing institutional and individual values, operating principles and established norms or ways of working together across agencies and services supports and reinforces changes in systems and practices.

SIGNS OF PROGRESS	LEARNING POINTS
There are clear signs that a sense of ownership of *Getting it right for every child* is emerging amongst professionals working with children and young people. This is most evident in social work and amongst a range of cross-agency workers. It is developing more slowly and more variably within the universal services and some specialist services but it is to be expected that this sense of ownership would take longer where: • Staff only use the new processes occasionally, or • Use additional tools and processes for specialist assessments.	One of the critical factors in developing this sense of ownership has been the fact that so many strategic and operational managers across the children's services have bought into *Getting it right*. Another critical factor has been the role that a vanguard of staff who were actively engaged in the trialling process has played in encouraging and supporting their colleagues to adapt to the changes and new processes.
The notion that help for children should be timely, appropriate and proportionate is widely accepted across the pathfinder area as a guiding principle for their work.	Two parallel shifts in professional culture have been emerging in the pathfinder area: • staff in children's services are increasingly recognising that a central part of their professional responsibility and identity is that they work with children and in order to do that effectively, need to understand the whole child; • staff working together are moving away from the use of labels such as pupil, young offender, Looked After child, in order to see the child in the round. While, initially, some practitioners thought that the *Getting it right* approach might impact negatively on their professional identities, in practice this fear has diminished. This is partly because of the training, partly because of a year's experience of using the new processes and
A common language around the Well-being Indicators and the My World Triangle is now understood and widely used across the services and agencies.	
The language of tariffs, thresholds and levels has not disappeared entirely but is less common in inter-agency discourse.	

	partly because of the pre-*Getting it right* developments in Highland towards integrated children's services.
The level of inter-agency trust is much higher than was apparent at the beginning of the pathfinder phase.	This has been supported by agreed data sharing protocols but it is also apparent in the fact that specialist and targeted services are now becoming more willing to see the universal services as the appropriate providers of support for children and young people with a range of additional needs.
There is a growing perception within the children's services workforce in the Highland pathfinder area that the effectiveness of integrated working needs to be measured in terms of the outcomes for the child and young person rather than in terms of whether or not the specific service outputs were delivered.	*Getting it right* is an outcomes-led approach to delivering children's services. It is important therefore that steps are taken to review whether existing procedures for collecting and reviewing data on children and young people provide the kinds of evidence needed, in order to judge whether changes in systems and practices are leading to improved outcomes for children and young people.

9. Ongoing challenges and areas for further development in changing professional cultures

- There now needs to be a period of checking for consistency and establishing benchmarks for good practice to ensure that the initial progress is sustained and that concerns continue to be raised about children in ways that are timely and appropriate and ensure a proportionate response.

- A package of support measures needs to be put in place – training, quality assurance and mentoring of staff – that will ensure that all professionals involved in assessment and planning for children are skilled not only in using the new tools but also in analysing and interpreting the resulting evidence in order to determine what would be the most appropriate interventions for a particular child.

- As individual practitioners and multi-agency teams become more creative and innovative in the way that they seek to address children's unmet needs they will tend to opt for actions and support mechanisms that were originally intended for a small number of children and young people with very complex needs or experiencing a major crisis in their lives. This becomes particularly challenging when resources are scarce. In such circumstances some practitioners and operational managers either want to re-introduce thresholds and criteria or apply them tacitly. The alternative response to this challenge is:

    - to ensure that the shared professional culture does more than pay lip service to the principle of early and timely intervention so that children get support before crisis intervention is needed;

    - to ensure that the assessment processes are thorough and evidence-based and therefore lead to actions taken on behalf of the child which are demonstrably appropriate and proportionate.

The shift in professional culture envisaged in *Getting it right* is most likely to happen where individual practitioners are not only trained to apply the new processes and procedures but also have an overview of what *Getting it right* is seeking to achieve. This then drives their thinking about how best to respond to children's unmet needs and concerns.

10. Signs of progress and key learning points for strategic and systemic changes

Systemic and Strategic Changes: changing or improving the ways in which structures, policies, IT systems, stakeholders and strategic management plan, guide, support and co-ordinate the change process in children's services.	
SIGNS OF PROGRESS	**LEARNING POINTS**
Focus groups, interviews and questionnaire surveys with a wide range of strategic and operational managers, frontline professionals and other stakeholders, including children, young people and their families, indicate that the vision behind *Getting it right* is now well-embedded in the pathfinder area. That vision is wide-ranging. It incorporates the **aims and objectives** of *Getting it right*, i.e. that every child has the right to be safe, nurtured, healthy, active, respected, responsible, included and supported to achieve their full potential and that this will, in turn, help to ensure that every child is confident, an effective participant, a successful learner and a responsible citizen. However, the vision also includes **the means by which these aims and objectives will be achieved**: a commitment to change the way services and agencies work together and in partnership with children, young people and families to ensure that every child gets the help she or he needs when they need it and for as long as they need it. While some operational managers and key workers in children's services initially thought that *Getting it right* was targeted mainly on the most vulnerable children and young people that perception has now receded and *Getting it right* is now widely perceived to be having a significant impact on universal provision as well.	A communications strategy was needed which communicated the vision behind *Getting it right* as well as informing the stakeholders about the specific changes to systems and practice that were planned and when they would be implemented. The breadth and scale of the potential impact of *Getting it right* on so many services and agencies meant that it was essential that all stakeholders had an overview of the planned developments in addition to information about how these changes would affect them directly. Without a shared overview there was a risk that each service, agency and stakeholder group would have a fragmented view of *Getting it right* shaped primarily by the priorities of their own agency, department or post.
The Chief Officers and the other Lead Officers in the more targeted and specialized services working with children and families have all bought into the vision and the implementation plan for *Getting it right*.	While the championing of *Getting it right* by the Chief Officers sent out a clear and consensual message to all the stakeholders and to managers and staff at every level it was essential, particularly in the early days of the pathfinder, that Chief Officers and Lead Officers also ensured that: • pathfinder developments were effectively integrated with other policy

	initiatives within their services and agencies; • conflicts relating to joint working (e.g. over sharing confidential information or over responsibilities for co-ordinating action) were quickly and effectively resolved.
Health board members have also bought into *Getting it right.* This has also been the case for the local elected representatives. This is a development which has had cross-party support from the outset and strong links with the Community Planning Partnerships.	This has been particularly important at three levels. Elected members have had an important role to play in: • explaining the thinking behind *Getting it right* to local service-user groups; • establishing important links between the pathfinder and strategic committees; • ensuring that committees and strategic managers involved with services for adults were kept aware of key developments in children's services.
The development work and implementation of *Getting it right* in the Highland pathfinder was undertaken by a team seconded from the various services and agencies working with children and families. The secondments were full-time for the duration of the pathfinder phase. This was jointly funded by Scottish Government and the agencies which make up the Highland Community Planning Partnership. The time required for development work, establishing multi-agency links, consultation with practitioners and operational managers, trialling new tools, procedures and protocols, organizing training and reporting on progress was extensive. It is difficult to see how this could have been done across all children's services without staff from different services being freed up to do this on a full-time basis.	Several organisational changes were also introduced to support the development team and to facilitate the implementation process in the pathfinder area. These included: ***Reference Groups*** were set up in each service and each sector comprising operational managers and senior practitioners who had a mediating function between the development team and the operational staff in each service/sector. ***Multi-agency strategic planning groups*** were established around priority themes, examples of which included Looked After children, youth justice, early years and childcare, disabilities and mental health issues. ***Integrated Service Officers***, formerly Senior Family Liaison Officers, were delegated to oversee the interface between universal and targeted services and to take on a quality assurance role to ensure consistent standards of support were provided to children and young people. ***Local Service Managers Groups*** who became involved whenever the requirements of a child's plan could not be met from within area resources or where there were disagreements between professionals and agencies about the most appropriate and proportionate response to a child's needs.
Prior to the pathfinder phase a broadly-based governance and strategic planning structure had emerged in Highland specifically designed to co-ordinate policy for children's services and facilitate joint planning and decision making between the	The inclusiveness of these structures has been an important factor in ensuring that all the relevant stakeholders supported the planned changes. Also the elected members have acted as a link between all the key strategic

local authority, the health board, the police, the Children's Reporter's Office, the voluntary sector and other stakeholders, including groups of service users. This has continued to operate during the pathfinder phase and has played a key role in supporting pathfinder activity.	committees on the council and health board and the pathfinder and the wider process of integrating children's services across Highland.
Strategic links between the pathfinder development team and other developments and initiatives impacting on children's services have reduced the potential for duplication and overlap of effort.	These Strategic links have been particularly important at two levels: • **managing the key transition points**, e.g. from health to nursery, nursery to primary, primary to secondary and children's services to adult services. • **reducing the likelihood of parallel pathways** emerging for the assessment and recording of children's needs and the development of appropriate plans.
When a transformative change process such as *Getting it right for every child* involves pathfinder activities across so many different services and agencies and so many practitioners being asked to respond to new demands and take on new responsibilities, then it can be particularly difficult to manage expectations. Some agencies rolled out specific tools, pathways and procedures before the pathfinder process had been worked through which meant that they were being used in a multi-agency context with staff in other services who had not yet been asked to adopt new practices. In other instances some staff started using new tools and pathways without waiting for the trialling process to be completed.	While the Strategic Chief Officers Group can reduce the likelihood of each agency rolling out some aspects of the new processes ahead of time it is also the case that operational demands within services and the fact that the administrative boundaries for different agencies may not be co-terminous can still present problems. Again it is important that the planning and management of the change process is co-ordinated at a multi-agency level in order to better predict the possible implications for other services and plan accordingly. At the individual level it is important that operational managers introduce some degree of quality assurance during the development and implementation phases to identify where practitioners may be using developmental tools and pathways inappropriately.

11. Ongoing challenges and areas for further development in strategic and systemic changes

The main challenge now is to ensure that the infrastructure and mechanisms for governance and strategic planning currently in place are appropriate for ensuring that the *Getting it right* approach will be effectively embedded across the whole of Highland as part of the roll-out.

Much will depend on how the following three challenges are addressed:

- To a large degree, the pathfinder area is predominantly urban where contact between services and agencies tends to be easier, there can be some co-location of multi-agency teams and service-users access to services is reasonably good. It remains to be seen to what extent the systems and procedures that have been developed can operate as smoothly in more remote rural areas.

- In a period where budgets are even more constrained than during the pathfinder phase, whether there will be more pressure on the Service Manager Groups to focus on inputs and outputs or whether they will still be able to sustain an outcomes-led and holistic response to children's needs.

- The set of challenges around whether further development work might be needed during the roll-out phase, with the key issue here likely to centre on the use of information technology. Throughout the pathfinder phase the health visitors and school nurses have been using a paper record. This is large and unwieldy. It has always been assumed that an electronic version would be developed that would be easier and quicker to use with drop-down menus and a user-friendly navigation system. However, if and when this kind of electronic record becomes available it will impact on practice in ways that are as yet difficult to predict. For example, it may need to be piloted with a small group of professionals before rolling out to all health visitors and school nurses.

12. Ongoing challenges and areas for further development in improving outcomes for children and young people

- In a minority of cases review meetings still focus primarily on discussing new concerns that have emerged and reporting on the actions taken, rather than the outcomes of those actions.

- As reported in detail in the Overview Report, there are signs of a professional cultural shift related to the use of the new practice model but one of the areas where more work is still needed (in terms of training, mentoring and quality assurance) is in thinking about outcomes rather than thinking in terms of outputs and actions.

13. Conclusions

Professional practice within the Highland pathfinder is changing in the right direction, training has helped and professionals are clearly reflecting upon and learning from experience. Some further structured professional development and quality assurance would help to bring all practitioners' skills up to the same level in terms of assessment, planning and reviewing progress in relation to the individual child or young person. However, it is clear from the evaluation that a package of support measures rather than a one-off training package will be needed to accompany the range of changes entailed by the *Getting it right* approach. This will work to enhance the already significant and positive steps made in supporting children to be safer, healthier, achieving better, more nurtured, more active, more respected, responsible and included.

Background: The Need for Change

1. The National Context

In 1964 the Kilbrandon Committee, which had been established four years earlier to examine the juvenile courts system and to find solutions to the rise in the rate of juvenile delinquency in Scotland, published its conclusions. It found that a high proportion of the offences with which children and young people were charged was trivial and that over a third of the cases led to absolute discharges or admonitions. The committee concluded that, for all but a small proportion of very serious offences, full judicial proceedings were unnecessary and time consuming. It also recognized that, in general, children and young people could not be held solely responsible for their deeds and that the wider picture of home environment, parental care and responsibility needed to be taken into account.

The existing model of juvenile justice combined adjudication with decision making about both the child's punishment and welfare. It was clear, however, that the needs of most children and young people who came before the juvenile courts, whether they were offending or in need of care and protection, were fundamentally similar. On this basis the Committee proposed replacing the existing model of juvenile justice with the Children's Hearings System (CHS). This was based on a Scandinavian welfare-oriented model in which a focus on the child's needs as a whole rather than his or her deeds was central to the philosophy of the approach and where much more emphasis was given to early intervention in the child's life before any concerns about behaviour or welfare began to escalate and become more serious.

The CHS was established by the Social Work (Scotland) Act of 1968 and implemented in full in April 1971. The emphasis on the welfare of the child was reinforced by the Children (Scotland) Act of 1995. However, a report by Audit Scotland in 2002 highlighted a number of issues and concerns about the system's capacity to cope with increasing volume of referrals. It pointed to delays in addressing children and young people's needs; shortages of social work staff to provide the necessary support for children and young people and difficulties in recruiting lay panel members[1]. Statistics released by the Scottish Children's Reporter Administration (SCRA) showed that not only had the overall volume of referrals to the Children's Reporter increased substantially over the previous ten years but also that the nature of the referrals had changed significantly since the 1970s when most referrals related to offending behaviour by children and young people. Between 1992 and 2002 referrals on non-offence grounds had increased by 102% while referrals on offence grounds had only increased by 7%.[2]

Subsequently the Partnership Agreement[3] issued in May 2003 initiated a comprehensive review of the CHS to examine how the system was functioning in the face of increased numbers of referrals and to determine how service delivery could be improved. Phase 1 of the review looked at the principles and objectives of the Hearings system. While this highlighted the scope for changes in the

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[1] Audit Scotland (2002), *Dealing with offending by young people*, Edinburgh, Audit Scotland.

[2] SCRA (2003), *Annual Report 2002-03*, Stirling, SCRA.

[3] Scottish Labour Party and Scottish Liberal Democrats (2003), *A Partnership for a Better Scotland,* Edinburgh, Scottish Labour Party and Scottish Liberal Democrats.

Hearings system, it broadly reaffirmed support for the principles set out in the Kilbrandon Report. Phase 2 of the Review focused primarily on reducing bureaucracy, duplication of processes, tiers, thresholds and gatekeeping structures and shifted attention on to how to provide support for children and young people as quickly and as early as possible in appropriate ways and proportionate to need. Above all it emphasized the need to demonstrably deliver improved outcomes for all children. Just as the Kilbrandon Report had gone beyond its original remit so this review also looked beyond the needs of children and young people who were offending or in need of care and protection and who required compulsory measures of supervision. In referring to the proposed changes as *Getting it right for every child* the then Scottish Executive introduced a fundamental shift of emphasis, with reform of the Hearings system becoming a specific stream in a much broader programme designed to bring about improvements in how the universal, targeted and specialist services responded to the needs of **all** children and young people.

In June 2006 the *Getting it right for every child* Implementation Plan was published which outlined the development strategy. This included:

- The development of national practice tools, training materials and guidance.

- The streamlining of children's records, assessments and action plans.

- The development and pilot testing of a prototype electronic solution to facilitate information sharing across children's services.

- A communication strategy for keeping managers and staff in children's services informed of developments.

- Pathfinders to work with the then Scottish Executive to help shape, develop and test the practice tools and training materials and inform the development of national guidance by providing feedback on their experiences of:

    - identifying where changes were needed;
    - initiating changes to systems, practice and professional cultures in order to implement the *Getting it right* approach;
    - evaluating the impact of the changes on actual practice and introducing further developments and adjustments where necessary;

- Provision for external evaluation of the pathfinder process aimed at identifying:

    - How the pathfinders built on existing good practice.
    - How the *Getting it right* approach was implemented at the local level and the extent to which it actually brought about changes in practice and professional cultures.

    - The challenges and barriers to change that were encountered and how these were addressed.
    - The resource implications of changes of this magnitude.
    - The extent to which the changes brought about improved outcomes for children, young people and their families.

2. The Pathfinder Approach

Pathfinders are problem-solving, adaptive learning systems. The pathfinder approach is an established strategy for bringing about change in complex situations. It has its roots in computer applications designed to identify how best to move forward from one position to another in circumstances where change will be necessary across different and inter-linked components (e.g. services), where change will need to take place at different levels and will require different timescales for the changes to be initiated and then embedded.

The pathfinder approach builds on existing good practice but it also facilitates innovative thinking by allowing for experimentation, exploration of different options and finding solutions which will support the vision and key objectives behind the change process. In the context of complex initiatives such as *Getting it right for every child* the pathfinder approach works well when there is a genuine partnership between central government, local government, all the different services and agencies participating in the partnership and the pathfinder development team. This provides the conditions for the required end result which is a fusion of the action-based thinking of experienced practitioners with the developmental aspirations and objectives originating at the centre and with the priorities of those working at strategic, managerial and operational levels who need to ensure that the infrastructure effectively supports the change process.

It should be apparent therefore that the pathfinder approach differs from the more traditional model of nationally driven change, where centrally developed initiatives and pilots are tested at the local level and evaluation tends to follow a traditional model which focuses on how closely the implementation in the pilot area(s) matched the shape and scope of a pre-determined and already developed initiative and to what extent intended outcomes were met. Pathfinders, on the other hand, have different built-in assumptions: that development work is still needed; that teething troubles are likely to emerge that cannot be easily predicted; that timeframes are probably provisional and will change according to the kinds of problems that emerge; and that the development team explore ways of resolving the problems and circumventing the constraints and barriers that they encounter.

This requires a willingness by all partners to be prepared to jettison structures, procedures and support systems – even new ones – if they are not doing what they were designed to do or if they are no longer fit for purpose or their function had become superfluous. It also means that developments, and the change process as a whole, tend to take longer than anticipated and this, in turn, creates a certain amount of impatience for tangible results that are transferable to other circumstances.

While tensions did emerge from time to time between the partners about the pace and direction of change, it is the view of the evaluators that the spirit of pathfinder partnership was effectively sustained throughout the pathfinder phase and this enabled Highland to build on existing good practice while addressing issues of concern that they had previously identified and, at the same time, providing an appropriate test-bed for putting into practice the key Principles and Values of *Getting it right*.

3. The Pathfinder Areas

The pathfinder area in Highland comprised the city of Inverness and its immediate hinterland. There were a number of reasons why this area in Highland was selected for the pathfinder phase. First, it combined the growing urban population of Inverness with the largely rural population in the hinterland. Second, while the boundaries of Highland Council, NHS Highland and Northern Constabulary are not co-terminous with the pathfinder area, at least in 2006, common boundaries for a single Council administrative area, one division of Northern Constabulary and a single Community Health Partnership were in place. Third, a multi-agency planning group, drawing on managers from health, social work, education, culture and sport (ECS), police, the Reporter's Office, community learning, leisure and voluntary agencies had been in place to plan and oversee joint working in this common administrative area.

This combination of circumstances provided the following conditions critical to ensuring that the range and scope of the vision could be given reality:

- Workable containable boundaries within which each of the services could test out plans for managing change.
- An already established model of multi-agency working on which to build.
- A set of processes already up and running to facilitate the scope of all the interests to be addressed and safeguarded.

In the following year a second pathfinder development was implemented, specifically designed to explore how the *Getting it right* approach might take shape in response to a single issue or trigger, namely meeting the needs of children and young people living with or affected by domestic abuse.

This pathfinder developed from a body of policies related to addressing domestic abuse, as well as the thinking on integrating children's services described above. Where historically the spotlight fell on the woman experiencing the abuse, the National Strategy to Address Domestic Abuse in Scotland[4] explicitly recognised the impact of such abuse, whether direct or indirect, on the care and protection of children and young people. A Guidance Note for Planners[5] issued by the then Scottish Executive in 2004 affirmed the need to focus multi-agency planning on these children and young people.

Four domestic abuse pathfinder areas were identified:

- Stenhousemuir and Larbert (Falkirk);
- Clydebank (West Dunbartonshire);
- Edinburgh North and Leith (Edinburgh City);
- Nithsdale, Annandale and Eskdale (Dumfries and Galloway).

A separate report on the domestic abuse pathfinders will be produced in 2010 when the pathfinder development and implementation phase has been completed. However an appendix has been attached to this report which addresses some of the issues and processes associated with initiating *Getting it right* through a single theme rather than across all of the services and agencies working with all children and young people.

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[4] Scottish Partnership on Domestic Abuse (2000), *National Strategy to Address Domestic Abuse in Scotland*, Edinburgh, Scottish Partnership on Domestic Abuse.

[5] Scottish Executive (2004), *Children and Young People Experiencing Domestic Abuse: Guidance Note for Planners*, Edinburgh, Scottish Executive.

4. The Pathfinder Evaluation

The evaluation began in late 2006 and has been carried out by a team seconded to the Scottish Government *Getting it right* team from the University of Edinburgh.
Initially the evaluation focused on the development and implementation phases in the Highland pathfinder area. The aim here was to focus on the policies, strategic planning processes, governance and strategic management, the delivery frameworks and the development and implementation of a practice model and accompanying guidance and training for practitioners to support them in delivering the *Getting it right* approach.

Evaluation data were gathered through the following methods:

- interviews with a wide range of practitioners in all the relevant services and agencies;
- interviews with strategic and operational managers in those services and agencies;
- analysis of the documentation that emerged to support the change process;
- observations of meetings where children's needs were assessed and plans were developed and reviewed;
- observations of a sample of training sessions for Lead Professionals and Named Persons;
- focus group discussions with service groups of practitioners and multi-agency groups;
- an evaluation of samples of completed records and plans for children and young people from 0 to 16 years, with a diversity of needs and concerns.

Once the new systems, procedures, pathways and practices had been implemented within the pathfinder area the focus of the evaluation shifted to gathering evidence on: the extent to which:

- practitioners are using the new processes and systems;
- the new processes are making a difference to children and families;
- the training programme, processes and tools transfer to other parts of the host authority when *Getting it right* is rolled out.

In addition to employing the research methods that had been used for evaluating the development phase, this stage of the evaluation also incorporated an element of case study research. A relatively small sample of individual children and young people was tracked through the system. This has included looking at their records and plans, interviewing them and their parents or carers, interviewing their Lead Professionals or Named Persons and other key workers. This focused on the children's and young people's experience of the new approach and their views on its impact and the extent to which the support provided at single-agency and multi-agency levels led to improved outcomes for those children and families.

A more detailed description of the methodology is provided in Appendix 1.

5. The Vision for *Getting it right for every child*

In 2005 the Vision for *Getting it right for every child,* in the then Scottish Executive's Proposals for Action, stated that Scotland's children and young people should be *successful learners*, *confident individuals*, *effective contributors* and *responsible citizens*. In order to achieve this, children and young people needed to be *safe, healthy, achieving, nurtured, active, respected, responsible* and *included* (initially referred to as SHANARI indicators in Highland and now more generally known as the Government's eight Well-being Indicators).

The change of government in Scotland in May 2007 was followed by discussions between central and local government about funding and accountability mechanisms. This led to the Concordat which included a National Framework of 15 National Outcomes and 45 National Indicators. The goal that Scotland's children and young people develop into confident, responsible, effective contributors and successful learners became National Outcome 4 but two other outcomes for children and young people also served to shape the Vision. These were:

- Children having the best start in life (National Outcome 5).
- Improved life chances for children, young people and families at risk (National Outcome 8).

While National Outcome 5 highlighted the early years and the need for a unified and co-ordinated approach to prevention, early identification of concerns and structured interventions, National Outcome 8 reminded everyone that *Getting it right* had emerged out of the reform of the Children's Hearings System and the need to build a network of support around vulnerable children and their families. It is also clear that the successful implementation of *Getting it right for every child* would impact significantly on the achievement of other National Outcomes. If interventions on behalf of children and families help to reduce the impact of adverse factors on the children's lives then this should contribute to tackling inequalities (National Outcome 7), safer lives (National Outcome 9) and help to build stronger, resilient and supportive communities (National Outcome 11). At the same time the improvements in systems, practice and professional cultures, supported by effective quality assurance and self-evaluation, should ensure better integrated, streamlined and responsive children's services which, in turn, should contribute to ensuring that public services are high quality, continually improving, efficient and responsive to local people's needs (National Outcome 15). See Appendix 3 for a discussion of the outcome framework for *Getting it right*.

At the same time as these policy-level developments were shaping thinking about the *Getting it right* vision, the centrally-based *Getting it right* team developed a framework to guide implementation. This included ten Core Components and a document explaining the key Principles and Values behind the *Getting it right* approach. Both the Core Components and the Principles and Values combined statements about the mechanisms for delivering *Getting it right*, including the new role of Lead Professional and streamlined planning processes, with aspirational aims and objectives that further augmented the initial vision. These included:

- Promoting the well-being of every child and young person and not just the most vulnerable and those with highly complex needs and concerns.
- Building a network of support around the needs of the child.
- Adopting a holistic approach to the needs of the child or young person.
- Building on the strengths and resources that the child and family already have.
- Ensuring that the response to each child is timely, appropriate and proportionate to his or her level of need.
- Working in partnership with the child and family in every stage of the process from the raising of a concern to the implementation and review of an action plan for the child.
- Ensuring that children, young people and their families understand what help is available and can make informed choices.
- Promoting opportunities and valuing diversity.
- Respecting confidentiality and ensuring that information about children, young people and families is shared on the basis of informed consent.
- Ensuring that working relationships with children, young people and families are based on the values of respect, patience, honesty, reliability, resilience and integrity.
- Where more than one professional and/or agency is involved, ensuring that support for the child is co-ordinated at the point of delivery.
- Developing and empowering the workforce to embed any changes in systems, practices and professional cultures that are required in order to realise the vision.
- An outcome-led rather than an inputs-led or outputs-led approach to addressing the needs and concerns of children and young people.

The vision encompassed one of the most aspirational and far-reaching agendas for change in children's services to be addressed in recent times in Scotland. The extent, depth and complexity of what was envisaged applied at all levels of children's needs and was designed to influence all stages of the processes through which those needs could be met.

It emerged from a body of well-established research findings and evaluations of good practice in the delivery of children's services.

The challenge of putting this vision into practice encompassed not just the children's services but also the voluntary sector working with families, children and young people, and those services targeted primarily on adults whose practices also had implications for the lives of children and young people, such as housing, criminal justice, midwifery, agencies working with substance misusing adults, agencies providing respite care, and so forth. Many of these challenges are discussed below.

6. The Challenges Facing Highland at the Beginning of the Pathfinder Phase

The process of integrating services for children, young people and their families began in Highland in direct response to the Children (Scotland) Act of 1995, particularly the requirement on the council to consult and cooperate with other statutory and voluntary agencies in drawing up Children's Service Plans to identify and meet children's needs. In the following year the Highland Well-being Alliance was formed by Highland Council, NHS Highland, Highlands and Islands Enterprise, Northern Constabulary and Scottish Homes. Subsequently a number of other statutory, voluntary and private organisations also joined and work began on how best to realise a shared vision of the Highlands as a good place for children and young people to live, grow, play, be educated, be fulfilled, realise their full potential, and get the right kind of help when they needed it.

The publication of *For Scotland's Children* in 2001 and the Integrated Children's Service Plan which Highland produced for the period 2002-2005 also acted as key drivers for the integration process and helped to initiate a gradual and ongoing shift away from measuring the success of integration in terms of its outputs towards measuring success in terms of the outcomes for children and families.

The ensuing developments towards a more integrated delivery of children's services (2000-2006) were independently evaluated. When the evaluators reported in 2007 on the developments that had taken place in Highland prior to the pathfinder phase they identified a number of challenges still facing Highland[6] regarding the next developmental stage. These can be summarised as follows:

- Some of the key developments towards integrated working had depended heavily on short-term funding from ring-fenced initiatives. A key issue by 2007, with discussion underway between the Scottish Government and COSLA around the Concordat, was how to ensure that changes in practice that had been supported by short-term funding could be embedded into mainstream practice.

- The governance and management structure had been introduced to initiate major changes in practice and professional cultures. It had proved effective in doing this but the question now emerged, as changes were being implemented, as to whether these arrangements were still the most appropriate for the next developmental stage.

- There was a need to maximise engagement in the change process at all levels of staffing, in all agencies and services, whilst also maximising the engagement of children and families in those processes that directly affect their lives.

- There was also a need to ensure that operational managers who had clearly bought into the principles and practices that underpinned the integration process would not retreat from their positions when budgetary pressures intensified.

- While the response from practitioners to many of the changes that had been introduced between 2000 and 2007 had been very positive there was still a need to convince busy practitioners with heavy caseloads that keeping records up-to-date, sharing information with other services and attending multi-agency meetings is central to their professional work.

- Much of the developmental impetus had been directed towards improving the quality of crisis interventions for the most vulnerable children and those with complex needs. There also needed to be a significant drive towards greater connectivity between the universal and targeted services which gave equal emphasis to prevention and early identification of unmet needs.

Between 2000 and 2007 in Highland there was a significant shift away from what could be described as *a sequential model of joint working* to what has been described as *a parallel collaboration model*[7].

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[6] B. Stradling and M. M. MacNeil (2007), *Delivering Integrated Service for Children in Highland: an overview of challenges, developments and outcomes*, Inverness, UHI Millennium Institute.

[7] A. Edwards, (2004), 'The New multi-agency working: collaborating to prevent social exclusion of children and families', *Journal of Integrated Care*, 12 (5).

Initially there had been pockets of joint working, often dependent on personal contact. Information was shared on a need-to-know basis which was usually determined by the person with the information. Training was provided by each agency and concerned primarily with the professional development needs of each service. Additional support for the child tended to be provided through a sequence of referrals.

Over the subsequent six to seven years there was a shift away from this sequential model to one where personal contacts were being extended into networks; an agreed basis for collaboration had emerged; liaison between services had become standard practice; information was being shared on a functional basis rather than on the basis of someone's judgement about who needed to know; multi-agency training was facilitating this development; and joint protocols and pathways were beginning to emerge to guide collaborative working.

The new challenge now was to extend these developments to the point where inter-agency collaboration was fully integrated in order to support the implementation of the *Getting it right* approach:

- Where the boundaries between services and agencies became more fluid.
- Decisions, plans and interventions began with the child's needs rather than with what each service offers.
- The approach which structures the joint working takes a holistic approach to providing support for the child and family.

7. The Scaffolding to Support the Implementation of the Vision

A strategic and structural framework for oversight and management of the integration of children's services had been introduced in the year 2000. Some elements of that framework were retained for the duration of the pathfinder and are still in place for the roll-out across Highland. Other elements were either jettisoned as no longer suitable for purpose or adapted in response to new requirements emerging out of the pathfinder experience or because of structural reorganisation within the local authority in 2007.

The arrangements for governance that were put in place have proved critically important in preparing the ground for *Getting it right* and in overseeing the implementation of the pathfinder phase.

One of the most critical of these was the need to consider what systems of governance and strategic frameworks would be required in the first instance to support the pathfinder explorations through an evolution towards realisation while at the same time ensure and assure the quality of all levels of service provision throughout the business-as-usual core requirements throughout the interim period of change.

7.1 Communicating the vision

In the early stages of the pathfinder phase in Highland the Joint Committee for Children and Young People (JCCYP) organised several seminars on *Getting it right for every child*. These were targeted mainly on staff working in children's services, the police and the voluntary sector. These seminars formed an important part of the pathfinder's awareness-raising strategy. In the first two years of the pathfinder stage around 5,000 practitioners and support and administrative staff attended these awareness-raising sessions.

Prior to the pathfinder phase, in 2003, the JCCYP had introduced the concept of Children's Champions – councillors from each council area and representatives from each Community Health Partnership with a role "to promote an understanding and recognition of the needs of children and young people within the various strategic and governance forums of which they were members". Each Children's Champion also took on a specific role as the focal point within each administrative area for Looked After children as part of the clarification of the elected representatives role as corporate parents. These champions were subsequently asked to take on the role of promoting the *Getting it right* vision, not only in the strategic and governance forums but also at the local level with groups of service users.

It was also crucial that the chief officers in the key services understood the underlying vision of *Getting it right* and transmitted this to their senior managers. Where this happened in pathfinder areas, operational managers and frontline professionals were much more likely to understand the rationale behind the changes in practice that were being introduced.

While area management structures have probably been the main mechanism for promoting the *Getting it right* approach, two other mechanisms were also developed in Highland to communicate developments to operational managers, staff and service users. These have been:

- An integrated children's services newsletter.
- Various websites accessible by both the public and professionals.

Ongoing Challenges for communicating the vision

The task of promoting a vision is about winning hearts and minds. One of the biggest challenges in the pathfinder area has been winning over those who may not have a regular and ongoing involvement in the processes and procedures which have become fundamental to the *Getting it right* approach. This has included GPs and frontline workers in some adult services. This seems to be particularly the case where they perceive their role to be primarily passive, i.e. the recipients of information from other services or answering requests for information, rather than contributing directly to the multi-agency assessment and planning processes.

Another challenge is that *Getting it right* was perceived by a proportion of staff in the pathfinder area as a kind of broad church of aspirations for staff, agencies, communities, families and children. Whilst the strength of this lies in its strong intuitive appeal to staff working across all services and agencies which regularly come into contact with children and young people, its breadth also means that different stakeholders tended initially to hear one part of the message more than other parts. If pressed they can conceive of a future situation where all of these elements fit together but in the interim they have tended to focus on those specific elements which are of most concern to them. As a result a rather fragmented picture of *Getting it right* – like a jigsaw waiting to be assembled - emerged in some of the interviews undertaken at operational level and this was also the case where discussions with some single agency focus groups were held.

This tendency has been particularly apparent where frontline staff have been experiencing simultaneous changes in systems and practice as a result of other significant policy initiatives and changes. In health, *Getting it right* was often viewed through a Hall 4 lens while in ECS, *Getting it right* was sometimes seen through a lens forged by the Additional Support for Learning Act of 2004 and more recently the Curriculum for Excellence. Over the period of the pathfinder phase that tendency has been diminishing but it may be an inevitable stage that

some staff will go through during a period of rapid change on several policy fronts. Operational managers have a key role to play here in ensuring that staff in their teams have an overview of why *Getting it right* is being introduced and how changes in their practice fit into the wider picture.

Another reason why it appears to be important to ensure that all staff have a *Getting it right* overview as well as a clear idea of their own roles and responsibilities in a *Getting it right* world is that in any sizeable group of staff drawn from across a range of different services and agencies – and disciplines within services – it is almost inevitable that a number of which might be called 'urban myths' emerge, i.e. stories about *Getting it right* which seemed to be believed by those who propagated them but could not be substantiated. In the course of the evaluation, a number of these have been identified and will be returned to at various points in this report. Those which most clearly related to a misunderstanding of the *Getting it right* vision were:

> "*That the rhetoric may be that Getting it right is for every child but in reality it will be about support for the most vulnerable children*."

The emphasis on the new processes, particularly in relation to multi-agency assessment and planning, may have tended to obscure the fact that existing good practice in prevention and health promotion or in early action within a universal service to avoid the necessity of multi-agency crisis intervention at a later stage is firmly rooted in *Getting it right* principles.

> "*That the Concordat means the end of ring-fenced initiatives so that much of the good work being done by children's services through various national initiatives will now stop, leaving Getting it right without the resources to put its vision into practice*."

In reality Highland looked at its overall budget and created council-level ring-fencing ensuring budgets were clearly allocated to its priority areas in children's services.

> "*That the new processes and procedures are more bureaucratic than the ones they have replaced and this is delaying the response to a child's immediate needs. Where once a professional just had to ring up another agency for some extra help with a child now she has to fill in a concerns form and a child's plan will have to be drawn up.*"

A number of instances of this being expressed have been encountered but this seems to have been based on a misunderstanding of how the system works. While it is the case that a request for support from another agency will need to be recorded, this does not mean that the person making the request has to fill in every box on a form, nor undertake a lengthy assessment and organise a multi-agency planning meeting before requesting something fairly simple and straightforward.

> "*That the application of the Getting it right practice guidance to children and young people in need of protection would be inappropriate and/or would prolong the time that the child remained in an unsafe situation*."

At strategic and managerial level, this has been very thoroughly addressed, with officers committed to the application of the *Getting it right* systems to all circumstances and the

> "*It is incredible that there could be widespread acceptance that you should have a single pathway for children and a common process for integrating all the different things that happen to them and yet exclude from this the children who we are most worried about*."
>
> Manager, Policy & Strategic Roles

robustness inherent in these systems for ensuring all needs are met:

- the normal safeguards remain in place;
- the child is seen by a qualified social worker within 24 hours;
- arrangements for out-of-hours access to social work remain the same;
- procedures for a joint investigation remain the same;
- a multi-agency plan for a child at risk of significant harm is called a Child Protection Plan and this will be accepted as a referral by the Reporter.

Establishment of a core group ensures that the plan is progressed quickly and effectively and that it is monitored. The main difference is that the use of the Well-being Indicators, the My World Triangle and the Resilience Matrix ensure that the child's other developmental needs are also assessed as is the impact of risk in the child's overall development.

Progress and areas for further development in communicating the vision

Highland is no longer producing its integrated services newsletter, partly because the key services and agencies also began to develop their own single agency newsletters and it was felt that there was too much overlap and duplication to warrant the continuation of the integrated newsletter.

As noted earlier Highland also developed a website for *Getting it right* and the general view from staff was that this was a useful mechanism for communicating information about developments in *Getting it right.* This also has a link to the national *Getting it right* website. However, some staff have also indicated that the linked websites in Highland could be more user-friendly as a working tool for managers and frontline staff. As with the newsletters, there are now several sites which provide relevant information that relates to some degree to *Getting it right*. There is the Integrated Children's Services website, the JCCYP has its own website and there is a website for child protection issues. For a while, there was a separate site for the Area Children's Services Forums (ACSF). An Integrated Planning site is also operational which includes information about the Integrated Children's Services Plan and various service users groups have their own sites with information about *Getting it right*. There was a case for some rationalisation to ensure that elected representatives, managers, staff and service users could access relevant information in a more integrated and seamless way. This is now under consideration.

More generally, by June 2008, it was decided in Highland that they needed a more explicit communications strategy for Integrated Children's Services targeted on managers, practitioners, children and families and the wider community. This was precipitated to some extent by the structural reorganisation of Highland Council, reducing eight administrative areas down to three. The main lines of communication to local managers and staff were through ACSF facilitated by locally-based Integration Managers. It was also necessary to assess whether the existing implicit communications strategy was fit for purpose for the roll-out of *Getting it right* across the rest of Highland.

Other signs of progress include:

- There is growing evidence that both the language and the underlying concept of *Getting it right* as a personalised approach to improving outcomes for each individual is beginning to influence thinking about other services, with elected representatives and strategic managers using phrases like "*getting it right* for every senior citizen", "*getting it right* for every patient", and so on.

- The language of SHANARI or the Well-being Indicators is widely understood and widely used by staff within children's services and police officers within the pathfinder areas.

- A booklet on *Getting it right for every child* was produced for children and young people and disseminated through the schools. Although the evidence for the impact of this booklet is anecdotal as yet we found in our visits to schools that staff were talking about instances where either pupils or their parents talked about *Getting it right* without any prompting from staff. This included instances where pupils had said to guidance teachers that "*it says in the booklet that you should do this if I have a problem*". Some parents too have been referring to *Getting it right* when seeking further support for their children.

- Most of the staff who have been actively involved in the pathfinder phase are clear that *Getting it right* is for every child and not just the most vulnerable.

- The importance of building a network of support around the needs of a child, whether at the single agency or multi-agency level, is generally acknowledged.

- The emphasis on an outcomes-led approach to addressing the needs and concerns of children and young people is widely accepted but some operational managers are concerned about the resource implications of a significant shift away from what had previously been an outputs-led approach and the outcomes listed in some children's plans do not always reflect the depth of analysis of children's needs or the actions identified in the plans. But this is an aspect of the planning process which may need to be re-visited in future training programmes and mentoring.

- The importance of understanding the strengths and pressures in a child's world when assessing their needs is now widely understood and applied, but not all staff are necessarily focusing on how these strengths and pressures impact on the child. Again this is an area which may need to be re-visited in future training programmes.

- At the strategic level there is a clear understanding of the relationship between the Well-being Indicators, the Health Improvement, Efficiency and Governance, Access to Services, Treatment (HEAT) targets and the National Outcomes and Indicators. This has informed recent and ongoing work on the development of the next Integrated Children's Service Plan and the local Single Outcome Agreement. In particular it is recognised that it may be necessary to identify good, effective proxy measures that operate at a number of different levels.

7.2 Governance

Joint Committee on Children and Young People (JCCYP)

The JCCYP was first convened in February 2000. Its membership included elected members of the Council, members of the Board of NHS Highland, chief officers and heads of service, and representatives from a wide range of other public and voluntary sector bodies. The JCCYP, the Chief Officers Group and the Lead Officers Group for Children's Services subsequently evolved a co-ordinated strategic approach whereby a range of policy initiatives and pilot programmes, such as the Social Inclusion Partnership Programme, Sure Start, Integrated Community Schools, Early Education and Childcare Plans, Health for All Children (Hall 4), the Integrated Assessment Framework (IAF) pilot and the Changing

Children's Services Fund all contributed to and acted as catalysts for the further integration of children's services.

The remit of the JCCYP included:

- To develop and co-ordinate policy and strategy for all services for children and young people, apart from services in place for child protection, although this has now changed as a result of the decision to apply the *Getting it right* approach to planning to child protection cases as well.

- To consult with other agencies and organisations across Highland in order to achieve a co-ordinated approach to the delivery of children's services.

- To approve the allocation of resources to specific services, as delegated by the relevant Council Strategic Committees and NHS Highland.

- To oversee quality assurance and performance management.

The key strengths of the Joint Committee before and during the pathfinder phase have been that:

- It has provided a mechanism for joint planning and decision making between the local authority and the health board.

- Its membership has been more inclusive than a strategic committee based on the merging of two or more services within the local authority. The councillors and health board members have voting rights and the chief officers and strategic managers of all the services working with children attended. In addition there has been regular representation from Northern Constabulary, the Children's Panel, the Reporter's Office, the voluntary sector and the youth forum.

- The councillors on the JCCYP also sat on two key strategic committees: Education, Culture and Sport (ECS) and Social Work (SW). This ensured good horizontal channels of communication between the JCCYP and the strategic committees.

- While deliberations in the strategic committees have tended to follow party lines, particularly since the last local government elections, there has always been strong cross-party political support for the integration of children's services.

- To a large degree the two key strategic committees (ECS and SW) have re-aligned their core business – ECS focusing primarily on schools and SW on adult services – which has enabled the JCCYP to focus on the interface between children's services.

- The JCCYP quickly recognised that a centralised 'one size fits all' approach to the delivery of integrated children's services might not be appropriate in a large and diverse region such as Highland where the majority of the population lives in rural areas and one in four live in remote areas where access to services is difficult. To respond more effectively to the diversity of needs and concerns it was decided to devolve some of the decision-making and planning on to local forums representing each of the then eight Council administrative areas.

The stakeholders represented on the JCCYP have remained virtually the same over the last nine years and there continues to be all-party political support for

the ongoing integration of children's services and the implementation of the *Getting it right* approach across Highland.

Throughout the pathfinder phase the Joint Committee has continued to co-ordinate policy and strategy for children's services and to oversee quality assurance and performance management. The Head of Children's Services and the project manager leading the *Getting it right* development team provided regular reports to the JCCYP about developments, timescales, priorities and emerging issues and this has proved to be an important mechanism in communicating information to elected members which, in turn, has ensured their full and active support for the pathfinder developments not only at JCCYP meetings but also through their engagement in the strategic committees concerned with oversight of specific services and policy areas.

The Pathfinder Project Board and the Strategic Chief Officers Group

An additional layer of governance was introduced at the outset of the pathfinder phase. This was the Project Board which included the Chief Officers' Group, representation from the Scottish Government, and the pathfinder's *Getting it right* Development Team. Broadly speaking the Project Board's role was to agree a work plan, monitor its implementation, report on delivery and address any issues relating to the governance, management and resourcing of the project.

Over the first two years of the pathfinder phase the Project Board met regularly and was a useful mechanism for facilitating that fusion of action-based thinking with the goals, Principles and Values of *Getting it right* and with local policy priorities for children's services that was referred to earlier as one of the main strengths of the pathfinder approach. At the same time it may have been too large and somewhat amorphous to effectively fulfil the more hands-on strategic role of a smaller group and, consequently, a decision was taken to form a slightly larger Chief Officers' Group (COG) - the Strategic COG – which included representation from the *Getting it right* team at Scottish Government, the project team leader, the Directors of ECS, Social Work, Highland Health Board and the Head of Children's Services and senior representation of Northern Constabulary, the voluntary sector and trade unions, although this opportunity has only been taken up by UNISON. Meetings of the Project Board ceased soon afterwards.

As the pathfinder phase moved from planning to development work to implementation it became apparent that the SCOG was a more appropriate forum for reviewing some of the strategic decisions that needed to be taken and for providing a clear steer to strategic and operational managers about how best to support the implementation process.

The project manager has had ongoing access to the SCOG along with colleagues from the Highland Development Team where specific implementation issues have arisen or where a sounding board was needed on how best to initiate each new project phase.

