THE EDINBURGH PARTNERSHIP

GETTING IT RIGHT FOR EVERY CHILD

The City of Edinburgh Children's Partnership - Multi-agency Guidance 2026

getting it right for every child

GETTING IT RIGHT IN THE CITY OF EDINBURGH

What is GIRFEC?

Getting it right for every child (GIRFEC) is the national policy approach aimed at promoting the wellbeing of all children and young people in Scotland to make sure:

- Individual children and young people receive timely support
- Support is proportionate to meet assessed wellbeing needs
- Children and young people overcome challenges which impact on their wellbeing.

Edinburgh's Children's Services planning partners are committed to getting it right for every child to ensure improved outcomes for children and young people, particularly those who are most vulnerable.

This updated GIRFEC multi-agency guidance, aimed at professionals working in the City of Edinburgh has been approved by The City of Edinburgh Council's Children's Partnership to enable and ensure their collective vision for our children and young people is achieved:

"Edinburgh's children and young people enjoy their childhood and achieve their potential"

The GIRFEC approach in the City of Edinburgh is supported by a range of practice guidance, resources, learning and development opportunities. The guidance strengthens existing good practice and aims to provide organisations and practitioners with confidence, clarity and practical support to ensure they provide the right help at the right time to children, young people and families.

Getting it right for every child is the core of all service delivery. It is about safeguarding, supporting and promoting children and young people's wellbeing, and ensuring support is provided when this is needed.

GIRFEC is the overarching framework in which all services will work and is a strength-based approach which seeks to realise children's rights on a day-to-day basis.

All partners, both statutory and non-statutory, should follow this guidance and align their related policies and procedures to:

- Support closer multi-agency coordination and collaboration to enable compassionate and caring services that support our most vulnerable
- Promote prevention and early intervention to ensure needs are identified as early as possible to avoid bigger concerns or problems developing
- Ensure the voice of the child and young person and their families are at the centre of decision making and support
- Ensure a solid understanding of the wellbeing of a child in their own situation, including the wider influences on their development so that the right support can be offered
- Ensure that the workforce has the skills, knowledge and understanding necessary to deliver GIRFEC effectively.

What does GIRFEC mean?

The City of Edinburgh's Children's Services workforce, everyone including midwives and health visitors to early years practitioners and teachers, school nurses, family support workers, youth workers and social workers, specialist health practitioners and General Practitioners share a value base and has the skills and knowledge they need to provide early and effective help as professionals and single agencies.

Crucially, the workforce also has the confidence to know when a coordinated multi-agency response is required and benefits from a common language and approach to facilitate effective joint-working. Moreover, it means that all our work with children, young people and families reflects our statutory duties, commitment to values-based practice and exemplifies best professional practice.

- Children, young people, and their families should feel informed, heard, and involved in decisions that affect them. They should have confidence in the support they receive, know help will be available promptly, and experience a well-coordinated response from services.

- Practitioners should keep the child or young person at the centre, work collaboratively across agencies using shared tools and approaches, and receive the leadership and support needed to embed the cultural and systemic changes required to facilitate effective joint-working.