7.3 Strategic planning

In 1999-2000 Highland created a new strategic post of **Head of Children's Services** to co-ordinate cross-service planning and oversee the implementation of operational changes. There were other options here. The authority could have gone down the route of merging two or more services working with children under one Director, as some other local authorities had done. However, it was felt in Highland that what was most needed here was someone who could operate as a strategic change agent by:

- Co-ordinating the development and implementation of cross-service planning, with support from the Chief Officers Group and the JCCYP;

- overseeing the deployment of a pooled budget that would enable some additional flexibility to allocate additional resources where they were most needed (including the appointment of cross-service support staff who could be deployed to work directly with particular children and their families as and when the need arose);

- having strategic oversight of the implementation of change within children's services;

- advising and working with the JCCYP, the Lead Officers Group for Children's Services and the various strategic management groups involved in managing and assuring the quality of the integration of children's services;

- overseeing the work of the *Getting it right* development team in Highland.

There is a strong case for arguing that any major development that involves some greater degree of integration of services and agencies while at the same time introducing major changes in the professional practice of different services requires a post that enables a senior manager to focus full-time on the tasks which are central to a strategic change agent. The skills of day-to-day strategic management of a service are different from those needed by a high-level change agent working with several services and while there is no reason why an experienced manager cannot perform both roles there are stages in the implementation of major changes when the change agent role needs to be pre-eminent.

The core Chief Officers' Group (COG) ensures that the strategy for children's services is co-ordinated with strategic planning for other services and also provides a steer on policy implementation. The COG has championed the integration of children's services since the early 2000s and this support has also been evident since the early planning stages for the pathfinder phase of *Getting it right.* A larger **Lead Officers' Group**, comprising the strategic managers of all of the services for children, young people and families, oversees the implementation of the Integrated Children's Services Plan. This involves reviewing progress towards the key outcome targets in the existing plan and overseeing the development of the new plan. Their remit does not specifically cover pathfinder activity but the development of the new Children's Services Plan (2009-12) has had to take into account the roll-out of *Getting it right for every child* across the whole authority.

Initially a number of multi-agency **strategic planning groups** were also established around certain priority themes: early years and childcare, child and adolescent mental health, children and young people with disabilities, Looked After children, youth justice, youth participation, fostering and adoption, domestic abuse and substance misuse. The primary purpose of these groups was to draft the appropriate sections of the Integrated Children's Services Plan.

The **Area Children's Service Forums (ACSFs)** were established to take on the local planning and decision-making processes that were devolved on to them by the JCCYP. There was a forum for each Council administrative area. The ACSFs came to be widely seen by local communities and practitioners (particularly in the more rural areas) as the engine that was driving integration of services. Membership usually included local councillors, the area managers for education and social work, members of community health partnerships and key local health professionals, community learning and leisure managers, head teacher

representation, local community police officers and representation from local voluntary agencies.

The key strengths of the ACSFs were that they:

- combined strategic and operational functions;
- consulted widely with local communities;
- ensured the involvement of area managers in planning and resourcing local children's services;
- facilitated the early identification of children with complex needs that could not be met by a single service or agency;
- facilitated the emergence of a shared understanding across the local children's services of the basic principles, priorities and objectives of integrated working.

7.4 Budgetary arrangements

A major challenge for Highland throughout the five years prior to *Getting it right for every child* was to sustain the overall vision of integrated children's services whilst at the same time meeting the specific criteria, targets and objectives specified by the various funding streams that were drawn upon. These included:

- the Grant-aided Expenditure allocation;
- development funds such as the Innovation Fund for Children's Services, the Changing Children's Services Fund, the Social Inclusion Partnership programme and the Health Improvement Fund;
- funding for specific initiatives such as Sure Start, Intensive Support and Monitoring and the New Opportunities Fund-funded diversionary programmes for young people at risk.

Given the governance model and management structure outlined above, without a physical merger of key services, this meant that the sharing of resources, primarily between ECS and social work, was mainly through delegated funding. ECS delegated funding for early years education while SW delegated funding for childcare and family resources and Sure Start. Initially the budget delegated to the JCCYP was around £15 million and by 2007 this had increased to £24 million with two-thirds coming from ECS, just under 30% from SW and the rest from NHS Highland. Before 2003 there was a limited degree of pooling of budgets for specific initiatives. Between 2003-2007 the pooling of resources increased but the scope for this was always constrained by statutory obligations and lines of financial responsibility and accountability and by the extent to which some of the development funds prescribed the areas and activities for which the additional funding could be used.

The pooling of resources has remained stable at around £23-£24 million for some years now with the largest amount coming from the ECS budget, the next largest amount from Social Work and a relatively small amount from NHS Highland. The concept of pooling or joint funding here is taken from the Community Care and Health (Scotland) Act 2002. As such it does not take into account other budgets which are specific to provision for children and young people, e.g. the budget for schools and the £20 million per annum within the local NHS budget dedicated to the treatment and care of children and young people within Acute, Tertiary, Community, General Practice and Dental services.

Traditionally nearly all of the pooled budget has been targeted on specific developments and priority areas with the largest amounts going to early years

provision, out-of-authority placements for Looked After children requiring secure residential accommodation, additional support for learning, and the youth action service. Pooled funds which are not committed to specific budget headings in this way tend to be more vulnerable to cuts.

7.5 The scaffolding for operationalising *Getting it right* in Highland

Pathfinder Development Team

The development and co-ordination work in the Highland pathfinder has been undertaken by staff seconded on a full-time basis for the duration of the pathfinder period. Initially the team comprised a project manager, an administrator, an IAF Co-ordinator and secondees from health, education, social work, police and the Reporter's Office (referred to below as *Getting it right* service leads). An Information Technology consultant also joined the team at an early stage, mainly to assist with the development of data sharing systems, working with Scottish Government and Highland's Data Sharing Manager. An Assessment Co-ordinator brief was developed, adjusting and expanding in scope to become a co-ordinating role for integrated services (Integrated Services Co-ordinator) to take the lead in ensuring that multi-agency liaison arrangements were operating effectively.

This was a jointly-funded development with the Scottish Government helping with the development costs and the agencies which make up the Highland Community Planning Partnership releasing staff and providing the accommodation and other resources.

Midway through the pathfinder phase it was recognised within Highland that more needed to be done to engage the voluntary sector and adult services in the work of the pathfinder. Subsequently a secondee from the voluntary sector joined the Development Team on a part-time basis, but as yet no representative from adult services has been recruited. The level of continuity within the Development Team has been high and that has been an important factor in sustaining the drive for change. The leadership of the Project Manager has also been a key factor.

Staffing the Development Team with seconded staff provided a number of advantages. The time required for development work, establishing multi-agency links, consultation with practitioners and operational managers, trialling new tools, procedures and protocols, organising training and reporting on progress was extensive. It is difficult to see how this could have been done across all children's services without staff from different services being freed up to do this. Also, though much of the development work did take longer than was originally envisaged, it is likely that there would have been even more slippage if the Development Team members had been part-time or on call for other professional duties. Whether or not other local authorities would need to release staff from each of the main children's services to implement *Getting it right* is a different issue. Much would depend on the scale of the additional development work that would be required both at a multi-agency level and within individual services. However, even where a local authority and its partners has already made significant steps towards the integration of children's services some of the components which are core to the *Getting it right* approach would probably necessitate that someone at senior manager level or a small team was released to ensure that the implementation process is facilitated, co-ordinated and monitored.

Reference Groups

In this initial phase each service lead on the Development Team established and worked closely with a reference group of operational managers and senior practitioners. The service leads set up reference groups within their own services while the IAF Co-ordinator worked with a multi-agency reference group. The primary objective in each case was to set up a functioning mechanism for two-way communication with operational staff in each service and agency to ensure that practitioners understood the thinking behind the changes that were being introduced and also had an opportunity to feed back their own views and experiences of piloting new procedures, protocols and working tools.

The Area Children's Service Forum and Service Managers' Groups

It was explained earlier that before *Getting it right* the responsibility in Highland for local planning and decision making had already been devolved by the JCCYP on to ACSFs in each of the Authority's eight administrative areas. The boundaries of the Highland pathfinder coincided with the boundaries of the Inverness Area Children's Service Forum and initially the Forum was seen as part of the strategic framework for co-ordinating pathfinder activity.

However, after the reorganisation in 2007 which led to the eight administrative areas in Highland being reduced to three larger corporate areas, local Service Managers' Groups for Children's Services (SMGs) were set up in each of the three areas. In effect this new group replaced the ACSFs, Youth Offender Forums and Social work Caseworking sub-groups. The Service Managers Group is made up of area managers in police, health, education, and social work in each of the three areas of Highland. The Children's Reporter will usually attend when support for young offenders is under discussion and the Area Housing Manager may also attend if the residential circumstances of the child and family are a concern.

In practice this change formalised a development which had already emerged within the ACSFs where it was found that the wider and more inclusive forum had a key strategic role to play at the local level but local managers' sub-groups had emerged within the forums to take responsibility for operational decisions and resource allocation. The SMG ensures the effective operation of assessment, planning and intervention processes within the Area, and considers the needs of some children in very specific circumstances. The SMG becomes involved in the following circumstances:

- where the requirements of the plan cannot be achieved from within area resources or where external or specialist services are needed;
- where allocation of a significant resource needs to be sanctioned;
- where disagreement between professionals, agencies, or children and their families cannot be resolved by following Highland's conflict resolution policy or through single agency management structures;
- where those tasks currently fulfilled at the Youth Offender Forum in relation to persistent offenders, the use of Antisocial Behaviour Orders (ASBOs), Parenting Orders and Intensive Supervision and Monitoring scheme are needed.

The SMG will also agree the criteria for the deployment of local early intervention services, such as Children's Services Workers, Early Years Workers, and family support including appropriate voluntary sector services.

The Services Managers Group is accessed via the Integrated Services Co-ordinator.

Integrated Services Co-ordinator (ISC)

As indicated above the ISC has been introduced to facilitate access to the Service Managers' Group. An ISC has been appointed in each of Highland's three administrative areas. The post was piloted in the pathfinder area. These posts work with the local service managers to ensure that assessment and planning systems are working appropriately, proportionately and safely in each area. The ISC combines some of the functions of the Integration Managers who used to co-ordinate the work of the ACSFs but has also acquired new responsibilities linked closely to the smooth running of the *Getting it right* practice model in Highland.

Integrated Service Officers (ISO)

The ISOs have taken on what was formerly the role of the Senior Family Liaison Officer, although again the functions have been adapted to the new demands of *Getting it right*. Directly responsible to the Children and Families Team Manager, they have responsibility for the oversight of the interface between universal and targeted services available for supporting children, young people and their families. In part this is a co-ordination role, facilitating access to multi-agency support services when a child's plan requires this, a supervisory role in terms of liaising between universal services and the Community Early Years Workers and Children's Service Workers and also a quality assurance role to ensure best practice is followed and consistent standards of support for children and young people are provided.

Quality Assurance and Reviewing Officers (QARO)

Quality Assurance and Reviewing Officers undertake quality assurance processes across all children's plans, including chairing the meetings of those children with high level needs or particularly complex plans. At the time of writing this included all children who are Looked After and Accommodated and those with Co-ordinated Support Plans.

Liaison Meetings

In the early stages of enhanced integration of children's services in Highland, some four or five years before the initiation of the pathfinder phase, Highland introduced the idea of school liaison groups. They usually included senior school managers, staff from pupil support and support for learning, an educational psychologist, the school nurse, a social worker aligned with the school, a children's service worker, and, where appropriate, a community paediatrician, police officer and youth worker. These groups were initially convened by individual schools, but by 2007 there was a move towards convening them around Associated School Groups (ISGs) instead.

The groups met regularly to discuss the needs of individual children about whom a specific concern had been raised by one of the services working with them. The main task was to assess needs, agree a plan of action and delegate follow-through tasks to individual services or professionals. In secondary schools these groups have tended to meet on a fortnightly or monthly basis while the ones convened by primary schools tended to meet once or twice a term.

The work of the groups followed two basic operating principles:

- Staged interventions, where a gatekeeper within the school advised on the most appropriate response to individual children about whom a concern had been raised and referral to the liaison group was only one of several options here. If referred, the group then established the most appropriate

strategy for supporting a child or young person within the classroom, the school, at home or through referral to an external agency.

- A solution-focused approach which did not dwell on the details of the problems the child was causing but instead worked cooperatively towards finding practical and realistic solutions and support to address the child's needs.

During the pathfinder phase the term 'liaison meeting' has been appropriated specifically for meetings aligned to each ASG area which only take place where:

- further assessment of the child's needs suggests an acute level of complexity that requires a targeted service;
- complexity is increasing despite the provisions of an existing Child's Plan and advice is required;
- concerns are not reducing despite the Child's Plan having been in place for six months and advice is required;
- referral to the Children's Reporter is being considered;
- a Lead Professional may need to be appointed from an agency providing a targeted service;
- volume exceeds the capacity of an agency to deliver the Child's Plan;
- additional resources are required that cannot otherwise be met.

Many of the ASGs continue to hold meetings, formerly referred to as school liaison group meetings, but now widely described as solution-focused meetings, about children and young people with concerns that have been identified by school staff that may require support from at least one other agency. These appear to be pre-planning meetings rather than Child's Plan meetings. They explore possible strategies for addressing the concerns or unmet needs and identify who might be the Lead Professional, who would be engaged in assessment and who would be involved in the Child's Plan meeting.

Integrated Assessment Framework (IAF)

In 2005 Highland, as one of the IAF pilot authorities, began to develop an IAF with the help of Jane Aldgate and Wendy Rose of the Open University. The development process was based on many of the principles that are now fundamental to the *Getting it right for every child* approach. That is:

- a developmental and ecological approach to understanding what is happening to a child, taking into account the child's own development and the impact of family; community and other extraneous factors on that development;
- evidence-based assessment and recording;
- early identification and proportionate interventions;
- involvement of children and families at every stage of the process;
- reduction in bureaucracy and duplication of effort.

Partnership between the Scottish Government and the Pathfinder

The early development work on the IAF was continued through active collaboration and input to the development team by the Scottish Government team. This contributed to the design of the Practice Model and active engagement in multi-agency training. There was also sustained input by the Scottish Government to help shape the transformation of systems. The partnership between the Scottish Government and the pathfinder was a marked feature of the pathfinder development.

Cross-agency Practitioners

There have always been some professionals, like school nurses, who occupy this kind of joint role in children's services. However, the process of integrating children's services acted as a catalyst for a range of other integrated posts. The role of the ISOs , formerly family liaison officers, has already been highlighted. Other posts which linked across services in a variety of different ways included: Children's Service Workers, Family Key Workers, intensive support service workers and outreach workers providing support for families in remote areas. Some of these are employed and line managed within the public sector, others work in the voluntary sector and are deployed according to the requirements of specific service sector agreements.

Whilst there has been some concern about the need for qualifications and training, clearer job descriptions and better communication between line managers and those, often in other agencies, who allocated and supervised the day-to-day work of children's service workers and key family workers, the response to these new posts was very positive. Not only did they supplement existing provision, they also added value because their work filled the spaces between the boundaries of the universal, targeted and specialist children's services.

7.6 Signs of progress during the pathfinder phase

Buying Into the Changes

The research literature on integrating local services often stresses the importance of getting the Chief Officers to buy into the change programme. That is a given and there is clear evidence that this has happened in Highland.

> "*The Chief Officers Group (COG) has been very helpful in getting some sectors within universal and specialist services to buy into GIRFEC. We have asked them from time to time to put out the message within their services explaining what we have signed up to. …. Especially need this in the universal services because they are big houses to manage with various hierarchies, power brokers and management streams that have to be brought on board."*
>
> Manager, Policy & Strategic Role

However, what has been even more crucial here is that the Chief Officers have been actively engaged in persuading their operational managers to buy into *Getting it right*. This has then led to a vanguard of frontline professionals feeling that they have their managers' support to actively participate in developmental working groups and in trials of new procedures and working tools. Subsequently many of these participants have played a key role in encouraging their colleagues to adopt the proposed changes in practice and this is proving to be a key catalyst in bringing about a shift in professional cultures across the workforce.

In other words buying in at the highest level within each service and agency is an essential prerequisite but it is critical that this is made known across every service and at all levels within every service. It needs to cascade down through all managerial and staff levels, to include the part-time unqualified staff who work across more than one agency and the unpaid volunteers who, e.g., assist with toddler groups or other community-based activities.

> "*The fact that the Chief Officers Group had bought in to Getting it right was critically important in ensuring that universal services take more responsibility while specialists let go and put their trust in the universal tier*."
>
> Manager, Policy & Strategic Role

Where some operational managers did not seem to have bought into *Getting it right* to the same degree as their colleagues it was apparent that this was encouraging some practitioners, particularly in universal services, to perceive *Getting it right* as an optional extra rather than a fundamental change to be put in place for all children and families. Within the pathfinder, this was seen as crucial in education and health because of the range and types of hierarchies and power brokers within each universal service. This has emerged as equally critical in creating a climate within the specialist and targeted services where colleagues in the universal services are trusted to be more proactive in their support for vulnerable children and children with complex needs.

Access to Strategic Thinking

The pathfinder phase was undertaken at a time when a number of fundamental changes were taking place which impacted directly and indirectly on the delivery of children's services. These included reviews of community nursing and social work, Hall 4, the Child Protection Reform Programme, Hidden Harm, More Choices More Chances, the Early Years Framework and numerous specific initiatives, such as the location of police on campus, which could all impact on the work of the development teams. Clearly, *Getting it right* was not being implemented in a vacuum.

> "*To take it to the Chief Officers' Group has been supportive to us but also helped us to shape some of our thinking. None of us on this team are senior managers. The strategic thinking at COG level has been applied to our thinking and that has been helpful. Also helped us to explain to operations managers what it is that the Authority is trying to do in children's services*."
>
> Manager, Policy & Strategic Role

All the managers with a developmental role brought a high level of operational experience to the change process. However, the pattern across this group also indicated less experience at strategic levels. Across the pathfinder areas, a very steep learning curve was reported, in terms of becoming appropriately informed about developments in other professions and some of the more wide-ranging policies for children's services. In this context, access to high level strategic thinking was very important as a means of getting an overview of how the changes they were planning and implementing connected with other changes and developments across the authorities. It was also the case that where there was access to Chief Officers' Groups, this was found to be very helpful. Of particular help to the Domestic Abuse Co-ordinators was being kept in the loop regarding developments in the National Domestic Abuse Delivery Plan and the work of local domestic abuse strategy groups.

Continuity and Coherence

It has already been noted that there have been very few changes in the development teams during the course of the pathfinder phase. Similarly, there have been few changes amongst the Chief Officers and senior strategic managers. This has been important in sustaining the support for change across the services and maintaining the development process and its pace.

Where staff changes have taken place at strategic levels, personnel have been appointed quickly, at the same or higher levels of responsibility and representing the same service.

Flexibility and Problem Solving Inherent in the Pathfinder Role

It was observed earlier in this report that when a pathfinder is fulfilling its intended role it is a problem solving, adaptive learning system. A good example of this role in action is the evolution of the *Getting it right* practice model and the accompanying guidance for managers and frontline professionals.

The practice model is firmly rooted in 20 years of research evidence of what constitutes good practice when working with children in need. Some of the tools within that practice model are widely used in other local authorities in Scotland and elsewhere in the United Kingdom. The model has been tweaked and adapted in the light of Highland's experience of working with practitioners but perhaps the clearest evidence of the problem solving dimension lies in:

- the emergence of the various elements of the scaffolding that supports the implementation of the practice model:
    - The infrastructure for governance and strategic management and planning, the service manager groups.
    - The ISOs .
    - The liaison meetings, and so on.

  These have evolved in response to specific issues and problems or to meet new requirements and demands.
- The adaptation of the implementation strategy to adjust to changing expectations, not least the growing recognition that the emergence of a tried and tested electronic system to support recording of and planning for children's needs would take longer than initially expected and therefore paper systems would need to be developed in the interim but with an eye on how they might be converted into electronic systems at some later date.
- The flexibility of response when it became apparent that some services and agencies had not been as fully engaged in the development and implementation process as they might or should have been. This applied in particular to the voluntary sector and some adult services. [See Pathfinder Example 1].

Pathfinder Example 1

During the course of the pathfinder phase it became apparent that more needed to be done to engage the voluntary sector in the implementation of the *Getting it right* approach. Awareness-raising sessions were organised but the feedback highlighted that there were specific issues for the voluntary sector that were quite different from those facing the development team working with the universal and statutory services. These related to the fact that some of the key voluntary agencies working in the pathfinder area were national bodies running nation-wide programmes and that some of the voluntary agencies already had service agreements with the local authority. Examples of other issues being discussed included:

The feasibility of unpaid volunteers and part-time paid workers taking on the role of Named Person or Lead Professional;

The inclusion of small local community initiatives as well as the national agencies and the need to build in a training programme that met the needs of a diverse population of voluntary workers.

Representatives from the voluntary sector proposed that someone from that sector should be seconded to the development team and that they should be supported by a reference group of voluntary bodies currently working with children and young people in the pathfinder locality.

The Head of Children's Services and the Strategic COG agreed that this would be an appropriate change to the development team and the pathfinder development plan. Following this, a case was made to the Scottish Government for additional funding for this post. This was agreed and a worker from the Highland Children's Forum was seconded to the development team on a part-time basis for 12 months (at the time of appointment). A reference group was also established which included representatives from Barnardo's, Action for Children, Children First, SACRO, Care and Learning Alliance, Highland Children's Forum and the Highland Carers project.

Credibility

The Co-ordinators and development team were all highly experienced and senior practitioners and experienced few problems in establishing credibility with their reference groups and the frontline staff within their own professions. However, the critical sign of progress here related to establishing credibility with operational managers and practitioners in other services and agencies. This really came about when they began to deliver multi-agency training. For this to happen it was essential that they each had an overview of the whole pathfinder development process and its implications for each service.

7.7 Emerging challenges during the pathfinder phase

Three broad challenges now confront what in effect are the drivers of change across the pathfinder area.

7.7.1 Exit plans for the pathfinder staff

Three years is a long time to be seconded from a service, department or team. In that time, original posts may be filled, promotion opportunities may have passed by, and, in any case, co-ordinators and developers will have acquired new skills and expertise which could be lost if they simply return to doing what they were doing three years ago. Even where secondees have managed to attend continuing professional development courses associated with their earlier positions, there is a sense in which they have become temporarily detached from their professional mainstream. Thought needs to be given to their exit or transition plans well before the end of their secondments. It is far from clear that this kind of strategic *thinking* has been carried out in any planned and systematic way.

7.7.2 Managing the roll-out across the host authority

Where training courses were being developed, the process of planning the delivery of the key multi-agency training modules began nearly a year before the end of the pathfinder phase. At the same time there were also signs that aspects of the *Getting it right* approach were already being tried outwith the pathfinder area before the roll-out phase was formally initiated. For example, the new Police Child's Concerns Form was rolled-out across the whole of Northern Constabulary once senior commanders were assured that the change in procedure had been fully and effectively implemented by its officers in the pathfinder area. This reflected operational considerations, in that police officers could be re-assigned to other divisional areas on a temporary basis, and it was felt that it would be inappropriate for them to use one procedure for addressing child concerns in one division and another procedure in the pathfinder area. However, it was also the case that some of the other systems and procedures that were implemented in the pathfinder area once a Child's Concern Form had been shared with professionals in other services had not yet been rolled out across Highland as a whole or in those other areas outside Highland that are covered by Northern Constabulary.

Also, there were signs of the *Getting it right* approach influencing multi-agency practice in some areas outside the pathfinder before the roll-out phase began. This tended to be variable. Where awareness-raising programmes were in place, sometimes through committee structures (such as the JCCYP seminars) and almost inevitably, through informal professional grapevines operating across locations, kept all staff informed of developments in the pathfinder area. At the same time the tendency to view *Getting it right* through the lens of other major changes, such as Hall 4 or Additional Support for Learning, was also apparent outwith the pathfinder area.

However, it is likely that the roll-out across every area of the host authority will present new challenges as well as a re-emergence of some of the challenges that had to be resolved in the pathfinder area. In spite of the fact that the development work in the pathfinder phase has produced a practice model, protocols and procedural pathways, working tools and training modules these do not constitute a black box which can simply be plugged into other localities and begin operating immediately. Care needs to be taken that the necessary infrastructure is there to support a smooth transition to the new approach.

A number of further developments have been introduced to help smooth the transition process:

- Some members of the development team have assumed a liaison role with some of the administrative areas for the roll-out.
- Reference groups have been reformed with a role specifically designed to help the roll-out, with an implementation brief.
- Service Managers' Groups (SMGs) associated with administrative areas have been given the role of helping to co-ordinate the roll-out.

Nevertheless, three key challenges have emerged which may have some impact on the embedding practice across Highland after the roll-out process has been completed. These are couched in terms of open questions which will require further evaluation and monitoring over the next 12 months:

1. *Are there any factors that may act as barriers to the transference of the approach developed by the pathfinder team?*
   To a large degree, the pathfinder area is predominantly urban where contact between services and agencies tends to be easier, there can be some co-location of multi-agency teams and service-users access to services is reasonably good. It remains to be seen to what extent the systems and procedures that have been developed can operate as smoothly in more remote rural areas.

2. *Are the prerequisite factors in place in the non-pathfinder administrative areas to ensure a smooth transition?*
   It was noted earlier that some decision-making responsibilities and budgeting had been devolved initially to local forums and then subsequently to the Service Manager Groups. It remains to be seen, particularly in a period where budgets are even more constrained than during the pathfinder phase, whether there will be more pressure on the Service Managers' Groups to focus on inputs and outputs or whether they will still be able to sustain an outcomes-led and holistic response to children's needs.

3. *Will further development work be needed during the roll-out phase?*
   The key issue here is likely to centre on the use of information technology. The interim position has resulted in simultaneous pathfinder activity at a number of different levels. A new Public Health Nursing Child and Family Record (PHNCFR) was developed that could be used with new-borns and

the early years. At the same time work was ongoing on the Child's Plan and an electronic record and plan for Looked After children using the CareFirst system. Work has been slower on how information on the PHNCFR and child's pre-school record would connect with the Pupil Progress Record (PPR) and the Individualised Education Programme (IEP) in a world of *Getting it right* or how the PPR might be used for electronic tracking of the progress of each child in relation to that child's needs. Throughout the pathfinder phase the health visitors and school nurses have been using a paper record. This is large and unwieldy. It has always been assumed that an electronic version would be developed that would be easier and quicker to use with drop-down menus and a user-friendly navigation system. However, if and when this kind of electronic record becomes available it will impact on practice in ways that are as yet difficult to predict. For example, it may need to be piloted with a small group of professionals before rolling out to all health visitors and school nurses.

7.7.3 Embedding *Getting it right* beyond the roll-out phase

There are several potential challenges beginning to emerge here.

Monitoring the Outcomes for Children and Young People

Work is underway within the authority to agree a new Children's Service Plan. This will have fewer outcomes and targets than the previous Plan for 2005-2008 and they will be linked more closely to the authority's Single Outcome Agreement and the National Outcomes and Indicators.

At the same time a self-evaluation programme is planned around HMIe's Quality Indicators for Child Protection and, eventually, the revised quality indicators (QIs) for children's services. The key issue here, however, will be whether the outcome data collected and aggregated for these purposes will tell the authority the extent to which they are *Getting it right for* **EACH** *child*. This will depend to some degree on looking at what individual records and plans indicate about the support provided to individual children and young people over time.

A pilot analysis of samples of records and plans undertaken for the evaluation is reviewed in a later section of this report.

Reviewing the Coherence of the Decision-making Process

Currently decisions which impact on integrated children's services are being taken in the Chief Officers' Group, the Strategic Chief Officers' Group (which emerged specifically to steer *Getting it right)*, the Joint Committee on Children and Young People, the strategic committees for Social Work, for ECS and in full Council. This situation has emerged for historical reasons, not least the history of being a pathfinder for a national initiative. The key question here is whether there is any positive advantage to this situation continuing beyond the pathfinder and roll-out phase or whether it is potentially detrimental to the coherence of the decision-making process for children's services.

Also for historical reasons the JCCYP has evolved into a very inclusive forum where almost every stakeholder associated with the delivery of children's services is represented. The JCCYP in its current form has played a very important role as a catalyst for change. However, when *Getting it right* has been mainstreamed across the whole of the authority it may be that another look at the role of the JCCYP may be needed to consider if it should retain its present form, with a heavy emphasis on its role as a sounding board for stakeholders and with a relatively small number of councillors and health board members with voting

rights, or whether it should move in the direction of a more conventional strategic committee.

A third strategic area for review may well be the existing mechanisms for consultation with local communities to ensure that the SCOG and the JCCYP are responsive to local needs and circumstances.

This may also raise issues about the need to ensure that planning for children's services at the local level is firmly embedded in the wider community planning agenda and that the mechanisms for two-way communication and consultation with local communities are robust.

Learning Points

- The breadth of *Getting it right for every child* and its potential impact on so many services and agencies means that it is critically important that the vision on which it is founded needs to be clearly understood at strategic and operational levels. Without this there is a risk that managers and frontline professionals in each service will focus only on those aspects of *Getting it right* which dovetail with the priorities for change within their own services.
- An effective communications strategy is needed which can communicate the vision as well as details of the specific changes to systems and practice that are planned or being implemented. This involves communicating the reasons why changes were needed, the thinking behind the development of the vision, the timescale for the change process and some sense of the scope and range of changes which are envisaged.
- All stakeholders need an overview of the developments that are planned in addition to being provided with information about how these changes will affect them directly.
- The communication strategy needs to be implemented as soon as possible. Even where a phased implementation strategy is envisaged – beginning with a locality or an age cohort or children with specific kinds of needs – it is critical that managers and staff in those services and agencies not immediately affected are still aware of the overall implementation plan and their place in it. This is important for initiating a co-ordinated shift in professional culture across all children's services.
- The communications strategy needs to be targeted on children, young people, families and local communities as well as practitioners.
- Initiating a wide-scale awareness-raising programme which begins to be implemented in the early stages can help to reduce the tendency for myths to develop about what *Getting it right* means in practice. This tendency can be further alleviated by developing and deploying practice exemplars based on real cases and scenarios.
- Senior managers also have an important role to play here in picking up and addressing misunderstandings and misinformation that may be circling within their teams and departments.
- Governance of children's services needs to strike a working balance between the need to ensure representation of all the relevant stakeholders and the need for a decision-making body that also has the links to other strategic bodies that enables effective oversight of policy implementation, operational co-ordination and quality assurance.

- Governance needs to keep pace with the changes being made at the operational level.
- It is essential that the Chief Officers Group buy into *Getting it right*: both the vision and the implementation strategy and plan. Without this it is unlikely that commitment and engagement in the development and implementation process will cascade down through levels of management to frontline staff.
- The Chief Officers Group also have an important role to play in establishing links between *Getting it right* and the other developments and initiatives impacting on the delivery of children's and adults' services to avoid unnecessary duplication and overlap and to reduce the likelihood of parallel pathways emerging for the assessment and recording of children's needs and the development of plans.
- The kinds of changes encompassed by *Getting it right* need to be systematically supported and managed. It may be advisable to consider seconding a small team of experienced staff to steer the implementation process, including the induction of managers and practitioners into the *Getting it right* practice model.
- The implementation team needs access to strategic thinking at Chief Officers' and Lead Officers' level in order to establish the linkages between *Getting it right* and the other developments, initiatives and policy priorities impacting on children's services.
- Managing expectations is difficult but necessary. Staff may start using developmental tools before the training has been provided. While this may be unavoidable it is important to introduce quality assurance during the implementation phase to identify where tools and processes are not being used appropriately.
- *Getting it right* is an outcomes-led approach to delivering children's services. It is important therefore that steps are taken to review whether existing procedures for collecting and reviewing data on children and young people provide the kinds of evidence needed in order to judge whether changes in systems and practices are leading to improved outcomes for children and young people.
- The pathfinder experience shows that decisions which impact on children's services are taken in a number of different forums. It is essential that Chief Officers ensure that these are consistent and coherent with the *Getting it right* agenda.

8. Intelligence Gathering

8.1 The context

Intelligence gathering here refers to several different processes. Some intelligence gathering needs to be carried out before embarking on any major change process. These include local audits and reviews of current practice, reviews of service capacity (access to out-of-hours support, staff access to information technology, training and CPD needs) and audits of service-users' needs. Other useful data here might include inspection reports and internal and independent evaluations of various aspects of children's services. These kinds of data serve three main functions:

- To identify those elements within current systems, practices and professional cultures that need to be changed and to provide an evidence-based rationale for those changes.
- To identify potential barriers to change within systems, practices and cultures.
- To provide a qualitative and, where possible, quantitative baseline for assessing the extent to which changes in systems, practices and cultures have actually taken place.

Other intelligence-gathering processes need to be ongoing during and beyond the development and implementation phases to establish the extent to which changes have actually happened, whether and how barriers have been overcome, and the extent to which the changes are making a difference to the lives of children, young people and families.

In the six years leading up to the pathfinder phase in Highland, a number of audits and reviews of different services to children had been carried out. This included several consultations with professional staff in different services and, as noted earlier, with service-user groups. These exercises were mainly initiated by strategic cross-agency planning groups with the following objectives:

- identifying gaps in existing provision;
- identifying areas where more work needed to be done to facilitate multi-agency collaboration;
- identifying planning priorities for the children's services plan;
- auditing staff access to Information Technology hardware and software prior to the introduction of electronic children's records;
- identifying where practitioners and operational managers may have concerns about inter-agency data sharing prior to reviewing and developing data sharing protocols.

In 2003 in this authority, the Council and the NHS jointly commissioned an independent evaluation of the progress made towards the enhanced integration of services for children, young people and their families. In addition to a number

of thematic reports an overview report was published in 2007.[8] The report noted that changes in practice in some areas of children's services had been extensive but slower to emerge in others. There was a need for consolidation of the gains made and cascading of the learning to all professionals working with children. Nevertheless it was concluded that an appropriate platform or foundation on which to base the additional changes in practice that were envisaged by *Getting it right for every child* had been established.

In addition, and arising out of participation in the then Scottish Executive's pilot exercise to devise Local Outcome Targets for children's services (2002–2005) a baseline was also established against which to measure improvements in children's outcomes. This initial baseline was constructed around 15 indicators. In 2005 these 15 indicators were subsumed into a larger set of 50 outcome targets which underpinned a second children's services plan.[9] The implications of using the data from the latest children's service plan for evaluating the impact of *Getting it right* on the lives of children, young people and families is discussed in a later section of this report.

8.2 Progress in intelligence gathering

When the Chief Officers' Group, the Project Board and the development team began to plan the work to be done they had a clear picture of the following:

- the areas where the need for change was the highest priority;
- the likely barriers to change;
- The good practice that could be built upon.

In advance of the pathfinder programme being announced, it was recognised that clear links had to be established between *Getting it right* and the outcomes specified in their Children's Service Plan.

The working group on quality assurance was asked to review ongoing procedures for assuring the quality of practice in children's services and to look at how data being collected for various purposes could be used to gauge the impact of the changes being introduced.

A Children's Planning Manager was appointed to co-ordinate the development of the upcoming Children's Service Plan and to review the implications for systems and practice of the outcomes data collected for the previous Children's Service Plan (2005-2008) and to review the extent to which each service and agency would meet its improvement objectives.

8.3 Ongoing challenges

Getting it right introduced a range of new issues about measuring the impact of integrated children's services in Highland. The use of aggregate indicators provides some useful evidence of the extent to which Highland's children are safe, healthy, achieving, nurtured, active, respected, responsible and included. The outcome data can be disaggregated to some degree in order to review progress for different groups of children and young people, whether by age, gender and sector or by various categories of need.

But the aggregated outcome data in the Children's Service Plan and in the Single Outcome Agreement will not necessarily indicate whether or not children's

[8] B. Stradling and M. M. MacNeil (2007), *op. cit*.

[9] Highland Council/NHS Highland (2002), *For Highland's Children*, Inverness and *For Highland's Children 2* (2005) Inverness.

services are getting it right for each child who requires additional support and a single-agency or multi-agency assessment and plan. This is addressed in a later section on Emerging Outcomes for Children and Young People.

Relevant data on intended outcomes for children and whether they have been achieved are now recorded on the Records and Plans of children requiring single or multi-agency assessments and plans to meet their additional support needs. The records for children and young people produced by the universal services can provide indications of the extent to which each child is meeting his or her potential and reaching his or her developmental milestones at appropriate stages. However, the extent to which outcome data on these Records and Plans is being used in this way is still patchy. A change of this kind requires a cultural shift from an approach which is input- and output-led to one that is outcome-led and this is a process which takes time.

9. Business Process Mapping (BPM)

9.1 The context

This mapping process had a number of objectives, the primary objectives being as follows:

- To map the paths which a child takes through a single agency, for example from universal or core support to specialist help once a concern or unmet need has been identified and then, where appropriate, to map that child's pathways into multi-agency support.
- To highlight any areas of duplication that needed to be eradicated.
- To identify any barriers to the delivery of appropriate, timely and proportionate support.
- To redesign the business processes in order to reduce any duplication and remove or circumvent any barriers that have been identified.

> *"Why spend valuable time finding out what is wrong with a procedure when you want to replace it with something better anyway and you have a clear idea of what that new process would be?"*
>
> Manager, Policy & Strategic Roles

Where changes in all systems were to be addressed, the BPM was mainly carried out by two consultants with the cooperation of senior staff in the universal, targeted and specialist services. Initially the response to the value of the mapping process was rather mixed. Some strategic managers, as the accompanying quote clearly indicates, felt that the process would have been more useful if the intention had been to fine tune the existing procedures but less so if a root and branch change in practice was planned. On the other hand, BPM can have another function as well. If there are senior managers, either within children's services or other agencies working with families, who are sceptical of the value of change then it can be a very useful means of convincing them that change will be worthwhile as a means of streamlining and rationalising processes. Indeed, a more positive view of BPM emerged subsequently as managers and members of the development team came round to the view that the mapping exercise had been useful in identifying areas where specific procedures and pathways could be made more efficient and had helped to clarify the transition from single agency to multi-agency support. Our own view is that BPM can also play an important role in encouraging professionals to reflect on the way they work and how it could be

made more effective but to do this it may be necessary to involve them more actively in the mapping exercise.

> *"Process mapping was very good! Helped us to see that time is taken to achieve nothing, no outcome for the child."*
>
> "*It has been a clumsy process. We have spent hundreds of person hours on it refining and refining those maps and eliminating curves and corners. Its simplified everything but there might have been better, less time consuming ways of doing that*."
>
> "*It really helped to highlight duplication and time wasting*."
>
> "*It was useful to see how things were done so that we could question why it was being done that way but while the broad picture was useful the fine detail may not have been needed*."
>
> Comments from staff who had participated in the process

9.2 Signs of progress associated with Business Process Mapping

BPM has helped to question the procedures and pathways that were being used by the universal, targeted and specialist services that work with children and young people.

The number of different pathways and procedures that were in operation has been comprehensively mapped and that has helped to demonstrate the scope for following a sequence of actions that are more rational and streamlined than they were. Whether a concern is raised about a child with education, health, a voluntary agency, social work or the police the individual within that service or agency with whom the concern is raised will ask the same questions and follow the same sequence of procedures in order to:

- Gather evidence about the concern;
- Determine if the child is at immediate risk and may require protection;
- Determine whether or not the child's well-being is likely to be impaired if additional support is not provided;
- Determine if other agencies need to be involved in the assessment;
- Seek consent from the child and parents to share information with other agencies if this is necessary;
- Determine if the child's needs can be met within a single agency or by more than one agency;
- Either work with child and family to produce an agreed plan or get the child and family's consent to involve other agencies in the planning process;
- Determine if the child is at immediate risk and may require protection;
- Hold a Child's Plan meeting;
- Implement the plan and agree on how it will be reviewed;
- Review the plan, monitor the outcomes against the Well-being Indicators and modify the plan where necessary;
- Continue to monitor as appropriate.

"*There is a risk with the mapping exercises that they specify a path that has to be followed and that is the very thing we are trying to get away from. We want to get to the point where children's needs are managed when they need to be rather than when the procedures say that it should happen*".

Manager, Operational Role

However, the evaluation also found that there some staff had reservations about some of the specific of the BPM process. While broadly welcoming the rationalisation of pathways and procedures, there was also concern to ensure that the core business of providing support to children should be needs-driven rather than procedure-driven. In their view, the BP maps produced for Highland tended to focus more on procedures than processes. The processes determine what staff will do; the procedures determine how they will do it and the sequence in which the various tasks will be carried out. Perhaps the distinction can be best explained by noting that procedures and pathways are implemented while processes are operated.

In *Getting it right*, the processes are the practice model. They are derived from nearly 20 years of research-based evidence on how best to assess the needs of children and young people and how best to construct a plan in order to improve the child's circumstances and help them to achieve desired outcomes. The mapping of procedures provides a working basis for making the sequence of tasks as efficient, non-bureaucratic and cost effective as possible.

9.3 Ongoing challenges

Now that the all-systems pathfinder staff have simplified and rationalised their procedures there seems to be a growing feeling that there may still be some procedures and pathways that need to be mapped in this way to see if this identifies any further barriers and areas of overlap and duplication. The pathways followed by some specialist services - from referral to assessment and diagnosis and then to reporting and initiating appropriate actions – would be an obvious area for further mapping.

Another emerging challenge may be to check whether procedures that lead to the most efficient and cost effective sequence of tasks in the pathfinder area would be equally efficient in other localities where the context might be very different, e.g. in more remote rural areas or in areas where the volume of children with multiple and complex needs is much higher or lower.

A further challenge for procedural mapping may arise when one service or agency takes an operational decision on how particular groups of staff are deployed and for what purposes. For example, children's service workers are assigned to ASGs rather than aligned with individual schools; health visitors are organised into area groups rather than aligned with individual GPs. Mapping of this nature may be a useful tool in considering the implications such operational decisions may have for determining the optimal pathways and procedures.

10. Establishing Strategic Links

10.1 The context

At the same time as the pathfinder development work was being undertaken, Highland was also responding to a range of other initiatives which impact on the provision of universal, targeted and specialist services for children and families.

It was recognised early on in the pathfinder phase that strategic links would need to be established between the pathfinder activities and these other developments and initiatives to avoid unnecessary duplication and overlap and to reduce the

likelihood of parallel pathways emerging for the assessment and recording of children's needs and the development of appropriate plans.

Because of this, an integration strategy was adopted to manage these risks. Most of the seconded development team, particularly the IAF Co-ordinator and the health, social work and education leads, had already been actively involved at the operational level in implementing or preparing for these other policy initiatives and changes. This, in itself, provided scope for the *Getting it right* approach to influence the development work relating to these other policy initiatives.

For example, the new PHNCFR and Plan for health visitors and school nurses sought to integrate the *Getting it right* approach to child assessment and planning with the implementation of the national Hall 4 guidance on universal and targeted provision for child health surveillance, screening and health promotion[10]. In terms of *Getting it right* for social work, there was active involvement in implementing OLM's electronic CareFirst care management system for children's and adults' services and ensuring that the new system would take account of key components in the *Getting it right* approach, including the Well-being Indicators, the My World Triangle and the Resilience Matrix. Perhaps the most complex task was in education, where work streams had to take account of the integration of *Getting it right,* Additional Support for Learning, the rapid growth of early years provision in the authority, the alignment of health visitors with nurseries, preparation for the Curriculum for Excellence and the authority's intention to introduce the Phoenix E1 management information system into all of its schools, in order to provide a more holistic information base on each child's progress.

In this context, the *Getting it right* reference groups had an important role to play. As experienced professionals and operational team managers within their services and agencies they were able to assist the development team in establishing clear links with other relevant developments and in following them through. At the same time strategic managers and the JCCYP recognised that they also needed to establish effective linkages to the relevant strategic committees and various stakeholder groups.

10.2 Signs of progress in establishing strategic links

Some linkages took longer to establish than others. The example of the steps that needed to be taken, and the issues that needed to be resolved, before the voluntary sector felt that it had been integrated into the *Getting it right* pathfinder has already been described. Strategic linkages with adult services have proved difficult to forge but positive steps have been made around transition from children's services to the adult services for Looked After children accommodated away from home and this may well serve as a template for other linkages.

The process of establishing strategic and then operational links around early years provision has also proved lengthy but has been facilitated by the alignment of health visitors with pre-school centres and the focus of the development team on integrated assessment and their work with a multi-agency working group to provide an early years perspective to the pathfinder and initiate integrated multi-agency working.

There is no doubt that all the strategic managers and many of the operational managers who contributed to the evaluation have a clear understanding of the relationship between *Getting it right* and many of the other initiatives being

[10] D.M.B. Hall and D. Elliman (2006), Health for All Children (4th edn), Oxford , Oxford University Press.

implemented around the same time. This involved a recognition that *Getting it right* is more than the sum of the changes in practice that are initiated during the pathfinder and roll-out phases. This has often been reflected in the way managers discuss *Getting it right* and references have been made frequently to the *Getting it right* umbrella or the *Getting it right* universe, highlighting the need for a holistic overview of the direction that children's services were moving towards rather than just seeing each priority area and policy initiative as a discrete development to be addressed in isolation from the others.

However, this understanding of the strategic linkages was not necessarily filtering down to all of the operational managers and frontline staff, some of whom either perceived the other initiatives and developments within their service or, indeed, in other services, as factors that constrained their capacity to implement *Getting it right*, or were confused about which changes were initiated through *Getting it right* and which ones were initiated through parallel initiatives such as Hall 4 or the ASL Act 2004 or the Curriculum for Excellence. Some also thought that *Getting it right* was constraining their capacity to implement other key initiatives. This confusion is apparent where the requirements of Hall 4, CareAims, Skillmix and *Getting it right* all seem to be merged into a single message about the need to target resources.

10.3 Ongoing challenges in establishing strategic links

While the strategic managers and most of the operational managers now have a clear understanding of the relationship between *Getting it right* and other initiatives impacting on children's services, this has not yet filtered down to every frontline practitioner. How this is managed in the roll-out phase will be fundamental to the anticipated mainstream shift in professional culture. Addressing this depends on more than preparation for new roles and training in the use of the new processes and working tools. The overview understanding that is required relates more to why these changes have been introduced and the core principles which have influenced the development of the practice model and the pathways, procedures and tools.

While much has been done to consult with bodies representing family groups, youth forums, and community groups more still needs to be done to ensure that these groups feel actively engaged in the implementation process.

11. Information Sharing

11.1 The context

A recurring theme in Serious Case Reviews of child protection cases has been that various services and agencies had held bits of information on the child or the family which, if pooled, might have led to an earlier intervention in order to prevent a tragedy. In part this was about ensuring that information collected on each child routinely by the universal services could be readily aligned with the information recorded when it becomes apparent that a child or young person needs additional help. But, primarily, it was about ensuring that this information was brought together, analysed, interpreted and that sound evidence-based judgements were then made about the best course of action for that child or young person.

> *"One of the risks is that too much information flies about…if there are too many people looking at it and trying to make sense of it this could prove counter-productive. That has been highlighted in some child protection cases in the past. Lots of information shared but no-one was analysing it to learn from it in order to take appropriate action. If you say we put a stop to mechanistic referrals then analysis and interpretation becomes critical."*
>
> Manager, Policy & Strategic Role

Concern over issues on confidentiality of information on children and families was a regular feature of multi-agency discussions and planning meetings in the pathfinder areas in their early stages. As noted earlier, even before the inception of the pathfinder phase, the authority which had adopted the all-systems approach had already acknowledged that there needed to be a culture shift within its workforce to create a greater basis of trust for sharing sensitive and confidential information. A Data Sharing Partnership was set up, with management tasked to look at this and, in particular, to clarify the circumstances where informed consent by the child, young person, parent or carer was a prerequisite for information sharing and where there might be grounds for sharing information without informed consent (as for example where there was clear risk of significant harm to the child).

11.2 Progress in information sharing

The *Getting it right* practice model gives priority to informed consent and seeks to achieve full engagement with the child and family to ensure effective assessment, planning and intervention. Where parents and/or children do not consent to information being shared with other professionals and agencies, the practitioner has to make an evidence-based decision about whether there will be a consequent risk to the child's well-being.

Where analysis has been undertaken of samples of children's records and plans within the evaluation, the evidence indicates that a consistency of practice is emerging in the pathfinder areas here with more recent records being more likely to show evidence that consent has being obtained before information is shared, or that the grounds for sharing information without consent have been stated and conform with the information sharing policy and the parent or child has been informed why the information will be shared with others without their consent.

Each of the services and public agencies working with children and young people has endorsed the information sharing policy produced by the Data Sharing Partnership.

There is also growing evidence from the fieldwork across the pathfinders that the quality of information being shared has markedly improved over the last eighteen months. This view is increasingly expressed by the following two groups:

> *"We've always done joint working…I think the quality of information is much better now…maybe its that we know the right questions to ask or its just because…the links are much stronger and you know that you can always phone somebody for a wee bit of advice or you know a wee bit of backup."*
>
> Voluntary Worker

- Staff in the universal services who now routinely receive information about children's circumstances and concerns from other services which is enabling them to put their own observations of that child or young person into a wider context.

- Staff in targeted and specialist services who are taking on the role of Lead Professional for a particular child and seeking information from other staff who know the child well in order to assist them to carry out an assessment of the child's needs.

"*In the past where women had…you know, moved fae place to place they would slip off the radar screen… I think we're more likely to be able to sort of plot where they are going now… We're very aware if children move from… homeless accommodation and we can inform education, where maybe in the past that wasn't happening".*

Support Worker

Analysis of samples of completed Child Concern Forms shows that more staff now show a better understanding of the information needs of their colleagues in other services and agencies.

Staff in the pathfinder area are noticing that systematic information sharing across the agencies has reduced the likelihood of certain families "*going off the radar screen*". Those staff working with child protection cases and with substance-misusing parents and carers are also talking about fewer children and babies "*slipping under the radar*".

Improved information sharing across the agencies and services is also helping to highlight that the initial concern raised about a child or young person, and the initial interpretation of that concern, may not necessarily be the significant one. Simply broadening the range of services receiving information about a particular concern is helping to produce a much more holistic picture about the child and his or her unmet needs even before a multi-agency planning meeting has been held. The following example illustrates this process at work.

Pathfinder Example 2

"*We had an incident where a seven year-old girl was throwing stones at passing cars. A police officer was called and took the girl home and talked to the mother. An hour later the girl was out on the streets and throwing stones again. The police officer contacted social work concerned that the girl might be out-with parental control. In the past the focus would have been on that specific concern, you know, whether or not she was out-with parental control. But then we got information back from the school that they had concerns about this girl being bullied. Then we got information from health that she was on medication and that might have been affecting her behaviour. Then we found out from the girl's mother that she had recently lost both her grandparents and she had been very close to them. This had greatly affected her as well as the girl. So the picture that emerged very quickly about this girl was a lot more complex than her just being out-with parental control."*

Manager, Operational Role

11.3 Ongoing challenges in information sharing

Much of the initial thinking about information sharing, particularly where the all-agency approach had been adopted, was premised on electronic recording and sharing of information across agencies. At present some information is being shared on a face-to-face basis, much of it by telephone, some by secure email and fax and some by exchange of paper documentation. This is slowing down the decision-making process and making it more expensive. Once electronic systems are up and running there will be new problems and challenges associated with the technology which will need to be monitored.

While the work of data sharing partnerships has helped to resolve some of the inter-agency concerns about the sharing of sensitive information there still appear to be some concerns about what constitutes informed consent when the person being asked for that consent is under considerable stress and may also be confused.

> "*Obviously a lot of information is given at the time of the incident which is probably the worst time to have information given to you…There has been a particular incident where a worker who knew a mother really well and the mother had said to her 'I can't believe you know this'. But when they talked it through…she remembered the police officer saying at the time, so it was just that all the things that had been happening, it was such a big event and again the relationship was able to get over that barrier*."
>
> Service Provider

There are also some residual tensions between those services and agencies which regard information sharing – with or without the consent of the child or family – as part of their duty of care to the child and those who will withhold information from other services if they believe they have a duty of confidentiality to the child, parent or victim. However, there is evidence that this tension is reducing as staff become more used to working in a multi-agency context.

12. Gatekeeping

12.1 The context

The fundamental idea behind *Getting it right for every child* is that an integrated network of support should be built around the child or young person's needs rather than the child moving around between services and agencies and up and down between different levels of support depending on the extent to which he or she meets the criteria for the various thresholds and tariffs. This would imply that there should be no need for gatekeeping or for the screening of referrals to determine the extent of the support provided.

In Highland a kind of gatekeeping process emerged initially to take on the role of screening referrals from police officers. Before the pathfinder phase, when a police officer was concerned that a child or young person was offending, putting themselves at risk, being outwith parental control or abused or neglected then this was automatically referred to the Children's Reporter. During the pathfinder phase a new Police Child's Concern Form was introduced based on *Getting it right* principles. Rather than being referred directly to the Reporter the completed forms were screened internally and a judgement was made on what would be the appropriate action in each case. The concerns forms were shared with social work, the school and health, further information was sought and then a judgement made as to which of the following actions should be taken:

- to exercise discretion and take no further action;
- to transfer responsibility to another agency to address the concerns on a single agency-basis or initiate a multi-agency assessment and planning process; or
- to refer to the Reporter.

Within this new system the concern might still be referred immediately to the Reporter if the child had committed a serious offence or was thought to be at risk of significant harm. Indeed, in the initial stages of the trialling of the new system only concerns raised on non-offending grounds were screened in this way. Offences continued to be referred automatically. Subsequently the screening process has been extended to include less serious offences.

Initially this role was embedded into *Getting it right* developmental processes with a senior member of staff undertaking this gatekeeping role and processing

around 350 Child Concern Forms per week. Over a relatively short period of time the proportion of potential referrals that were not subsequently referred to the Reporter after screening was reduced by 70%. This gatekeeping role has now been taken on by the police-based divisional Public Protection Unit. A more recent sampling of the actions taken after screening indicates that this trend has been sustained. [See chapter on Emerging Outcomes for Children and Young People]. More importantly, over the same period of time the proportion of referrals to the Reporter that led to supervision requirements has increased and the number leading to no further action has decreased.

During the pathfinder phase some operational managers have introduced some degree of screening or monitoring to check that staff within those services are using the new pathfinder processes as intended. This has sometimes led to Named Persons and Lead Professionals being asked to 'use the correct procedures' or 'the proper forms for requesting action'. Some experienced frontline professionals have complained to us about this being a barrier that delays action being taken where previously they had picked up a phone and talked to their contact in another service. In our view this may be a necessary but interim stage of quality control for ensuring equity and the same high standard of performance at the point of delivery of children's services. Indeed, interviews carried out towards the end of the implementation phase with service managers and ISOs indicate that they perceive this current screening or quality control activity as a valuable temporary measure until the new processes are firmly embedded in everyone's day-to-day practice an they are already looking at how this might inform future self-evaluation and quality assurance procedures.

12.2 Signs of progress with gatekeeping

It could be argued that gate keeping is inimical to the principles of *Getting it right*, particularly if it leads to implicit criteria being used to close the gate to some children and young people regardless of their needs due to lack of sufficient capacity. However, gatekeeping is not necessarily just about controlling access to scarce resources. It can also take the form of screening to determine the most appropriated response and also quality assurance.

The police in the pathfinder welcomed a screening process because it was felt that operational officers were trained to assess levels of risk and concern but not to assess the impact of these concerns on the children involved.

A strong case can be made for initiating a period of checking for consistency and establishing benchmarks for good practice when introducing new processes and procedures. As we note in the later Section 13.2 systematic screening of concerns forms completed by police officers led to improved practice. Ultimately the proof of the pudding lies in improved outcomes for children but there is an interim stage where it is necessary to ensure that new procedures are being implemented properly and delivering the intended outputs: i.e. that concerns are being raised about children in ways that are timely and appropriate and that the information provided about the concern is sufficient to inform an assessment of the child's needs and that this, in turn, helps to ensure a proportionate response.

In other words, in some developmental situations gatekeeping may be a necessary transitional stage in order to reach the next stage which involves changes in practice and professional culture at a much wider and deeper level so that evidence-based professional judgements become the norm and screening moves from a gatekeeping process to a quality assurance process based on the periodic sampling of completed concerns forms.

12.3 Ongoing challenges with gatekeeping

The first challenge is to ensure that an interim quality control process does not become embedded in operational managers' practice. As we have tried to demonstrate above, it is probably a necessary interim phase to ensure equity of delivery and high standards but clearly it is important to ensure in the longer term that good practice is embedded. Otherwise the quality control process will become bureaucratic and delay actions being taken to address the needs of children and young people. This is not to say that some form of quality assurance and self-evaluation is not required but this could be done effectively through auditing random samples of children's records and plans on a periodic basis – as has already been the practice in some of the services. However, this will need to be supported by an induction programme for new appointments and experienced staff may need to take on a mentoring role for those who are less experienced in the role of Named Person or Lead Professional or have not previously had to complete a child's concerns form.

The second challenge is for strategic managers to monitor how scarce resources are being allocated once levels and thresholds no longer operate. We would anticipate that, initially, the demand for access to some scarce resources will increase. Indeed there is some evidence of this happening during the pathfinder phase. A more wide-ranging and deeper assessment uncovers more needs and concerns regarding an individual child or young person and the Named Person or Lead Professional, particularly if they are still inexperienced in the role, and this is reflected in the package of interventions and support which goes into the draft plan. Until the cultural shift is fully embedded across the workforce some frontline professionals will continue to operate with implicit tariffs and thresholds even if they no longer formally exist. We address this issue in more detail when discussing how the *Getting it right* practice model is operating in the pathfinder area. In our view the critical change that needs to take place is in the assessment process when the Named Persons and Lead Professionals move beyond simply using the My World Triangle to describe more thoroughly the child's needs and concerns and the strengths and pressures in their world to also effectively analyse the extent to which (a) these concerns and pressures are impacting on the child's growth, development and well-being and (b) the extent to which the strengths identified in the assessment can be built upon. That cultural shift takes time and it tends not to happen uniformly and at the same rate for all professionals although the shift can be facilitated by effective training programmes, self-evaluation, mentoring and quality assurance processes. In the interim there may well be an increased demand for some scarce resources but this can be used constructively to encourage operational managers and Lead Professionals to review their practice, particularly with regard to assessment of needs and whether the proposed interventions are not only appropriate but also proportionate to need.

13. Implementing the GIRFEC Practice Model

13.1 Background

The *Getting it right for every child* practice model was developed and trialled by the GIRFEC team in Highland and Jane Aldgate and Wendy Rose of the Open University.[11] The model is informed by two decades of theory and research evidence on good practice in assessment and planning for children's needs within a single-agency and multi-agency context. It also reflected the work which the Open University team had been undertaking with Highland prior to the pathfinder

[11] Scottish Government (2008), *A Guide to Getting it right for every child*, Edinburgh, Scottish Government.

phase, around the pilot for the introduction of an integrated assessment, planning and recording framework, which had been initiated by the then Scottish Executive's consultation paper on the Children's Hearing System (CHS).[12]

There are three main components in the model:

> The eight Well-being Indicators – taken from the Ministerial Vision (2005) that children need to be safe, healthy, achieving, nurtured, active, respected, responsible and included.[13]
>
> The My World Triangle – an ecological approach to assessing the child or young person holistically, taking into account the interaction between how the child grows and develops, the care they are receiving from others and their wider social and physical environment.[14]
>
> The Resilience Matrix, developed by Brigid Daniel and Sally Wassell, which helps practitioners to analyse the information they have gathered through the My World Triangle, particularly with more complex concerns where it is necessary to make a judgement about the degree of vulnerability or resilience of the child given the adverse and protective factors that have been identified in the assessment[15].

The model also comprises six main processes which are only followed in so far as they are deemed to be appropriate and proportionate to the specific needs of the child or young person. These are:

- using the Well-being Indicators to record and share information that may indicate a need or concern;
- using the My World Triangle (and any specialist assessments that are relevant) to construct a holistic picture of the child or young person: his or her strengths, the strengths in his or her caring and wider environment and the pressures that are impacting on him or her;
- analysing this information to make sense of the child's needs, using the Resilience Matrix where necessary;
- summarising the child's needs using the Well-being Indicators as an organising tool and identifying the intended outcomes for the child;
- constructing a plan and taking the appropriate actions;

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[12] Scottish Executive (2005), *Getting it right for every child*, Edinburgh, Scottish Government.

[13] Scottish Government (2005), *The Ministerial Vision for Scotland's Children*, Edinburgh, Scottish Government.

[14] The MWT first emerged out of a number of academic publications in the late 1990s, particularly Jack, G. (1997) An Ecological Approach to Social Work with Children and Families, *Child and Family Social Work*, 2 and Stevenson, O (1998), *Neglected Children: Issues and Dilemmas*, Blackwell Science, Oxford. An early version of the triangle appeared in *Framework for the Assessment of Children in Need and their Families*, jointly issued by DoH, DfEE and the Home Office in 2000. It was incorporated into the *Getting it right* approach from the outset.

[15] B. Daniel and S. Wassell (2002), *Assessing and Promoting Resilience in Vulnerable Children, volumes 1, 2 and 3*, London, Jessica Kingsley Publishers Ltd.

- reviewing the plan and the progress made towards achieving the intended outcomes for the child.

In addition to the model there are a number of Core Components which are designed to ensure that the model is put into practice in appropriate and proportionate ways. These include:

- Ensuring that every child and young person in Highland will have a Named Person in health or, if they are at school, in education who will be responsible for making sure that the child has the right help in place to support his or her development and well-being.

- The Lead Professional, whose role is to co-ordinate the whole process from the gathering and recording of information through to the implementation of the plan.

- A number of common procedures and forms for sharing concerns about a child, recording information, and constructing and implementing a plan.

The model was implemented in the pathfinder area in early 2008. Since then we have interviewed a wide range of professionals about their experience of working in this way and we have also looked at a sample of around 100 records and plans for babies, children and young people with diverse needs. Changes of this magnitude in working practices take time to become embedded within and across services. Consequently the evaluation process is still ongoing but sufficient data is available now to form some interim conclusions about the implementation of this model in Highland.

In this part of the report we present evidence drawn from interviews with a range of practitioners across the various children's services and draw, in particular, on an analysis of samples of children's records and plans completed for children from birth to 16 with a variety of needs and concerns. The focus here is on:

- how the model is being applied in practice;
- whether any teething troubles arose when practitioners first starting using the model;
- and whether there are any particular issues and challenges which may need to be addressed when implementing the model.

It should be stressed that this was not an evaluation of the model – the model is firmly rooted in a well-research evidence based approach – it was an evaluation of how a sample of practitioners in Highland have used it.

The section is structured around the main components and processes in the practice model but we also look at a number of cross-cutting themes which tend to impact on more than one process. These include involving children and families, professional roles, practitioner confidence and training and professional development.

13.2 Using the Child Concern Form to record unmet needs and concerns

The Police Child Concern Form in Highland, as noted earlier, was initially designed for police officers to use to report their concerns about a child or young person in a format that could be shared with other services and agencies, but particularly the Children's Reporter, social work, the child's school and, where appropriate, the health visitor assigned to the child's family.

Training was provided for the police officers, there was a period of trialling, feedback was obtained and the police lead in the development team made some

changes to the form in the light of that. After that Northern Constabulary decided to roll-out the new concern form across the whole command area – which includes local authority areas outwith Highland - rather than wait for the completion of the pathfinder phase.

Signs of progress with the Child Concern Form

Analysis of a sample of Child Concern Forms completed by police officers in the Highland pathfinder area shows that most officers quickly adjusted to the new requirements. Where a form was submitted that was incomplete or incorrectly filled in the gatekeeper returned it to the officer in question asking for the gaps to be filled in.

Police officers quickly became more confident about giving reasons and evidence to support the concerns they were raising about individual children and young people.

The feedback from schools on the information provided in these forms has been highly positive. Some school managers expressed concerns initially about whether some of the information being shared with them would be appropriate, particularly in relation to information about home circumstances that did not seem to be pertinent to the actual concerns about the child, but these appear to have been 'teething troubles' that have now been resolved as officers have become more experienced in completing the forms. Schools and social workers appreciate the early warning system that the form often provides and say that it is enabling them to put in place additional support for the child at an earlier stage before concerns and difficulties become more entrenched.

There are indications in the Highland pathfinder that the concerns forms are contributing to ensuring that the response to the child or young person is more proportionate to the level of concern and need. This is working at both ends of the continuum. We are observing examples where discretion is being exercised by police officers on the basis of their observations and this is being supported and confirmed by the child or young person's school. Previously such cases would have been referred to the Reporter and discretion would not have been exercised until reports had been written by the school and social work. Similarly, apparently routine low-level incidents, when followed up by the other agencies who have received the concerns form, have sometimes led to the recognition that a multi-agency plan was required. The accompanying examples are just two of a number identified in the course of our tracking of children and young people through the *Getting it right* system in Highland[16]. Both reflect positive outcomes for the children concerned and a proportionate response to the level of concern or need that had been identified.

The Police Child Concern Form in Highland has tended to be used in an incident-driven way. That is, almost all of them have been completed by police officers after attending an incident involving a child or young person or where children and young people were present. This does not mean that the information and evidence put down on the form was restricted to the incident. In an analysis of samples of completed forms we found that police officers were also commenting on the state of the home environment, the demeanour of the children even if they were not involved in the incident, inadequate sleeping arrangements, the presence of non-family members, and so forth. However, this form was not being used by other services to raise a concern about a child following a disclosure or even concerns about their demeanour or behaviour regardless of whether or not a

[16] Minor changes of detail have been made to protect the anonymity of the children concerned.

disclosure had been made. In Highland those concerns tended to be raised through traditional channels, usually a phone call to social work.

As a result of this Highland has subsequently introduced a generic Child Concern Form which shares a lot of features with the police form but is more suitable for recording a wider array of concerns and unmet needs. At present both forms collate core information about the child(ren) and the family. However, the generic form is used to express concerns about each individual child while police officers could use their form to record concerns about more than one child in the household.

There are two other notable differences. First, the generic form makes provision at the beginning for the person who is completing it to indicate whether they think the child is at risk of significant harm and, if so, who they have contacted. The second main difference is in Section 2 where the concern about the child(ren) is described. The generic form requires the person completing it to identify the areas of the child's well-being that are a cause for concern and then use the following blank space to describe why he or she is concerned about the child, the possible impact the concern is having on the child and whether there were any previous incidents or similar concerns. Guidance is provided on how to complete this. The version used by the police asks for the names of any person causing concern (who could be an adult) and the police officer is asked to identify the nature of the concern using a checklist which combines the well-being indicators with descriptors that are similar though not identical to the grounds for referral to the Children's Reporter. There is also a blank space where the police officer can give information about the date and time when he or she became aware of a concern, the demeanour of the child, the child's views and the officer's opinion about the impact of the concern on the child.

Another difference between the two forms is that the generic one asks if consent to share information has been obtained and, if not, why not. The police form requires confirmation that the child and family have been made aware that information regarding the concern will be shared with other agencies and space is provided to document any issues about this.

Pathfinder Example 3

A 12 year-old girl was picked up by police in Inverness town centre at 10.00 at night and she had been drinking. The officers took her home and after talking to her and her parents they concluded that this was a one-off occurrence. Parents had thought that she was at a friend's house and were shocked at her behaviour. The girl was also clearly shocked by the events and consequences of her actions. A concerns form was completed. Consent was obtained to share the information with the girl's school. The parents undertook to monitor the girl's activities more closely. A guidance teacher talked to the girl about her actions and behaviour and reported that she was very contrite. The school also made it clear that her behaviour would be monitored. When the evaluators followed this through nine months later there had been no further reported incidents involving this girl. Prior to the pathfinder stage the police would have referred her to the Children's Reporter.

Highland pathfinder 2008-09

Pathfinder Example 4

A 10-year old boy was observed by police officers walking down a busy road during school time. He was picked up and returned to his school. At this stage the police officers and the school regarded this as a routine incident of absence from school. A Child Concern Form was completed and circulated to the school, social work and the family health visitor. The health visitor checked her records and noted that the mother had a previous history of substance misuse and mental health problems but had not experienced any recurrences for some time. A home visit raised concerns about the mother's state of mind and a visit

from a mental health nurse was arranged. A talk with the boy revealed his concerns about his mother and his granny was contacted and came to stay. An interim assessment was made and it was decided to continue home visits and monitor the boy at school before determining if any further support would be needed.

Highland pathfinder 2008-09

Ongoing challenges with the Child Concern Form

In theory there is no reason why the generic form could not record the information that the police require in an open text box rather than using more specific tick boxes. Those tick boxes emerged for historical reasons and reflected the grounds used by the police for referring a child or young person to the Reporter. The significant reduction in the numbers of referrals to the Reporter (a reduction of around 70-75% in the number of non-offence referrals) suggests that the priority now would be to provide information in a form that meets the needs of social work and the universal services. The challenge would be to produce suitable guidance and training for police officers on how to complete this section in ways that met both internal requirements and the information needs of potential recipients of the form in other services. In our view there would be a positive advantage in using the same generic concerns form but adjusting the guidance notes to ensure that they meet the specific needs of each service using it. That is clearly a two-way process. The guidance notes would need to provide help for the professional completing the form but also help the recipient of that completed form to interpret why the concerns are described in specific ways (e.g. that information has been provided to inform the child's school but also to meet the information needs of the Children's Reporter if the case has been referred).

It will be necessary to monitor the use of the generic Child Concern Form to see if it is being used by practitioners not only to raise concerns after specific incidents but also as a means of reporting unmet needs and as an early warning mechanism that could facilitate early intervention before the concerns about the child escalate. It may well be that the guidance accompanying the form should provide a range of examples of how the form might be used to guide practitioners, particularly those who are not trained to make these kinds of professional judgements about children and young people.

The other significant challenge which has emerged in the course of the evaluation relates to the changes in professional practice associated with the use of new procedures such as the Child Concern Forms. We have noted elsewhere in the report the recognition at strategic management level in Highland that the 'big bang' theory of change is not applicable to the implementation of *Getting it right* and that incremental change is the norm. Often changes are taken up by a vanguard, usually those directly involved in the piloting of new processes. Subsequent training increases the numbers who adopt the new processes but there will be some who are resistant to change for some time to come and even where changes are embraced, the extent to which practice changes can be highly variable, particularly amongst those who only have to use the new processes and procedures occasionally.

This is another area where anecdotes of practitioners' experience – nearly always about the experiences of a colleague or a friend of a friend rather than personal experiences – can gain credence even when they have not been followed through. The underlying assertion behind these anecdotes is usually that the introduction of new *Getting it right* processes has led to more not less bureaucracy. These assertions have generally taken two forms. In the first a practitioner, believing that they have a piece of information about a child or family that might be helpful to the Lead Professional, picks up the phone and rings them only to be told that they should fill in a Child Concern Form and send that through the normal

channels. The other variant on this is that a practitioner is concerned about a child, thinks that the problem is urgent, and picks up the phone to contact the appropriate service only to be told that he or she should use the correct form and pathway for registering a concern.

> *"A form has got to be designed to cover everything from a small piece of information to a major child protection concern. But I don't want them to fill in lots of unnecessary detail if it's just a small piece of information that needs to be passed on. Why would you want them to fill everything in. That's not proportionate. I just want them to put whatever it is in the right place and send it off. But whenever you try to standardise practice people think you have got to fill in every box. Sometimes getting that message across is challenging and it needs to be reiterated."*
>
> Strategic Manager

We have tracked down some examples of this happening but they do not appear to be widespread. The response that is given for this is usually twofold. The first is that, in the early stages of the introduction of new procedures, practitioners have to be actively encouraged to adopt them especially if the intention is that all the documentation will be inputted electronically in the longer term. The second response is that while it is important that the concern or information is properly recorded this does not mean that the professional necessarily has to complete the entire form in order to convey that information. Each professional is expected to exercise their judgement on this. However, as the accompanying quote from a strategic manager highlights, getting these messages over to practitioners does represent a challenge and it may well be that in the early stages of the implementation of new procedures the process appears to be excessively formalised, even more bureaucratic, but only until professionals become used to them and the new processes become the routinised norm.

13.3 Using the Well-being Indicators

The Well-being Indicators, often referred to by the acronym SHANARI in Highland, play a key part in the whole *Getting it right* practice model. They are the basic requirements for all children and young people to grow and develop and reach their full potential. Within the practice model they inform the processes of identifying and recording concerns, assessing the child or young person's needs, determining the intended outcomes, agreeing the actions to be taken and reviewing the progress that the child or young person has made.

Signs of progress in using the Well-being Indicators

Practitioners working with children in the Highland pathfinder are becoming increasingly confident about using the Well-being Indicators to:

- structure their concerns about children and young people;
- guide their assessment of a child's needs.

It is now commonplace in the pathfinder for practitioners across children's services to use SHANARI or the Well-being Indicators (WIs) in their everyday language about children and not just when reporting a concern or assessing a child's needs. The WIs are becoming embedded in their discourse about children.

Practitioners across the services are finding it helpful to have a common language of well-being for describing and discussing children's needs. This is proving particularly useful with children with complex and multiple needs who require multi-agency support.

Laminated copies of the Well-being Wheel and the Assessment Triangle can be found on the walls of the offices of a growing number of school managers and other practitioners.

Children and young people are being encouraged to use the Well-being Indicators when discussing their assessment and plan with their Lead Professionals and key workers.

Children, particularly in the nurseries and primary schools, are being encouraged to use the language of well-being and the key questions in the My World Triangle:

- How I grow and develop
- What I need from people who look after me
- My wider world.

Training has played an important part in helping practitioners to use the Well-being Indicators in ways that are appropriate and proportionate. Follow-up reviews and audits have helped to identify issues that may need to be re-visited in order to improve practice even further. [These issues are outlined in the following discussion of ongoing challenges.]

Ongoing Challenges in the use of the Well-being Indicators

The analysis of children's concerns forms, records and plans has included some that were completed before the new procedures and processes were introduced, some completed in the early implementation stages and some completed by practitioners who had received training in their use. This has highlighted how the use of the Well-being Indicators develops with experience and training. Typically practice in the use of the Well-being Indicators seems to have followed the following pattern:

> "*The police officers, I can see their thinking is changing when they're completing the forms, because they're now thinking about SHANARI. It has taken time. I still need to revisit that and I will probably be giving them examples of what they should be putting in the SHANARI context of the child concern form. You tick the box to say you know the child's safe but how do you know its safe? There needs to be room for evidence…..Officers need more help with SHANARI and ensuring quality information is provided."*
>
> Development Team Member

- Initially practitioners tended to identify concerns as they always have and then translate these concerns into the language of the Well-being Indicators. For example, some police officers in the pathfinders initially ticked 'safe' and 'nurtured' on the basis of their observations relating to the questions which they normally employ when called out to an incident involving a child: "*Do I think this child is out-with parental control?"* and/or "*Do I think this child is not getting adequate parental care?*" At this early stage the WIs tended to be used descriptively with little attempt to interpret this or offer supporting evidence. Similarly, in the Domestic Abuse pathfinders police officers have widely used the phrase '*safe and well'* when not raising a concern about a child or young person but have not provided any supportive evidence based on observation and talking to the child.

- The next stage is where practitioners begin to feel more competent about giving reasons or evidence to support their analysis of the concern.

- The third stage is where they feel confident enough to also alert other professionals to more impressionistic information which could help a practitioner in another service to contextualise the concerns. By this stage

the practitioner is 'thinking' in an ecological way about the child's well-being.

It is particularly important to help police officers and other practitioners raising concerns about children and young people to get to this third stage because this then ensures that the recipients of this information in other services are in a better position to judge their first actions, e.g. do they need to make a home visit?

While there are clear signs that practitioners are becoming more and more confident about and proficient in using the Well-being Indicators for raising concerns and assessing children's needs, the use of the Indicators is more variable as yet in two other areas of the practice model:

- to guide the specification of desired outcomes in the child's plan;
- to establish clear links at the review stage of the plan between the progress made on the intended outcomes for the child and that child's overall well-being.

Both of these issues are addressed later in this report. At this stage it is sufficient to note the importance of addressing each of these challenges by making provision initially for some systematic screening or monitoring, especially in the early implementation phase, in order to identify where staff might need some additional support or an opportunity to come together and discuss how they are using new procedures and processes. Without this there is a risk that 'safe and well' and 'unsafe and poorly nurtured' become the default positions for practitioners who are in a hurry or are inexperienced and unfamiliar with the *Getting it right* processes.

At present the completed Child Concern Forms make hardly any references to active, included, respected and responsible. There are some examples of these four Indicators being used in assessments and plans but these constitute a small minority of those that were analysed. It is surprising that the Responsibility Indicator was not used more often in concerns forms completed by police officers, particularly when they were reporting on minor offences, anti-social behaviour and substance misuse.

This may be because both 'respected' and 'responsible' require a higher level of interpretation than some of the other Indicators but our impression is that they are being used implicitly by some practitioners when deciding on the action they will take but they are not explicitly stating on a concerns form that this has influenced their thinking, nor are they evidencing this. So, for instance, if we return to Pathfinder Example 4, where a 12 year-old girl had been picked up by the police late at night having consumed alcohol, the officers made a judgement about her safety and health and acted upon this, but that judgement was also influenced by their implicit assessment of how responsible her parents were and that her obvious contrition when taken home suggested that she usually behaved more responsibly than this. However, while the concerns form explicitly refers to her safety and health and the caring and concerned response of the parents (nurturing) there is no explicit reference to responsibility. Instances of anti-social and offending behaviour may be another area where assumptions about the child's level of responsibility and respect for others may well influence decisions on whether to opt for a Warning Letter, an Option 1 Warning, a referral to the Reporter but are not necessarily made explicit or evidenced.

Here too the challenge can be met by building in some element of screening and review and revisiting the training where necessary.

13.4 Developing and maintaining children's Records and Plans

At a national level work is ongoing on the development of a Child's Virtual Shared Record using the eCare Framework as the mechanism for sharing certain kinds of information about a child or young person when, and only when, an appropriate reason exists to share that information.

In the meantime the Highland pathfinder geared up for this eventuality by reviewing existing children's records and plans in terms of their compatibility with the *Getting it right* principles and Core Components and upgrading existing software to facilitate better electronic record keeping and databases that would enable sharing of information through a Multi Agency Store (MAS). To this end the ECS service invested in Phoenix e1 to replace the existing Phoenix Gold system and Social Work invested in CareFirst, an electronic data and recording tool which permits different components of the record to be shared with other systems. Meanwhile Northern Constabulary will eventually be connected to a vulnerable persons' database developed for use by all Scottish police forces and NHS Highland is implementing MiDIS system (Multi Disciplinary Information System) with the intention that it could be connected to eCare at some future date. At the time of writing it is not clear when these developments will come to fruition although the current intention is that this will happen sometime in 2010.

At the same time as new software systems were being introduced, work also began on developing a social work record and care plan for children that reflected the *Getting it right* approach to recording, assessment and planning while the health lead in the development team, working with a small group of health visitors and school nurses, began work on developing PHNCFR.

> "*You've got the chronology, details of the latest concern, the assessment, the Action Plan and the mechanism for reporting progress for the review of the plan. It's like four documents in one – and we can print these bits separately unlike our previous social work record. And when the electronic sharing system is up and running we'll be able to share these different bits with Phoenix e1. That doesn't mean that we won't have paper files to back this up with all the documentation that does not need to be stored online*."
>
> Senior Social Worker

The CareFirst Record and Plan includes core details about the child and family, the child's legal status (Looked After, on the Child Protection Register, etc), details of the most recent cause for concern and who raised it, a chronology, information about the child's assessment, details of the child's care plan, dates of planning meetings, contact details for Lead Professionals, the actions taken and the details of review meetings. The system can be configured to meet local requirements and this has enabled the development team to introduce key elements of the *Getting it right* practice model. They have also refined the chronology section from the standard one which focused mainly on the inputs from professionals to one which focuses more on significant events in the child's or young person's life.

> "*The thought of it not being electronic and trying to adapt it as a paper record has been pretty challenging*."
>
> School Nurse

The PHNCFR was designed to meet both the requirements of *Health For All Children 4* and G*etting it right for every child.* The PHNCFR includes core details on the child and family, including any significant medical histories, the other agencies involved in the care of the child, information from the midwife and the child's health and immunisation status.

An assessment around the My World Triangle and Resilience Matrix, where appropriate, is used to identify unmet needs and provide an evidence base for the child's Health Plan Indicator (HPI). The Record incorporates the Child's Health Care Plan with intended interventions and outcomes according to whether the HPI is:

> *"At the very beginning…the expectation was that this would be an electronic record not a paper one. For a variety of issues this became a paper exercise and so I think we were at a disadvantage because if we had started off thinking it would have been a paper record I think we would have designed it differently….quite significantly so."*
>
> Health Visitor

Core: the child and family receive the universal programme of screening, surveillance, immunisations, information and advice.

Additional: the universal programme plus additional support as agreed with the family (e.g. for premature and low birth-weight babies, first time mothers, breastfeeding, post-natal depression, poor social conditions, temporary accommodation, families with low literacy levels or English as a second language, etc).

Intensive: the universal programme plus intensive inter-agency support (e.g. a history of domestic violence, substance misuse, child protection issues, child is Looked After, child is disabled, parents have learning needs, severe deprivation or homelessness.

The PHNCFR is currently a paper record and if the child's HPI is Intensive and his or her needs are multiple and complex then the Record could be 60 plus pages, which does not necessarily include other paper documentation relating to specialist assessments. It was recognized that an electronic version would have a flexible navigation system and drop down menus to assist the practitioner and it is possible that the current paper version would have been designed differently and been more user-friendly if there had not been an intention to convert it into an electronic record in the near future. One of the challenges facing the pathfinder development team at this stage was that they were aware that parallel developments were taking place at the national level, particularly in terms of information sharing, what might constitute a chronology and whether it might be necessary to establish minimum standards for records, all of which could have implications in the long-term for the systems they were now trialling in the Highland pathfinder.

In the meantime the implementation of a new paper record can present different issues from the implementation of a new electronic record. For instance, some practitioners suggested that they felt compelled to limit the information recorded because it might have to be re-entered on to a database for the purpose of maintaining statistical records.

Trialling of the Records was extensive and the PHNCFR went through several revisions as a result of the feedback from trialling. CareFirst went live in September 07 and this highlighted the difficulties of implementing an off-the-shelf electronic system in a context which is changing rather than controlled and where elements of the *Getting it right* practice model were still being developed. So, for example, the new Child's Plan was still being developed at that stage and the original chronology focused mainly on listing the sequence of inputs from the services rather than significant events for the child or young person.

"*Getting the record right is crucial for the universal services. Absolutely. You build it organically from the bottom up, starting with the shared understanding and information of midwives, health visitors and early years providers and then you continue to build on that as they enter primary then secondary schooling*."

Strategic Manager

Maintaining the distinction between the Record and the Plan has been important here, even though they are both incorporated into the same document in the PHNCR and CareFirst. A lot of the *Getting it right* development work, within Highland and nationally, has focused on the Child's Plan, partly because of the lead-in time for developing a Virtual Shared Record, but also because the practice model focuses on assessment, planning and review. However, if *Getting it right* is *for* ***every*** *child* then it is also necessary to focus on the implications of *Getting it right* for children and young people whose needs are wholly universal and do not require specialist or targeted support. For them the plans established by the universal services should be sufficient in their own right to ensure that the child's needs are met by provision within the universal service. Here the Record is the critical component for monitoring the progress being made by each child but also for picking up early signs of any emerging problems and concerns. Where a multi-agency Record and Plan is required it will then draw on the key elements contained within the universal service's plan.

Signs of progress in developing and maintaining children's records and plans

"*We used to write reams and reams on the old records. If you needed to find anything nothing sort of jumped out at you. It was very difficult to get information from the old records without sitting down and sifting through it. We often just wrote stories. The revised version, after the trialling, structures your recording around the My World Triangle rather than just writing a narrative."*

Senior Public Health Nurse

Most of the public health nurses who had been engaged in the trialling process were positive about the changes that had been introduced. Those who had not been engaged in this way tended to complain about what they perceived to be additional paperwork: "*Not another form to fill in*".

When asked for comments about the new PHNCFR in the first few weeks after its introduction within the pathfinder area and before everyone had received training in how to complete it, the practitioners who were involved in trialling and/or had attended the training were much more likely to understand the function of the new Record, i.e. to help them to analyse what the child needs. Those who had not participated in the trialling and/or training were less positive and tended to focus their comments on the content and design of the form: "*It's too long", the order of the contents is different"*; "*There's not enough space for my narrative?"* etc.

Public Health Nursing Child & Family Record: The analysis of a sample of PHNCFR Records shows that the majority included:

- an up-to-date and detailed chronology of significant events;
- core details about the child and family;
- details about immunisation status;
- full details of key dates linked to visits and actions taken;

- assessment of child using Well-being Indicators and My World Triangle;
- evidence given for HPI being Additional or Intensive;
- details of the Care Plan and actions taken;
- details of who the Lead Professional is.

Possible areas where more progress with the completion of PHNCFR Records needs to be made:

- family's views are not always included;
- older children's views are not always included;
- a small minority of chronologies focus more on details of home visits than on significant events;
- health visitors far less likely to provide evidence to support their judgement that the HPI is Core;
- hardly any evidence of the Resilience Matrix being used, even for cases where the HPI is Intensive;
- some records and plans specify outcomes for the child others do not;
- not much evidence of contingency planning.

CareFirst Records and Plans: The analysis of a sample of CareFirst records shows that the majority included:

- core details about the child and family;
- key dates for actions taken, meetings held, etc;
- legal status of the child;
- assessment of child or young person using Well-being Indicators and My World Triangle;
- details of the Care Plan and actions taken;
- details of dates for reviews;
- summaries of the child or young person's needs;
- details of Lead Professional.

Possible areas where more progress with CareFirst records needs to be made:

- Currently around half of the records sampled incorporate the views of family and child. This does not necessarily mean that in the other records the views of family and child have not been sought; it only means that they have not been put on record.
- While some of the chronologies are very detailed and focus on significant events in the lives of the child and family a small minority of records had no chronology at all or only included lists of contact dates rather than significant events.

- While the majority included a summary of the child's needs based on the analysis of the My World Triangle a minority did not.

- There was very little evidence of the Resilience Matrix being used even in complex cases.

- There was a tendency for a minority of social workers to confuse outcomes for children with the actions to be taken on their behalf.

- Where reviews had been undertaken a minority of records and plans did not identify the extent to which progress had been made in terms of outcomes for the children and young people. Not surprisingly, this usually coincided with where intended outcomes had not been clearly specified in the original care plan.

- Only a small minority of records and plans made specific allowance for contingency planning, i.e. what other steps might be taken if specific forms of support are not available.

The joint impact of training and experience in using the new records and plans is very apparent in the analysis of both the PHNCFR and the CareFirst record and plan. Those records in our samples which were most recent also tended to be the ones that were most complete.

Health visitors and social workers in the pathfinder area are gaining in confidence as they become more familiar with the new records and plans and can see the benefits that accrue from using them.

There is also a growing recognition, as the accompanying quote highlights, that changes introduced as a result of development work on the Record and Plan for *Getting it right* is integral to improving everyday practice within their service rather than something which is imposed on them in order to meet the requirements of multi-agency working.

> "*With the Child Health surveillance system we are required to place children on Core, Additional or Intensive support …and there was a need to demonstrate and justify what work we continued to do with each child and family. If you needed to put a family on Additional or Intensive then I think you needed something more than just the narrative. We needed some systematic assessment and planning. That's really where the new PHN Record comes in. It helps your decision making*"
>
> Health Visitor

Ongoing challenges in developing and maintaining children's records and plans

> "[*With this plan*] *you structure your writing around the triangle rather than just writing full stop. But before the training a lot of people were still writing their narrative on the front of the PHNCR (even over the check boxes) rather than structuring it into the relevant boxes. The training is essential to make this work*"
>
> Development Team Member

Given the range of changes that were being developed, piloted and implemented in Highland over a period of around 12-18 months (with respect to the Record and Plan) it would have been extremely difficult to have trained all practitioners within the pathfinder area before they began to use the new processes, Records and Plans. The areas for further development that were identified above and most of the challenges referred to below reflect the fact that it would have been difficult within the pathfinder timeframe to follow a simple linear model where training for all relevant staff preceded the implementation of the new processes. Local authorities who are seeking to implement the *Getting it right* practice model using

the same or similar tools to those used in the pathfinder should not necessarily face the same problem, or at least not on the same scale.

Nevertheless the evaluation also suggests that a package of measures, rather than a one-off training programme, will be necessary to support the changes in practice that are envisaged in *Getting it right*. In addition to training that inducts staff into the new processes there also needs to be a structured quality assurance programme, supported by some degree of screening or auditing, to check on whether the new procedures and processes are actually being followed and, if not, to identify the barriers and problems that some staff may be encountering. During the course of the evaluation, as the quote here highlights, we observed that some practitioners used new procedures and forms but adapted them to their old ways of working.

> *"At the beginning we probably underestimated how difficult it is to support professionals who are being asked to make major changes in their practice. It's about knowing how much people can absorb from their training and how much additional support they will need to make the really critical shift which is about not just recording and summarising information but also analysing it. Learning to be more analytical is the key."*
>
> Development Team Member

As part of the evaluation process the team examining samples of records and plans developed a tool to support this quality assurance process which is now being used by some operational managers within the pathfinder. We would also recommend building into the implementation process some opportunities for focus groups of professionals, possibly single-service and multi-agency groups to meet periodically to reflect on the practice change process and to explore ways of building this into the continuing professional development of those who work in children's services. For many years now initial training institutions have emphasised the importance of supporting future professionals to become reflective practitioners. This kind of support is even more important once those professionals are probationers and then move on to be fully qualified simply because they have so much more practical experience to reflect upon.

Another key challenge is to ensure that the training is not simply awareness raising but actually develops the analytical skills that are needed to interpret the records and make use of the information for planning and decision making.

Persuading professionals in children's services to complete the Records and Plans as intended is still an issue but a more significant one is how they analyse and interpret the information on the record in order to determine what would be the most appropriate intervention for a particular child.

In the end the big difference here was not just that the training programme used realistic scenarios to provide participants with opportunities to work through the assessment and planning process, it was also apparent that a climate or culture began to emerge where practitioners felt they could talk openly to each other (and to the evaluators) about how they assess and plan for children's needs, especially those with complex and multiple needs. Much can be gained if provision for this particular cultural shift is built into CPD in ways that are perceived to be non-threatening.

13.5 The role of the Lead Professional

The Lead Professional is the person who co-ordinates multi-agency planning and makes sure that the different services provide a network of support around the child in a seamless, timely and proportionate way. A Lead Professional is likely to be required in the following circumstances:

- Where those working with the child and family in universal services have evidence that suggests a co-ordinated plan involving two or more agencies will be necessary and that a Child's Plan should be drawn up.

- Where the child needs more complex and specialist help which can still be delivered primarily within universal services, making it more likely to be appropriate for a more specialist practitioner from universal services to be the Lead Professional.

- Where there are serious concerns about the child's safety or there is a statutory requirement for a Lead Professional where the experience required for co-ordinating help is unlikely to be in place at universal service levels.

The role of the Lead Professional encompasses the following:

- To ensure the multi-agency Child's Plan is agreed and produced based on an assessment of needs and risks.

- To ensure that the multi-agency plan incorporates any current single-agency plans.

- To ensure that materials relating to assessment and/or review are circulated to everyone involved prior to meetings (including children and families).

- To act as the main point of contact with the child and family for discussing the plan, progress and arising issues.

- To act as the main point of contact for all practitioners to feedback progress or any issues.

- To ensure that provision of specialist help and assessments are co-ordinated and not duplicated.

- To ensure that the views of the child and family are taken into account.

- To support the child and family in accessing practitioners and services.

- To monitor how well the Child's Plan is working, especially in relation to improving the child's situation.

- To arrange reviews of progress and to amend the Child's Plan where necessary.

- To ensure the child is supported through key transitions including ensuring careful and planned transfers of responsibility.

13.6 The role of the Named Person

The universal services in Highland have agreed that every child and young person will have a Named Person in health or education if they are of school age. These individuals will be responsible for making sure that the child has the right help in place to support his or her development and well-being across the following life stages:

- From pre-birth until 10 days old, the Named Person is the hospital or community midwife.

- From 10 days old until entering primary school, the health visitor holds the role.

- On entry to primary school, a Named Person will be allocated, usually the head or depute head teacher. (Each school makes its own arrangements for appointing a Named Person for every child.)

- Similarly in secondary schools, a Named Person will be allocated for every child, taking account of the skills and expertise in place and often the size of the pupil roll. Typically, this has been a deputy head teacher, a principal guidance teacher or, for some pupils, a member of the learning support staff.

Within their own agency the Named Person will undertake the following:

- To be the first point of contact for children and their parents or carers and to ensure that this information is made known to children, young people and their families.

- To be the one who makes sure that children and families give their consent to any sharing of information about them.

- To ensure that children and families are informed when information is shared.

- To ensure that core information within the Named Person's own agency is kept up-to-date.

- To make sure that relevant information from other agencies is appropriately recorded and stored and that other practitioners only access it when they need to.

- To prepare a single agency plan using the practice model.

- To lead on review of progress made on a single-agency plan.

- To contribute to planning for key transition points.

- To identify what extra help might be provided from within the Named Person's agency.

Their actions are guided by the following key questions from the Practice Guidance document:

- Is there anything getting in the way of this child or young person's well-being and if so, what is it?

- 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 to help this child or young person?

- What additional help, if any, may be needed from others?

It was anticipated that the role would facilitate earlier intervention and support to be delivered where it was most needed in a more timely, proportionate and

appropriate way than had previously been the case before this role was formulated and formalised.

13.7 The interface between Lead Professionals and Named Persons

To understand fully the scope of the role of Named Person, the interface with the role of Lead Professional needs to be taken into account. A number of areas of action can be identified from the way practice (and expectations) have developed. These include:

- The standard universal actions involved in providing support for all children by their Named Persons through their different life stages.

- The actions needed where additional help is required from the Named Person's own service.

- The actions needed where additional help is required from another universal service, where a decision will be taken in consultation with managers as to whether it will be appropriate for the Named Person to become the Lead Professional (as for example might occur where a primary school Named Person feels that early intervention from the Speech and Language Therapist (SALT) could make a difference).

- The actions needed where a child might require multi-agency help which include targeted services and here also a decision will be taken in consultation with managers as to whether it will be appropriate for the Named Person to become the Lead Professional, in the interim until multi-agency consideration can be given to the case, typically at a Child's Plan Meeting.

The role of the Named Person is hence very closely linked to that of the Lead Professional in that predictably there will be occasions where it is entirely appropriate that the Named Person becomes the Lead Professional over the course of addressing the most recent concerns raised or in the interim until a Lead Professional with the most appropriate skills is designated. Either way, Named Persons in health or in education are integral to the processes of getting the most timely, proportionate and appropriate help in position for children and families, particularly in the multi-agency context, because of the range, depth and scope of their accumulated knowledge of children and young people, individually and at aggregated levels. It may not be a full holistic understanding of the circumstances faced by children and young people who are in need of support – we know that it often is not – but the Named Person is likely to be among the most dependable sources of information available to decision-makers at any given time. It is a critical role in integrated service delivery and at the heart of the *Getting it right* protocols for ensuring that the additional support to be provided for a child is actually delivered.

It has proved to be a complex role, though based on the assumption that in most cases, the Named Person will not undertake anything more than they presently do in the course of their day-to-day work. At its most straightforward level, and for the largest proportion of children and young people, this may well be the case, and it may also be the current assumption held by Named Persons in the universal services, but there are new aspects to this role (set in place to support the implementation of *Getting it right*) which are emerging as the protocols and practice bed in. Some of these are undoubtedly seen by staff as advantageous; others remain more challenging. (See the following sections.) Either way, the role, particularly at its point of interface with that of Lead Professional, is beginning to engender a great deal of debate and solution-focused negotiation, currently at the point where individual accommodations are emerging across

cases, and points of development are being identified which can inform the establishment of more systematic protocols further on in the *Getting it right* journey.

13.8 Are Named Persons taking on the role of Lead Professionals?

A survey of the Integrated Service Officers and Area Team Leaders, covering Social Work (Children and Families), Youth Action Service, Health Visitors, School Nurses and staff providing support for disabilities provided their perspectives on the roles of Lead Professionals and Named Persons. One of the questions in the survey asked the respondents how many Named Persons in their area had taken on the role of Lead Professional.

The survey returns, though not fully comprehensive, cover five of the six social work areas in the Highland pathfinder. As might be expected, the majority of Lead Professionals are, as yet, drawn from social work but the numbers of health visitors taking on the role has been increasing during the pathfinder phase. The numbers of Named Persons in schools who have taken on the role of Lead Professional varies greatly from school to school, as does policy on whether or not Named Persons should take on the Lead Professional role. At present in the primary schools the Named Person tends to be the head teacher and in the larger primaries the depute may also take on this role. A growing number of primary heads and deputes are also taking on the role of Lead Professional for small numbers of children, often because it is the view of the multi-agency planning group that their day-to-day contact and the good relationship with the child and the child's family makes them the most appropriate person to take on the role of Lead Professional. In most of the secondary schools the Named Person is the guidance teacher and each guidance teacher takes on this role for around 175-250 young people (depending on the size of the school). Again policy on Lead Professionals within the secondary schools varies. In some secondary schools there was a blanket decision that guidance teachers would not take on the Lead Professional role. In some cases this appears to be because their guidance role is part-time and they also have classroom teaching responsibilities. In other cases the decision was taken on a case-by-case basis and guidance teachers were taking on the Lead Professional role for small numbers of young people (usually two or three at most). The numbers of voluntary workers taking on the role of Lead Professional in the pathfinder area at the time of the survey (summer 2009) were very small.

The prevailing views amongst health visitors about taking on the role of Lead Professional were as follows:

- Whilst initially daunted by the prospect, the general view was that they were managing to integrate Lead Professional responsibilities into their day-to-day workloads and duties.

- In most instances, they agreed that they were the most appropriate professionals to take on this role for the children or young people in question.

- In almost all of the cases specifically considered, they could see the benefits for the children and families emerging from the strengths of what their universal base was able to bring in added value to the Lead Professional role. However, it was also the case that they were

> *"The feedback we get indicates that concerns are being dealt with more quickly by familiar people"*
>
> *"We are getting far fewer referrals to Social Work for general requests for support"*
>
> Team Leaders

concerned about the impact this had on their workloads and were concerned about their competence to assume some of the non-traditional roles such as chairing multi-agency meetings.

- Some tentative suggestions were made around the role of Named Persons operating as one of the protective factors likely to strengthen the likelihood of reduced periods of multi-agency intervention, and particularly for young people, facilitating the return to universal services and the greater options this offered for choices and chances in the longer term.

However, concerns remain which still require to be addressed. These include:

- As yet there is not a consensus across and within services about the circumstances under which a Named Person takes on the responsibilities of Lead Professional either as an interim measure while an initial assessment is being done or on a longer-term basis.[17]

- There have been occasional instances where a lack of negotiation, discussion or general communication around the assignment of the Lead Professional role has engendered anxieties among Named Persons about their fitness for the role or workforce issues of overload. At present social work staff are more likely than staff in the universal services to feel that "*where difficulties arise, we can work things through*."

> *"It's all about communication between people, and appreciating the differences between the different roles and cultures across agencies – understanding the pressures and why sometimes they struggle to do things. So really good communication and proactive exploration into why things may not be working so well. Engaging in common sense discussions around it. Focusing on what the good points are, looking at where agreement is lacking. You can usually find a way through that – before you begin to involve the family. The family should not be aware of any lack of agreement."*
>
> Lead Professional

Signs of progress associated with the roles of Lead Professionals and Named Persons

- Managers of the Children & Families Teams feel that social work staff moved into the role of Lead Professionals fairly seamlessly and that most were now confidently implementing this role. This was much more the case with social work staff than with other service areas (see *Ongoing Challenges*, following).

- At least three-quarters of social workers in the Children & Families Teams were judged to be confident enough in delivering the Lead Professional role as intended in the *Getting it right* guidelines. The role was seen to have fitted into what social workers do, as illustrated by one of the managers who said, "*Where the social worker is the Lead Professional, it all fits. They are very happy with the role. It makes sense to them."*

- The families report that they are now more aware of when things are happening and what the processes are likely to involve. They are kept better informed.

[17] At the time of writing new guidance is being produced on the roles of the Lead Professional and Named Person which should help to clarify misunderstandings and contested assumptions.

- Families know they have access to someone with a clearly identified lead role who is responsible for their plan and there is emerging evidence that this is appreciated.

- Managers were able to say that parents were now familiar with "*knowing where and how to get what*". This also applied at universal levels too, as illustrated by another respondent who said, "*Families now tend to know that they have access in a supported way to health visitors and teachers. And they should feel more empowered by this and I think they do."*

- Families feel more integrated into the whole process of planning and delivering support. This sense of partnership was also linked to feeling more empowered and in control: "*They feel more integrated into the process, and they feel more empowered because of this. Even the older age-groups of the children – they are having their say as well*."

- This is also supported by information from the universal service levels around maternity provision. A survey of mothers with babies and toddlers indicated that two-thirds felt involved, included and engaged around their own care and that of their small baby, feeling "*very much part of the team"* looking after them. In addition, almost three-quarters of the mothers said that they were listened to and that their views were fully taken into account.

- There is growing evidence that children's needs are being identified at an earlier stage by Named Persons and, where required, the appointed Lead Professional is more able as a result of this to get the necessary support in place much more quickly. A good example of this is: "*Pre-GIRFEC, things would have been picked up when the child entered mainstream schooling. Then the services are put in – and it is around the child. And the children and parents know where to get what. The child's needs are identified earlier e.g. if their overall development is a bit impaired – mother not confident to let the child out of the play pen – the wee girl had not learned to walk – now picked up – possible resources identified – support for the mother – some support from the Family Centre, and now the child is reaching the developmental potential. A good outcome*."

> *"Early intervention and getting in there earlier. Though we are still getting families in at the deep end – not any more or less than pre-GIRFEC. Where we can work with the family early, it gives a better understanding of what is there. Also we can then say "We have achieved this". We have moved from the bubble, bubble, bubble approach to social work, where we keep an eye and call in every now and again, and now very definitely have a more structured approach."*
>
> Senior Operational Manager

- There are emerging signs that the role of the Lead Professional is contributing to a more focused response to children's needs and concerns.

> "*For the families, yes, they know to a greater extent that things are happening and that things are not left just floating about – there should not be drifting now. We are not having cases that just drift about, or at least shouldn't have. OK, across all agencies involved there may emerge differences of opinion, but we can sort these out. And the family know this*".
>
> Senior Operational Manager

- While it is felt that there is some way to go across the whole of the health and education sectors, there were signs of identifiable progress being made regarding the understanding of the role of the Lead Professional by Named Persons.

- The majority of managers and team leaders feel that there is emerging evidence of Named Persons taking on a higher level of responsibility and pro-activity in working to address children's needs at the point of delivery.

- Named Persons also reported this, with confidence in taking on the Lead Professional roles gradually building, though anxieties remained around a number of issues, associated primarily with assignment (of Lead Professional role) and skill levels.

- Even where the Named Person was not the Lead Professional, it was clear that the role of the Named Person was seen to be integral to the process of helping Lead Professionals deliver their roles, with the Named Person input seen as "highly critical" in helping the transition from single-agency to multi-agency support.

> *"It's the key to it all."*
>
> *"It would be good if all Named Persons could accept that their role is important at this juncture. Some are just willing to have somebody else take the responsibility whilst they fade into the background. Others, where good progress is often made, the Named Person is very much in the forefront of the work being undertaken and they work well with the Lead Professional in another agency*."
>
> Senior Operational Managers

- There was a widely-shared feeling amongst the respondents that advantages and/or positive outcomes from introducing the role of Lead Professional were widespread, and outweighed any initial disadvantages and problems.

Here are a number of examples where there was effective interface working between Lead Professionals and Named Persons:

Pathfinder Example 5

We have a recent case with positive outcomes – we protected a baby from harm. The Named Person was the health visitor and she had concerns about how clean the house was. There were also concerns about the mental health of the mother. A referral was made for specialist support for the mother. At the next visit her concerns about the child increased, the house was still in a very poor state and there seemed to be little stimulation for the child. The health visitor, at this stage felt that the family needed a Social Work intervention. So she took the case to a Liaison Meeting (held monthly) where support from the social work service was agreed. At this stage the social worker was the Lead Professional and the health visitor continued in the role of Named Person. Both carried out an assessment and organised a Child's Plan Meeting. At this point it was decided that the role of the Lead Professional should revert to the health visitor. However, at a subsequent visit she noticed that the baby was covered with superficial cuts. A medical examination indicated that these were not scratches from the puppy and did not seem to be accidental injuries. So now the child was accommodated and the role of Lead Professional was taken on again by an experienced social worker. Throughout there was really good understanding of what was happening at every stage and the Lead Professional was adjusted as appropriate.

Pathfinder Example 6

"One of the key things that Named Persons can do is cajole and keep things moving along. They say "you said you would do it, so where is it?" They are important in sustaining the momentum behind the delivery of the support. For example we had a recent case where, for a number of reasons, the baby had been removed from the mother and was in foster care. The mother wanted the baby back and wanted to know what she would have to do to bring this about. The liaison process was set up with the Social Worker as Lead Professional and the health visitor as Named Person. Because of her past experiences the mum was opposed to a social worker being Lead Professional but the health visitor persuaded her that this was in her best interests. The health visitor acted in an advocacy role throughout the process and also worked very closely with the social worker on the Child's Plan. They held joint visits with the mum and provided lots of advice and guidance. The outcome was positive for all concerned. The children were returned – still under supervision, but back with mum. The health visitor still has a big part to play there in providing support to the family and ensuring that the situation remains stable."

Ongoing challenges associated with the roles of Lead Professionals and Named Persons

- The implementation of the Lead Professional role is still seen as work in progress with more needing to be done to address anxieties and raise the confidence of staff in universal services about taking on this role. Some schools, particularly secondary schools, were not as confident as others about their staff taking on the role of Lead Professional. Much depends on the extent to which the senior management team in an individual school have bought into the *Getting it right* practice model, and not just the general Vision, Principles and Values of *Getting it right*.

> "*Other services are still struggling with what the Lead Professional role means, and sometimes think that things are being dumped on them, extra, and not what they have been trained to do. Maybe this is inevitable*."
>
> Social Work Team Leader

- A small proportion of social workers also needs more support with becoming more confident in some of the areas of expertise required. The managers, for instance, are aware that there is a proportion of their staff who still need to move from seeing a plan as "*not just a social work plan like the one they used to produce for hearings, but a genuine multi-agency plan".*

- A small proportion of the respondents is concerned about perceptions amongst some staff in universal services that another layer of bureaucracy is being introduced. A number of points were made on this issue, well exemplified by the following quote:

> "*GIRFEC is still seen by some as being very bureaucratic, but people tend to lose sight of the fact that there are far fewer meetings now, and more time to do the direct work. Yes, there is more assessment and this has moved to become a more social-work-ish task and they need more support in this. But there has been a change in the culture on this*."
>
> Social Worker

It is certainly the case that some highly experienced professionals have indicated that they prefer their traditional way of working, which was usually described as picking up the phone and ringing a contact in another service to get some additional support for a child or family. Undoubtedly

this often gets a quick response. Whether this necessarily produced the most appropriate response or a response in proportion to the level of need or concern is less clear and certainly this approach would not work as quickly if it was adopted by every professional working with children and young people. Generally speaking this view tends to be based on a misleading perception of the new *Getting it right* approach as an alternative procedure (filling in forms instead of using the phone) rather than seeing it is an alternative process based on assessment and planning. This also tends to go hand-in-hand with a preoccupation with providing specific inputs for the child (usually those that have worked for others in the past) that may not necessarily be linked systematically to an assessment of the child's needs and a clarification of what would be the best outcomes.

- Some families are perceived as having such complex problems that there may be a potential for a negative impact on co-ordination of support simply because different family members have different Named Persons and Lead Professionals. Where there are a number of children of different ages and with very different needs it is highly likely that each will have different Named Persons, Lead Professionals and key workers, although the universal services in the pathfinder area reported that they were trying as far as possible to ensure that family members shared the same Named Person for health and for education if they were in the same school. When there is a specific concern that impacts on the whole family, such as domestic abuse, then steps are taken to ensure effective co-ordination of support. In circumstances where there are no common factors, where, for example, one child has serious health needs, another has learning difficulties and a third is offending then the assessment and planning processes are likely to be distinct for each. However, there is a key role here for the ISOs and the Quality Assurance and Reviewing Officers to ensure that support for the whole family is co-ordinated and that Lead Professionals share information with each other where it is relevant and appropriate to do so.

> "*What can happen is that a family maybe has too many professionals. There could be an early intervention strategy manager – not necessarily the Lead Professional. More and more people working with the family, the budget, mother's mental health issues, Dad's addiction problems. Where you get this complexity, the Social Worker will take the Lead Professional role and co-ordinate. Vulnerable families could have appointments to meet every day – and be judged as not showing up if they don't make it. The ISO helps with this*."
>
> Area Team Leader

- Ensuring that Named Persons have the appropriate levels of skill and expertise is a key issue to be addressed through training and continuing professional development. Insecurities remain about taking responsibilities for writing the Child's Plan.

> "*It is down to the assessment. This involves skill in identifying the child's needs, linking that to the right support. They may not be comfortable yet about the recommendations in the terms needed for the assessments. The education people still do not SEE how this needs to affect their practice and their culture and how they need to change the way they record things in the Record. If the assessment is right, the support comes together*."
>
> Senior Manager

- However, the commitment of senior strategic-level staff to raising skill levels needs to be clearly communicated to operational managers, as would information about the rationale on which it is based, i.e. where and how staff based in universal services can make a difference to children and young people.

The evaluation has also highlighted examples where the interface between the Named Person and the Lead Professional has not worked so well. As might be expected, there have been problems when the Lead Professional's case load has made it difficult to meet commitments that had been agreed with different Named Persons. However, in most of these cases the root of the problem has been structural rather than interpersonal with Lead Professionals' co-ordination problems when each service working with the child and family has put together a package which may reflect their resource capacity at that time but does not adequately meet the child's needs. Social workers, in particular, described a number of situations where they were required by the Children's Panel to ensure that a package of support for a child or young person was provided by another service but that service was only offering a partial package that was not sufficient for, or was not appropriate to, the child's needs. Some health visitors mentioned similar issues when trying to co-ordinate specialist health inputs. This highlights the importance of mechanisms such as the ISOs, the liaison group and the service managers group in resolving issues and disputes of this nature.

When the training for Lead Professionals and Named Persons was initiated it was not uncommon to hear staff in the universal services saying: "*Oh that's a social problem. That's down to social work*". That view is still being expressed in some of our interviews with professionals but it is far less prevalent in 2009 than it was in early 2008. The decline of this perception appears to coincide with a growing confidence in the role of Named Person and Lead Professional.

One other area where the interface between Lead Professional and Named Person can be problematic is where the Lead Professional, usually in these cases a social worker, comes to the case relatively late and the Named Person and other key workers have established relationships with the child. The rapid integration of the social worker into the functioning support network around the child is critical and much depends here on the importance of this being recognised by the Named Person. At the same time, once the Lead Professional has been designated there is also a risk that other practitioners back off and leave them to it. Again the Named Person can be critical here in helping the new Lead Professional to manage the transition process.

13.9 Assessment and planning

The Single Child's Plan

The joint roles of the Named Person and Lead Professional have been instrumental in bringing about a key shift from a situation where the parents of a child with complex needs and the child herself would find that a number of different planning meetings had been organised by the various services and agencies to assess very specific needs and then plan interventions around those specific needs. Before the pathfinder implementation phase it was not uncommon for the parents and child to find themselves attending four or five different meetings and often answering the same questions and providing professionals with the same chronological narrative. That situation has changed and the children's services and agencies in the pathfinder area have clearly bought into the idea of a single Child's Plan meeting.

This needs some clarification because in practice it does not necessarily mean that there is only one meeting that is concerned with the planning process. As

noted earlier in this Report there are monthly Liaison meetings where senior professionals drawn from across the relevant services consider the cases of a number of children and young people. In some instances it may be decided that a particular child's needs can be met within a single agency and that case will go back to the Named Person to co-ordinate that child's plan. Other instances lead to the identification of a Lead Professional and a multi-agency planning process is initiated. There may then be what we have come to describe as a pre-planning meeting where the Named Person and Lead Professional and one or two other key professionals meet to draw together all the assessment information and look at possible actions and interventions. In this way a good deal of the initial work will have been undertaken by a small group (sometimes just the Lead Professional) which is then brought to the multi-agency Child's Plan meeting for further development and agreement. In other cases we have found that the pre-planning or initial assessment and planning process has been carried out through telephone calls and emails.

The important distinction to make here is that there is a single Child's Plan and that plan is agreed and the implementation process is initiated by a single multi-agency meeting.

The Assessment Process

It was observed earlier that the My World Triangle and the Resilience Matrix are key components in the *Getting it right* practice model.

The triangle helps the professional to explore the information that has been gathered and recorded about the child or young person and his or her family and circumstances. It also helps to identify where further information may be needed and the likely sources for that information. The information gathered about the child's growth and development, their caring environment and their wider environment, along with the chronology of significant events in the child's life, provide a context for making sense of the most recent concern that has been raised. The analysis of these factors, in term of their impact on the child's life, helps the professional to summarise the child's needs and to identify and prioritise the actions that need to be taken to address those needs.

> *"Recently I helped one of my colleagues to fill in the strengths and pressures. We hadn't done it before. We wrote a list of the strengths, we wrote a list of the pressures and then we used our wee booklet that's designed to help us and we did it and then we looked at it and much to our surprise we decided that we didn't need to have any further input at that point in time. I think an unstructured narrative would have probably led us to focus on one or two pressures and intervene on them. It was very balanced and a really good exercise to do. It does take time but we will get quicker and it will help our practice."*
>
> Team Leader, Public Health Nursing

Where the concern raised about the child or young person is routine and not particularly complex, and this is confirmed by the analysis of the information around the triangle, then it may not be necessary to use the resilience matrix. Where needs and concerns are more complex, or where the outcomes for the child are likely to be long-term and the child requires ongoing support on an indefinite basis, then the resilience matrix helps to organise the information around the triangle in order to identify the scope for additional support to help the child and family build on the potential resources which they already have – their resilience and the protective factors currently in place.

Signs of progress in assessment and planning

In identifying signs of progress in the use of the PHNCFR and Plan and the CareFirst record and plan that have been developed by the Highland pathfinder it was noted that in virtually every record and plan that we sampled for evaluation purposes the Lead Professional had used the My World Triangle.

Health visitors and school nurses reported that they found it helpful in identifying the needs of the toddler or child and relating these to the needs of the mother. As the quote highlights, there is a growing recognition that, by focusing systematically on the strengths and pressures for the child and family, rather than writing a narrative account, they are better able to identify a course of action which is both appropriate and proportionate.

> *"The initial concern might have been about the child's safety but in actual fact when the circumstances are looked at in more depth the child is safe but you have uncovered issues about the way she is nurtured, and so on, that have to be addressed. You start by always asking how worried am I about this child? And, if I am worried about them then this is why I am worried. Any professional has the capacity to do that. They may need to talk to others first. The third question is why do I think they are not safe, nurtured, achieving etc.? That's the question that sends you to the My World Triangle."*
>
> Development Team Member

The social workers who have been using the My World Triangle to help them assess the needs of children and young people, particularly those who are Looked After away from home, those in need of protection and those with multiple and complex needs and problems, also report that it is very helpful in organising a lot of disparate information about the child and his or her circumstances in order to identify the kind of intervention that would be most appropriate and proportionate to the level of need. As one interviewee put it "*It helps you get an overview of the child as well as highlighting their most pressing needs and concerns*".

It is increasingly apparent from interviews and from analysing the samples of records and plans that, as professionals become more experienced and confident in using the assessment process, they are more likely to perceive that the initial concern raised about a child is just a symptom of a complex mix of other concerns and problems.

Professionals who regularly assess and plan for children with a diversity of additional needs quickly gain confidence in using the triangle. Those who have only had to carry out one or two assessments using the new processes are finding it more difficult to use the triangle as intended. They tend to describe and summarise the needs which emerge from organising the information around the three sides of the triangle but are less likely to analyse this systematically as part of the process of drawing up a plan.

Training and support from operational managers, along with informal discussions between colleagues, has clearly helped practitioners to gain a better understanding of how to use the practice model to assess and contextualise the needs of children and young people.

The more confident and competent the professional is in using the triangle, the more likely they are to support their decisions and judgements with evidence derived from the analysis.

There are clear signs of a shared language of assessment emerging between health visitors, nursery nurses, early years' teachers and volunteers running childcare and parent-toddler groups.

The analysis of samples of records indicates that those which have been completed since the training are more likely to:

- document and justify the decisions that have been taken;
- go beyond the immediate concern that has been raised to take into account a wider range of unmet needs;
- demonstrate a clearer link between assessment and planning;
- specify the intended outcomes and what would constitute evidence of progress in the achievement of those outcomes.

Areas for further development in assessment and planning

While the analysis of samples of assessments and plans showed that almost all of the Lead Professionals were using the My World Triangle to assist them in the assessment process it was also clear that further work is needed to help some of them to use the triangle more effectively. The findings could be summarised as follows:

- In almost every sampled assessment the professional used the triangle to organise the information they had gathered about the child, the parents or carers, the family circumstances and the child's wider world.
- Most, but by no means all, then provided a separate analysis of the information relating to each side of the triangle. However, in a sizeable minority of cases this was primarily a description rather than an analysis. That is, they reiterated what had been found but did not necessarily identify how it was impacting on the child and family.
- Some, but not all, then provided an overall analysis of how the pressures identified in all three sides of the triangle had a combined impact on the child and how the strengths that had been identified on all three sides of the triangle might help to counter those pressures.
- Some, but not all, then went on to summarise the child's needs in terms of the Well-being Indicators.
- Some, but not all, established a clear link between the analysis and the actions that should taken to support the child and family.

In other words, a sizeable and growing group of practitioners (mostly those who have been trained and get regular opportunities to apply the practice model) are learning how to use these processes to make professional judgements that are based on evidence which can be reviewed by others in terms of its soundness, the way in which it was interpreted and the validity of the conclusions that were drawn. The challenge (to which we return later) is to benchmark this and find ways of effectively supporting all staff who work with children to apply this process to the same high standard.

It is also apparent that some practitioners are not using the My World Triangle for routine or core assessments or they appear to be deciding what actions to take first and then retrospectively evidencing them using the triangle.

There is no simple response to this issue which could apply to all circumstances. It may well be that experienced practitioners do not need to apply this process in such a formal way when deciding what support to provide for routine events and minor concerns that the encounter everyday. Indeed it would seem

disproportionate if they then felt that they needed to go round the triangle retrospectively to justify a routine action. However, we did observe some instances where factors subsequently emerged in the child's chronology that led to additional support being provided which, if recorded in the original assessment, might have led to an earlier intervention. Perhaps the bottom line here is that all decisions and professional judgements, even routine ones, need to be demonstrably evidenced if only because they may subsequently be questioned if circumstances for the child or young person significantly change.

By way of example we have included an extended quote from an interview with a highly experienced health visitor who has been involved in the development of the PHNCFR in Highland from the outset. Starting from the position that experienced health visitors do not need to use the My World Triangle for routine concerns she then questioned whether there might be some value in still using it and finished up with a good example of where this kind of thinking about assessment could support early intervention, prevention and health promotion more effectively.

Pathfinder Example 7

"A mother tells the health visitor that her baby seems to have sticky eyes. This is routine. The health visitor knows exactly what to do here, what the protocol to follow is, what medication to provide and what to recommend in terms of how the mother could apply the medication and otherwise care for the baby's eyes.

So there is a direct and immediate link between the raising of the concern and the solution. The evidence for the concern is visible and easily interpreted and the solution is straightforward, evidence-based, proportionate and available within the delivery mechanism for Core Care (or Additional in the sense that it is one step outside what is delivered to all children. Nevertheless, it still could be delivered to all children). If the My World Triangle was to be used here, what would be the added value of it? The concern was health-based, requiring treatment or it could get worse, so it is early intervention and prevention. However, working round the triangle might help to uncover why the baby has developed sticky eyes. Going round the triangle might help the health visitor to identify possible causal factors which might need to be addressed, not immediately, but in terms of health promotion and prevention. For example, it might be that the family cat was getting into the baby's cot and sleeping there, so that there was a low-level allergic response.

So to conclude, yes, even here the My World Triangle could also help. It doesn't need to be particularly intensive; just a quick run round the three sides of the triangle to get beyond the what and explore the why and the how."

Senior Public Health Nurse

It has already been noted in the section on the use of the Child's Record and Plan that our analysis of samples of records and plans found hardly any examples of the Resilience Matrix being used. The response to this finding has usually been that the matrix is an option that Lead Professionals would only need to employ with cases where the child or young person is very vulnerable and/or very complex cases that require a multi-agency assessment and plan. In response to that we can only observe that a lot of the cases in our samples were complex, they did necessitate an Intensive Health Care Plan or a CareFirst Plan for children who were being accommodated with foster carers or in residential units and many of these plans involved multi-agency support. Even so, the matrix was not being used.

Would the matrix have been helpful in any of these cases? Certainly it might have helped some of the Lead Professionals to structure their overall analysis of the child's needs. Without it there was a tendency to focus on the pressures and to either exclude the strengths from the analysis or downplay their significance. This was particularly the case where the professionals tended to list and describe

the strengths and pressures rather than use them to understand the impact they were having on the child and family.

In this sense the matrix can be an important link between the triangle and the plan. Example 8 is a particularly interesting one because it highlights how the application of matrix thinking (albeit in a relatively informal way) led some of the professionals providing multi-agency support for one particular boy to persuade the Lead Professional to re-think her position about placing the boy in foster care.

Pathfinder Example 8

Following a supervision order Jan, a 9 year-old boy, was placed with his paternal granny. Both of his parents had long histories of substance misuse and while it was clear that both loved him very much neither was capable of caring for him properly when they were misusing drugs and alcohol. It was decided that a placement with granny was in Jan's best interests.

The parents had split up and the separation was acrimonious. They only had access to Jan under supervision. While the father had supervised access at the granny's house the mother only saw the boy around the time of core group meetings, which both parents and the granny attended. The mother was strongly opposed to the placement with the father's mother. The granny was not perceived to be or behaving as a neutral in this growing family conflict. Jan was increasingly feeling under pressure from all sides to support their opposing positions.

Under these circumstances the Lead Professional felt that it might be best if Jan was placed with foster carers in another part of town. The head and depute at Jan's primary school reviewed the strengths and pressures in Jan's situation and, whilst recognising that some of the pressures were intensifying, felt that Jan was demonstrating remarkable resilience, he was happy at his granny's and they felt that the school, including Jan's classmates and friends, and the local community where Jan was living had built a very strong support network around him. As a result they felt that a lot of the time Jan was happy and well-adjusted and had worked out his own strategies for coping with the pressures from his immediate family. The core group decided that Jan should continue to live with his granny but they would monitor the situation until the next review meeting. This continues to be the situation at time of writing.

Furthermore, as Example 9 demonstrates, there is also no reason why the matrix might not apply to apparently straightforward, even routine, single-agency assessments and care plans.

The specification of the outcomes to be achieved through the Child's Plan is another skill area that needs further development. The analysis of samples of records and plans showed that some Lead Professionals need to think more systematically about outcomes. Alongside the examples of good practice, there was also evidence of:

- Some practitioners are still confusing outputs or actions with outcomes; the emphasis is on what they will do rather than on the better outcomes that these actions will lead to.

- Some tend to specify the outcome solely in relation to the initial concern that was raised rather than the summary of needs that has been identified through the assessment process. A recurring example in the samples of records and plans was where an initial concern is raised about a child's or young person's school attendance. The assessment around the triangle reveals a complex picture where a number of factors in the child's life may be contributing to his or her poor attendance. For example, Mum has mental health problems and the child is acting as a part-time carer, or there is domestic abuse in the family and the child is anxious about the victim's well-being, or the child is being bullied at school, etc. The plan puts in place a number of actions designed to address all those pressures

and circumstances but the only specified outcome is improved school attendance which may or may not be related to the wider Well-being Indicator of achievement.

- Some use the Well-being Indicators to specify outcomes which are long-term without identifying the intermediate steps that will need to be achieved in order to meet that kind of long-term outcome.

Pathfinder Example 9

"Take a fairly typical situation where the HPI would be Additional for a fairly limited period of time. There is a concern about the mother's ability to breastfeed and the impact that this is having on the baby's health. Now this is a single-agency concern. But unlike the case of the baby with sticky eyes it is less straightforward and the solution is less clear.

A tool like the My World Triangle can be very helpful here. The health visitor knows what the baby needs in order to thrive and will identify indicators of the impact that poor feeding is having on the child. When she turns to the next side of the triangle, the People who Can Help, she will be focusing on the mother's needs, and how her surroundings might be impacting on her ability to breastfeed. Is it poverty issues, with the mother not being well enough nourished? Or is the problem that she does not have enough money? Or is it that she doesn't know which foods would best sustain her when breastfeeding? Or is it a lifestyle issue where Mum is drinking alcohol instead of water? Or may there be underlying health issues around the Mum, say depression? Or are there other concerns that could be causing anxiety and distress, e.g. domestic abuse? Or is she surrounded by other children and relatives who are very demanding and not giving her the time to rest when she needs it?

Here the Triangle can be very helpful in identifying the kinds of information that need to be gathered. It's a useful reminder that you often have to look beyond the obvious health factors in order to understand what is happening. But sometimes, when there are so many pressures operating on the mum simultaneously you need to be able to identify what might be the higher order factors, or even the highest order factor which the health visitor can address directly and those other factors which can be addressed either by other services or by the network around the mum taking action to give her better support while she is still breastfeeding the baby. That's where the matrix can be very helpful. You are weighing up the Mum's resilience and vulnerability and how this impinges on the baby's health and normal development and you are also weighing up how the protective factors around mum can be enhanced."

Senior Public Health Nurse

Ongoing challenges in assessment and planning

One of the key messages emerging from the evaluation at this stage is that practice within the pathfinder is changing in the right direction, training has helped and professionals are learning from experience, but some further structured professional development would help to bring all practitioners' skills up to the same level in terms of analysing the information gathered around the My World Triangle; using the Resilience Matrix where appropriate; and ensuring that this analysis informs the planning process in ways that are appropriate and proportionate. This is undoubtedly a challenge but Highland have already put into place some of the mechanisms which could support professional development here. Consideration is being given to the induction of new practitioners or those who have moved into the authority and a structured quality assurance programme, supported by some degree of screening or auditing. We would suggest that this could be supplemented by identifying examples of good practice in using the assessment and planning tools for a range of typical scenarios involving children and young people.

It is not just the challenge of developing skills; it is also about the need to develop a conceptual overview of the practice model: the linkages between

recording information, assessing it, identifying intended outcomes and a timescale for making progress in their achievement, identifying evidence-based, appropriate and proportionate actions and systematically reviewing whether any progress has been made towards improved outcomes for the children and, if not, what else needs to be done.

Another challenge which has not yet been fully addressed, even within the pathfinder area, is the relationship between specialist assessments and the assessments involving the triangle and matrix. We have observed a growing tendency for practitioners across all agencies and specialist teams working with children to use the Well-being Indicators and that is a very positive step in the right direction. More now needs to be done to facilitate the integration of specialist assessments into overall assessment of the child's needs that is being co-ordinated by the Lead Professional. There is a case for asking specialists not just to summarise their assessments but to also comment on their implications for the more holistic child's plan. However, the crucial task, and there may be further implications for professional development here, is to relate these specialist assessments to the My World Triangle in terms of their overall impact and implications for the child and family.

"If a child has been seen in opthalmology and seen in audiology and seen by a physiotherapist and by speech and language then someone needs to be looking at the overall impact of all of these concerns on the child and the implications of that for other professionals who will be working with that child – the health visitor, the nursery staff, the primary school teacher, learning support staff, the children's services worker, etc. What needs to be done then is to put this around the My World Triangle and show how all these conditions may be impacting on the child. If we are saying that specialists need to summarise their assessments for other professionals then the triangle is the starting point for this. "

Health Specialist with strategic responsibilities

"Social workers tend not to see themselves as having specialist knowledge about child development even though in fact they have a lot of practical knowledge that they can draw on. But, you know, through their day-to-day contacts with families they do know a lot about how the child's caring environment and wider world impacts on their lives. It just requires a bit more guidance and training to get to that stage where they understand how all this impacts on the child's development."

Senior Social Worker

Underpinning the previous challenge is the notion that specialists working with children have a different assessment language from professionals who come into contact with the same children at the universal level. The evaluation has highlighted how health visitors and early years workers have come together to develop a shared language of assessment for 3-4 year-olds and this is now increasingly apparent in the records devised for this age group. However, with older children there is still a significant gap between the languages of assessment used by, for example, teachers and health professionals who work with the 8-16 year-olds and that gap widens as the youngsters move into adolescence. There is often a gap between what the professionals in each service know about a child and family and what they record (and, indeed, what they believe to be relevant and appropriate to report to others).

At the beginning of the pathfinder phase there was a widespread tendency to see the information gathering and assessment process as a kind of jigsaw puzzle. Each agency would add its piece of the jigsaw into the picture: with education providing information about their attainments and any learning difficulties they are experiencing; health providing information about the physical and emotional development of the child and any relevant health problems relating to parents

and family members; social work providing information about the child's caring environment and wider world; police providing additional information about the child's welfare or any offending and anti-social behaviour, and so on. It was then assumed that this model would evolve into an electronic assessment which almost constructs the overall picture of the child for you. What has become apparent when looking at some of the more recent records and plans is that the jigsaw is a misleading heuristic device here. It leads to an assessment comprised of fragmented bits and pieces.

> *"In the pre-GIRFEC approach to Child Protection the idea was that you each brought your bit of the jigsaw to the table and you didn't compile it until you had a child protection case conference. Very often you didn't see other people's bits of the jigsaw before that meeting so you didn't take account of any of them in compiling your own piece. And then magically you are meant to put all the pieces on the table and it makes a perfect picture. Then we were surprised when people went away confused or angry or feeling they hadn't been listened to. Now we have turned that around completely by saying that the child protection meeting is like any other planning meeting. Here the social worker is the Lead Professional and they do the integration of the assessment before the meeting and present it at the meeting to ensure that people recognise it. That is one of the critical changes in the process."*
>
> Strategic Manager

A more appropriate heuristic device would be a Venn Diagram which recognises that the information provided by each service can overlap and is not necessarily restricted to one side of the triangle or another. The triangle is at the heart of the overlapping circles. However, what makes the assessment integrated is that someone has to both interpret and co-ordinate it and that is why the tools within the practice model are needed. This is already apparent in the observations shared by health visitors and early years' workers in the pathfinder area and is clearly relevant for the effective operation of an early identification and prevention approach to *Getting it right* for that age group. The change of mindset that this involves is not yet so well advanced in the work with older children and adolescents but again there is clear evidence of good practice which could be used to inform training and professional development.

The fact that hardly any child's or young person's record and plan in our sample for analysis made use of the Resilience Matrix presents a challenge, particularly given that we found a number of instances where the matrix would have helped to organise the strengths and pressures within the child's life and relate them to the positive and potentially adverse factors impacting on him or her in order to provide a guide to an appropriate course of action. However, it is also important to note that Brigid Daniel and Sally Wassell, in their workbooks on assessing and promoting the resilience of vulnerable children observe that "*the assessment of resilience is not straightforward.*" They also observe that resilience is a complex issue and some caution is required. Apparent coping behaviours exhibited by a young person cannot always be taken at face value. They may be internalising the symptoms.[18] This level of interpretative analysis requires skill, sensitivity and experience.

The Highland training programme designed to prepare professionals to use the assessment process focused mainly on the matrix as a tool for organising information gathered around the My World Triangle. It may well be that further training will be needed in the interpretation of completed matrices before more practitioners will begin to use the Resilience Matrix in their work.

[18] Daniel & Wassell, op.cit *Volume 3*, p.12.

Another relevant point made by Daniel and Wassell is particularly apposite for *Getting it right*. They observe that resilience is associated with long-term outcomes. "*It may not always be possible to protect young people from further adversity*…..[but] *boosting their resilience should enhance the likelihood of a better long-term outcome….What is important is that practitioners have the theoretical grounding that assures them that they can make a difference to the outcomes for children ……. even if they never see the results themselves*."[19]

14 Steps Taken to Prepare and Involve Staff

14.1 Awareness raising

It was observed earlier in the report that Highland started to deliver awareness-raising sessions on *Getting it right* before the pathfinder programme was up and running and later incorporated elements of this basic awareness-raising into Programme One of their staff training. The core message disseminated at this point was:

> "*Everyone has a responsibility to do the right thing for each child and we must all work towards a unified approach with less bureaucracy and more freedom to get on and respond to children's needs. This means earlier help and the child getting the right help at the right time tailored to their own needs*."

Another important feature of awareness-raising was the focus on what are referred to in the authority as 'the five key questions' (see Example 10). In the staff training these have come to be seen as the key questions for the Named Person – that is the individual member of staff, usually within the universal services, who is responsible for making sure that the child or young person has the right help to support his or her development and well-being. However, it is also recognised that these are important questions for anyone who works with children if the system is going to effectively pick up any early warning signs and concerns regarding a child.

Pathfinder Example 10

The 5 key questions:

1. What is getting in the way of this child or young person's well-being?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

In addition to the awareness-raising sessions run for managers and groups of practitioners the development team also sought to keep staff aware of developments in the pathfinder area through a *Getting it right* website and an Integrated Children's Services newsletter. More recently the number of newsletters issued by individual services and agencies has increased markedly and a decision has been taken at Council level to stop producing the multi-agency newsletter. As long as these single agency newsletters continue to provide information on inter-agency developments this should have the added benefit of ensuring that news about current developments and future plans relating to the implementation of *Getting it right* will reach a wider audience of staff than did the multi-agency newsletter.

14.2 Training for managers and staff

The *Getting it right* training benefited from some existing tried and tested structures and mechanisms. It was decided to adopt a similar approach to the *Getting it right* training as had been adopted for child protection, violence against

[19] Daniel & Wassell, op.cit *Volume 3*, p.13

women, children in distress (at risk of self harm and suicide) and training for Looked After children with mental health problems.

The training is modular and based around three programmes:

Programme One addressed the following:

- Providing a context for the change process (legislation, national drivers, etc).
- Introducing the Well-being Indicators, the My World Triangle and the connections between them.
- Outlining the Child's Record and Plan.
- Explaining the roles of the Named Person and the Lead Professional (the member of staff who takes responsibility for co-ordinating the child's assessment and plan when two or more agencies are providing support for that child).

It was intended that Programme One would be delivered to all staff from education, health, social work, police, the voluntary sector and appropriate adult services (such as housing and criminal justice). The delivery of the training was organised around Associated Schools Groups.

Programme Two was planned for and delivered within single agency groups. The focus here was on the pathways and processes to be followed by each agency when a need for action and support for a particular child has been identified.

Programme Three comprises a multi-agency training module focused on staff likely to be carrying out the role of Lead Professional and Named Person or are likely to be directly involved in the *Getting it right* assessment process.

A scoping exercise carried out by the pathfinder development team identified around 1300 staff who would need to undertake at least two of the three training modules. This did not initially include a scoping exercise for staff in the voluntary sector.

The same training modules are being used for the roll-out phase.

14.3 Consultation and trialling

With any new process, there needs to be an extensive period of consultation followed by a trial and error stage before new procedures, records, plans and working tools are ready for implementation.

The development of a new Child Concern Form, to be completed specifically by police officers, involved extensive consultations with police, school nurses, health visitors, teachers, social workers and the local Children's Reporters. A key issue here was not just getting feedback on the design and content of the form from those who would be asked to complete it but also getting reactions from those staff who would receive completed forms. One of the main issues was whether these completed forms would provide the information they required. This consultation process took over nine months and was conducted through a series of reference groups within each of the relevant services and agencies. It was only after this period of consultation that the trials of the draft form began.

"You can see the potential, once the document has been tweaked as we would all like it and made easier to use. A couple of years down the line you will be able to pick up the record and say this child is at this stage in development. When it is computerised, in the longer term, and everyone is working with GIRFEC and we are all feeding into the same system, I think there will be nothing better. I think it will be just absolutely fantastic. You will be able to pick out bits of information that we probably could not access so easily in the past."

Service Provider

Consultation on the new PHNCFR was also extensive and two versions of the form were trialled before a version emerged that would be used throughout the pathfinder area. Following an auditing exercise on how the new form was being used it is possible that the Record and Plan will undergo some further refinement but not substantial re-drafting.

Managing the trialling of any new tools and processes is crucial. The experience of one professional group is illuminating here. Most of those who actively took part in piloting understood that this process involves testing at practice level, providing feedback, introducing changes, further testing, analysis to guide the next set of decisions and yet more evaluation. In the early stage some of the members of staff who were involved in the practice-level testing explained that they had not been involved in the development of the new form. As a result they did not feel a sense of responsibility for it. However, as the trialling process proceeded, the potential benefits of the intended changes began to be realised and the sense of ownership of it emerged and grew stronger. (See accompanying quote from a member of staff involved in the trialling.) This was not the case for all members of staff and among a minority there were persistent pockets of resistance to further changes. This may possibly have been triggered by initial reactions to the new tool and the uncertainty that comes with lack of confidence and lack of experience in its application. Addressing every level of resistance remains one of the ongoing challenges.

14.4 Signs of progress in engaging staff

In Highland major steps were taken to raise staff awareness and provide training. This included the following:

- Between the autumn of 2006 and the end of 2007 over 3,500 staff attended awareness-raising sessions.
- From spring 2007 to October 2008 just under 500 staff in the pathfinder area received Programme One training.
- From autumn 2008 onwards around 200 staff drawn from the other (non-pathfinder) administrative areas in Highland attended Programme One training.
- Nearly 600 practitioners drawn from outside the pathfinder area have attended Programme Three training.
- Programme Two single-agency training has been ongoing within police, health and social work.
- In addition, efforts were made to focus on *Getting it right* and its implementation as a theme addressed as an integral part of all other generic training offered by the authority.

The staff who had been involved in the trialling of new procedures and tools claimed ownership of them and played an important part in encouraging their colleagues to make the transition from the old systems and practices to the new ones. A major factor here has been that they have been able to use direct experience of cases to good effect, particularly in being able to answer queries about how the new Record and Plan would work. Their impact as a catalyst has in

part been because they address the concerns of colleagues by focusing on what they do and how they do it in addition to the rationale behind the practice pathways selected for development and testing.

The engagement in evaluation by those involved in the strategic planning, development and management of change on the ground has been impressive and has become embedded as, if not a prerequisite for development, then an important approach for addressing early issues impacting on quality improvement. As the new records and plans became operational, small teams of evaluators, lead posts and senior staff reviewed samples of records and plans from health, social work and to a lesser extent education. The samples included records produced before the changes in practice, some using the new processes but completed before practitioners received training and some records and plans completed by staff who have done the training. Clear evidence emerged showing practice enhancement by the staff who had been trained. This impacted on the following aspects of keeping records, selecting key pieces of information, assessing evidence, making judgements and developing plans in the following ways:

- more complete records and plans;
- greater likelihood of analysis being applied to how the assessment evidence around the My World Triangle is impacting on the child;
- more coherence and clearly links in the rationale between initial concerns, assessment of the child's needs, the intended outcomes and the plan in place for delivery;
- greater consistency in the completion of records and plans by staff who have attended the training.

There was also emerging evidence in the administrative areas beyond the bounds of the pathfinder area that inter-agency practice began to shift in anticipation of the roll-out of *Getting it right*. In part this probably reflects the fact that some services started to roll-out the *Getting it right* practice model early for operational reasons as happened with the police and some of the national voluntary agencies. But it also reflects the impact of the awareness-raising programme and the desire to initiate changes in practice in the desired direction without any further delay.

Finally, it is also worth noting that another evaluation conducted in the pathfinder area in the early stages of the pathfinder phase observed that the authority had succeeded in communicating to its staff a culture of organisational learning, continual improvement and innovation. While some may be resistant to what seems to them to be permanent change, the majority of frontline staff feel empowered to try new approaches and report back on their experiences [20].

14.5 Ongoing challenges in engaging staff

Some staff have indicated in focus groups and interviews that there may be some gaps in training and awareness-raising still be addressed. The ones most frequently mentioned have related to:

- Techniques for interviewing young children on potentially sensitive matters.
- Linkages between the *Getting it right* approach and other developments which are leading to nationally developed records and working tools e.g. The Scottish Woman-held Maternity Record (SWHMR).
- Linkages between training for *Getting it right* and training for other developments and initiatives which may impact on its delivery, e.g. Pupil Progress Records (PPRs) and electronic tracking; Child Protection and Joint

[20] Young Foundation/NESTA (2007), *Making the most of local innovations: Interim Report*, London, NESTA.

Investigations; CareFirst in social work; CareAims training in health; Early Years certificated training for voluntary workers and training around domestic abuse.

Initiative overload and workload issues have also been raised by some staff, particularly in relation to attending an increasing number of training programmes.

Ongoing challenges still remain about scoping the training needs in relation to *Getting it right* within adult services and meeting the training needs of volunteers, often unpaid, who are involved in childcare and parents and toddler groups.

A high proportion of senior level managers from almost all the services except education have attended the training provided. Given the critical nature of senior level commitment to programme implementation, the fact that only a small proportion of secondary head teachers have attended the training programmes highlights a potential leadership gap on the education side. The training opportunities have been taken up well by principal teachers for guidance and occasionally by depute heads with pastoral responsibilities. These are clearly perceived within secondary school management teams to be the most appropriate recipients of this training and this is understandable. However, there is a key sense in which a professional cultural shift does not necessarily take place unless there are corresponding shifts in organisational cultures. That organisational cultural shift does appear to be happening in the primary schools, but the position remains more patchy in the secondary sector. Some have very clearly recognised that *Getting it right* is a whole school issue which dovetails neatly with Curriculum for Excellence and promotes the idea that everyone who works with children has a responsibility to do the right thing for the whole child.

A challenge which faces a local authority that seeks to introduce fundamental changes of this nature in a phased way – either by introducing changes across the board or by making changes around a single theme or trigger – is that because effective change takes time the need to sustain the interest and commitment of staff elsewhere in the authority prior to the roll-out can be challenging. The pathfinders have all developed communication strategies designed both to sustain interest and also prepare staff outside the pathfinder for the roll-out. The adequacy of this cannot be assessed until the changes implemented during the roll-out phase have become embedded.

Finally, in circumstances where turnover of staff in some areas of children's services may be high or where the workforce may be ageing and significant numbers are approaching retirement, there is also the need to plan an effective induction into the embedded *Getting it right* approach for new staff. Also, over a period of change, particularly within an all-systems approach, very specific posts can be created as part of the transition process or to address needs in the evolving system. Some difficulties in filling certain posts may be experienced because they appear to be so different from the more traditional kinds of posts that applicants are accustomed or attracted to.

15. Steps Taken to Engage Children, Young People and Families

The need for engagement with children and families is a central principle of *Getting it right* and has been recognised within Highland at a number of different levels. It has been felt to be important to ensure that the voice of service-users are represented in the following processes:

- consultations to inform developments;
- feedback from service-users to monitor service delivery;
- active participation in assessment, planning and review processes.

15.1 Consultations and feedback

In the Highland pathfinder, two important consultations with children and young people have taken place over the last three years. These were both carried out by Highland Children's Forum:

- The ***Are we there yet?*** consultation worked with a sample of 271 children and young people, who provided responses on their experiences of children's services once a term for three years. Interim reports were published in 2006 and 2007 and the final report was published in 2008 [21].

- **It's My Journey** was also a consultation, hearing from 44 young people with additional support needs about their experience of transition into adulthood and adult support services from school and children's services [22].

The three reports under the title of *Are we there yet?* provided detailed qualitative feedback from children about their experiences of being safe, healthy, achieving, nurtured, active, respected, responsible and included. It also provided feedback on their experiences of the services they used – what was good and not so good and what could be done better. Their perceptions of their well-being are summarised in the chapter on Emerging Outcomes for Children and Young People. Here we focus more on their experiences of children's services. While much of the feedback was positive there were also some key messages for children's services in Highland. The children and young people did not always feel that adults listened to them when they were explaining their needs. Instead they made assumptions and acted upon them. They felt that treating people with respect was a two-way process. They recognised the huge impact on a young person's behaviour, confidence, ability, achievements and well-being when important needs were not met and they also recognised that some families needed support from the services if they were going to meet their children's needs. Perhaps the most significant message of all here was that they did not just want the services to do things for them; they wanted to be empowered to do things for themselves so that they could address their own needs and solve their own problems more effectively.

It's My Journey reported young people's personal experiences of the transition process – what it was like for them, the usefulness of the help they received, whether it met their needs and the areas where more needed to be done. The consultation was carried out in advance of the implementation of a new Transitions Protocol and was used to influence the guidelines which accompanied it.

Another potential communication route has also developed, where a number of parents' groups have emerged within Highland, particularly amongst parents with children and young people with complex needs and disabilities. In addition to representing the interests of their members they have also succeeded to a large degree in establishing ongoing channels of communication with practitioner working groups from specialist services.

15.2 Service-User participation in the assessment and planning process

The implementation of the *Getting it right* approach in Highland has meant that staff are being encouraged to see children and families as active contributors to the assessment and planning process rather than just sources of information. Steps for seeking this input have been built into the practice model and the new

[21] G. Newman, (2006, 2007, 2008) *Are We There Yet?,* Inverness, Highland Youth Forum.

[22] G. Newman (2007) *It's My Journey*, Inverness, Highland Youth Forum.

Record and Plan forms, reflecting a substantial evidence base from research that shows that the outcomes for children tend to be better where the services work collaboratively with family members, even in circumstances where there is concern that a child may be at risk of significant harm.

Provision for this is now built into the new procedures being used by health and early years service providers, the multi-agency assessments for school-aged children and the statutory assessments carried out by social work.

15.3 Signs of progress in engaging children and families

The consultations carried out with young people in the pathfinder areas are excellent practice models. At this stage in the development process the emphasis on qualitative feedback is highly relevant and will integrate well with any further monitoring of levels of user satisfaction with the services.

The emergence of a culture of organisational innovation in Highland, which was identified by the NESTA/Young Foundation Report in 2007[23], has also helped to facilitate a culture of consultation with service users. In addition to the consultations with children and young people described above, the Area Children's Service Forums have also consulted regularly with local communities, a number of parents' groups have emerged, particularly in relation to specialist services for children with complex and multiple needs and disabilities, and the local council's annual performance survey regularly includes questions designed to elicit public views on the performance of children's services. Recent themes here have included child protection and anti-social behaviour by young people.

A survey of 80 children's services practitioners within the pathfinder area showed that respondents were getting positive feedback from families about their participation in the assessment and planning process for their children. In particular parents felt that this gave them a clearer idea of what they could do to help their children.

The ongoing review in place for the evaluation of the ways in which staff are implementing the new *Getting it right* procedures, Records and Plans shows that a growing number of staff are recording the views of children and young people, and their families. This is more likely to be happening where staff have attended one or more of the training modules. However, as the pathfinder phase comes to a close and training is being provided for the roll-out, there may need to be more emphasis on the active engagement with children and families at the assessment and planning stages.

The parents' groups that have emerged in Highland around specific kinds of children's needs, particularly those for parents with children with complex needs and disabilities, have provided useful channels of two-way communication with specialist children's services. Nevertheless, some parents still report a feeling of isolation, often between the time that concerns about their children have been identified and referred to specialist services and the time when the assessment and diagnosis is carried out and also between the time when the assessment has been completed and the plan is implemented. Others feel that specialists carrying out assessments of their children see them as an important source of information but do not necessarily acknowledge that the parents are very likely to know more about how their child will respond to various kinds of treatment or help.

[23] Young Foundation/NESTA (2007) *op.cit*.

15.4 Ongoing challenges in engaging children and families

What has been undertaken to date has been good and provided very important feedback to developments in the pathfinder areas and to staff delivering services. However, more is needed to ensure that consultation remains at the heart of practice and that the best use is made of what consultations provide to the process. In particular, the following needs have been identified:

- A need to embed the processes of consultation and engagement with children, young people and families in the everyday practices of each agency and multi-agency working.

- A need to embed feedback mechanisms from service users into ongoing self-evaluation and quality assurance processes.

- A need to ensure that parents, children and young people are being listened to when new practices, procedures and tools are being designed and piloted.

- A need to ensure that good practice in engaging with children, young people and families becomes the norm.

- A need to ensure that staff have the skills and the tools to engage effectively with children and young people, particularly the under-eights, when seeking to find out what is concerning them and how best to help and support them.

Greater understanding around such consultation is required at a number of levels, not least that all staff know how to use the information obtained through consultation in the assessment and planning but also how to enhance its impact on the sense of empowerment and potential levels of engagement that ensue when service users have been able to be part of the solution.

16. Changing Professional Cultures

16.1 The context

So far in this report we have focussed on system changes and changes in practice. The former was about the ways in which governance, strategic management, structures, policies, communication systems, information technology, stakeholders and key operational personnel have guided, supported and co-ordinated changes at pathfinder level. The chapter on practice change, up until this point, has focused on how an emerging repertoire of processes and procedures, firmly rooted in twenty years of research evidence and built on existing good practice, have changed the ways practitioners across children's services respond when concerns are raised about a child and family and unmet needs are identified.

Now we move to a third dimension of the change process associated with *Getting it right for every child*: changes in professional cultures. This focuses on the extent to which a shift in institutional and individual values, operating principles, norms and ways of cooperating across agencies and services has emerged to support changes in systems and practices.

In the context of *Getting it right* this needed to be examined at two distinct levels:

- the distinctive professional culture of each children's service and agency;

- the inter-professional working culture to support multi-agency working across children's services.

Each service and agency tends to evolve a professional culture with distinctive elements: a specialised language and vocabulary, professional values, a distinctive set of competencies which serves to differentiate the profession from others who work with the same client group, and mechanisms for controlling entry into the profession and differentiating between those who are novices or probationers and those who are skilled practitioners. These elements determine what it is to be a professional within that particular occupation. At the same time, however, there is another dimension to each professional culture which is best described as a concept of professionalism and relates to how one behaves towards the client group or service users and towards one's colleagues: being supportive, being responsive to the needs of those for whom one is providing a service, being a good team player, being a reflective practitioner, and so forth. Clearly individuals may vary to the extent to which they behave professionally in this way but most members of the profession can usually recognise when a colleague is behaving unprofessionally.

An inter-professional working culture adds another dimension. It is partly about working collaboratively with professionals from other services and agencies according to a set of agreed principles and values. It is also about recognising that the specialised language which you use and the working assumptions that you probably take for granted will not be familiar to one's colleagues in other agencies. At best they will need to be explained, but they may even need to be simplified or abandoned in order to facilitate better collaborative working. An inter-professional working culture also needs to be flexible enough to ensure that professional expertise of each individual in an inter-agency team is recognised and valued but at the same time those individuals do not hide behind their professional authority.

Finally there is yet another dimension which acts as a kind of umbrella that encompasses the distinctive professional cultures of each service and the inter-professional working culture. This comprises the Principles and Values that are fundamental to *Getting it right*:

- Putting the child at the centre.
- Promoting the well-being of individual children and young people.
- Taking a whole-child approach.
- Building on their strengths and promoting their resilience.
- Making all children and young people feel respected, valued and listened to.
- Ensuring that, regardless of the priorities of different services, children and young people will get the right kind of help, matched to their needs, when they need it.

Within the context of working in an inter-agency way that also means sharing information while still respecting the confidentiality of the child and family; ensuring that the client or service user is fully informed about matters that will affect them; ensuring that the help that the child and family receives is co-ordinated and that professionals from different services are working in partnership to achieve the same ends: better outcomes for children and young people. [24]

[24] For a more detailed account of these values and principles see Scottish Government (2008) *A Guide to Getting it right for every child*, Edinburgh, Scottish Government, Section 3.

16.2 Signs of progress in changing professional cultures

It was noted in an earlier section of this report that the vision behind *Getting it right* is now widely shared across all the main services and agencies working with children in the Highland pathfinder area although there are still some differences of perspective as to whether it is focused on the needs of all children or the most vulnerable and those with the most complex needs. The shared vision of how child-centred inter-agency working differs from previous developments in joint working and the reasons why the shift is necessary to provide better outcomes for children and young people is the cornerstone of *Getting it right*. Without it some practitioners are likely to adapt new working practices to old ways of thinking and, where that happens, support for children may continue to reflect what individual services offer rather than what each child needs.

Two parallel developments need to take place. The first development is when practitioners in each service become less anxious about their professional identity. Their discourse about their work is no longer punctuated with concerns that they are being asked to do someone else's job ("*Well, I'm not a social worker". I don't think its my responsibility to be doing this".* etc.). The fact that they no longer say this does not mean that their professional identity has become more blurred than it used to be. Rather, it means that they recogni*se* that a central part of their professional responsibility is that they work with children and in order to do their work effectively they often need to understand the whole child. The second inter-related development, therefore, is that when professionals work together to provide support for a particular child or young person they no longer think in terms of labels: pupil, Looked After child, young offender, child protection case, youngster with mental health problems but look at the child in the round. To return to the metaphors used earlier, this is when the metaphor of bringing information to the table to solve the jigsaw puzzle is replaced by the metaphor of the Venn diagram with its overlapping circles of information and understanding.

At the beginning of the pathfinder phase in Highland our baseline evaluation indicated that much had already been done to pave the way for collaborative working across children's services but there was not much evidence that this kind of professional cultural shift had taken off. Two years later there is strong evidence that this process is well underway in the pathfinder area and that groundwork is being done to support similar development in the other areas of the authority.

There are a number of other developments that would provide an indication of the extent to which an integrated professional culture is emerging:

- In Highland a common language around the Well-being Indicators and the My World Triangle is now understood and widely used across the services and agencies.

- The language of tariffs, thresholds and levels has not disappeared altogether but it is less common in inter-agency and inter-professional discourse than it was in the early days of the pathfinder phase.

- Another major sign of cultural shift is that there is emerging evidence of far more inter-agency trust than was apparent at the beginning of the pathfinder phase. Initially a common complaint was that professionals in some services were not releasing information to other services that was deemed to be confidential and/or because they did not have their client's consent. The Data Sharing protocols have addressed this and that in turn, has impacted on inter-agency working and relationships. But perhaps the more significant development here has been the evidence that specialist

and targeted services are now more willing to see the universal services as the appropriate providers of support for children and young people with a range of additional needs.

- There is a growing perception within the children's services workforce in the Highland pathfinder area that the effectiveness of integrated working needs to be measures in terms of the outcomes for the child and young person rather than in terms of whether or not the specific service outputs were delivered. However, there is still scope for further development here. The analysis of children's records and plans shows that some professionals still tend to confuse outcomes with actions.

- A further indicator of shift towards a parallel integrated professional culture is apparent when practitioners across the services recognise and implement those aspects of *Getting it right* which are multi-agency rather than service-specific. This includes the *Getting it right* principles and the key role of the Lead Professional. It should be apparent from the foregoing review of findings that more and more practitioners in the Highland pathfinder are developing a shared understanding of children's needs through the integrated assessment process and are putting the child or young person at the centre of their joint concerns. They are also using common tools and processes. The notion that help for children should be timely, appropriate and proportionate is widely accepted across the pathfinder area as a guiding principle (almost a mantra). While there is evidence that a shift of thinking is emerging some further development is still needed here to ensure that this principle always informs the thinking behind the individual child's plan.

Within education the cultural shift is most apparent in the primary schools at all levels (school management teams, teachers, classroom assistants and children's service workers). The cultural shift is taking longer in the secondary schools and varies according to the extent to which the school has been actively involved in working with the *Getting it right* development team. The shift is most apparent amongst the Deputy Heads with pastoral responsibilities, the Guidance staff and the learning support teams. It is less clear to what extent the culture shift is cascading down to the other members of the teaching and support staff but, as strategic managers keep reminding us, education is a large tanker that takes time to turn round.

Within health the culture shift is most apparent amongst health visitors and school nurses in the pathfinder area and senior managers. Initially midwives were unsure of their role in what was perceived to be a GIRFEC world but that perception is shifting now. It is less clear to what extent the culture shift is spreading to GPs and specialists in children's health. We have identified examples where this is undoubtedly happening. This is where a paediatrician, a speech and language therapist, a child psychologist or psychiatrist are clearly working with other professionals outside health to develop a plan for a child who has health and other problems and needs. Other examples would be where specialist reports are made available to the Lead Professional with a summary that helps them to interpret the wider implications for the child. The next stage would be for such examples to become normalised practice.

As might be expected, cultural shifts of this nature are easier in targeted services, such as social work, where local teams in the pathfinder area are small compared with the universal services. The other key factor here has been the extent of involvement. *Getting it right* has impacted on every aspect of the work of children and family social work teams and co-location has also facilitated the emergence and embedding of new ways of thinking and working. If the *Getting it right* vision serves as the **cornerstone** for developing an appropriate and

supportive integrated professional culture then the **scaffolding** is provided through systematic quality assurance and self-evaluation. In Highland the Children and Families Service has made considerable progress here. It is undoubtedly the case that a major driver here is the need to assure themselves that practice meets the recommendations of the previous Child Protection inspection and that the necessary evidence is available for any future inspection. Not surprisingly, quality assurance procedures reflect the Quality Indicators proposed by HMIe. But they also reflect the need to check that the assessments, plans and support provided for recent and ongoing cases adequately reflect the *Getting it right* approach.

We are still gathering evidence about culture shift within the voluntary sector. However, within those voluntary agencies that have service agreements with Highland Council and operate in the pathfinder area, it is clear that work is ongoing to facilitate this process. Action for Children, for example, has now re-structured its procedures for planning and assessing the outcomes of its work with children and young people around the Well-being Indicators.

16.3 Ongoing challenges in changing professional cultures

A significant shift in professional culture, let alone the development of a parallel integrated service culture, does not just happen. It needs to be planned. It was built into Highland's implementation plan and incorporated awareness raising and professional training. As we have noted already, the shift takes time and therefore it also needs to be managed. Highland has introduced an additional level of operational management to facilitate this: the ISO. Within social work there is also an important role here for the Independent Reviewing Officers. More generally, there needs to be structured and systematic feedback from any ongoing processes of quality assurance and self-evaluation, partly to highlight where further developments may be needed but also to benchmark what represents professionalism within the context of integrated working.

Many professionals within the pathfinder area now have a sense of ownership of *Getting it right for every child* and, in particular, a sense of ownership of the tools and processes which they were actively engaged in developing and trialling. Generating the same sense of ownership when rolling out the practice model and tools to the rest of the host authority will represent a considerable challenge. There needs to be a sense that the local context and the factors which impinge on local joint working have been taken into account. The sense of ownership is more likely to emerge in the roll-out areas if strategic, area and operational managers are perceived to be listening and taking account of local knowledge and experience rather than assuming that *Getting it right* is a black box that simply has to be installed. Tools, pathways, procedures and mechanisms can be adapted to fit local needs; the core principles underlying the *Getting it right* approach are non-negotiable.

As pointed out earlier *Getting it right* is often perceived by practitioners across children's services to be a broad church and, in the early stages of the pathfinder process, there was a tendency for some practitioners who were interviewed to give emphasis to those aspects of *Getting it right* that fitted well with other changes and policies that a particular service was implementing at the same time, whether this be Hall 4, Curriculum for Excellence, the ASL Act of 2004 or social work for the 21st century. That tendency can act as a barrier to the development of an integrated professional culture. There needs to be a recognition that, while the *Getting it right* approach will be reflected in much good practice that is already in place, it does involve for most practitioners a significant shift in their perceptions of what they do and the potential added value that comes from working with others towards achieving the same goals. Central to that process is

a greater focus on whether their support for the child and family, individually and in collaboration with others, is actually making a difference to their lives.

Professionals do not stop thinking in terms of thresholds, triggers and levels of need overnight. Bringing about that shift is a considerable challenge even when people accept the rationale for this. Most interviewees, when they sought to explain their decision-making processes, usually used specific cases and often found it easier to explain in terms of some hierarchy of needs and levels, whilst still observing that "*we don't talk about levels any more*".

It was also apparent that as individual practitioners and integrated teams begin to "think outside the box" and become more creative and innovative in the way that they seek to address children's unmet needs they tend to opt for actions and support mechanisms that were originally intended for a small number of children and young people with very complex needs or experiencing a major crisis in their lives. The effectiveness of the support provided encourages practitioners to make the service available for a wider group of children and young people. This becomes particularly challenging when resources are scarce. In such circumstances some practitioners and operational managers either want to re-introduce thresholds and criteria or apply them tacitly. The challenge here is twofold:

- to ensure that the shared professional culture does more than pay lip service to the principle of early and timely intervention so that children get support before crisis intervention is needed;
- to ensure that the assessment processes are thorough and evidence-based and therefore lead to actions taken on behalf of the child which are demonstrably appropriate and proportionate.

This is most likely to happen where individual practitioners are not only trained to apply the new processes and procedures but also have an overview of what *Getting it right* is seeking to achieve which drives their thinking about how best to respond to children's unmet needs and concerns. At the same time, as Highland has discovered, it may also be necessary to introduce mechanisms such as the ISO and the senior manager groups, not so much as gatekeepers to additional resources, but in order to oversee and quality assure the support being provided for children and young people.

Learning Points

- Before embarking on a major change process of the magnitude of *Getting it right for every child* it is critically important to review current practice in order to identify where changes in line with *Getting it right* have already taken place, where further change is needed, the potential barriers to change and provide a baseline for assessing the extent to which desired changes in systems, practices and professional culture actually happen.
- Business process mapping can be very helpful at this stage in reducing duplication of effort within and between services leading to more rational and streamlined inter-service delivery of support.
- If support to children is to be needs-driven rather than procedures-driven then it is important that some early evaluation and quality assurance is undertaken on how practitioners are actually working with children and young people.
- The tools and mechanisms for communicating concerns and information relating to children and young people that have been developed in the pathfinders have already made a significant difference. This is apparent in

terms of the enhanced speed with which information is reaching Lead Professionals and others who may be carrying out assessments and also in terms of the quality of that information.

- Improved information sharing is also helping to highlight that the initial concern raised about a child may not necessarily be the most significant one.
- It may be necessary to introduce some kind of screening process initially to check for consistency and to establish benchmarks for good practice. But this needs to be seen as a transitional stage in the standardising of practice and such mechanisms should evolve from gatekeeping to quality assurance as soon as possible.
- The use of standard Child Concern Forms in the pathfinder is speeding up the response to concerns about children and young people. It is also helping to ensure that the response is more proportionate to the level of concern and need. However, the rationale for the use of forms and how they fit into the wider assessment and planning process does need to be explained and reiterated in the early stages of implementation to encourage practitioners to use the forms where they previously simply picked up the phone.
- The Well-being Indicators are widely understood and have become embedded in the way staff in children's services within the pathfinder structure their concerns about children, assess their needs and plan and deliver support. However, the evaluation indicates that there is a risk that a hierarchy is emerging where indicators such as *safe, healthy, achieving, nurtured* and *included* are treated as if they were higher order outcomes compared with *active, respected* and *responsible*. This may be because practitioners feel that the latter require more interpretation of the evidence. This may need to be addressed in the training and quality assurance processes.
- The role of the Lead Professional is contributing to a more focused response to children's needs and concerns.
- There is growing evidence that children's needs are being identified at an earlier stage by Named Persons and, where required, the appointed Lead Professional is more able as a result of this to get the necessary support in place much more quickly.
- Working relationships between Named Persons and Lead Professionals are critically important in the assessment and planning process.
- There is emerging evidence of Named Persons taking on a higher level of responsibility and pro-activity in working to address children's needs at the point of delivery.
- Families and children and young people appreciate having a clearly identified point of contact whether this be the Named Person in a single agency or the Lead Professional.
- For those children and young people whose needs are met by the universal services and do not require specialist or targeted support the key document is the record held by each service and, in particular, it functions as a means of monitoring progress towards each child's developmental milestones and picking up early signs of any emerging problems and concerns. Issues of access and sharing information are being addressed through the development of a virtual electronic system and a Multi Agency Store. But the key question here is whether the records, taken together, can provide practitioners with a holistic picture of each child's development should the need for this arise.

- Generating a sense of ownership of the new forms, procedures and processes is critically important. Those who had been engaged in the development and trialling of these new approaches and asked to provide feedback were much more positive about them and much more likely to understand their purpose.
- An evaluation of a sample of completed records and plans showed that:
    - Those who had been trained to use the Practice Model before implementing it were more likely to use it as intended;
    - Practitioners grew in confidence after they had had some experience of using the Well-being Indicators and My World Triangle to assess children's needs and help them structure a plan of action;
    - Practitioners were increasingly finding that a systematic analysis of the strengths and pressures for a child and family, rather than writing a narrative, enabled them to more effectively identify a course of action which was appropriate and proportionate;
    - Those who were only likely to use these processes occasionally need more than the initial training; they also need some structured support and feedback in the early days.
- The evaluation of the samples also showed that some practitioners needed further support in:
    - completing chronologies around significant events and not just the dates of the actions taken by services;
    - analysing how the evidence gathered around the three sides of the My World Triangle is impacting on the child;
    - using the Resilience Matrix;
    - specifying children's outcomes. For some practitioners these tended to be actions rather than outcomes.
- In addition to initial training a quality assurance process needs to be put in place to check on whether new procedures and processes are fully understood and being followed and to identify and address any barriers and problems that some staff may be encountering.
- The Lead Professionals who co-ordinate the multi-agency assessment and planning process may need some additional training or support in integrating specialist assessments into the overall assessment of the child's needs.
- The Resilience Matrix is not being widely used as yet to help assess the needs of children and families. Assessing resilience is complex, involving skill, experience and sensitivity. It possibly requires more training than was provided for in Highland's basic programme.
- One of the potential advantages in using the Resilience Matrix would be that it helps the practitioner or team to focus on how best to achieve long-term outcomes for the child. This is particularly apposite with outcomes related to the child's well-being.
- *Getting it right for every child* involves changes in systems and practice that have implications for the professional cultures of those who work in children's services. While, initially, some practitioners thought that this might impact negatively on their professional identities in practice this concern or fear has diminished. This is partly because of the training, partly because of a year's experience of using the new processes and partly because of the pre-GIRFEC developments in Highland towards

integrated children's services.

- Two parallel shifts in professional culture are emerging. First, practitioners are increasingly recognising that a central part of their professional responsibility and identity is that they work with children and in order to do that effectively they need to understand the whole child. Second, professionals working together are moving away from the use of labels such as pupil, young offender, Looked After child in order to see the child in the round.
- The emergence of an inter-professional working culture that operates alongside service-specific professional cultures does not just happen when new practices are introduced. It needs to be built into the *Getting it right* implementation plan and any awareness raising and training programmes. Quality assurance and auditing mechanisms are needed to provide systematic feedback to practitioners and establish benchmarks of what represents professionalism within the context of integrated working.
- Ensuring that children, young people and families are engaged with the services that impact on their lives is a fundamental principle in *Getting it right* for every child. Consultation processes need to be in place but it is equally essential that this becomes embedded in day-to-day practice when professionals are working with children and families. Writing this into procedures and processes is not enough unless practice is also being audited on a systematic basis. This needs to be viewed as a quality indicator for children's services.

To sum up, practice within the pathfinders is changing in the right direction, training has helped and professionals are clearly reflecting upon and learning from experience. Some further structured professional development and quality assurance would help to bring all practitioners' skills up to the same level in terms of assessment, planning and reviewing progress.

Emerging Outcomes for Children and Young People

17. Introduction

Until this point the main focus of this report has been on:

- how Highland has set about developing and implementing the *Getting it right for every child* approach within the pathfinder area;
- the impact that that approach has had on the practice of individual professionals who work with children and families on a regular basis; and
- the impact that this has had on the way that services and agencies work together to meet the needs of children and families.

In this chapter we now turn to look at the impact that these changes are having on the lives of children and families. Fundamental to the *Getting it right* approach is the aim of building a network of support around each child or young person so that they get the right help at the right time in order that they can grow and develop as fully as possible. Central to this is the concept of well-being, both now and in the longer-term future - described by some researchers as well-becoming.[25] Eight Well-being Indicators have been identified representing those basic domains where children need to progress if they are to become successful learners, confident individuals, effective contributors and responsible citizens. The *Guide to Getting it right for every child* defines each Well-being Indicator as follows[26]:

SAFE	Protected from abuse, neglect or harm at home, at school and in the community.
HEALTHY	Having the highest attainable standards of physical and mental health, access to suitable healthcare, 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, both at home and in the community.
RESPECTED	Having the opportunity, along with carers, to be heard and involved in decisions which affect them.

[25] See, for example, Ben-Arieh, A., Hevener-Kaufman, N., Bowers-Andrews, A., Goerge, R.M., Joo-Lee, B. and Aber, J.L. (2001) *Measuring and Monitoring Children's Well-Being*, Dordrecht, Netherlands, Kluwer Academic Publishers.

[26] A *Guide to Getting it right for every child* can be found at: http://www.scotland.gov.uk/Publications/2008/09/22091734

RESPONSIBLE	Having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.
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.

Within the *Getting it right for every child* practice model the Well-Being Indicators are used to:

- record concerns about a child or young person or unmet needs;
- structure the information that has been gathered regarding that child;
- summarise the child or young person's needs after an assessment has been undertaken and a Child's Plan is being drawn up;
- help identify the outcomes to be achieved;
- review the progress that has been made towards achieving those intended outcomes.

18. Measuring outcomes for children and young people within the context of *Getting it right for every child*

18.1 Outcomes

Outcomes are results and within the context of the *Getting it right* approach we would expect to see them manifested in four inter-related ways:

- The changes that take place in children and young people's lives as a direct result of the actions taken by the relevant services and agencies.

- The longer-term consequences for those children and young people in terms of their life chances and choices when they are older.

- The level of satisfaction experienced by those children and young people and their families as a result of the ways in which they were helped and supported. For example, they feel informed, consulted, listened to, involved in the decision-making process, empowered.

- The changes in processes that have a beneficial impact on the service user. For example, they get the support they need more quickly, there is only one instead of several planning meetings, they know who to contact if they have a concern, and so on. Here the boundaries between outputs and outcomes tend to be rather blurred. The distinction lies in the results of the outputs. The focus is not on the fact that a child has or has not been referred to another service it is that the decision has ensured that that child has received the help they need when they need it.

At the same time it is also important to recognise that if outcomes are results then they will not necessarily always be positive. In some instances the results may prove to be negative or, at best, neutral.

It is also useful to make a distinction here between population outcomes and service user outcomes. The relevant population may be everyone under the age of sixteen in a local authority, or the children attending a particular school or living in a local authority residential unit or it may be a particular group of young people with specific needs. As Harriet Ward has observed, it may be important, for example, to ascertain whether being Looked After in foster or residential care

makes a difference positively or negatively to the developmental progress and long-term life chances of children and young people.

The analysis of trends over a period of time can be a useful indicator of improving or declining services. At the same time, while this may help to demonstrate whether that local authority, school or unit is *Getting it right* for **every** child, it will not necessarily tell us if it is *Getting it right* for **each** child. In order to establish that it is necessary to also examine the outcomes for individual service users.

18.2 Using well-being and the Well-being Indicators as measures of outcomes

Well-being is a relatively new concept in research on children and child development. As the Office of National Statistics has observed, there is still considerable ambiguity around the definition, usage and function of the term 'well-being'.[27] However, there is some common ground. Well-being is usually described as multi-dimensional, covering cognitive, behavioural, physical and emotional elements. Also there is an emphasis on both the child's well-being here and now and also their well-becoming, that is, how they will fare in adulthood.

Two related notions of well-being have influenced the thinking behind *Getting it right for every child*. First, there is the conceptualisation of well-being in terms of human rights which is apparent in the United Nations Convention on the Rights of the Child. Second, as Professor Jane Aldgate, one of the key professional advisers to the *Getting it right for every child* team, has observed, UNICEF's definition of well-being and welfare has also informed the team's thinking:

> *"The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialisation, and their sense of being loved, valued and included in the families and societies in which they are born."* [28]

She goes on to argue that the *Getting it right* approach emphasises a dynamic rather than a static perception of well-being where the focus is on measuring how children are progressing developmentally.[29]

Much of the debate focuses around the feasibility of measuring both objective indicators of well-being and also subjective well-being – a term which appears to encompass happiness, satisfaction with life and a sense of improved quality of life.

In this respect the eight Well-being Indicators outlined earlier (and the five indicators which are central to *Every Child Matters* in England) may not, in combination, constitute a comprehensive measure of a child's well-being but they do offer a useful and practical way of both gauging the extent to which the systemic changes and the changes in practice and professional cultures are impacting on children's lives as well as evaluating and monitoring the impact of

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[27] Office of National Statistics, *Current Measures and the Challenge of Measuring Children's Wellbeing*, unpublished working paper, 20.03.2009

[28] UNICEF, (2007) *Child Poverty in perspective: An overview of child well-being in rich countries*, Florence, Italy, UNICEF Innocenti Research Centre.

[29] Jane Aldgate, *Why Getting it right for every child makes sense in promoting the well-being of all children in Scotland*: www.scotland.gov.uk/Topics/People/Young.People/childrensservices/girfec/Practitioners/ToolsResources/PromotingWell-being

specific interventions and kinds of support on children experiencing a whole range of different concerns and unmet needs.

The Well-being Indicators are very broad. Each indicator encompasses a wide range of potential concerns and needs. For example, 'being healthy' includes both physical and mental well-being. It involves appropriate treatment when physically ill or injured and getting access to medical screenings, immunisations and dental care. But it also involves appropriate care and support for behavioural problems, depressions, stress, anxieties, separation and bereavement and problems arising from poor parental attachment. It also involves appropriate care and support for disabilities, disorders, developmental concerns and life-long conditions and terminal illnesses. Finally it also includes the outcomes of health prevention and health promotion work relating to nutrition, diet, exercise, sexual health, and the choices young people make in relation to drugs, alcohol, tobacco, solvents and other harmful substances. Similarly, if we took 'safe' or 'nurtured' or any of the other Well-being Indicators it would also be possible to identify a wide range of potential concerns and needs calling for different responses from the relevant services. In other words, just as well-being itself is multi-faceted so also are each of these eight indicators. This has a number of implications for assessing children's needs, deciding on a course of action, delineating intended outcomes when drawing up a Child's Plan and measuring the outcomes for that child.

Furthermore, although there is now a fair degree of agreement on what might represent reasonable indications of being safe, active, healthy and achieving, there is less agreement amongst researchers about what constitutes evidence of being nurtured, respected, responsible or included. So, for example, in the case of inclusion some researchers focus mainly on negative indicators of 'exclusion', and these are usually seen either in terms of socio-economic disadvantage or being excluded from the mainstream community. As yet, far less work has been done on developing positive indicators of a sense of belonging and whether or not this necessarily relates specifically to where the child lives and learns.

Although the Well-being Indicators provide a helpful overarching framework for identifying and assessing a concern about a given child or young person the evaluation showed that professionals raising the concern or carrying out the initial assessment almost always break these Indicators down into much more specific needs and concerns. Teachers tended to express their concerns in terms of poor attendance, declining attainment, persistent disruptive behaviour and learning difficulties. The intended outcomes in the single-agency or multi-agency plan also tend to be expressed in very specific terms. That is, specific actions will be taken by the school, with or without additional support from other agencies, by bringing about improvements in attendance, behaviour and so on. Most health professionals have been trained to express their concerns in terms of episodes which need to be addressed and this was also reflected in the intended outcomes delineated in some of the health care plans of young patients with additional needs that we examined. As a result we found it helpful to draw up a grid which broke down each Well-being Indicator into its various component parts. [See Appendix 2]

It is also clear that the eight Well-being Indicators are mutually reinforcing. There is a growing body of research evidence to show that the attainment and behaviour of the child or young person at school is directly linked to the extent to which they are safe, healthy, nurtured, active, included and treated with respect. This inter-dependence has two key implications for measuring outcomes:

- *Getting it right for every child* emphasises the importance of a holistic approach to providing help and support to children and young people. In many complex situations the Named Person or Lead Professional and the

support network around the child may need to weigh up the potential positive and negative outcomes that their intended intervention may have for that child or young person. For example, if a child who is being abused or neglected or increasingly at risk of abuse and neglect is removed from that situation then it is reasonable to expect that the professionals involved in the case would be looking for outcomes in terms of the child not only being safer but also happier and showing signs of thriving while in kinship care or a foster placement and receiving the right kind of support if removal from the family is also causing them distress and anxiety. The implication here is that a holistic approach to planning and providing support should be complemented by a holistic approach to reviewing and measuring the outcomes.

- Another implication of the inter-dependency of the eight Well-being Indicators is that a number of different inputs or interventions may contribute to the achievement of one particular outcome or, conversely, one input may contribute to the achievement of several different outcomes. In such circumstances it is difficult, if not unwise and over-simplistic, to seek to use this kind of outcome data to establish lines of causality between the planned interventions and the outcomes which subsequently emerge.

Do the Well-being Indicators apply to all children? It has already been observed that they need to be looked at in a developmental way with an emphasis on measuring progress rather than on measures of success and failure. For most children normative developmental models will apply. There is a good deal of consensus now about the milestones that most babies, toddlers, children and young people might be expected to reach at each stage in their development and their progress can be plotted accordingly. In addition to determining how safe a child is or whether or not they are thriving or being neglected, professionals are also making judgements about whether or not their growth and development is in line with what might be expected at their age. However, what if a child has a disability, impairment, permanent or degenerative health condition? In such circumstances what would constitute appropriate developmental milestones for achievement, physical and emotional health and well-being, sense of independence or capacity to care for oneself and how they might progress towards those milestones be measured.

The evaluation work on outcomes for the children and young people who have disabilities and life-long conditions and the results will be discussed in a later report. The focus here is on how children and young people with these conditions, disorders and disabilities – and the professionals who work with them – apply the concept of well-being to their lives and what, for them, would constitute positive outcomes from their experiences of the support services. This clearly relates to the concept of resilience and to the capacity of a wider group of children and young people who are receiving help and support to help them thrive, mature, become more independent and progress successfully in the face of adverse circumstances, whether these relate to their family circumstances, their health or their environment.

19. The means by which Outcome Data has been Collated and Analysed

For the purposes of this chapter we have drawn on three main types of outcome data:

- Population measures
- Proxy measures
- Service-user measures

19.1 Population measures

Earlier we described population measures as those which are based on data collected about a specific group. Data that have been drawn upon here include official statistics, performance indicators and targets relating to child protection, Looked After and Accommodated children and offence and non-offence referrals to the Children's Report in Highland; HMI inspections where appropriate, and the outcomes used for monitoring the implementation of Highland's Integrated Children's Service Plan.

Highland's second Children's Service Plan[30], which covered the period 2005-08, was structured around the Well-being Indicators, although at that time in Highland these were referred to as SHANARI and *Respected* and *Responsible* were treated as one Indicator. Starting from the premise that it was unrealistic and potentially misleading to employ one outcome target for each Indicator a total of 50 Key Outcome targets were identified, 46 of which could be described as outcomes representing changes in the lives of children and young people while the remaining four are concerned more with systemic changes in practice.

The monitoring process carried out within Highland therefore offers some scope for exploring the question: Are children and young people in Highland safer, healthier, more nurtured, achieving better, more active, more respected, more responsible and more included in 2008-09 than they were in 2005-06?

However, two caveats need to be kept in mind here. First, it is not possible to make a direct link between the developments in the pathfinder area and the outcomes. The pathfinder area was the test-bed for developing and trialling the *Getting it right* practice model and its associated procedures and tools but, simultaneously, Highland was implementing the children's service plan across the whole of the region, and staff in children's services were working towards the same strategic priorities, building on earlier developments towards greater co-ordination and integration of children's services and seeking to achieve the same outcomes. The conditions for comparison between the pathfinder and the rest of Highland, using the outcome data related to the Integrated Children's Services Plan, were not present.

Second, the data for each of these outcomes were collated and analysed by different services and stored on different databases and, at this stage in the implementation of *Getting it right*, they are not capable of being disaggregated in order to determine whether **each** child is safer, healthier, active, nurtured and so forth. It is not yet possible to use this kind of outcome data to build up a holistic picture of the overall well-being of children and young people.

19.2 Proxy measures

Proxy outcome measures are usually output measures that are widely believed to be either positive or negative indicators of change. For example, a reduction in the number of children on the child protection register or a reduction in the number of children Looked After and Accommodated by the local authority are often regarded as positive outcome indicators. Like the population outcomes they can help to provide useful background data on what is happening but also need to be treated with caution. A reduction in the number on the child protection register may indeed reflect the impact of an early intervention policy or the impact of

[30] Highland Council and NHS Highland, (2005) *For Highland's Children 2*, Inverness, Highland Council and NHS Highland.

voluntary measures for some children and young people but equally, without further contextual information, it could indicate that more children are falling through the net. In evaluating *Getting it right for every child* such data needs to be contextualised in terms of both the support provided to those on the register and the support provided to those about whom there are concerns but a professional judgement has been made that compulsory measures will not be necessary.

In this chapter we have drawn on some of the Statutory Performance Indicators relating to Highland Council and also data provided by the Scottish Children's Reporter Administration (SCRA) on referrals to the Inverness Children's Reporter during the pathfinder phase (2006-2009).

19.3 Service-user measures

In order to evaluate the implementation of the new GIRFEC system and processes in Highland we also followed a sample of children and young people through those processes in order to determine what difference they were making to their lives. In essence the focus here was on whether they were *Getting it right* for each child.

The children and young people were selected at random and were only ever known to us by their ID numbers. Around two-fifths of these cases (either the children or their families) were already known to children's services before the introduction of GIRFEC. The remainder were children and young people who had concerns and needs that had come to the attention of children's services since the introduction of *Getting it right.* The main selection criterion was that there was a Child's Plan for each of them. Approximately two-thirds had a multi-agency plan, while the rest had a single agency plan where the Named Person was in health or education. A small number of young people (5) did not meet this criterion. They had come to the attention of the police and this concern had been shared with families and other agencies but no further action had been taken. The purpose here was to see if further concerns had arisen subsequently.

Four points of entry were used for identifying cases and accessing records and plans:

- PHNCFR and Plans, developed around the GIRFEC practice model and introduced in 2008 for all new borns in the pathfinder area.

- Electronic CareFirst Records and Plans, developed by Highland Social Work (Children and Families) around the practice model and used primarily, though not exclusively, for children in need who are Looked After and/or have child protection orders.

- Child Concern Forms completed by Northern Constabulary on children and young people about whom the police had specific concerns which they shared with other agencies.

- Pupil Records and Plans held by a sample of primary and secondary schools in the pathfinder area.

To date we have examined the Child's Plans and Records of 97 children and young people. Still to be undertaken is an analysis of children with a range of disabilities who have Co-ordinated Support Plans.

For 32 of these children the primary source of data was their Health Care Plan and the PHNCFR completed by a health visitor or school nurse. 25 of these were under the age of five years, with the majority having been born in 2008-09.

Around two thirds of the remaining children and young people (6-16) had a multi-agency plan where the Lead Professional was in social work, health or education and most of the remainder had a single agency plan where the Named Person was in health or education.

20. Key Findings

20.1 Population measures

This section includes data from Highland's monitoring of the Children's Service Plan, statutory performance indicators and other statutory statistical returns. The data have been grouped according to their relevance to each Well-being Indicator. In most instances the data relate to a period of three and sometimes four years beginning with the reporting year 2005-06. This has enabled us to show the extent to which change has taken place since Highland started development work on *Getting it right for every child*.

SAFE

Child Protection

The period for analysis here is from the first quarter of 2005 to the fourth quarter of 2008.

- The rate per 1000 of children 0-15 on the Child Protection Register in Highland fell from 3.0 to 1.5 over the period being analysed. Over the same period the rate for Scotland has remained fairly stable increasing slightly from 2.3 to 2.7 per 1000 (0-15 year olds).

- The rate of registrations per 1000 (0-15 years) over the same period fell from 2.5 to 0.8. Over the same period the rate of registrations for Scotland as a whole increased from 2.5 to 3.1 per 1000.

- The rate of de-registrations over the time period fluctuated considerably. It was 1.0 per 1000 children (0-15) in 2005 rose to 3.6 in 2006, stayed at that level in 2007 and then dropped markedly to 0.8 by the fourth quarter in 2008. Over the same period the rate of de-registrations across Scotland has increased from 2.8 to 3.5 per 1000 children.

- The rate of child protection referrals fell from 11.8 per 1000 to 8.4 per 1000 in 2007 and then to 7.2 per 1000 by late 2008. Over the same period the rate of referrals for Scotland increased from 9.8 to 13.5 per 1000.

- The rate of referrals per 1000 children which resulted in an inter-agency case conference fell from 3.1 per 1000 in 2005 to 1.5 per 1000 in the fourth quarter of 2008. Over the same period the rate for Scotland rose from 3.5 to 4.7 per 1000 (0-15 year-olds).

- The proportion of children on the Child Protection Register with repeat registrations has been fluctuating markedly over the time period. From the summer of 2007 this proportion rose steadily and peaked in the third quarter of 2008-09. It has been falling since then.

- The proportion of case conferences leading to registration in 2008 was 85% compared with 77% across Scotland as a whole. This proportion is virtually the same as in 2005-06 (84%) but there have been wide variations in the interim period (79% in 2006-07 and falling to 54% in 2007-8).

Historically in Highland a comparatively small number of families have generated a significant proportion of child protection referrals and registrations and this needs to be taken into account when interpreting the above data. It may have been a factor in the fluctuating rates of de-registration and the declining rate of registration over the reporting time frame. However, broadly speaking the trends reflected here are in the direction that one might anticipate if professionals in the universal services and in social work are alerted to intervene earlier, share information and monitor developments. At the same time one might anticipate that effective multi-agency planning would lead to a higher rate of de-registrations than is evident here.

One might also expect in the early stages of *Getting it right* that there could be a kind of Hawthorne effect with a temporary net increase in child protection referrals as more professionals access a wider information base to help them contextualise their concerns about particular children and young people.

The child protection statistics for 2008-09 will be published before the end of 2009 and it will then be interesting to see if the trends outlined above have continued in the same direction as the *Getting it right* approach becomes more embedded in the work of professionals with child protection cases.

It should also be noted here that Highland participated in the pilot child protection inspection programme in 2005 and the two follow-through inspections in June 2006 and January 2008. While the 2008 report highlighted a number of areas where additional improvements could be made it concluded that further inspection was not necessary. Most relevant to our concerns in this chapter was the inspectors' conclusion that "*services had improved outcomes for vulnerable children and their families*".

Looked After Children

- The number of Looked After children in Highland increased by about 12% per annum over the reporting timeframe. It peaked at 501 in 2007 and fell to 465 in 2008.

- During this period the proportion of Looked After children in Highland who were accommodated at home remained around 45%. In 2008 this proportion dropped to 39%.

- The proportion of Looked After children in kinship care has fluctuated slightly over this reporting timeframe but averaged around 14-15% of Looked After children.

- The proportion in foster care or placed with potential adopters has increased slightly from 29% in 2005 to 33% in 2008.

- The proportion of children and young people in residential care has also remained fairly stable averaging around 15% of all Looked After children. Just under one third are in residential schools. In 2008 five were in secure accommodation.

- The number of children and young people who are in out-of-authority placements has been increasing over the period from an average of 31 in 2005-06 to an average of around 40 in 2008-09.

- The length of time between the decision to place a young person with permanent carers and finding a suitable permanent and adoptive placement was decreasing steadily from 2005 to 2008 but began to increase again over the last year. This outcome could also appear under

NURTURING

- For much of this period the proportion of children and young people who were Looked After away from home and had experienced three or more placements was significantly lower than for Scotland as a whole. The average was 13% from 2005 to 2007 compared with the national average of around 28%. However in 2008 the gap narrowed. In Highland the proportion increased to 27% while in Scotland as a whole the proportion increased from 29% to 31%.

- The proportion of Looked After children who are accommodated away from home for more than one year is high but has been decreasing towards the end of the reporting timeframe. The average was 83% in 2007-08 falling to 78% in 2008-09, although it is worth noting that it was down to 69% in the last quarter of 2008-09.

- The proportion of Looked After children who are accommodated away from home for more than two years averaged 60% in 2007-08 and fell to 56% in 2008-09 and was down to 49% in the last quarter of that year.

If we relate the above outcomes to the objectives for Looked After children set out in Highland's children's service plan then we can see the extent of the progress made and the areas where further development and prioritisation may be needed.

- Increase the number of children supported at home rather than Looked After away from home. The proportion remained stable for most of the reported timeframe but there are no signs of a shift in the desired direction.

- Increase the proportion of children in kinship care placements. Again the proportion has remained stable for most of this period but again there is a sign of a slight shift in the desired direction.

- Reduce the number of children and young people who are accommodated in out-of-authority placements. This has not yet happened.

- Reduce the length of time that children are Looked After and Accommodated. The majority of these children are still in placements for more than a year and most for even longer but recently there have been signs of a shift in the desired direction.

- Reduce the number of placements that each child experiences. The recent trend is in the opposite direction and it will be important to see if this is just a blip or a longer-term trend, particularly since the number of children with 3 or more placements was low for much of the reporting timeframe.

- Reduce the length of time children and young people are awaiting permanent and adoptive placements. While good progress was made for most of the reporting timeframe there has been some slippage here in the past year.

- Change the balance of residential school placements with fewer children and young people who have a history of offending and more with significant disabilities and challenging behaviour. Although data has not been presented on this outcome our understanding from information obtained in Highland is that the population in residential schools is changing in the desired direction.

Referrals to the Reporter

Highland's statutory performance indicators for 2007-08 and 2008-09 show that:

- The percentage of reports requested by the Reporter which were submitted within the target time has increased from 44.4% in 2007-08 to 47.2% in 2008-09.

- The number of new Supervision Requirements made during the year has increased over the same time period from 118 to 156.

- The proportion of children seen by a supervising officer within 15 working days has increased markedly from 81.4% in 2007-08 to 100% in 2008-09.

- In addition SCRA data analysed for the Inverness area only shows that the number of Children's Hearings fell from 319 in the last quarter of 2006-07 to 263 by the fourth quarter of 2007-08. However, it has increased again in 2008-09 to around the same number as in the baseline year.

However, the shift which could be said to be most pertinent to the implementation of the *Getting it right* approach relates to non-offence referrals to the Reporter by the police. Until the new Police Child Concern Form was introduced in the pathfinder area in June 2007 the normal practice was for the police to refer all non-offence concerns about children to the Reporter's Office. Initially all completed concerns forms were screened, database checks were made, information was shared between the police, the child's family, school and social work and then a decision was taken to either refer to the Reporter, take no further action or initiate a single agency or multi-agency assessment and planning process. At that time Northern Constabulary carried out a small scale analysis of the actions taken relating to one week's concerns forms. This showed a reduction in non-offence referrals of 70%. It should be emphasised that this was a reduction in referrals not children (since its possible that there were repeat concerns forms for some families during that week). Also the figure of 70% did not include referrals from other sources such as social work, education and parents.

Subsequently SCRA conducted an analysis of the referrals of children and young people to Children's Reporters in Inverness. The SCRA figures for Inverness also showed a drop in the proportion of non-offending referrals from 66% in the last quarter before the new concerns form was introduced to 49% by the end of 2008 and that trend has been sustained in 2009. However, this figure is based on referrals to the Inverness Children's Reporter's Office and this office covers the whole of Highland except Sutherland and Caithness (which are covered by the SCRA office in Thurso).

Inevitably there is a marked discrepancy between the figures for the referrals from the Public Protection Unit Inverness and the total number of referrals processed by the Inverness Reporter's Office.

Although these statistics from SCRA covered a much larger area than the Inverness pathfinder they still showed some interesting trends that could be regarded as GIRFEC-related, particularly given that Northern Constabulary rolled out their new Child Concern Form before *Getting it right* was rolled out across Highland. For example, if we exclude referrals for offences and referrals where the child or young person is either a victim of a Schedule 1 offender or at risk from a Schedule 1 offender, then the percentage of referrals on all other grounds (all non-offending) has fallen from 59% in March 2007 to 38% in March 2009. While the largest proportion of non-offending referrals has consistently been for

lack of parental care (ground c) this has been declining steadily as a proportion of the total number of referrals since the introduction of GIRFEC (36% in March 2007 down to 21% in March 2009).

The Edinburgh evaluation team also carried out a small scale analysis of Child Concern Forms completed by the police Public Protection Unit in Inverness since this ensured that all concerns were raised within the pathfinder area. The primary purpose of this exercise was to track samples of children and young people through the system to see what happened to them. As a result the samples are relatively small. We took a random sample of 20 completed concerns forms filled in between June 2007 (the start of the new process) and March 2008 and for the equivalent period June 2008-March 2009. A small number of these cases were referred for offences where it was thought an Unruly Certificate or Restorative Justice were inappropriate. Of the 35 completed concerns forms **76% were not referred to the Reporter**. Those that were tended to be young people for whom compulsory measures were already in place. A small number of these cases were subsequently referred to the Reporter after a multi-agency assessment and further incidents involving them.

The consequences for the children and young people concerned have been threefold:

- For some this has meant a more proportionate response where police and social work have been reassured that no further action is needed by them because the concerns will be addressed by the young person, his or her family and their school and, indeed, the analysis has shown that no further concerns have arisen subsequently in these particular cases.

- Social work, the schools and health have had to produce fewer reports on these particular children and young people.

- Where the concerns raised indicated the need for additional single or multi-agency support there is evidence that in most of the cases an assessment and plan was quickly put in place.

Accidents involving children and young people

The figures here are based on emergency admissions to hospital as a result of unintended injury and are collated through EDIS (Emergency Department Information System). At the time of writing the data was only available up to the end of 2007.

- Historically in Highland the rate per 1000 of child injuries (0-15 years) for all accidents has been higher than the national average and that has been sustained during the reporting timeframe, although the indication is that the rate is slowly coming down.

- The rate per 1000 of child injuries from road traffic accidents has slightly increased from 0.8 to 0.9 over this period while the national average has fallen slightly from 0.8 to 0.7.

- The rate per 1000 of child injuries in the home fell from 4.0 to 3.6 while the national average for the same period increased from 3.9 to 4.0.

Since Hall 4 was implemented, health visitors and other health professionals working with families and schools have been reinforcing the importance of giving parents information on how to avoid accidents in and outside the home. Highland's Play Strategy (2007) has also emphasised the importance of injury

prevention and risk management as part of a normal childhood. Almost all of Highland's secondary schools and around two-thirds of its primary schools have implemented Road Safety education and risk reduction programmes.

Bullying

Data on self-reported bullying in Highland schools is not yet available but a Lifestyle Survey has been carried out which should provide a baseline for further monitoring.

- The reporting of incidents of bullying appears to be increasing but the data is limited and there are doubts about its reliability.

- The number of reported incidents of bullying in Highland's residential units has been declining since 2006.

HEALTHY

This section draws on some of the indicators and outcomes targets collated and monitored by NHS Highland that seem particularly appropriate to the health, growth and development of babies, children and young people.

Oral Health

Highland is aiming at the national target of 60% of five year-olds being free of dental caries by 2010-11. This is a particularly useful indicator since it is often held to be a proxy measure of the health of young children and many researchers would also argue that it is a good indicator of child poverty. In terms of our timeframe the baseline figure was 56%. However the data for this indicator comes from the National Dental Inspection Programme and there appear to have been some technical difficulties here and problems related to interpretations of the Data Protection Act.

The national target for the percentage of 3-5 year-olds who are registered with an NHS dentist by 2010-11 is 80%. The baseline figure for 2005 was 66.6% and this had increased to 72.8% by 2007.

Birth weight

Since low birth weight is a major determinant of infant mortality and morbidity the proportion of low birth weight singleton babies has been monitored on an ongoing basis.

- The proportion of low birth weight singleton babies has remained at around 6% for the whole reporting timeframe and this is in line with the national average.

Breastfeeding

Breastfeeding in the first six to eight weeks after birth is thought to be an important protective factor against childhood illnesses and infections and likely to have a positive impact on longer-term health as well.

- The national target is to increase the proportion of mothers exclusively breastfeeding at 6-8 weeks to 33.3% by 2010-11. In 2005-06 the proportion in Highland was well above that figure at 42%. The figure for 2007, at 30.8% was much lower than that though still close to the national target. It should be noted that data collection and monitoring processes changed during this period.

Smoking in pregnancy

It is widely accepted that smoking in early pregnancy can increase the risk of miscarriage, stillbirth and Sudden Infant Death Syndrome. The data is collected at the woman's first antenatal booking.

- The national target is to reduce the proportion of women smoking in early pregnancy to 20% by 2010-11. Over the timeframe the proportion in Highland has increased from a baseline of 21.8% to 23.5%.

Immunisations

There is a national target of 95% for the uptake of immunisations at 24 months and five years for a whole range of infectious diseases.

- The targets for 24 months and 5 years were met during 2007. The one exception to this has been MMRI. By the fourth quarter of 2007-08 the uptake of immunisations for MMRI was 86.4% at 24 months which is below the national average. The uptake figure at 5 years was 91.5%.

Historically the uptake of immunisations for MMRI was fairly high in Highland until the adverse publicity around the alleged link to autism. Uptake fell to 70.2% in 2001 and has been gradually increasing since then.

Self Harm

Episodes of self harm are recorded through admissions to hospitals and therefore do not take into account occurrences within the community that do not lead to admission.

- During the reporting period the rate of admissions to general and acute hospitals per 100,000 of children and young people under the age of 19 years has increased from 139.1 per 100,000 in 2004 to a peak of 197.3 in 2006 and then began to fall after that.

It is recognised that the rate of increase in recorded self harm by young people may, in part, be the result of a change in recording practice as health professionals become more aware of the indications of self harm and more episodes of care are diagnosed as acts of deliberate self harm. This may well reflect a number of developments during the reporting timeframe, including a Self Harm Protocol for use in the Children's Ward, the CAMHS implementation plan to support the promotion, prevention and care for young people who are self harming, and the development of a best practice pathway to support the management of emotional distress amongst children and adolescents in schools.

ACHIEVING

School Attainment

- Attainment in mathematics in Highland primary schools has remained stable over the period 2005-08. The figures are comparable with those in its comparator authorities.

- Attainment in reading and writing in primary schools has also remained stable over the time period and is below the average for its comparators.

- Attainment levels at S2 for reading, writing and mathematics have remained stable over the timeframe but compare favourably with the national averages and the averages in the comparator authorities.

- Results for each S4 cohort by the end of S6 in Highland compare favourably with the national averages and the comparators but they have remained static over the timeframe rather than demonstrating continuous improvement.

Since a significant area of Highland is located within the Gaeltachd the promotion of Gaelic language and learning is an important priority for the Council.

- The proportion of children receiving Gaelic medium education at primary level has increased slightly in 2008-09 with the opening of the Gaelic primary school, Bun-Sgoil Ghaidhlig Inbhir Nis.

- The proportion of secondary pupils learning other subjects through the medium of Gaelic has remained static over the timeframe.

- The proportion of Gaelic learners in secondary schools has been increasing, from 8.3% in the baseline year to 10% in 2008-09.

These are predominantly output measures rather than outcomes. It would be interesting if the attainment data for children receiving Gaelic medium education was systematically reviewed on a year-by-year basis to compare their results with those educated through the medium of English.

Lower attaining children and young people

Highland incorporates the data on low attainment under the heading of INCLUSION. We have included it here because in our view it is one of the best indicators of the extent to which an educational service is *Getting it right for every child*.

- The proportion of P7 pupils attaining level C in reading, writing and mathematics has fluctuated slightly since 2004-05 but overall change has been marginal, suggesting that it is proving difficult to reverse the effects of embedded disadvantage experienced by many of the lowest attaining 10%.

- At S2 the proportion achieving level D has been steadily increasing over the reporting period. There has also been some progress in the equivalent measures for reading and writing but these results have tended to show more fluctuations over time.

- The average tariff score of the lowest attaining 20% of S4 pupils [based on the qualifications they achieve at each award level] has tended to exceed the average scores for the lowest 20% across Scotland as a whole. However, the average tariff score for this group has been declining gradually over the timeframe.

It is worth noting here that this data does not fully reflect the range of courses and potential qualifications, particularly in vocational education and skills development that are increasingly available in Highland and across Scotland.

Attendance

- Non-attendance in both primary and secondary schools has remained at virtually the same level over the reporting timeframe. The average non-

attendance for primaries is 4.5 and 9.1 for secondaries. The figures are slightly below the national averages.

- Unauthorised absences have remained at around 0.5% in Highland primaries, which is below the national average.

- Unauthorised absences in secondaries have been increasing and by 2007-08 were slightly higher than the national average.

As yet attendance monitoring does not permit an examination of long-term and persistent non-attendance

Sporting and Cultural Achievements

Monitoring of non-academic achievements for the Highland Children's Services Plan (2006-08) was rather limited. It focused solely on those young people who have been selected for national sports squads (10 in 2007-08 and 18 in 2008-09). For the Single Outcome Agreement and for the next Children's Service Plan (For Highland's Children 3) a new means of identifying and measuring achievement will be employed based on recognised achievement programmes.

NURTURED

All of the indicators used here relate to the Authority's role in supporting nurturing capacity. Consequently most are output indicators rather than outcomes although in each case it could be argued that there is a clear relationship between the provision of these services and better outcomes for children and young people.

Respite Care

This refers to the provision of temporary relief for the carers of children with disabilities. It takes various forms from a short break to daytime respite and overnight stays in foster care or residential care homes.

- The total daytime respite hours provided peaked in the third quarter of 2006-07 but subsequently declined and is currently at the same level as in 2005-06.

- The total overnight respite nights provided has increased considerably in 2006-07 and, while there was a fall in 2008 they have remained above the average for 2005-06 (an average of 817 over 2008-09 compared with an average of 669 in 2005-06).

Sure Start support

- During the reporting time period Highland substantially increased the number of children under 4 accessing Sure Start funded services, from an average of 781 in 2005-06 to an average of 1852 in 2008-09.

- The total number of families accessing Sure Start funded services also increased substantially over the same time period, from a average of 644 families in 2005-06 to 1500 in 2008-09.

- The total number of parents participating in funded parenting programmes has increased over the period from an average of 260 in 2005-06 to an average of 310 in 2008-09, although the average number of participating parents dropped in the intervening years.

- There has been a considerable increase in the numbers of parents from Disadvantaged areas and groups being supported to enter employment or training by removing the barriers to childcare. Highland exceeded its target of 144 families very quickly and has since revised that targets to 800.

Young Carers

- It is estimated that around one in ten of the Highland population under sixteen are young carers. Currently around 174 are receiving support on a structured and ongoing basis.

- Each secondary school in Highland has at least one member of staff who has received training in supporting young carers and each secondary has at least one staff member who is the Named Person for young carers in that school.

ACTIVE

- The Active School Co-ordinators Team in Highland monitor the cardiovascular fitness levels of P7 pupils on a twice-yearly basis. Measurement is based on the number of shuttle runs completed by each child. The figures gathered between October 2004 and October 2008 suggest that fitness levels remain stable but it may be too early to see if increased playground activity in primary schools is leading to improved cardio-vascular endurance.

- There has been a significant increase in the number of communities with play areas shared with nurseries and schools.

- The number of primary schools with playground supervisors and play monitors trained in promoting positive play has also increased significantly – though from a very low base.

RESPECTED & RESPONSIBLE

School exclusions

- The rate of secondary exclusions has declined slightly over the reporting timeframe from 43.9 per 1000 children in 2004-05 to 41 per 1000 in 2007-08. The rate of exclusions is significantly below the national average.

- The rate of exclusions from primary schools has increased over the period from 5.1 per 1000 in 2005-06 to 9.6 per 1000 in 2007-08. Again this is below the national average rate which was 15 per 1000 in 2007-08.

- The rate of exclusion from special schools has been zero throughout the time period which compares dramatically with the national average rate of 173 per 1000 over the time period, increasing from 163 per 1000 in the baseline year to 187.3 per 1000 in 2007-08.

Youth crime

- As noted earlier, the total number of offence-based referrals to the Children's Reporter has been declining over the period. In April-June 2005 it was 443 and by Jan-March 2009 it had declined to 236.

- This reflects the introduction of the new Police Child Concern Form, better inter-agency working and a broader range of options for responding to young offenders, including restorative justice and intensive support and monitoring.

Youth participation

- The proportion of schools with Pupil Councils has increased from a baseline of 84% in 2004-05 to 99.5% in 2007-08.

- All the administrative areas in Highland have functioning Youth Forums.

- The proportion of young people on Youth forums with disabilities or from ethnic minority families has increased significantly from 4% in 2005 to 21% in 2008.

- There is no data as yet on leadership, volunteering and citizenship. The intention in the Service Plan is to increase the proportion of young people engaged in programmes `such as the Duke of Edinburgh Award, Sports Leaders, Xcel, Columba 1400, etc.

INCLUDED

Poverty measures

- Over the reporting timeframe there has been a slight decrease in the percentage of families entitled to free school meals.

- There has been a reduction in the uptake of free school meals by entitled pupils from 82% in the baseline year to 77.6% in 2006-07. This is particularly the case in secondary schools where it may well reflect the numbers of young people entitled to free meals who choose to leave the campus at lunch time.

- It is probably too soon to measure the impact of the Education Maintenance Allowance but the percentage of S5/S6 pupils receiving the EMA in 2006-07 was 36.3%. In the same year 28.3% received the highest banding on EMA.

Preparation for further and higher education, training, work and adult life

- The proportion of young people entering F/HE, training or employment has increased over the reporting timeframe from 83% to 89%.

- This trend has been reproduced amongst the young people from low income families, where the proportion entering F/HE, training or work has increased from a baseline of 73% to 81% by 2007-08.

Care Leavers

- In the last quarter of 2005-06 the proportion of Looked After children leaving care with a pathway plan to support their transition into adult life was 43%. By the beginning of 2007 the proportion with a pathway plan was 100% and that figure has been sustained in 2008-09.

Attainment of Looked After children

Care needs to be taken in interpreting the attainment results of Looked After children because the sample size is relatively small. However, certain trends are indicative:

- Attainment levels in reading, writing and mathematics from P3 through to S2 are significantly lower than the equivalent scores for children and young people across Highland.

- A similar trend is apparent in attainment for English and mathematics at S4.

- The average tariff score for Looked After children in S4 has been increasing over the time period from 34.1 in 2004-05 to 45.4 in 2007-08.

- Attainment scores for those who are accommodated away from home are better than for those who are Looked After at home.

- The performance of Looked After children in subjects other than English and Mathematics tends to be noticeably better. In 2007-08 a total of 92% Looked After away from home attained at least one award in any subject compared with 69% attaining an award in English and mathematics. The comparable figures for those Looked After at home were 57% and 29% respectively in 2007-08.

Attainment of Minority Ethnic Children

- Attainment in mathematics at P7 and S2 is equivalent to the average scores for Highland as a whole and is above the Highland average at S4.

- Attainment levels in the primary schools for reading and writing are lower than the equivalent Highland-wide scores, which reflects the growing number of new arrivals in Highland with limited English.

- This trend is also apparent in attainment in English at S4 where the level has been dropping over the reporting timeframe and is now markedly below the Highland average. Again this reflects the increased inward migration of families, particularly from Eastern Europe, who have limited English.

20.2 Summary and discussion of trends in the population outcomes

The primary aim of the previous section was to review the progress made in Highland since 2005 when they first began to structure the intended outcomes in their Children's Services Plan around the eight Well-Being Indicators in order to gauge the impact that the ongoing integration of children's services was having on the lives of Highland's children, young people and their families. The population-level data, as observed earlier, reflects the fact that, while the pathfinder and the development team took responsibility for developing and implementing a new practice model across children's services, practitioners across the whole of Highland were also aware of the key Principles and Values of *Getting it right for every child* and the ECS service, the health service and social work children and family services were working towards the achievement of targets by 2008 that reflected those Principles and Values.

SAFE: There is evidence across a number of indicators, including provision for child protection, provision for Looked After children and accident prevention that real progress has been made to ensure that children and young people in

Highland are safer than they were in 2005. More priority could be given to identifying best practice and using this to implement more reliable mechanisms for monitoring incidents of bullying in schools and when travelling to school.

HEALTHY: Generally speaking Highland is on track to meet its health targets for 0-5 year-olds by 2010 with the possible exception of reducing the number of expectant mothers who smoke during pregnancy. This provides valuable monitoring information for Highland's cohort approach to *Getting it right*, i.e. beginning with a new cohort of babies and following them through to adulthood. Less monitoring data was available about school-aged children and young people. All schools have achieved health promoting school status and good progress has been made towards meeting nutrition standards and the provision of fresh drinking water. Highland has relied on SALSUS data to monitor substance misuse but since this is only available every four years and the sample size for each individual local authority is relatively small the statistics may be of limited value for local rather than national monitoring. Highland has carried out its own lifestyle survey and this – if it became a regular exercise every two years - could produce a wealth of useful monitoring information about the well-being of children and young people, i.e. not just regarding substance misuse but also diet, exercise, sporting and cultural activity, etc.

ACHIEVING: Attainment levels in Highland's secondary schools compare well with national levels and with Highland's comparator authorities. Attainment in reading and writing in Highland primary schools has not quite kept up with the rate of improvement over the last four years in its comparator authorities. While the performance of the lowest attaining 20% has been consistently above the average for Scotland as a whole there is evidence of a slight downward trend over the time frame. There is also scope for more progress in reducing non-attendance figures and unauthorised absences from secondary schools have been increasing. Finally, there is also more scope for identifying and recognising the non-academic achievements of children and young people across Highland.

NURTURING: This is a difficult outcome to measure and it could be argued that the other seven Well-being Indicators provide indications of the impact that nurturing has had. Furthermore, the indicators and targets in the Children's Services Plan related only to the local authority's contribution to the nurturing of Highland's children and young people (rather than nurturing by family members and carers). Some of the targets relating to Looked After children accommodated in residential units might have been included here but are described elsewhere. For this reason then, the monitoring data on nurturing relate more specifically to outputs than to outcomes. Nevertheless, the findings do show significant progress over the time frame of the Children's Services Plan (2005-08) in terms of improving access to respite care, Sure Start support and support for young carers (the main targets identified in Highland's Plan).

ACTIVE: Again there is an emphasis more on outputs than outcome measures. In this respect there is evidence over the four years of more emphasis on access to play facilities in local communities and greater emphasis on promoting and supporting positive play in primary schools. It is too soon to judge if this is having a positive impact on children's fitness but Highland carries out regular assessments of the cardio-vascular fitness of 11-12 year-olds.

RESPECTED & RESPONSIBLE: In the next sub-section of the Report we note that practitioners working with children and young people may be very conscious of the need to treat them with respect and the need to encourage them and support them to behave responsibly but when putting together a plan of action for them they often ignore the potential for specifying intended outcomes around improved respect and responsibility. These are two areas of well-being that are regarded universally as important and it is recognised that it would be difficult to

achieve significant improvement in the other Well-being Indicators if children and young people were not treated with respect and, in turn, did not behave responsibly. Nevertheless, actual indicators of respect and responsibility tend to be rather sketchy and limited and both need more thought in terms of what might be outcomes and not just outputs, and what might constitute appropriate measures of progress towards those outcomes. School exclusions are a useful indicator, although ideally, they need to be related to reasons for exclusion and measures of repeat exclusions would also be useful. In Highland there has been a significant decrease in exclusions from secondary schools as alternatives have been increasingly employed. The rate is well below the national average. The rate of exclusions from primary schools is also below the national average but it is increasing. Offence-based referrals to the Children's Reporter have been declining over the time frame of the Children's Service Plan and this pattern partly reflects a net reduction in offences but also the employment of alternatives to referral. The measures of participation by children and young people relate predominantly to outputs rather than outcomes, e.g. numbers of schools with pupil councils, number of youth forums, representation on the forums of young people from ethnic minorities and young people with disabilities. All these indicators are positive but they could be more wide-ranging.

INCLUSIVE: There are signs that measures taken to improve the life chances and opportunities of the most disadvantaged children are bearing fruit in Highland. There has been a slight decrease in the proportion of families entitled to free school meals; better provision for through-and after-care for young people leaving residential care is having an impact and more generally the attainment levels of Looked After children and children from ethnic minorities are improving. The two main challenges here are to improve the attainment of children who are Looked After at home and children from families who have migrated from eastern Europe and have very little English.

20.3 Findings from Highland's own survey of children and young people

Over a three-year period (2005-06 to 2007-08) Gillian Newman, Consultation Worker at Highland Children's Forum carried out a consultation with children and young people in Highland which focused on their well-being. This was funded by Highland Council. In all she obtained perceptions from 271 children and young people (aged 9-16) in 31 Highland schools. The main method was focus groups followed by personal responses using the draw and write technique developed by Noreen Whetton. Some of the key findings from that study are summarised below. The results are qualitative rather than quantitative. The full report is available online from Highland Children's Forum.[31]

> ***Safe:*** most of the young respondents felt safe at home and when travelling to school, although some reported that they felt less safe on the roads at other times. Bullying continues to be a matter concern for some of them.
>
> ***Healthy:*** As has been found in other surveys of young people, many of these children and young people were knowledgeable about what constitutes a healthy choice but were not always sure why a particular option would be healthier than others. They also indicated that peer pressure was a factor in their decision making and sometimes their choices were not healthy because the healthy option was not available or did not appeal to them. They expressed an interest in learning more about health issues, particularly in relation to mental health, including depression and self harm.

[31] G. Newman, (2008) *Are we there yet?*, Inverness, Highland Children's Forum.

Achieving: The participating children and young people had a very clear idea about what helped or hindered their achievement and included within this the kind of support they got, the help and support they received from friends and peers and the importance of having their achievements recognised.

Nurtured: Only a small number of respondents reported that they did not feel nurtured. The large majority acknowledged the role that their family and others played in helping them to thrive and develop. Young carers mentioned the support they got from young carer groups, those with disabilities mentioned the value of respite care and others talked about the contribution that support from youth clubs, faith groups and school clubs made to their feeling nurtured. A number of children and young people also mentioned the importance of support to help them with bereavement.

Active: Most of the young respondents reported that they enjoyed feeling fit and keeping active but were aware of the barriers to this in terms of opportunity, facilities, cost and transport.

Respected and Responsible: The respondents reported that they liked taking responsibility for themselves and others and being given responsibility by others to do this. They felt they have a contribution to make and wanted to be taken seriously. However, they also felt that adults sometimes have stereotypical views about children and young people and blamed them for the actions of others.

Included: They were agreed that being teased or bullied or falling out with friends were key factors in generating a sense of not feeling included. Those with learning needs and difficulties highlighted how important feeling included was for them.

20.4 Service-user outcomes

We now move from looking at GIRFEC-related outcomes for the whole population of children and young people in Highland - what might be called evidence of *Getting it right for <u>every</u> child* – to look instead on outcomes for individual young people: the service-users. Here the focus shifts on to getting it right for <u>each</u> child.

It was explained earlier in this chapter that a sample of 97 children and young people have been followed through the system in order to ascertain what difference the new processes and systems were making to their lives. The main criterion for selection was that they had a single-agency or multi-agency plan.

The first stage in the evaluation process was to analyse their concerns forms, records and plans (which had been anonymised). The analysis of health records was usually undertaken jointly with senior nursing staff who have a responsibility for auditing records. The social work records were jointly analysed with the GIRFEC social work lead and an independent reviewing officer. The school records have usually been analysed jointly with a member of the school senior management or principal guidance teacher. This process provided us with an overview of each case:

- a narrative account of the concerns that had alerted professionals to their needs and circumstances;

- a chronology of significant events in their lives;

- an analysis of information that had been shared across the various services;

- an assessment of the impact that these concerns and needs were having on that child or young person (i.e. the analysis of the information collated around the My World Triangle);

- the summary of that child's unmet needs;

- the actions taken to support that child;

- the outcomes that these actions were intended to achieve;

- the evidence from reviews of the child's plan that would demonstrate the extent to which progress was being made towards the achievement of those outcomes;

- the new needs and concerns that arose in that child's life, the actions taken to address these and the progress being made towards any additional intended outcomes that had been identified.

On the basis of this analysis a sub-sample of children and young people was identified for more detailed case study analysis. This involved interviewing the child, where possible and also interviewing the network of support around the child: family members, Lead Professionals, Named Persons and other key workers. As might be expected, this is a labour intensive and time-consuming process involving a considerable amount of negotiating, seeking consent to talk to people and explaining the evaluation process and the purpose behind the enquiries. Since we did not have access to the names and addresses of the children whose records we were reviewing, we were dependent on Lead Professionals working with those families to make the first tentative approach to see if they were prepared to participate in the evaluation. In each case the first consent given was only an agreement to speak to a researcher about the possibility of taking part. Approaches to talk to children and key workers could not be undertaken until the responsible parents had given us permission to do so.

This process is ongoing and will be reported in more detail in a subsequent briefing paper. However, enough evidence has already emerged from the analysis of records and plans and the initial case study work to provide some useful indications of the impact that the *Getting it right* approach has had on the lives of these particular children and young people and their families.

Our objective was to ascertain if the single-agency and multi-agency plans that we were reviewing met the following criteria:

- Did these plans clearly specify the outcomes to be achieved?

- Were these intended outcomes clearly related to the assessment of the child's needs?

- Were these intended outcomes clearly related to the overall aim of improving the child's circumstances and well-being?

- Was provision made for monitoring progress on these outcomes?

- Did the review sections in the child's plan provide evidence of progress towards these outcomes?

- And, above all, was progress being made?

We have already touched on some of these questions earlier in this Report, and where this is the case we will just summarise the key points made elsewhere. Ultimately it is the last of these questions which is the most important one in evaluating the impact of the *Getting it right* approach. Specifying outcomes, relating them to the child's unmet needs, drafting intended outcomes in the language of the Well-being Indicators and monitoring and reviewing progress would mean very little if the end result did not lead to improvements in the lives and well-being of most of the children and young people whose records and plans we were examining. *Getting it right* is, essentially, an outcomes-led approach rather than an outputs-led approach.

However, the outcome data that emerges from an analysis of this kind is likely to be unique to each individual child, even if some of the identified needs and intended outcomes appear to be similar. This kind of analysis does not produce outcome data that is readily aggregated. It does not permit us, for example, to make statements about the percentage of these children who are now safer or more included or achieving more at school in the same way as was done with the population outcomes which were discussed earlier.

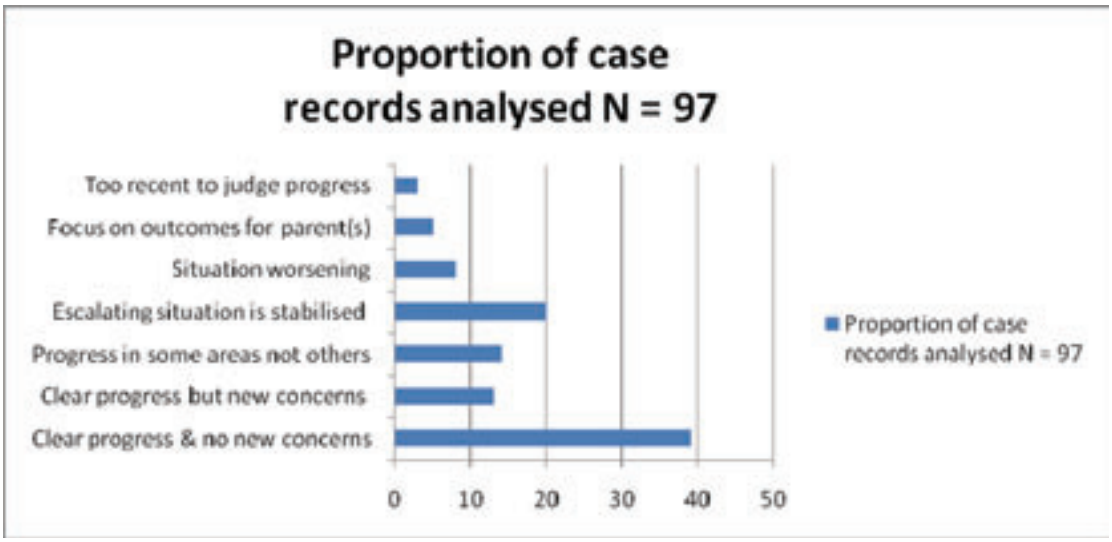
Of course, if a child is at risk of neglect or abuse and they are removed from that high risk situation then one would expect to find evidence almost immediately of the child being safer and experiencing a more nurturing environment. However, in a *Getting it right* world one would anticipate that the assessment would have also examined the impact that the neglect or abuse had had on the child in terms of the child's physical and cognitive development, physical and mental health, capacity for social interaction and overall resilience in coping with change and adverse circumstances. Ensuring the child is safe and being properly cared for is just the beginning. The holistic child's plan would also be seeking to address the impact that exposure to abuse and neglect has had on the child. In most instances these are longer-term outcomes and the function of ongoing monitoring and periodic review is to gauge the degree of progress being made towards each long-term outcome and to adjust the interventions whenever the evidence indicates that progress has stalled or the outcomes are negative for the child or new concerns and needs are emerging.

Therefore, in analysing children's records and plans we were recording where intended outcomes had been achieved but mostly we were looking for **evidence that the child was making progress** towards the desired longer-term outcomes. Where the evidence was negative or neutral we were looking for signs that the Named Person, Lead Professional and other key workers were trying other solutions and approaches.

20.4.1 Evidence of progress

Figure 1 summarises the conclusions which were drawn about the extent to which progress was evidenced in the review sections of these children's plans.

Figure 1: Trends in the outcomes for children and young people in a sample of Child's Plans (N = 97)



The main findings here can be summarised as follows:

- There was evidence of clear progress being made in two-thirds of the cases analysed.
    - In the majority of these cases there was evidence of progress on all of the well-being indicators that were relevant to each child's needs and development.
    - In around one in five of these cases where progress was being made it was also apparent that new concerns were emerging which required further interventions.
    - In a further one in five of these cases progress was being made on some Well-being Indicators but it was recognised that some aspects of the child's well-being would take much longer to improve. For example, steps had been taken to ensure that a child was safe, cared for, fed and clean but more time would be needed before actions to address the impact of emotional abuse began to have any effect.
- In a further 20% of cases there was evidence that situations involving children and young people that had previously been escalating had now been stabilised. For example, they had been taken out of an unsafe situation or the negative impact of certain adverse factors had been reduced but the child's needs were so complex and multiple that more time was needed before evidence of significant changes in their well-being indicators could emerge.
- In around 1 in 12 cases there was little or no evidence of progress. Indeed the evidence tended to show that the situation involving the child or young person was getting worse. The concerns about the child were escalating still escalating and the initial concerns that had been raised often seemed to pale into insignificance as further information and new concerns emerged.
- In a small number of cases we found that the Named Person or Lead Professional and multi-agency team had concentrated on identifying

intended outcomes for the carer but not the child. For example, the health visitor had identified concerns about post-natal depression but had not indicated in the plan whether or not this was impacting on the baby or other children in the family. We also observed a small number of instances where the Lead Professional appeared to be more concerned with reporting that intended actions had been undertaken rather than with reviewing whether they had had the desired effect. It should be stressed, however, that these instances were few in number and might be expected after new processes have been introduced and training programmes are still ongoing.

- Finally, there was also a small number of cases where no progress was evident simply because these were very new cases and the assessment and plan had only recently been drawn up. This is not surprising given that the records were selected at random.

20.4.2 Discussion of the findings

Evidence of positive outcomes: Some of the cases where there is evidence of clear progress reflect early intervention at work. A concern was raised, action was quickly taken by an individual agency and the outcome was positive. For example there were cases of reported bullying where schools took action quickly, appropriately and proportionately and the records showed no further concerns about bullying in relation to the victim or the perpetrators. There were other examples where an initial assessment by the health visitor, the nursery or the primary school indicated that a child was within the developmental range for his or her age but on the low side and it was recommended that a short input from a speech and language therapist or a physiotherapist should be provided and the positive outcomes for the child were reported in the record or plan. There were yet other cases that we examined where the Health Plan Indicator for a particular mother and baby was *Additional* because, for example, this was the mother's first baby, or the baby was premature, or the mother had experienced post-natal depression with a previous birth. In these cases subsequent health checks at 3 or 6 months showed that the child was continuing to show signs of normal developmental progress.

However, perhaps the real test of the *Getting it right* approach lies with the more complex and long-term cases.

Some of these children and young people had been receiving additional support from children's services for several years. In most cases a child who had come to the attention of children's services as being in need of care and protection was now a teenager who was at risk of dropping out of school, self harming or misusing drugs and alcohol or engaging with others in anti-social and criminal activity. The focus of planning had gradually shifted from working with the care network around the young child to working on bringing about a significant change in the behaviour and attitudes of the teenager.

We found it useful to represent each young person's chronology of significant events as a kind of trajectory that needed to be arrested then reversed. In what ways, if at all, did the *Getting it right* approach help to do this? What evidence was there that the implementation of *Getting it right* in the pathfinder area in 2008 contributed to improving the situation for these young people?

Prior to the pathfinder phase Highland had already introduced a solution-focused approach in meetings designed to produce a multi-agency plan. The pre-GIRFEC evaluation had highlighted that the approach was being widely adopted across children's services and this represented a significant shift in practice at that time. However, the changing practice did not necessarily result in an holistic

assessment of the child's needs. A more typical pattern was that professionals from different services and disciplines tended to focus on their own specific concerns and areas of expertise: the child as pupil, family member, patient or potential patient, offender, and so on. **The sum of the parts did not necessarily add up to a whole picture of the child and his or her unmet needs.** The holistic assessment requires the professionals involved to assess how all the identified concerns and unmet needs may be impacting on the child's well-being. When this happens there is an important shift from co-ordinated to integrated assessment and planning.

When the planning was co-ordinated rather than integrated this often resulted in a plan that was wide-ranging with interventions at school, at home and in the community but the intended outcomes were specified more narrowly and often seemed to be driven by the service which had initiated the concern about the child. They tended to focus on the symptom rather than the root causes. If, for example, the school had called a multi-agency meeting because the child's attendance had declined the key outcome was perceived to be improved attendance at school even though the assessment had identified factors at home that were impacting on the child and contributing to his or her poor attendance and actions were being taken by other services to address these home factors. What was often missing from the pre-GIRFEC child's plan was a clear focus on how the interventions targeted on the home factors would impact on the child's well-being and not just on his or her school attendance. In this respect improved school attendance needs to be seen as a key stepping-stone outcome which could lead to longer-term outcomes if steps are also taken to address or alleviate factors which are outside the control of the child.

Now, since the introduction of the *Getting it right* approach in 2008 there are signs emerging of another shift in practice towards a more holistic solution-focused approach combined with more holistic thinking about outcomes for children and families. This kind of shift is gradual and was not evidenced in all of the records and plans that we examined. Nevertheless it was apparent in many of them. The following two examples are representative of a number of other cases which we examined. In each case some minor details such as name, age and number of siblings have been changed to ensure that the young person's anonymity is fully protected.

Pathfinder Example 11

Duncan is 14. He has a younger brother and sister. His father no longer lives with the family and does not keep in touch. He was first referred to the Children's Reporter when he was 4 years old. His mother suffered bouts of depression and was also dependent on alcoholic. Whenever she was admitted for treatment Duncan and his siblings would go into temporary foster care. When he was 6 years-old a joint investigation was carried out by police and social work because there were concerns that the three children were being emotionally abused and physically neglected. Duncan also disclosed that his mother would sometimes hit him especially when she had been drinking. A Child Protection Case Conference was held and the children went on to the Child Protection Register.

A cyclical pattern emerged where the children would be in foster care while Mum received treatment for depression and alcohol dependency and at home with her when she seemed to be coping, taking her medication and was off the alcohol. Whenever Mum's mental health deteriorated and she began drinking Duncan's behaviour at school would deteriorate and he would become aggressive towards other children and disruptive in class. Mum reported feeling that she was less and less able to cope with his behaviour and moods. At the same time Duncan saw himself as the carer in the family and his attendance at school would suffer whenever his mother was depressed and drinking. When Duncan was in his second year at secondary school his mother's mental health deteriorated significantly and she was admitted to a psychiatric hospital under compulsory measures. The three children went into longer-term foster care. At around the same time Duncan's attendance at school dropped significantly and this no longer related to his being a carer for his mother

and younger siblings. He was picked up by the police on several occasions for involvement in anti-social behaviour and minor criminal activity.

This coincided with the onset of the pathfinder phase and a new multi-agency Child's Plan meeting was held which Duncan and his foster carers attended. The social worker assigned to him as a Looked After child continued to be his Lead Professional and his guidance teacher continued to be his Named Person. The support provided focused on helping him to appreciate the risks involved in his behaviour, helping him to manage his anger better, developing the skills necessary for independent living and helping him to acknowledge the need for boundaries, rules and structures at home as well as at school. In addition, support by health professionals for the mother continued, and a contingency plan was also put in place to assess his learning needs after prolonged absence from school and to consider an alternative to mainstream education if required. But perhaps the most significant factor here is that the Lead Professional and the Named Person spent a lot of time talking to Duncan about what he wanted to do when he left school and what he would need to do to make this happen. They helped him to develop a personal action plan. Previously he had expressed feelings of powerlessness; that decisions were taken "behind my back". Now he seems to have taken ownership of this plan.

Intermediate outcomes

- His attendance at school has improved to 90%.
- There have been no recent concerns from the police about his behaviour and no concerns expressed by teachers about his behaviour in school.
- He and the guidance teacher have worked out a curriculum that will enable him to attain the qualifications for the career he wishes to pursue.
- There are positive reports about his work at school.

At the same time the Named Person and Lead Professional are still working on Duncan's resilience, particularly his capacity to cope with future setbacks and disappointments.

Pathfinder Example 12

Siobhan is 16. Her mother is disabled and wheel-chair bound. Her mother and father split up when Siobhan was eight and she became her mother's carer. Whenever her mother needed to go into hospital Siobhan would go into temporary foster care. At this time there was some concern about Siobhan's attendance at school and this was linked to her perceived role as her mother's carer. Children's services and adult services worked well to ensure that appropriate support for the family was in place.

A new set of concerns emerged in her early teens. Mum was finding it increasingly difficult to control her; she was abusive to people who were trying to help her, she was increasingly engaging in risk-taking behaviours including under-age sex and drinking alcohol. Having been regarded by her teachers as academically able her uncooperative attitude and deteriorating attendance at school was having a negative impact on her attainment. At the same time she was also experiencing a series of temporary foster placements whenever Mum was hospitalised and some of these placements broke down because of her behaviour. She was referred to the Children's Reporter as being outwith parental control and this led to a long-term foster placement. Previously the multi-agency plans for Siobhan had focused as much, if not more, on providing support for the mother. The major shift in the first multi-agency Child's Plan drawn up for her during the pathfinder phase was that it focused on Siobhan. Adult services were involved and support for the mother continued but the emphasis was on providing Siobhan with a more stable life, meeting the needs that had been identified in the assessment and actively engaging Siobhan in the planning process.

The initial assessment, carried out jointly by the social worker who was Siobhan's Lead Professional and her guidance teacher, who was her Named Person, identified a much wider range of needs than earlier assessments which had focused increasingly on her behaviour. The more recent assessment highlighted her lack of self respect, her low self esteem, her poor sense of identity and her feeling that non-one cared what happened to her. The multi-agency planning group worked through each of these concerns and identified positive responses to them. The foster carers are using positive reinforcements to help her to understand the need for boundaries and house rules. The Lead Professional and Named Person spent a lot of time with Siobhan helping her to develop her personal plan of action: identifying her goals and working out what she needs to do to attain them.

Intermediate outcomes

- Siobhan is thriving in her current foster placement. She stays with her mother every weekend and every holiday and, outside these times, the foster carers will take her to see her mother if she is at all concerned about her.
- She has received guidance from health professionals about her sexual health and misuse of alcohol. She has stopped binge drinking and has dropped some of the friends she used to frequent.
- Her attendance at school is regular and reports from teachers say her academic work is improving.
- She has not been in trouble with the police over the last three months.
- She has been working on her self image and the guidance teacher and her Lead Professional report improvements in her sense of self worth.
- She has had advice from careers support about the qualifications she will need to pursue her chosen career and she is now working to attain a place at college. The key workers are now helping her to improve her life skills for when she goes away to college.

It is important to stress that we are not applying a simplistic cause-and-effect analysis here. We are not arguing that the apparent success in these two cases and most of the others we have identified could be solely attributed to the *Getting it right* approach. There are a lot of other intervening factors here, not least the quality of the foster care provided, the support of the parents for their child's plan, the capacity of the various services and agencies involved to deliver the support that was needed when it was needed and, not least, the commitment of each individual young person to actively engage with the services in order to get the help that they recognised that they needed. This was something that really seemed to emerge out of the chemistry in the relationships between the Named Person, the Lead Professional and the young person. Where this did not exist or was weak the young person's commitment to engage and take responsibility for themselves was often missing, the outcomes tended to be negative and the prospects of arresting and reversing the child's trajectory seemed to be poor.

However, whilst not seeking to attribute cause and effect here it is possible to identify some of the common factors in the assessment and planning process around the child which contributed to bringing about positive outcomes for the child or young person, particularly in circumstances where that child or young person had been *in the additional support system* for many years:

- There was a good working relationship between the Named Person and Lead Professional based on mutual respect and trust.
- The child's Lead Professional and Named Person had worked closely together to co-ordinate the assessment of the child's needs.
- The assessment focuses on the impact that the concerns and unmet needs are having on the child's development and well-being and are likely to have in the future if not addressed. This in turn clarifies what the intended outcomes should be.
- The Child's Plan meeting had been solution-focused rather than re-iterating the problems surrounding the child.
- The assessment and plan were holistic with the Well-being framework being used to integrate the child's various needs.

- The intended outcomes fully reflected that holistic assessment and each was assigned a realistic timescale for measuring progress.

- The child or young person had a close and trusting relationship with his or her Lead Professional and Named Person.

- There was long-term continuity in the relationships between the child and the Named Person and Lead Professional.

- The child or young person (if old enough to communicate their needs and wishes and to take responsibility for their own actions) is perceived by the key workers as an active agent (rather than a passive subject) in the change process. Where too young or too disabled to take on this role themselves then the carer also needs to be perceived as an active change agent here.

- The efforts by the child or young person to actively address their own needs and concerns are fully supported by the network of support around the child and steps are being taken in parallel to address those factors which are outside the child or young person's control.

Figure 1 also showed that in around one in five of the cases the child had such complex and multiple needs that the actions taken to address each need had very different time frames. In such circumstances it was possible to identify evidence of progress on some of the intended outcomes but either no evidence for progress on others or there was evidence of stabilisation but more time would be needed before positive outcomes could be anticipated. Example 13 is typical of this kind of case. Here is a case where the child and family have complex needs and problems and some of the actions taken began to bear fruit quite quickly but it will take much longer for the impact of some of the other interventions on behalf of the child to lead to positive outcomes or even signs of real progress.

Pathfinder Example 13

When Ben was three he was taken to Accident & Emergency because he had fallen through a glass door. Two weeks later he was back. This time he had inserted something up his nose and his parents couldn't remove it. The health visitor made a follow-up visit. It was apparent that Ben's mum, who had three other children to care for, was struggling to manage him. Ben was noticeably overweight for his age, he was still in nappies and not toilet trained, his sleep patterns were erratic, he was prone to mood swings, he had speech difficulties and he seemed to have no sense of danger. He was always getting minor bumps and scrapes and didn't seem to recognise the potential dangers in everyday places around the home and outside. He needed to be constantly watched. The health visitor referred Ben to the community paediatrician, the speech and language therapist, the dietician and the community occupational therapist.

A child's plan was drawn up by the health visitor, the community paediatrician, the dietician, the learning disabilities nurse, the speech and language therapist, an educational psychologist, an early years worker, a nursery worker and the mother. Ben had significant problems including global developmental delay (i.e. in all developmental areas), he was diagnosed with ADHD and he had sensory problems.

A package of support was put in place including attendance at the child development centre, overnight respite and access to the Webster-Stratton programme for the parents, one-to-one nursery support and extended nursery hours, speech and language therapy and occupational therapy and a diet that included fish oils and was dairy-free.

Intermediate outcomes

Whilst recognising that this multi-agency package will need to be in place for some years and adjusted as Ben grows there has already been a significant shift in his behaviour and mood swings since he went on to the new diet.

Earlier in this report we noted that the introduction of the Child's Concerns Form was encouraging police officers and other professionals working with children to use their discretion about the actions that should be taken with regard to individual children. Two examples were given in section 13.2. In one case a 12 year-old girl had been in the town centre drinking at 10.00 at night. She was taken home by the police who were reassured that this was a first-time escapade and that the reactions of the parents and the girl once she started to sober up suggested that a recurrence was unlikely. In the other example a 10 year-old boy had been picked up by police officers on a main road during school hours and was returned to school. Follow-up information checks and a home visit indicated that it was not a routine case of truancy but was probably the result of the boy's concerns about his mother's mental health. We encountered a number of similar examples where a combination of information checks and professional judgement led to a proportionate response.

In order to check if the outcome had been proportionate we were able to check the records of these children and young people several months further on to see if the decision in each case had, indeed been proportionate. In the majority of instances this proved to be the case. There were a number of good examples of this in the PHNCFR that we examined. For example, there were several instances of a health visitor assigning an Additional HPI for 6-8 weeks and then moving to Core that were supported by the follow-up evidence that the child was meeting his or her developmental milestones for their age. Similarly evidence at 6-8 weeks, 3 months or 6 months also tended to support the professional judgement to assign a Core HPI to a particular mother and baby at 10 days.

Evidence of neutral or negative outcomes: The common factor here was that those cases where there was little or no evidence of positive outcomes emerging or progress being made towards positive outcomes were all highly complex ones where the children and young people had multiple concerns and needs and the concerns were changing as they grew older. In most instances they had also been in the care system in its various forms for most of their lives. Usually they had come to the attention of children's services as being in need of care and protection. Other factors which featured frequently in their records were:

- Attachment problems in their relationships with their mothers.
- One or both parents being addicted to drugs and/or alcohol.
- One or both parents having mental health problems.
- Bereavement within the family or separation followed by no further contact with the departing parent.

By their mid-teens the concerns about these young people had shifted to a focus on their behaviour, the risks they were taking and the potential immediate and longer-term harm that they were doing to themselves. These young people represent the biggest challenge for children's services, even when there is early intervention, the planning and delivery of support is more integrated, the processes and procedures are more streamlined and there is clear evidence of a network of support around that young person. One Lead Professional described this situation as "*a holding exercise where you try to minimise the potential for harm rather than something which is more like a progressive plan of action*." And yet, we would argue that Pathfinder Examples 11 and 12 show that a more progressive approach can still arrest the escalation and start to bring about positive results provided that these young people are actively engaged in the decisions that directly impact on them and they are encouraged to take ownership of their plan.

In the longer term, early intervention combined with an assessment which is more focused on how current concerns and unmet needs are impacting on the child now, and will impact even more in the future if not addressed, should help

to reduce the extent to which concerns about these children begin to escalate in early adolescence. But that kind of change is more likely to be manifested on a large scale when a whole cohort of children has experienced the new system and support processes from birth through adolescence.

This brings us to an observation which is reiterated at various points in this report. The most significant change in practice is not the use of the tools such as the My World Triangle and the Resilience Matrix per se, it is the application of the thinking behind those tools. That is to say, it is the twin focuses on:

- how the concerns and unmet needs are impacting negatively on the child's growth, development and well-being; and

- how the positive factors in the child's life and the child's own capacities and strengths can be built upon to reduce or eradicate that negative impact.

20.4.3 Evidence of the use of the Well-being Indicators

In the majority of the records and plans that were analysed the well-being indicators had been used to structure the description of the concern, the summary of the child's needs and the intended outcomes.

In most of these plans the assessment highlighted a range of concerns and unmet needs and this is reflected in the intended outcomes that are specified. However, in a sizeable minority of cases we found the following:

The intended outcomes were highly specific and closely linked to the initial concern that had been raised about the child or young person even when the assessment around the My World Triangle identified other unmet needs and concerns and these were taken into account in the planning process and the actions that were subsequently taken. For example, we examined several plans where the initial concern had been persistent poor attendance by the child or young person. The shared information and the assessment around the triangle usually identified a range of factors that could help to explain why attendance had fallen off and actions were taken to address these factors. However, the intended outcome was usually highly specific: improved school attendance. This would be monitored and the extent of improvement was reported at review meetings but the impact of the actions to address the adverse factors in the child's life were usually reported in terms of outputs rather than outcomes. In terms of the child's well-being a link would be made to a specific indicator, for example, improved attendance would lead to improved achievement, but this was recognised to be a long-term goal while more immediate well-being outcomes in terms of risks to safety when not attending school and reducing emotional stress and anxiety were not specified as intended outcomes. A similar pattern emerged in some of the health care plans that were analysed. The terminology widely used is "Intended Outcomes for episodes". These are very specific and usually have an assigned and fairly limited timescale. The link between these episodic outcomes and the longer-term developmental outcomes for the child are not always made although the Well-being Indicators could be very helpful here. A further implication of this pattern is that there tends to be a mis-match between the overall assessment of the child's needs and the intended outcomes for the plan. Example 14 highlights these issues.

Pathfinder Example 14

Craig is one year-old. His mother is a known intravenous drug user and it was explained to her before the birth that Craig would be put on the Child Protection Register. It was

believed that there was a high risk of Neonatal Abstinence Syndrome, a term used to describe a group of problems that a baby can experience when it has been exposed to narcotics through maternal drug use during pregnancy. After birth Craig remained in the hospital for several days for screening and treatment for withdrawal symptoms. The goals of the treatment at this time were to relieve any symptoms, encourage breastfeeding if the mother was not HIV positive since this could help to alleviate withdrawal, monitor weight gain and prevent seizures. An evaluation of the home situation was also undertaken to ensure that the infant would be safe after discharge from hospital and to ensure that there was a network of family support to enable the mother to properly care for her child.

The child's plan spelt out the actions to be taken to realise these goals during the early years. The intended outcomes for the episode were that mother would remain drug free; that mother and child would live with the maternal grandmother and the mother's care of the child would be supervised by the grandmother; that mother would cooperate with the community psychiatric nurse and other services who were helping her with her addiction; that the baby would remain on the Child Protection Register until the relevant services were convinced that she was maintaining a healthy lifestyle and was able to provide a consistent level of care for the child and there was evidence that the baby was making satisfactory developmental progress.

However, as yet the long-term effects, particularly on the child's neurodevelopment, are under-researched and some of the evidence is contradictory. What was missing from the plan was a longer-term commitment to monitor the child's neurological development over an extended period of time to check for any long-term effects.

- Most of the children's plans that we analysed specified outcomes linked to safety, health, nurturing and achieving. We saw very few plans where the list of intended outcomes included respect, responsibility or inclusion. It is not that the professionals drawing up the plan are unaware that the child is behaving irresponsibly or that the child is more likely to be responsive to interventions if they are treated with respect. It seems more likely from the way they explain their way of working that they tend to perceive inclusion, respect and responsibility as intermediate outcomes (or even means to an end) that help to deliver the higher order outcomes associated with being safe, healthy, nurtured and achieving. Nevertheless, it seems that many professionals working with children and young people seem to think in terms of first order and second order outcomes and indicators.

- We have seen very few plans that specify enhanced resilience and enhanced control by the child or young person as outcomes. As one head teacher observed to us, "*We still tend to think in terms of fixing things for the child. It's a major culture shift to start thinking how do we help the child to help themselves*". Basically here we are talking about developing the child's repertoire: the words, the capacity to articulate their feelings and wishes, the emotional capacity to cope with setbacks, the capacity to negotiate with the professionals, especially in relation to explaining what works for them, etc. All of these seem to be linked directly to enhanced capacity to take control in a constructive rather than a negative and manipulative way. As Pathfinder Examples 11 and 12 show, this can be a critical factor in achieving positive outcomes for a child or young person, particularly when they have been in the care system for a long time. In relation to the previous point it is also worth noting that young people are probably less likely to take control of their plan of action in a constructive way if they are not included in the planning process, not treated with respect by the key workers who also do not start from the presumption that this young person has the capacity for acting responsibly if given the right support and encouragement.

- Amongst the cases we have analysed are several where the change has been so dramatic that they are almost Damascene moments and there

seems to be a common factor here. These are nearly all youngsters who have started going off the rails in S2-S3. A combination of factors at home and school and the negative influence of some of their peers has led to a decline in school attendance, concerns about their behaviour at school and home, and coming to the attention of the police. In most of these cases a range of forms of support have been introduced but the key factor in each case appears to have been that the Named Person and Lead Professional (often the guidance teacher and the social worker or children's service worker) have sat down with the youngster and focused less on the causes of concern and more on where the youngster wants to be in two or three years time: their goals for the future. This has involved more than just listening to the youngster, it has engaged them actively in the planning process. The Child's Plan has then been up-dated around this and also fed into the planning for transition to work or FE/HE. In most of these cases we have seen a subsequent improvement in school attendance, behaviour and even attainment as they start focusing more on how they can attain these goals.

20.4.4 Service-user engagement and satisfaction.

We scrutinised the children's records and plans for evidence that steps had been taken to engage them and their families in the whole process; that they felt listened to, and that they were satisfied that the most appropriate actions had been taken on their behalf. This often proved a difficult task. There is a space provided in the child's plan for recording the child's views. This section was not always completed. On the other hand, this did not necessarily mean that no attempt had been made to listen to the child and engage the child in the planning process. Evidence of this often emerged when looking at the observations around the My World Triangle and the summary of the child's needs where the views of the child and his or her carers were reported.

It may well be that electronic records and plans will address this issue, particularly if they include mandatory fields. However, at this stage, where most of the records and plans that we analysed were paper copies we often found ourselves trawling through bits of paper to find evidence of the young people's views. On the whole the evidence from this kind of trawling exercise was positive:

- Many of the children and young people have built up a close relationship of trust and understanding with their Named Person or Lead Professional. They are thrown if that individual is not available when they need to talk to them.

- Many of them clearly preferred the Named Person to speak on their behalf at meetings and trusted them to represent their interests.

- Many of the young people and their parents and carers appreciated that there was someone with a clearly identified lead role who was taking overall responsibility for the plan.

- Of course, most of the PHNCFR we examined did not record the child's views for the obvious reason that they were too young to be able to express any. However, the majority did record the views of the mother, and health visitors and school nurses usually recorded the views of older children.

- Some indications (early days yet) that parents appreciate that there is less drift now. They are kept informed of what is happening and when.

- The survey of parents with new borns is clearly showing that they appreciate being integrated into the whole process and not treated as 'patients' to whom something is done. A typical phrase used here is "*I was made to feel part of the team*". Almost three-quarters of the mothers also said that they were listened to and 88% felt that the needs of themselves and their babies were the leading factor in the decisions made about the care to be offered and the delivery of that support.[32]

There are some signs of a gradual shift in practice beginning to take place here that reflects a greater willingness to engage in a partnership mode of working with the child and/or the carer where both parties are trying to work out what is best for the child. However, it would be misleading to present all of these dialogues as consensual conversations. In a number of the cases we examined it was clear that the child or young person resented any intervention and expressed their views very forcefully. For example, the young carers who were convinced that they were better placed to care for a parent or a younger sibling than the care service that was seeking to take over that responsibility. They often recognised why the intervention was taking place but their concerns and anxieties about their families made it very difficult for them to accept such a decision emotionally.

It would be misleading to think that where the family perspectives are very different, even conflicting, that they will think they are being listened to. Engagement is happening but each wants the core group to do different things and all say they are dissatisfied with the outcome or the process.

Generally speaking those professionals who had a good day-to-day relationship with the child or young person - the Named Person and in some instances the Lead Professional - made professional judgements on how best to handle such situations based on their long-standing knowledge of and experience of working with that child. This was more problematic when decisions and interventions were being made by professionals who did not know the child or family all that well. Some young people, their parents and carers, and some Named Persons, expressed concern when there was a relative lack of continuity in their links with Lead Professionals. Generally, steps were taken to ensure continuity of links with health visitors, school nurses and teachers (except where retirement, promotion or moving to another school had occurred). The most frequently mentioned concern was about poor continuity with Lead Professionals who were social workers. This was a particular problem in one of the area teams and there are signs that this is being resolved now.

Interestingly the *Getting it right* approach does not presuppose that continuity of Lead Professionals is essential. It is recognised, for example, that at different stages and ages the child or young person might require a Lead Professional from a different service background. However, we would have to say that we saw hardly any evidence of this happening in the cases of the 97 children and young people we tracked through the system. Changes in Lead Professional here were almost always the result of workforce capacity within local teams.

Another related issue here has arisen in some of the case studies where we have been talking to the young people, their families and the key professionals who work with them. In some of these families there has been a long history of internecine conflict amongst themselves and with children's services. Each genuinely believes that their preferred decision would be in the best interests of the child and that any other decision would be detrimental to their child. If the decision is not in their favour then they express dissatisfaction with the services.

[32] A more detailed summary of the findings from various groups of service users will appear in a later briefing.

In some of these cases the Lead Professional, with advice from colleagues, has opted for discouraging the young person from attending a planning meeting or a core group meeting because of the emotional stress that it causes them. In one of the case studies the frequency of core group meetings has been reduced because it was felt that they were contributing to an escalating problem. In such instances the professional judgement being made has involved weighing the balance between the potential benefits and disadvantages for the child concerned.

21. Signs of Progress towards an Outcomes-based Approach to *Getting it right*

The evaluation highlights that a number of changes in practice are emerging:

- Emerging evidence that children's needs are being identified at an earlier stage and when they are younger and signs that this is having an impact on young children's development.

- A greater commitment to ongoing assessment as part of the review process which is proving to be more sensitive to changing circumstances and a more flexible approach to meeting needs.

- Fewer referrals to social work for general support. Gradual shift to more children with needs being held within universal services.

- Far fewer planning meetings around different aspects of a child's needs and concerns, but some concern amongst professionals about the number of up-date meetings being held.

- Emerging evidence (but still early days) that resources are being used in a more planned and targeted way although it looks as though some kind of gatekeeping (the ISOs and the senior management groups) may be necessary at first to facilitate this.

- Signs of professionals becoming more confident in applying an outcomes-based approach.

However, there are also aspects where further development work, training and quality assurance may be needed and these are outlined in the next section.

22. Areas for Development

- The pre-GIRFEC evaluation had highlighted that the weakest part of the planning and delivery of support to children and young people was the review process. It was recognised that this would be a challenge for those implementing new processes and plans. That situation has improved since the introduction of the *Getting it right* approach but it is clear that in a minority of cases the review meetings still focus primarily on discussing new concerns that have emerged and reporting on the actions taken, rather than the outcomes of those actions. Even in some of the cases where positive progress was being made we did not always ascertain this directly from the review section of the child's plan. We needed to track back through the children and young people's files to find emails, minutes of meetings and internal memos to find indications of the progress being made and then back this up by talking to the child's Named Person or Lead Professional.

- As we have reported elsewhere in the Reference Report, there are signs of a professional cultural shift related to the use of the new practice model but one of the areas where more work is still needed (in terms of training, mentoring and quality assurance) is in thinking about outcomes rather than thinking in terms of outputs and actions.

- In terms of enhancing outcomes-led thinking, there would be a positive benefit in introducing a staged or stepped model of outcomes that demonstrates how highly specific intended outcomes (even those relating to health episodes) link to longer-term developmental outcomes and goals which may need further monitoring beyond the current planning cycle.

- It has become apparent in interviews with some Lead Professionals and Named Persons that discussion about who should be the Lead Professional sometimes dominates the initial information gathering and assessment process instead of working out what the concerns are first and what would be the best things to do. The pre-planning meeting may well be central here in terms of doing the assessment. Someone may be the Lead Professional for the assessment process but once that assessment has been done and discussed at a Child's Plan meeting it may be that someone else is the most appropriate person to take forward the role of Lead Professional in co-ordinating the support. We have encountered a number of examples where the Named Person (in education or health) has worked very closely with someone from social work to undertake a detailed assessment and then the case has been handed back to the Named Person because the concern can be met within the universal service, or the Social Worker and the Named Person have agreed that the latter would be best suited to the role of Lead Professional in a particular case and further input from the Social Worker is low level or not required.

- Progress towards adopting the new approach is patchy in education in spite of the full commitment of senior officers in ECS. The primaries are mostly on board but there is variation in commitment and practice within the secondary schools (even in the pathfinder area). Some are happy that a member of the school senior management team or a principal guidance teacher acts as Lead Professional for a particular child. Where this happens the individual member of staff rarely seems to be the Lead Professional for more than a couple of young people. Others say that "they have been told" that school staff will not act as Lead Professionals.

- Another key area for further development is the input of some specialist services who continue to use threshold criteria to determine which children receive assessments and additional support. There are capacity issues here and undoubtedly thresholds serve to control demand but this means that Lead Professionals in other services may need some training in how to present an assessment that demonstrates that a child may well have, for example, serious emotional development problems.

- Some of the health visitors perceive a tension between the demands of Hall 4 and GIRFEC with the former requiring them to target their support while the latter requires them to meet every child's needs regardless of how simple or complex they are. Others see that there is a common factor which links both and that is effective, evidence-based assessment.

- However, there are two tendencies which have been observed in the evaluation. First, some of the health visitors decide on the basis of their experience that the Health Plan Indicator (HPI) for a particular mother and baby should be Core but the evidence for that is essentially their assessment of the mother's condition. Similarly some decided on an HPI of

Additional or even Intensive solely on the basis of the mother's condition and there is very little assessment of the child. In essence there is an Additional or Intensive Care plan for the mother and a core plan for the child, but with very little hard evidence in either plan to support their view that the baby's development is normal at, for example, 6-8 weeks or later. The monitoring is focused primarily on the mother. Following through the records on these cases shows that in virtually each case the professional judgement had been correct. However, the evidence to support that judgement about the baby or toddler would not have been in the record had that judgement been subsequently challenged because of the impact of unanticipated circumstances in that child's life.

- Some of the families seem to have so many professionals working with them, partly because of the age range of the children and also because of the complex of concerns around the whole family. Different Named Persons and Lead Professionals working with different children. Co-ordination and cooperation can sometimes be patchy. Seems to be a role here for the ISO and signs that they are aware of this.

23. Conclusions

Concerns had been raised about approximately half of the 97 children and young people, whose records and plans were analysed by the evaluators, **before** *Getting it right* was implemented in the pathfinder area in 2008. It was possible in these cases, therefore, to compare the level and extent of assessment and planning before and after implementation. The majority of these cases were children who were still on, or at some time had been on, the Child Protection Register, Looked After children and young people, some children with an Intensive Health Plan Indicator who had been monitored for some time by health visitors and school nurses and children and young people with learning and behavioural difficulties.

Generally speaking the evidence going into their assessments and reviews tended to be wider ranging after the pathfinder phase was initiated; the Named Persons and Lead Professionals were more likely to have highlighted how the concerns and unmet needs were impacting on the child's growth, development and well-being, they were more likely to have related the actions in the plan to specific outcomes for the child and they were more likely to have discussed the progress made towards these outcomes during review meetings.

There are also signs from both the long-standing records and plans and the more recent ones that have emerged since the introduction of *Getting it right* in the pathfinder area, that practitioners who act as Lead Professionals for several children and young people and have become more familiar with the new approach to assessment and planning, are more likely not only to use the tools as they were intended but also to have made the transition from output-led thinking to outcome-led thinking. The intended outcomes which appear in their plans more closely mirror the assessment of the child's needs and concerns and they are more likely to ask colleagues at review meetings for evidence of progress.

We were also able to check whether or not the Lead Professionals responsible for co-ordinating these plans had participated in the training programme before or after the plans had been drawn up. Again, there is a pattern here which indicates that those who had attended the training were more likely to apply the practice model as intended and that included using the Well-being Indicators to help them assess the child's needs and then using the resulting information to specify the intended outcomes from the actions to be taken on behalf of each child.

However, it must be emphasised that we are only describing trends and patterns here. The prevailing pattern amongst those who have had the training and are using the *Getting it right* practice model regularly is undoubtedly positive. But we also saw some records and assessments by professionals who had attended the training but were not following the practice model to the letter. Sometimes this was because the information collected around the My World Triangle was described but not analysed so best use was not being made of it to help them draw up a plan of action around specific outcomes for the children. Sometimes this was because the Lead Professional was finding it difficult to differentiate between goals and outcomes. This was particularly the case where the Lead Professional was convinced that the continuation of compulsory measures was essential for the well-being of the child or young person and so this rather than specific changes in the child's well-being became the desired outcome.

To reiterate the mantra which has emerged at various points in this Report, the changes involved in implementing an approach such as *Getting it right for every child* take time and some professionals adapt to the new processes more quickly than others and, indeed, in the early stages of implementation it is not uncommon for some professionals to adapt the new processes to their old ways of working. Strategic managers need to anticipate this and plan accordingly. Ensuring that everyone has access to the training is important. But it is equally important to ensure that operational managers are geared up to audit the quality of the new records and plans and to mentor staff where necessary.

The detailed analysis of the sample of records and plans also reveals that in the majority of cases there is clear evidence in the children's and young people's files that real progress is being made to improve their circumstances and their well-being. We have argued here that it is not possible to attribute this solely or simply to the impact of *Getting it right*. In most cases there is a cumulative impact of a lot of changes that have taken place in recent years in terms of professional practice in children's services and in terms of the resourcing of a range of different interventions for addressing many of the concerns and unmet needs confronting children and young people.

Nevertheless it is apparent from the analysis of outcomes at both the population level in Highland and at the level of the individual service user that the GIRFEC contribution can be highlighted:

- Police and children's services are working closely together to ensure that the concerns and unmet needs of more and more children and young people who have not committed an offence are being dealt with quickly, appropriately and in ways that are proportionate to the level of concern or need.

- Those children and young people whose needs are complex and multi-faceted are no longer expected to attend several planning meetings organised by different services to address different aspects of their needs and concerns.

- Planning meetings about individual children are now more likely to be concerned with addressing the needs of the whole child rather than just the needs or concerns that have been prioritised by individual services.

- The young people and their families are now more likely to attend the planning and review meetings and more is done to ensure that their views are heard and, where possible, taken into account. The evidence coming back from service user surveys is generally positive (although the surveys are still ongoing since they also need to reflect ongoing developments as well). At the same time, it is also clear that it would be unrealistic to

expect high levels of user satisfaction, even when steps have been taken to optimise their engagement in the assessment and planning processes, in those circumstances where families are deeply divided about what would be best for the child and consensus around a particular plan of action seems far from likely.

- A fairly common response from service users is that they have a clearer idea of what is going on, what is intended and when it will happen. They also appreciate that they have a point of contact they can turn to when they have a concern and someone who has overall responsibility for their plan instead of going from one service to another to find out what is happening regarding different aspects of the support package.

- The response from children and families seems to be most positive where the Named Person and Lead Professional work closely together and often work jointly with the child and family. This also is appreciated by the latter.

Learning Points

- Outcomes are results. They can be positive, neutral or negative.
- Within the context of *Getting it right for every child* we would expect to identify outcomes emerging in terms of:
    - the changes that take place in children and young people's lives as a direct result of the actions of children's services;
    - longer-term consequences for children and young people in terms of their life chances and choices;
    - the level of satisfaction expressed by service users, including the children and young people themselves;
    - the impact of new and improved processes on the service user through getting help that is timely, appropriate and proportionate to their needs.
- The Well-being Indicators provide a helpful overarching framework for thinking about outcomes but practitioners also need guidance on:
    - how the highly specific and detailed concerns they may have about a child relate to the broader Well-being Indicators including how these concerns impact on well-being;
    - how to look at the Well-being Indicators in a developmental way with an emphasis on measuring progress rather than on over-simplistic measures of success and failure.
- Some of the key factors in the assessment and planning process around the child which contributed to bringing about positive outcomes included:
    - good ongoing working relationship between the Named Person and Lead Professional;
    - both the Lead Professional and the Named Person worked closely together to co-ordinate the assessment;
    - holistic assessment which focuses on the impact that the concerns and unmet needs are having on the child's development and well-being;
    - solution-focused approach to planning;
    - the intended outcomes fully reflected that holistic assessment and

have a realistic timescale for measuring progress;

- child or young person has a trusting and sustained relationship with his or her Lead Professional and Named Person;
- the child or young person is encouraged to be actively involved in the decision-making process and to take ownership of and responsibility for their plan.

- The evaluation highlighted a growing willingness on the part of Named Persons, Lead Professionals and other key workers to actively engage with the children, young people and families. This has led to much more consultation about the assessment and plan, a willingness to listen more to the child and family and to try and take on board their wishes and preferences where possible and also to get feedback from them about what is and is not working. This is leading to greater user satisfaction with the universal services and with the additional support being provided by some specialist and targeted services.
- However, it would be naïve to conclude that this process of enhanced engagement in assessment and planning processes by the children and their families is necessarily leading to greater service user satisfaction in those circumstances where the family is clearly divided about what would be best for their child. In such circumstances they tend to advocate mutually exclusive solutions and each expresses dissatisfaction with the assessment, plan and support provided if it is not based on their views of what needs to be done. This can put additional pressure on the child as they find themselves at the centre of a metaphorical tug of war.
- It is also clear that Lead Professionals need to be up-front with parents and carers when resource capacity is an issue and a specific intervention needs to be delayed until the additional support is available.
- Finally, while there are signs that a cultural shift is taking place away from thinking in terms of outputs and actions towards outcomes-led thinking, this needs to be supported by training, mentoring by senior managers and systematic quality assurance. We would also recommend that work is undertaken centrally to develop a short guide, for this support encourages staff to adopt a stepped model of outcomes for children and young people which would help them to see how highly specific intended outcomes can link up to longer-term developmental outcomes and improvements in the child's or young person's well-being.

Conclusions: The Green Shoots of Change

24. Introduction

Getting it right for every child is about radical transformational change. That is, change that requires not only a major shift in systems and working practices but also a shift in the basic assumptions that inform the way people think about their work. That means not only changes in structures, procedures and processes but also a significant shift in the professional culture(s) of those who work in these organisations. Transformational changes within public services are also about making a real difference to the people who use those services.

Although the overall objective was radical change this rarely happens overnight. As one of the strategic managers in Highland who was interviewed for the evaluation put it, "*The big bang theory of change does not apply here*". Organisational and workforce changes on this scale tend to be gradual and incremental. The evidence from a number of evaluations of organisational change is that change of this magnitude, particularly in public services where changes are taking place across a broad front involving different services and different professions and disciplines within each service, takes time and it can often take as long as three to five years before the benefits become apparent. This needs to be taken into account when reviewing the progress made in the Highland pathfinder since the implementation phase began just under two years ago.

Certainly some of the changes in practice that were introduced in the pathfinder area are still working their way through the system. Those who are Named Persons and Lead Professionals and have regular contact with children and young people who are vulnerable and in need of additional support have, in the main, adapted their practice now. Those with less frequent contact with such children and young people are still learning from experience about these new roles. Similarly their operational managers are also adapting to new demands. Nevertheless, even at this relatively early stage in the change process, it is possible to identify indications of green shoots which show that real progress is being made in the implementation of the *Getting it right* approach in Highland and that significant changes are becoming embedded in professional practice.

25. Indications of Green Shoots

25.1 Strategic changes

- The vision behind *Getting it right for every child*, particularly the importance of building a network of support around the needs of the child, is well-embedded amongst councillors, health board members, strategic and operational managers and frontline professionals involved with children's services. This is not just confined to the pathfinder area. The vision was well-embedded across Highland before *Getting it right* was rolled out beyond the pathfinder area.

- While some professionals in services for children and families initially thought that *Getting it right* was targeted mainly on the most vulnerable

children and young people it is now widely perceived to have an impact on universal provision for children as well as targeted and specialist services.

- The Chief Officers and the other Lead Officers in the more targeted and specialised services working with children have all bought into the vision and the implementation plan for *Getting it right*. This has been critically important in ensuring that commitment to the implementation of the approach has spread down through all levels of management to frontline staff.

- A broadly-based governance and strategic management structure has emerged in Highland specifically designed to facilitate joint planning and decision making between the local authority, the health board, the police, the Children's Reporter's Office, the voluntary sector and other stakeholders, including groups of service users. This inclusiveness has been an important factor in ensuring that all the relevant stakeholders supported the planned changes but also the elected membership provided links to all the key strategic committees on the council and health board.

- There is clear understanding at the strategic level about the relationship between the National Outcomes and Indicators, the Well-being Indicators, HEAT targets, the local Single Outcome Agreement and the outcomes identified in the Children's Service Plan. This has been important in supporting a shift in thinking away from an output-led to an outcomes-led approach to the delivery of integrated children's services.

- Strategic links between the pathfinder and other developments and initiatives impacting on children's services have reduced the potential for duplication and overlap of effort. This has been particularly important at two levels:

    - managing the key transition points, e.g. from health to nursery, nursery to primary, primary to secondary and children's services to adult services;

    - reducing the likelihood of parallel pathways emerging for the assessment and recording of children's needs and the development of appropriate plans.

- A wide-ranging consultation process and an awareness-raising programme have helped to prepare the workforce for the changes that were planned by demonstrating how *Getting it right for every child* was building on existing good practice and developments that had been taking place for some years.

- An effective communication strategy has been implemented, including websites for the public and professionals, to keep all the stakeholders (managers, frontline professionals, voluntary agencies, local communities, families, children and young people) up-to-date with the developments and how these would impact on them.

- While there is still scope for further development in communications with the voluntary sector and with families, green shoots are apparent in terms of better consultation with young people, parents and community groups.

- A leaflet explaining *Getting it right for every child* and identifying each child's Named Person and a booklet on *Getting it right,* produced

specifically for children and young people, have been disseminated through the schools and health service.

- There are emerging signs that the underlying Principles and Values associated with *Getting it right for every child* are beginning to influence the thinking of elected representatives and strategic managers involved in adult services, particularly in relation to other areas of community care.

25.2 Changes in professional practice

- The procedures and pathways that are now followed by professionals working with children and young people are more rational and streamlined than they used to be. Whether a concern is raised about a child in education, health, social work, the police or the voluntary sector, the same questions and the same sequence of procedures are being followed.

- Before the pathfinder implementation phase it was not uncommon for the parents and child to find themselves attending four or five different meetings and often answering the same questions and providing professionals with the same chronological narrative. That situation has changed and the children's services and agencies in the pathfinder area have clearly bought into the idea of a single Child's Plan meeting. This support for the single Child's Plan and the single multi-agency planning meeting is now becoming widespread across Highland.

- Every child and young person in the pathfinder area has a Named Person in health or, if they are of school-age, in education who is responsible for making sure that the child has the right help in place to support his or her development and well-being.

- Every child and young person who requires additional help and support from more than one agency or service has a Lead Professional who co-ordinates the planning process and makes sure that the different services provide a network of support around the child in a seamless, timely and proportionate way.

- There is growing evidence that children's needs are being identified at an earlier stage by Named Persons and, where required, the appointed Lead Professional is more able as a result of this to get the necessary support in place much more quickly.

- Named Persons in health or in education are integral to the processes of getting the most timely, proportionate and appropriate help in position for children and families, particularly in the multi-agency context, because of the range, depth and scope of their accumulated knowledge of children and young people, individually and at aggregated levels.

- The majority of Lead Professionals are, as yet, drawn from social work but numbers of Named Persons in universal services who are taking on this role for one or two children or young people are steadily increasing. In almost all of the cases specifically considered, the Named Persons in Lead Professional roles could see benefits for the children and families emerging from the added value that their universal base was able to bring to the multi-agency context.

- There are emerging signs that the role of the Lead Professional is contributing to a more focused response to children's needs and concerns.

- While it is felt that there is some way to go across the whole of the health and education sectors, there were signs of identifiable progress being made regarding the understanding of the role of the Lead Professional by Named Persons.

- Even where the Named Person was not the Lead Professional, it was clear that the role of the Named Person was seen to be integral to the process of helping Lead Professionals deliver their roles, with the Named Person input seen as "highly critical" in helping the transition from single- to multi-agency support.

- Feedback from families and children and young people indicates that they:

    - feel more integrated into the whole process of planning and delivering support and, in the case of parents and carers, feel they have a clearer idea of what they can do to help their children;

    - know they have access to someone with a clearly identified lead role who is responsible for their plan;

    - feel that they are now more aware of when things are happening and what the processes are likely to involve.

- There is more consistency now in the process of gathering information about children's and young people's needs and obtaining their consent or that of their parents/carers for this information to be shared.

- The quality of information being shared across services has markedly improved during the pathfinder phase and staff in children's services are now showing better awareness and understanding of the information needs of their colleagues in other services and agencies.

- Improved information sharing is also helping to produce a more holistic picture of the child's unmet needs. This process often shows that the initial concern raised about the child is not necessarily the most significant area of need for him or her and their families.

- Professionals using the new Child Concern Forms to raise a concern about a child report that they are finding that this process is helping them to become more confident about giving reasons and evidence to support their concerns.

- Staff in the universal services who now routinely receive information about children's circumstances and concerns from other services report that this is enabling them to put their own observations of that child or young person into a wider context.

- There is growing evidence that professionals working in children's services and in agencies that regularly come into contact with children and young people such as the police, are becoming more confident and competent in:

    - using the Well-being Indicators to structure their concerns and guide their assessment of children's needs;

    - recording the concerns and unmet needs of children and young people;

    - understanding the strengths and pressures in a child's world that impact on that child's development and well-being;

    - supporting their decisions and professional judgements with evidence derived from their analysis of the impact that these strengths and pressures are having on each child or young person.

- Health visitors and social workers in the pathfinder area are gaining in confidence as they become more familiar with the new records and plans and can see the benefits that accrue from using them.

- There is also a growing recognition by professionals that changes introduced as a result of development work on the Record and Plan for *Getting it right* is integral to improving everyday practice within their service rather than something which is imposed on them in order to meet the requirements of multi-agency working.

- An analysis of a sample of nearly 100 children's records and plans indicates that those which have been completed by professionals who have taken part in the training for Named Persons and Lead Professionals are more likely to:

    - document and justify the decisions that have been taken;

    - go beyond the immediate concern that has been raised to take into account a wider range of unmet needs;

    - demonstrate a clearer link between assessment and planning;

    - specify the intended outcomes and what would constitute evidence of progress in the achievement of those outcomes.

- In other words, a sizeable and growing group of practitioners (mostly those who have been trained and get regular opportunities to apply the practice model) are using these processes to make professional judgements that are based on evidence which can be reviewed by others in terms of its soundness, the way in which it was interpreted and the validity of the conclusions that were drawn.

- Quality assurance and self-evaluation processes are being developed in Highland to help to benchmark the new practices in order to support all staff in Highland who work with children and young people to apply these processes to the same high standard.

25.3 Changes in professional cultures

This focuses on the extent to which a shift in institutional and individual values, operating principles, norms and ways of cooperating across agencies and services has emerged to support changes in systems and practices. In the context of *Getting it right for every child* shifts in professional cultures have been taking place at two levels:

- Shifts in the distinctive professional cultures of each children's service and agency, particularly in relation to their responsibilities for meeting the child's needs.
- The emergence of an inter-professional working culture to support multi-agency working across children's services. This is partly about working collaboratively with professionals from other services according to a set of agreed principles and values. It is also about recognising that the specialised language which you use and the working assumptions that you probably take for granted will not be familiar to one's colleagues in other

agencies. It is also about recognising and valuing the professional expertise of each individual in a multi-agency network and not hiding behind one's professional authority.

There are a number of signs of a cultural shift taking place within the pathfinder and now increasingly across Highland as a whole:

- A sense of ownership of *Getting it right for every child* is emerging and this is partly due to operational managers buying in to GIRFEC but it is also due to the development strategy where a vanguard of professionals was actively engaged in the trialling process and they have played an important role in encouraging their colleagues to adapt to the changes and new processes and share their commitment to the thinking behind them.

- A common language around the Well-being Indicators and the My World Triangle is now understood and widely used across the services and agencies.

- The language of tariffs, thresholds and levels has not disappeared altogether but it is less common in inter-agency and inter-professional discourse than it was in the early days of the pathfinder phase.

- There is now far more inter-agency trust than was apparent at the beginning of the pathfinder phase. This has been supported by agreed Data Sharing protocols but it is also apparent in the fact that specialist and targeted services are now becoming more willing to see the universal services as the appropriate providers of support for children and young people with a range of additional needs.

- More and more practitioners are developing a shared understanding of children's needs through the integrated assessment process and are putting the child or young person at the centre of their joint concerns. They are also using common tools and processes.

- The notion that help for children should be timely, appropriate and proportionate is widely accepted across the pathfinder area as a guiding principle for their work.

- There is a growing perception within the children's services workforce in the Highland pathfinder area that the effectiveness of integrated working needs to be measured in terms of the outcomes for the child and young person rather than in terms of whether or not the specific service outputs were delivered. However, there is still scope for further development here. The analysis of children's records and plans shows that some professionals still tend to confuse outcomes with actions.

25.4 Outcomes for children and young people

This report has drawn on data collated by the different services working with children and young people in Highland to provide a picture of how *Getting it right* has contributed to improvements for specific populations of children and young people.

Child Protection

From 2004-05 to 2008-09:

- The rate per 1000 of children 0-15 on the Child Protection Register in Highland fell from 3.0 to 1.5.

- The rate of registrations per 1000 (0-15 years) over the same period fell from 2.5 to 0.8.

- The rate of de-registrations fluctuated over the time period but has significantly increased recently.

- The rate of child protection referrals has been falling steadily.

- The rate of referrals per 1000 children which resulted in an inter-agency case conference has fallen steadily.

- The proportion of children on the Child Protection Register with repeat registrations has been fluctuating over this period but peaked in 2008 and has been falling since then.

- The proportion of case conferences leading to registration is considerably higher than in Scotland as a whole.

Referrals to the Reporter

- An analysis of three tranches of referrals to the Reporter's Office in 2007-08 by the police Public Protection Unit serving the pathfinder area in Highland shows that the proportion of non-offence referrals has been reduced by around 70% to 75% in the last two years.

- The percentage of reports requested by the Reporter which were submitted within the target time has been increasing gradually since 2007-08.

- The number of new Supervision Requirements has been increasing over the same period.

- In the last year the proportion of children seen by supervising officers within 15 working days was 100%.

Generally the consequences of these trends for the children and young people concerned have been positive:

- A more proportionate response where police and social work have been reassured that the concerns are being effectively addressed by the young person, family and school;

- social work, the schools and health have produced fewer reports on these particular children and young people;

- where the concerns raised indicated the need for additional single or multi-agency support there is evidence that in most of the cases an assessment and plan was quickly put in place.

Looked After Children

Between 2004-05 and 2008-09:

- The length of time children and young people were waiting for permanent and adoptive placements has been falling, although there was some slippage in 2008-09;

- Fewer children and young people with a history of offending have residential school placements now. These are more likely to be taken up by those with significant disabilities and challenging behaviour;

- The proportion of children in kinship care placements has increased slightly.

There are recent signs that the length of time that children are Looked After and Accommodated away from home is beginning to be reduced.

However, there is still scope for further development here. As yet:

- the proportion of children Looked After at home has not significantly increased;

- the number of children and young people who are accommodated in out-of-authority placements has not yet been reduced although this is the intention;

- while progress over the period was being made in reducing the number of placements that each child experiences the recent trend has been in the opposite direction.

Across Highland as a whole there are signs that:

- children and young people are safer than they were in 2005;

- the health targets for 0-5 year-olds will be met by 2010 with the possible exception of reducing the number of expectant mothers who smoke during pregnancy;

- the performance of the lowest attaining 20% has been consistently above the average for Scotland as a whole;

- significant progress has been made in terms of improving access to respite care, Sure Start support and support for young carers;

- there has been a significant decrease in exclusions from secondary schools as alternatives have been increasingly employed. The rate of exclusions from primary schools is also below the national average but it is increasing;

- the attainment levels of Looked After children and children from ethnic minorities are improving.

Service User Outcomes

While these population measures provide a useful indication of the well-being of children and young people as a whole in Highland and of the well-being of specific populations of young people it is also necessary to look at the outcomes for individual children and young people who are receiving additional help and support as a direct result of experiencing the new *Getting it right* processes and procedures. To do this just under 100 children and young people were tracked through children's services and their records and plans were analysed for specific outcome data.

In term of outcomes for children and young people this analysis showed:

- evidence of clear progress towards the intended outcomes specified in the children's and young people's plans in two-thirds of the cases analysed;

- in a further 20% of cases there was evidence that situations involving children and young people that had previously been escalating had now been stabilised but the child's needs were so complex and multiple that more time was needed before evidence of significant changes in their Well-being Indicators could emerge.

We have argued in this Report that the signs of real progress being made to improve children's circumstances and well-being, which can be found in many of the files that we analysed, cannot be solely attributed to the impact of *Getting it right*. In most cases there is a cumulative impact here of a lot of changes that have taken place in recent years in terms of professional practice in children's services and in terms of the resourcing of a range of different interventions for addressing many of the concerns and unmet needs confronting children and young people. Nevertheless it is also clear that the gradual shift to an outcomes-led approach, the greater clarity in specifying the intended outcomes and the fact that review meetings increasingly focus on progress and not just on whether the actions in the plan have been carried out are making an important contribution to ensuring improved outcomes for children and young people.

In addition the analysis and follow-up work with a sub-sample of children and families showed that most of the children and young people and their carers:

- have built up a close relationship of trust and understanding with their Named Person or Lead Professional;

- appreciated that there was someone with a clearly identified lead role who was taking overall responsibility for the plan;

- appreciate being kept informed of what is happening and when;

- are more likely to feel that their views are heard and, where possible, taken into account;

- are most positive about the planning and review experience where the Named Person and Lead Professional work closely together and often work jointly with the child and family.

The evaluation also highlights that a number of changes in practice are emerging as a result of a stronger focus on assessing the impact of concerns and unmet needs on the child's development and well-being, planning outcomes for children and young people linked to that analysis of impact and reviewing progress in terms of outcomes rather than outputs. These changes include:

- Emerging evidence that children's needs are being identified at an earlier stage and when they are younger and signs that this is having an impact on young children's development.

- A greater commitment to ongoing assessment as part of the review process which is proving to be more sensitive to changing circumstances and to be a more flexible approach to meeting needs.

- Fewer referrals to social work for general support. There is a gradual shift to more children with needs being held within universal services.

- Emerging evidence (but still early days) that resources are being used in a more planned and targeted way.

- Signs of professionals becoming more confident in applying an outcomes-based approach.

- Signs that more professionals are willing to engage constructively in a partnership mode of working with the child and/or the carer where both parties are trying to work out what is best for the child.

26. Ongoing Challenges

However, whilst this evaluation has identified a range of indications of green shoots emerging in the pathfinder, and across Highland as it geared up for the roll-out of *Getting it right for every child* a number of challenges remain that will need to be addressed during the roll-out phase. These have been discussed in some detail in the preceding chapters but the key ones may be summarised as follows:

- More needs to be done to engage those who may not have a regular and ongoing involvement in the processes and procedures which have become fundamental to the *Getting it right* approach. This includes GPs and frontline workers in some adult services. It also includes some of the senior management teams in schools, particularly in some secondary schools.

- The sheer breadth and scale of the changes encompassed by *Getting it right* means that some staff in children's services view the changes through a lens which is coloured by other major changes that they are experiencing, whether this be the implementation of Hall 4 in health or Curriculum for Excellence and the Additional Support for Learning Act in education. They tend to respond to some of the key messages underlying the approach and ignore others. Operational managers have a key role to play here in ensuring that staff in their teams have an overview of why *Getting it right* is being introduced and how changes in their practice fit into the wider picture.

- An analysis of potential savings arising from the implementation of the new *Getting it right* processes in the Highland pathfinder area is still being carried out in order to explore to what extent either net savings are being achieved through more streamlined pathways and planning processes or whether costs are being redistributed across services. One challenge will be whether the existing balance between aligned or pooled budgets and dedicated streams within the budgets of each service provide sufficient flexibility for multi-agency teams when drawing up integrated plans for an individual child or young person. A related challenge will be whether procedures that lead to the most efficient and cost effective sequence of tasks in the pathfinder area would be equally efficient in other localities where the context might be very different, e.g. in more remote rural areas or in areas where the volume of children with multiple and complex needs is much higher or lower.

- While much has been done to consult with bodies representing family groups, youth forums, and community groups more still needs to be done to ensure that these groups feel actively engaged in the implementation process.

- There needs now to be a period of checking for consistency and establishing benchmarks for good practice to ensure that the initial progress is sustained and that concerns continue to be raised about

children in ways that are timely and appropriate and ensure a proportionate response.

- A package of support measures needs to be put in place – training, quality assurance and mentoring of staff – that will ensure that all professionals involved in assessment and planning for children are skilled not only in using the new tools but also in analysing and interpreting the resulting evidence in order to determine what would be the most appropriate interventions for a particular child.

- The implementation of the Lead Professional role is still seen as work in progress with more needing to be done to address anxieties and raise the confidence of staff in universal services about taking on this role.

- Ensuring that Named Persons have the appropriate levels of skill and expertise is a key issue to be addressed through training and continuing professional development. Insecurities remain about taking responsibilities for writing the Child's Plan.

- The specification of the outcomes to be achieved through the Child's Plan is another skill area that needs further development. The analysis of samples of records and plans showed that some Lead Professionals need to think more systematically about outcomes.

- It is also apparent that as individual practitioners and multi-agency teams become more creative and innovative in the way that they seek to address children's unmet needs they will tend to opt for actions and support mechanisms that were originally intended for a small number of children and young people with very complex needs or experiencing a major crisis in their lives. This becomes particularly challenging when resources are scarce. In such circumstances some practitioners and operational managers either want to re-introduce thresholds and criteria or apply them tacitly. The alternative response to this challenge is:

    - to ensure that the shared professional culture does more than pay lip service to the principle of early and timely intervention so that children get support before crisis intervention is needed;

    - to ensure that the assessment processes are thorough and evidence-based and therefore lead to actions taken on behalf of the child which are demonstrably appropriate and proportionate.

As we have reiterated at various points in this Report changes in practice like this take time and in the interim, while the new processes are becoming embedded in everyone's practice it will be necessary to ensure that effective monitoring and quality assurance processes are operating and providing constructive feedback to frontline professionals.

27. Further Dissemination of Findings

This is the first of a series of reports and Briefing Papers. The evaluation is ongoing and is now focusing on:

- the roll-out process and the extent to which the changes in practice and professional culture are being embedded;
- the longer-term impact and outcomes for the children who have been tracked through the system in Highland.

The reports emerging from this next phase will be published in late 2010 and early 2011. In the meantime a series of shorter Evaluation Briefing Papers will be made available over the three months. These will be as follows:

Briefing 1: Lead Professionals and Named Persons - *focuses on what enables these two key roles in the Getting it right approach to operate effectively and the challenges facing any service or agency which is preparing staff to take on these roles.*

Briefing 2: The Impact on Services and Agencies Part 1 – *focuses on how gearing up for Getting it right for every child has impacted on children's services in Highland and the systemic and structural changes that were introduced to support the implementation process. This also includes governance and strategic planning*

Briefing 3: Record Keeping and Assessment of Children's Needs – *focuses on how the Getting it right practice model was implemented in the Highland pathfinder, the impact this has had on professional practice across children's services and the challenges that still need to be addressed to ensure the model is fully embedded.*

Briefing 4: Implementing *Getting it right for every child* through a single trigger: Domestic Abuse – *focuses on how four pathfinder areas approached the task of providing support for children and young people who experience domestic abuse in the family home: the development work, the implementation strategies, the impact on joint working, the emerging outcomes for victims and their families.*

Briefing 5: Outcomes for Children and Young People – *focuses on the impact that the Getting it right approach has had in improving children's well-being and in improving their experience of children's services.*

Briefing 6: Greenshoots of progress – *an overview of the main findings from the evaluation.*

Briefing 7: Engaging Service Users in the *Getting it right* process – *focuses on the effectiveness of the strategies used to consult with service users and to engage with individual children and their families in the assessment, planning and review processes.*

Briefing 8: Quality Assurance and Monitoring – *this paper looks at the role that quality assurance, self-evaluation and monitoring can play in supporting the implementation of Getting it right for every child.*

Briefing 9: Engaging Service Providers in the *Getting it right* process – this paper reviews the appropriateness and effectiveness of the communication strategies deployed in support of the implementation process – including awareness raising, engaging stakeholders and training for managers and frontline professionals

Briefing 10: The Impact on Services and Agencies Part 2 – *this focuses on the extent to which the changes in practice and systems brought about by the implementation of Getting it right have made savings in terms of the workloads of key staff, numbers of meetings held, etc.*

Appendix 1

Methodology[33]

The Approach

Getting it right for every child began as a pathfinder programme with evaluation embedded as one element of the processes put to use for defining how the far-reaching aims of *Getting it right* could be structured and addressed through practice, systems and culture change. The framework for the evaluation was iterative. It was designed to follow the emerging provision for governance and strategic planning, training, practice changes and culture shifts at the earliest possible stages (and earlier in the developmental, piloting and testing process than is traditional for evaluative work). It was also designed to follow adjustments and adaptations made as the pathfinder activities progressed.

For this, the evaluation needed to be able to address the following challenges, all associated with consistent and ongoing changes of focus. These included:

- Ensuring enough flexibility in the overarching framework to enable the data collection to adjust to changing priorities as *Getting it right* began to establish its shape and parameters.
- Working towards establishing a functional balance between tracking changes as soon as possible after they had been put in place and providing enough time for impacts and outcomes to begin to emerge.
- Establishing and maintaining a continuous focus on early learning points to feed back into the ongoing developmental process.

The practice and culture change intended was wide-ranging and in Highland was undertaken across all systems and services for children. This is reflected in the complexity of the evaluation. The focus was initially on the process and output factors around the management of the changes required: the policies, strategic planning, delivery frameworks and the development of guidance and a practice model which were central to the *Getting it right* approach. Later, following the establishment of the framework through which the *Getting it right* approach was to be delivered, the main objectives shifted to gathering evidence on the impact of the changes in service delivery on the children, young people and their families and on the practice of the staff who were providing this support. This entailed exploring whether or not *Getting it right* was making any difference, and if so, what kinds of differences were emerging, how well embedded were they and how widespread.

The range of data collection methods and the breadth of the respondent base both lend themselves to a multi-perspectivity approach to design and analysis.

The Scope and Reach of the Evaluation

It is critically important, in an evaluation of this kind, to highlight the ongoing developmental status of the data obtained, and to acknowledge that the positions and interpretations provided by this data reflect a slice in time within a changing context.

A number of exemplar themes within a selected range of services were agreed for the evaluation, following detailed (and ongoing) discussions with the local and central development teams, key managers and practitioners in the appropriate

[33] This appendix addresses the methodology used in the all systems pathfinder area. Methods used in the evaluation of the single theme pathfinder areas are described in the appropriate Themed Report planned for the end of 2009.

areas. Different kinds of themes influenced the shape of the evaluation at different times as they assumed different levels of priority at different stages. For example, some of these were closely associated with business process and impact, such as:

- Change management issues and their impact on services and agencies (including the operation of governance and management systems, use of tools such as business process mapping, project management tools, consultation and awareness raising strategies, etc).
- Other themes focused on models of practice and tools for developing and implementing new practitioner roles and responsibilities, skill areas and levels of expertise.

Other key themes were more operational and included:

- Exploration around how new tools were impacting on practice, for example, the new record formats and their use, their impact on the quality of the assessments required for the records, their impact on quality of service provided, the monitoring of progress and evaluation of outcomes.
- Operational issues around changing roles and responsibilities, including where new roles and posts were created to support the shift on the ground needed to implement the *Getting it right* approach (for example the Named Person and Lead Professional roles).
- Issues around the processes of encouraging engagement with stakeholders (for example, the need to engage families in partnership to a greater extent).
- Focus on quality assurance, monitoring and self-evaluation.

Some themes came into contention more strongly at implementation phase, namely:

- resource-related factors;
- outcomes for children, young people and their families;
- outcomes impacting on staff.

These themes were cross-referenced in analyses of policies, systems, professional practice and culture, with the analytic framework based on whether or not a better service, with better outcomes, was provided on the basis of these changes.

To explore these key themes on as broad a basis as possible, sampling was undertaken to enable sectors of experience to be explored in detail within the parameters of the evaluation. This included:

- sampling across sectors, including universal provision, specialist provision and multi-agency provision;
- sampling across age-ranges from the pre-birth and neonatal stages through to the transition to adulthood when needs would be addressed by adult services;
- sampling across and within different kinds of needs, including where children and young people received help in order to support their welfare; ensure their safety; enhance their health and well-being; deal with factors which could act against inclusion at any level; address their educational needs and implement plans of action around helping them to achieve and reach their full potential. Though not every group with particular needs could be included within the samples, this approach provided a broad range of experience.

Methods

Methods used over the course of the pathfinder phase were wide-ranging to encompass the complexity of data required for the evaluation.

Documentary analysis included, for example, policy statements, strategic positions, documents relating to workforce changes around posts and responsibilities, business process maps, practice models, practice guidance, the range of different records and children's plans, minutes of *Getting it right* board meetings and similar records.

Secondary analysis of statistics already in place was undertaken to provide baselines for a number of key themes and groups of interest. A search for gaps in statistics held either for monitoring data relevant to *Getting it right* or for where it would be helpful for planning, self-evaluation and part of regular record keeping was part of this process.

Observations of *Getting it right* training sessions were conducted at different stages of the pathfinder phase.

Exploratory in-depth interviews with all the local authority/NHS leads for the different services represented on the local *Getting it right* Development Teams were followed through at regular intervals, approximately three or four times a year. These interviews continued through the implementation phase.

Semi-structured interviews have also been conducted with operational staff in universal and targeted services around the implementation of *Getting it right*, their experience of the change, and their perceptions and evidence of impact and outcomes associated with the *Getting it right* approach.

Focus group discussions on the change process and its impact have also been conducted with key groups set up to inform the development of single service and multi-agency practice and to address teething troubles at the earliest possible stages. These discussions were also supplemented by interviews. (These groups evolved into implementation groups to support the next phase of development.)

Focus group discussions have also been run with groups of staff, including senior managers, in universal services around implementing *Getting it right* and, particularly, the Named Person role.

Service-specific groups have also been run exploring the Lead Professional role in practice and how it is meeting the needs of children, young people and their families.

Aggregated analysis of patterns from current records and concern forms of random samples of children and young people have been undertaken. These were sampled from across a range of different needs, across different services or agencies and from universal, additional and multi-agency service provision. The data held on the records were interrogated through senior service staff leads working with the evaluators. This analysis provided (and continues to provide) information on use of records, before and during *Getting it right,* on practice as recorded, and on what is recorded and monitored over short- and longer-term time scales in terms of impact and outcomes. This analysis also allows access to aggregated patterns of professional views on what constituted timely, proportionate and appropriate interventions and key factors embedded in the *Getting it right* approach to service delivery.

Case study work was put in place following the start of the implementation phase, to engage with children, young people, their parents or carers and those who provided a network of support around them. Information on their experience of *Getting it right* was obtained through open-ended interviews, supplemented by

the application of rating scales to the level of concerns being dealt with before and after the provision of support and key factors associated with the *Getting it right* approach. Schedules were designed for parents or carers, young children, teenage children and for service and agency staff providing support with a strong focus on outcome information, and how that was evidenced.

Surveys (postal, email and phone) have been undertaken on a number of general and specific topic areas across a range of respondents, including the following:

Experience of universal health service users of hospital provision of maternity services, community midwife and health visitor support.

Managers' survey on the roles of Named Persons and Lead Professionals (Social Work, Education, Public Health, Youth Action and Disability Services).

Survey of Lead Professionals.

Resource Issues Survey (manager and senior practitioners across services) on factors associated with timeliness, cost effectiveness, value for money and outcomes for children and young people, which is also run in conjunction with a Five-day Diary of a Social Worker's Working Day (to be extended to other services and agencies).

Ongoing work includes:

Continuation of the interviewing programme of strategic and operational level staff.

Further group discussions planned across a range of different respondents and content areas.

Additional sets of surveys across broader staff groupings, services and agencies.

Further surveys of universal experience (education).

A more detailed overview of the methodology will be embedded in later reports and papers.

Appendix 2

Well-being Indicators: towards a Framework for identifying Intermediate Outcomes

In Section 13.3 of the Report we observed that the eight Well-being Indicators offer a practical framework for organising an assessment of the child's unmet needs and monitoring and reviewing the impact of specific interventions and support on the growth, development and well-being of children experiencing a whole range of different concerns and unmet needs.

However, as we also noted in Section 13.3, these Well-being Indicators are broad domains and each encompasses a wide range of potential concerns and needs. We noted, for example, that 'being healthy' includes both physical and mental health and that these can both be looked at in terms of positive indicators of good health and well-being or negative indicators which focus on various aspects of ill-health. Furthermore, each of the eight domains is, to some degree, interdependent with the other domains so that one intervention may contribute to achieving progress on several indicators and, conversely, several interventions may contribute to progress on just one indicator.

We concluded from this that, just as the overarching outcome of improving and sustaining the well-being of every child and young person is multi-faceted, so also are each of the eight Well-being Indicators. This, in turn, has implications for how professionals working in the universal and specialist children's services identify concerns about a child, assess their needs, decide on an appropriate and proportionate course of action, delineate intended outcomes when drawing up a Child's Plan and review progress in achieving those intended outcomes.

When we began to interview and hold focus group discussions with named persons and lead professionals in the Highland pathfinder area we found that most saw the Well-being Indicators as central to the vision of *Getting it right for every child* and regularly used these indicators when discussing their concerns about individual children and young people. However, when we began to examine samples of children's records and plans we found that it was not always clear how the intended outcomes specified in those plans linked up to the broader well-being domains represented by the eight Indicators and the potential inter-dependence was often overlooked. This did not mean that progress towards achieving specified outcomes was not being monitored and reviewed but it did mean that some outcomes (including unintended negative outcomes) were not always being picked up and it was sometimes difficult to assess the degree or extent of progress being made.

As a result, and for our own purposes as evaluators, we found it helpful to break down the eight broad domains into more specific component outcomes. These were drafted as positive statements to reflect what the professionals were trying to achieve rather than what had caused them to be concerned about each child or young person. The results of this process can be seen in the following matrix.

We should stress that this was intended to be a heuristic device for our own purposes. Some professionals in children's services have indicated to us that they have found the matrix helpful in identifying concerns about a child and carrying out an initial assessment of their needs that was more holistic but that was not its intended purpose. Neither was it designed to identify intermediate Well-being indicators. In our view there is a case for further development work here that would establish clearer links between developmental milestones for different ages and stages of development and indications of the child's well-being at each stage (which also implies well-becoming). This would help to generate more specific

and measurable indicators and targets of well-being for different age groups. Some kind of breakdown of the component outcomes of the eight Well-being Indicators would be a necessary first stage in that process but the end point, we suspect, would need to be a small number of easily measurable proxy indicators for each of the eight domains. As we showed in Sections 20.1 and 20.2 Highland moved in that direction in the outcomes specified in its Children's Service Plan (2005-09) but this led to nearly 50 outcomes, some of which were input or output targets rather than outcomes for children and young people. Highland's Single Outcome Agreement has far fewer outcomes specifically for children, young people and families and further work is now needed to examine whether the indicators specified there serve as proxy measures for more wide-ranging improvements in the life circumstances of children and young people.

Appendix 2: Well-Being Indicators: the component outcomes

SAFE The child or young person is:	HEALTHY The child or young person is:	ACHIEVING The child or young person is:	NURTURED The child or young person:	ACTIVE The child or young person is:	RESPECTED The child or young person:	RESPONSIBLE The child or young person:	INCLUDED The child or young person:
Living in a home environment which is free of abuse and violence.	Healthy at birth, sustains good physical health and, where relevant, manages chronic conditions/disabilities.	Developing self care and life skills appropriate to age and stage.	Experiences love, emotional warmth and attachment	Encouraged to be as physically active as their capacities permit.	Feels listened to and taken seriously.	Attends school regularly (if appropriate) .	Feels accepted and valued within the family or caring setting.
Cared for by parents or carers and has at least one adult they can always turn to for love and support.	Positive about self and confident and competent when faced by problems and adverse circumstances.	Developing a level of independence or autonomy appropriate to age and stage.	Has someone they can turn to, trust and rely on when anxious or disturbed.	Encouraged to take up opportunities for play, recreation and sport	Has developed a positive sense of identity and feels comfortable with it.	Has developed a clear understanding of right and wrong appropriate to age and stage.	Feels accepted and valued by friends and peers.
Living in a family or extended social network which is free of sexual exploitation.	Respectful of self and others; Able to make choices that are safe and appropriate and Able to talk about one's feelings (incl. sexuality) in age-appropriate ways.	Developing communication skills appropriate to age or stage.	Receives praise, encouragement, attentiveness and cognitive stimulus	Receiving appropriate stimulus and encouragement to develop their interests.	Has a well-rooted sense of self-esteem or self-worth.	Accepts responsibility for their own actions.	Feels accepted and valued by the school.
Protected from avoidable physical dangers and health hazards within the home.	Leading a healthy lifestyle and making healthy choices.	Developing social skills appropriate to age or stage.	Receives a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm.	Provided with opportunities to actively participate in stimulating activities where there may be disabilities or disadvantages.	Feels that significant adults and friends want them to fulfil their potential.	Understands what is expected of them at home, in school or in the community.	Feels accepted and valued within the local community.
Protected from avoidable physical dangers and health hazards outside the home.	Receiving appropriate health care and guidance from services.	Responding positively to cognitive challenges in an educational setting.	Receives sufficient and suitable nutrition.	Provided with additional support when needed	Feels that significant adults and friends will support them through challenges and difficulties.	Generally behaves responsibly at home, school and in the community	Feels that their family is accepted and valued within the local community.
Protected from the risk of exploitation by others (e.g. through Internet)	Receiving appropriate health care and guidance from main carer.	Motivated to attend and participate in their education.	Lives in an environment which promotes their cognitive and emotional development.	Assessing and managing risks in recreational and play-related settings.	Feels trusted by these significant adults and friends.	Generally behaves towards others in a caring and considerate way.	Has access to a range of opportunities for making friends.
Aware of harmful risk-taking behaviours outside the home (e.g. drugs, alcohol, inappropriate friendships, etc)	Attending health services and medical screenings and taking prescribed medication when necessary.	Meeting or exceeding appropriate levels of educational attainment.	Receives additional support and care when they need it.	Responding positively to physical challenges in recreational and play-related settings.	Feels involved in the important day-to-day decisions that affect them.	Demonstrates capacity to act altruistically on behalf of others (e.g. gets involved in voluntary activities)	Has access to a range of opportunities for social and recreational activities.
Receiving appropriate guidance from parent/carer about harmful risk-taking behaviours.	Being helped to effectively manage any long-term illness, condition or impairment.	Demonstrating achievement across a range of non-academic activities.			Does not feel discriminated against or demeaned by others.	Demonstrates capacity to assess and manage situations where there are potential risks for self and others.	Receives additional support to overcome any disadvantages that may contribute to social exclusion.
Safe from bullying at school or in the community.	Applies strategies for assessing and managing avoidable risks to health.	Developing skills for coping with and managing disabilities and long-term conditions.					
Protective towards others and not involved in bullying.		Responsiveness to any additional support provided.					
Protected from anti-social and criminal activity within community.		Developing skills in assessing and managing risk within social settings.					

Appendix 3

Mapping *Getting it right for every child* on to the National Performance Framework

In November 2007 the Scottish Government launched the National Performance Framework to guide public reporting on progress towards achieving the five cross-government strategic objectives – Healthier, Wealthier & Fairer, Safer & Stronger, Smarter and Greener. Linked to each strategic objective are National Outcomes and linked to each Outcome are National Indicators. In all there are 15 National Outcomes and 45 National Indicators.

Four of the National Outcomes are very specifically linked to children's services. However, others represent either:

- Long-term outcomes that can only be achieved if appropriate provision is made for children and adolescents (e.g. "We live longer, healthier lives").

Or

- Outcomes related to those social, economic and environmental factors which directly and indirectly impact on the delivery of children's services.

The four key National Outcomes for children's services are:

> "Our children have the best start in life and are ready to succeed."
>
> "We have improved the life chances for children, young people and families at risk."
>
> "Our young people are successful learners, confident individuals, effective contributors and responsible citizens."
>
> "Our public services are high quality, continually improving, efficient and responsive to local people's needs."

While only seven of the 45 National Indicators focus specifically on children and young people, those Indicators which are concerned with service users' experiences of public services clearly also apply to the young, while other indicators, like some of the National Outcomes, focus on improvements in the life chances of adults which depend to some extent on early interventions or they focus on changes in the social, economic and environmental factors which impact on children's lives (e.g. "Decrease the proportion of individuals living in poverty".)

By the end of June 2009 all 32 Local Authorities in Scotland had signed Single Outcome Agreements (SOAs) which set out how they intended to take forward the National Framework within their localities.

At the national level it is clearly both valid and valuable to be able to ascertain to what extent Scotland's children are safe, healthy, achieving, nurtured, active, respected, responsible and included. It is equally valid and valuable to be able to make similar statements for populations of children and young people in each local authority and health board. At the same time it is also valuable to be able to ascertain how many pre-school centres, schools and area child protection committees, across Scotland and in each locality, have received positive inspection reports. However, most of the data on these outcomes at the local and national level cannot be easily disaggregated in order to tell us whether or not we

are *Getting it right* for **EACH** child. Even if there is some overlap between different sets of statistics we cannot simply assume that, for example, the lowest attaining 20 percent in schools are also the ones experiencing all the other problems and disadvantages. There may well be correlations here but the different databases being employed locally and nationally and the absence of any kind of multi-level statistical modelling prevent us from finding out.

On the other hand, the child's record and plan is a potential source of data on outcomes that would provide a more holistic picture of how each child is doing as well as enabling direct links to be made to the specific interventions and support provided. This possibility becomes more realisable once electronic recording and planning is available.

This Appendix attempts to map the kind of data potentially available from the child's record and plan on to the National Performance Framework.

Map 1: *Getting it right* for EACH child and young person

At the core of this map is a triangle, where the left side represents child development (as in the My World Triangle), the right side represents the system changes and new or improved processes in children's services that are proposed in the *Getting it right* approach, while the base of the triangle represents the child's environment and the factors within it which might positively or negatively affect any attempt to satisfactorily meet that child's needs.

Here the focus is very much on *Getting it right* for **EACH** child. The boxes linked to Child's Outcomes highlight the potential categories of outcome that could be recorded on the child's record and plan: those which are specific to the concerns that have been raised about the child, their progress in relation to the Well-being Indicators, whether or not they are on track to meet their developmental milestones for their age or stage and whether or not the interventions and support are helping them to become more resilient (particularly important not only when they are highly vulnerable but also if they have disabilities or debilitating conditions that prevent them from meeting those developmental milestones which are considered to be the norm for specific age groups). Map 1 also includes Process Outcomes relating to service-user satisfaction and the extent to which the child and family feel that they have been listened to, their concerns taken seriously and they have been kept in the information loop throughout the process.

Map 2: A potential relationship between *Getting it right for every child* and local policy priorities.

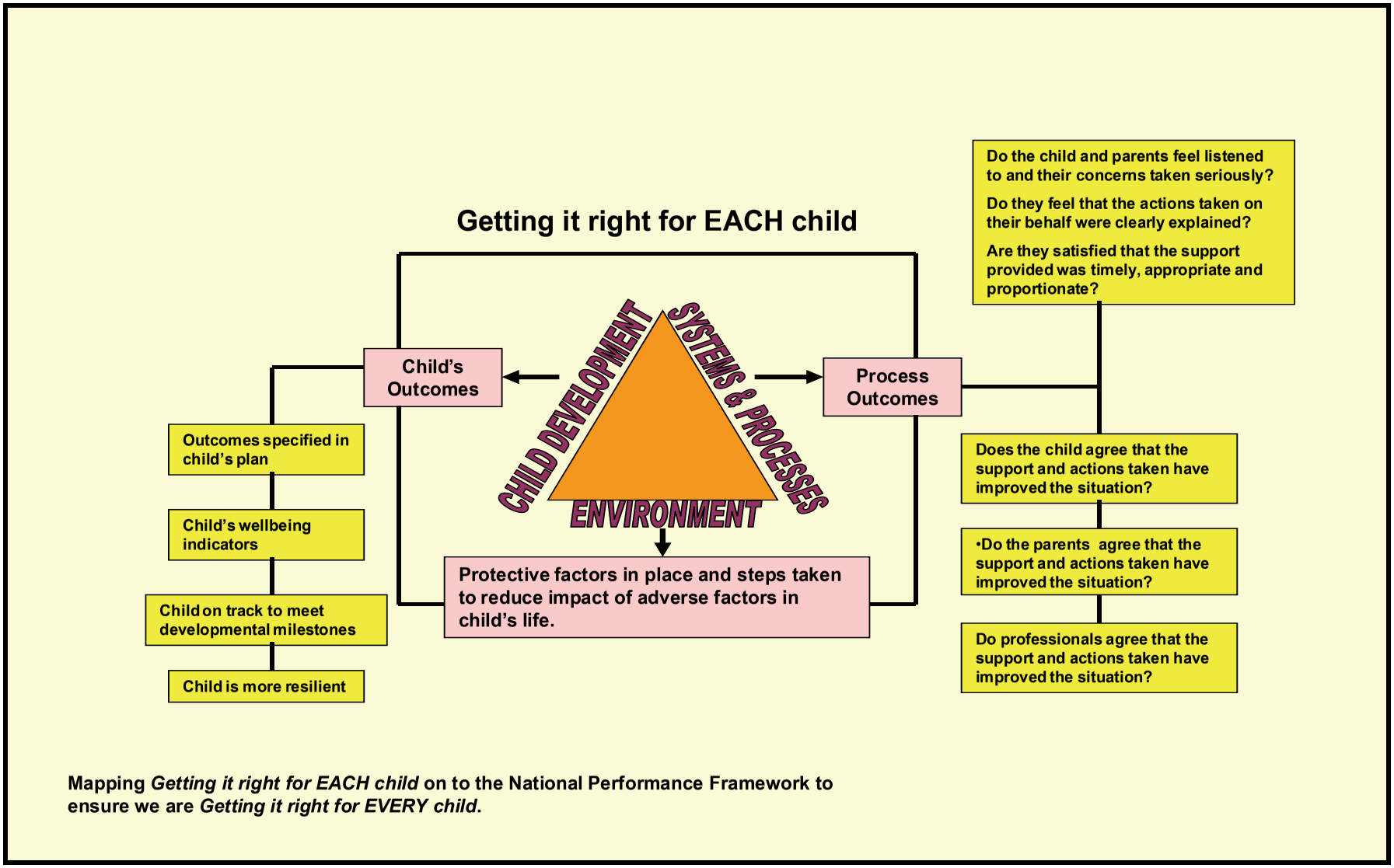
Here we can see the potential for aggregating some of the data from children's records and plans for purposes of local evaluation, performance monitoring and self-evaluation by area and team managers. More specifically this also allows the possibility of collecting process outcome data around the key principles of *Getting it right*: reducing the number of planning meetings and plans per child, reducing unnecessary referrals, reducing waiting times for diagnosis and assessment, etc.

Finally the aggregated outcome data on protective and adverse factors for children and young people could be related to local outcome indicators and targets aimed at reducing inequalities, social exclusion, homelessness, crime, and so on.

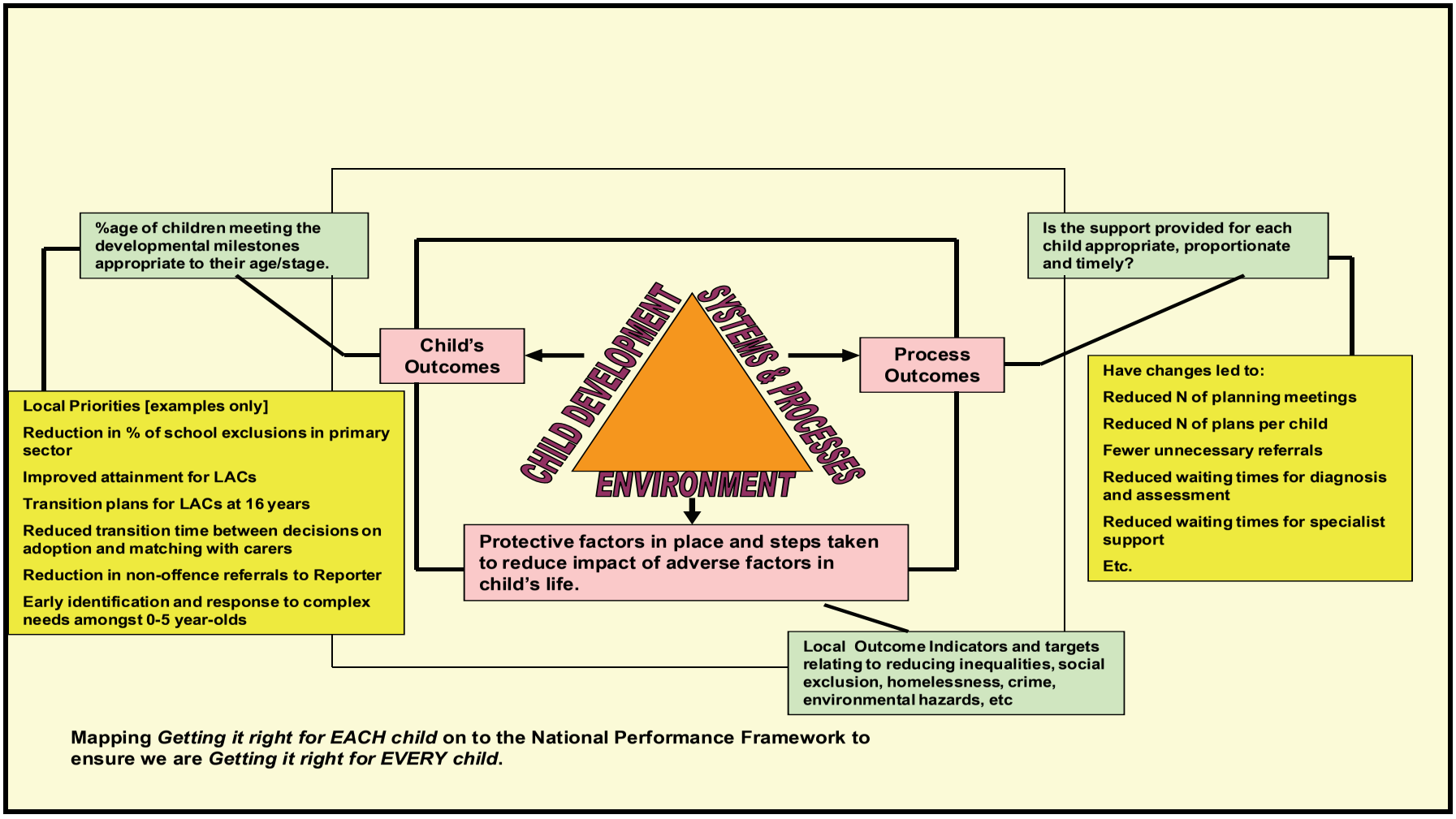
Map 3: **Mapping *Getting it right for every child* on to the National Performance Framework**

Here too the distinction is made between *Getting it right for **EACH** child* and *Getting it right for **EVERY** child*. The inner ring around the triangle relates to Map 1 and reflects the kinds of data that could be collated from individual records and plans. The second ring comes from Map 2 and relates to outcome measures and process measures which a local authority might choose to employ to ascertain if they are getting it right for EVERY child within their care. The third and outer ring relates to the National Performance Framework and seeks to show how the outcome data collected through the inner and second rings could feed into and inform many of the National Outcomes and Indicators.

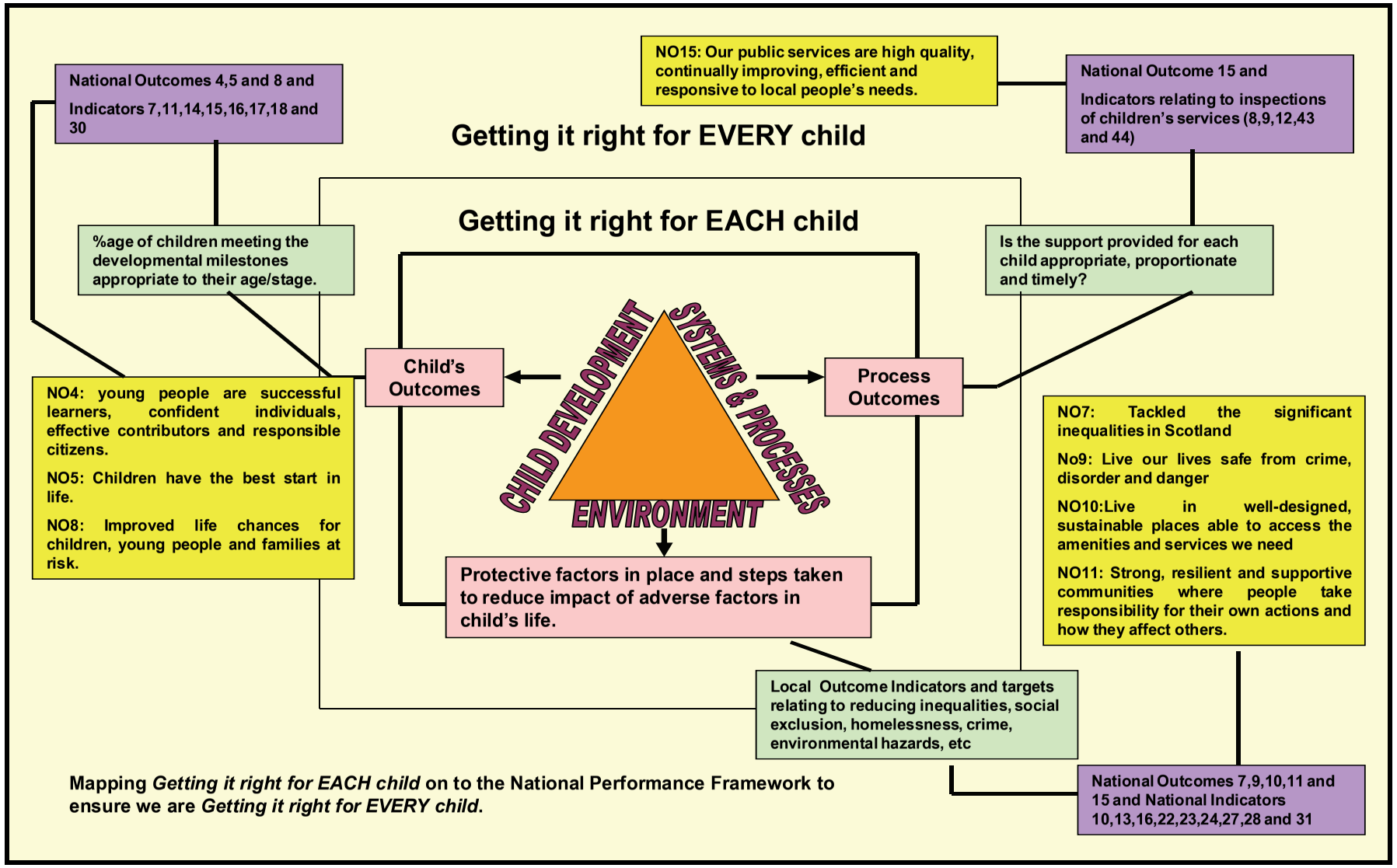
The main implication of this discussion is that the child's plan and record is a potential source of outcome data on each child. Furthermore this also raises the possibility that data could be collected that would circumvent the problem of how to relate the outcomes for each child to the outcomes for every child.



Mapping *Getting it right for EACH child* on to the National Performance Framework to ensure we are *Getting it right for EVERY child*.



Mapping *Getting it right for EACH child* on to the National Performance Framework to ensure we are *Getting it right for EVERY child*.


National Outcomes 4,5 and 8 and
Indicators 7,11,14,15,16,17,18 and 30
NO15: Our public services are high quality, continually improving, efficient and responsive to local people's needs.
National Outcome 15 and
Indicators relating to inspections of children's services (8,9,12,43 and 44)
Getting it right for EVERY child
Getting it right for EACH child
%age of children meeting the developmental milestones appropriate to their age/stage.
Is the support provided for each child appropriate, proportionate and timely?
Child's Outcomes
CHILD DEVELOPMENT
SYSTEMS & PROCESSES
ENVIRONMENT
Process Outcomes
NO4: young people are successful learners, confident individuals, effective contributors and responsible citizens.
NO5: Children have the best start in life.
NO8: Improved life chances for children, young people and families at risk.
NO7: Tackled the significant inequalities in Scotland
No9: Live our lives safe from crime, disorder and danger
NO10:Live in well-designed, sustainable places able to access the amenities and services we need
NO11: Strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
Protective factors in place and steps taken to reduce impact of adverse factors in child's life.
Local Outcome Indicators and targets relating to reducing inequalities, social exclusion, homelessness, crime, environmental hazards, etc
National Outcomes 7,9,10,11 and 15 and National Indicators 10,13,16,22,23,24,27,28 and 31
Mapping *Getting it right for EACH child* on to the National Performance Framework to ensure we are *Getting it right for EVERY child*.

Appendix 4

Timeline for *Getting it right for every child* in the Highland pathfinder

2004

- **February 04:** Well-being Indicators (SHANARI) developed at Children's Plan workshop in Highland.

2005

- **April 05:** Work on the IAF begins by a multi-agency reference group supported by Jane Aldgate & Wendy Rose of the Open University.

- **August 05:** Discussion starts around the possibility of Highland acting as a pathfinder for *Getting it right for every child*.

- **October 05:** The pathfinder programme initially agreed between Highland and Scottish Executive.

2006

- **March 06**: work begins on putting together a multi-agency development team in Highland including representatives from social work, health, education, culture and sport, police, and SCRA.

- **June 06: T**he Government announces the Pathfinder programme.

2007

- **Jan 07:** Draft guidance and a draft version of the new PHNCFR for public health nurses is completed. A group of health visitors and school nurses start trialling the use of the My World Triangle and the Well-being Indicators. The language of *Getting it right* begins to be introduced into the records and plans being developed in other agencies working with children and families. Piloting of the new PHNCFR begins.

- **April 07:** NHS Highland-wide learning sets start informing and promoting GIRFEC implementation across midwifery/public health nursing practice.

- **April 07:** Highland Child Protection Committee agrees to use a risk assessment framework that fits with GIRFEC processes.

- **May 07:** Piloting of the Child's Plan meeting begins in the pathfinder area. This incorporates a solution-focused approach even where there is a statutory requirement. Families begin to report feeling more involved in assessment and planning. Practitioners using the *Getting it right* Practice Model report improvements in engagement with families through using the process. They also report that the reduction in time spent at meetings is beginning to mean that more time can be spent doing direct work with children and their families.

- **June 07:** Following a trial period, a new Police Child's Concern Form is introduced in the pathfinder area. Early indications are that this brings about a reduction in non-offence referrals to the Children's Reporter. Practitioners in health and education begin to see how getting information quickly through the Child Concern

Form helps them intervene to support children at the time of crisis. As a result, early plans begin to be created in universal services where referral to social work would previously have been the response.

- **June 07**: Formal training for managers begins (Programme 1) and the new processes begin to be more widely understood and used. Education begins to articulate the links between GIRFEC, Curriculum for Excellence and the Additional Support for Learning Act (2004).

- **Sept 07:** International conference is held at Aviemore to launch the baseline report on delivering integrated children's services in Highland.

- **Nov 07:** The Highland Council restructures. Some posts redesigned to support GIRFEC implementation. Service Managers Groups created to support the roll out process. Appointment of Inter-agency Nurse Consultant. Work begins on addressing how specialist and acute health services can support and work within the GIRFEC processes.

- **Dec 07:** Lead Professional training programme is developed and tested.

2008

- **Jan 08:** The new Practice Model, processes and procedures are implemented across the whole pathfinder area. Multi-agency training for Lead Professionals starts with 2-day workshops held for ASGs.

- **March 08**: Multi-agency guidance is circulated for consultation.

- **March 08:** The new PHNCFR is rolled out across the whole of Highland.

- **May 08:** Consultation with the Children's Panel begins.

- **May 08:** Recruitment of Voluntary Sector Lead into the development team.

- **June 08:** Child Protection training combines GIRFEC processes and assessment framework through integrated training strategy and begins to help practitioners consolidate that GIRFEC is day to day practice and not a separate way of meeting children's needs.

- **Aug 08:** Service Managers realign early intervention posts and funding so that help is more easily accessible and equal for all children.

- **Sept 08:** A series of consultation events with practitioners on the guidance gathers information on practice improvement and positive impact on children and their families. Greater equity, equality and reduction in duplication and time spent writing reports is reflected.

- **Sept 08:** Midwife Consultant (*Getting it right for every child*) is seconded to the development team.

- **Nov 08:** It is agreed that the Child's Plan will be used as a report to the Children's Hearing.

- **Dec 08:** The process of using the Child's Plan as report to the Children's Hearing begins.

2009

- **Feb 09:** ECS guidance is completed. Staff now using GIRFEC documentation as part of staged approach to produce plans.

- **March 09:** training programme for roll-out of GIRFEC across Highland is implemented.

- **June 09**: New Child Protection procedures incorporating GIRFEC at final draft and ready for launch in June.

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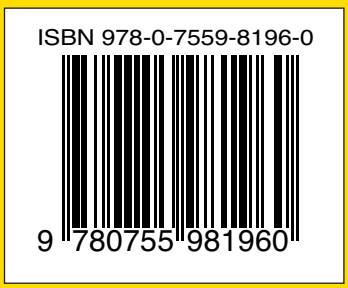
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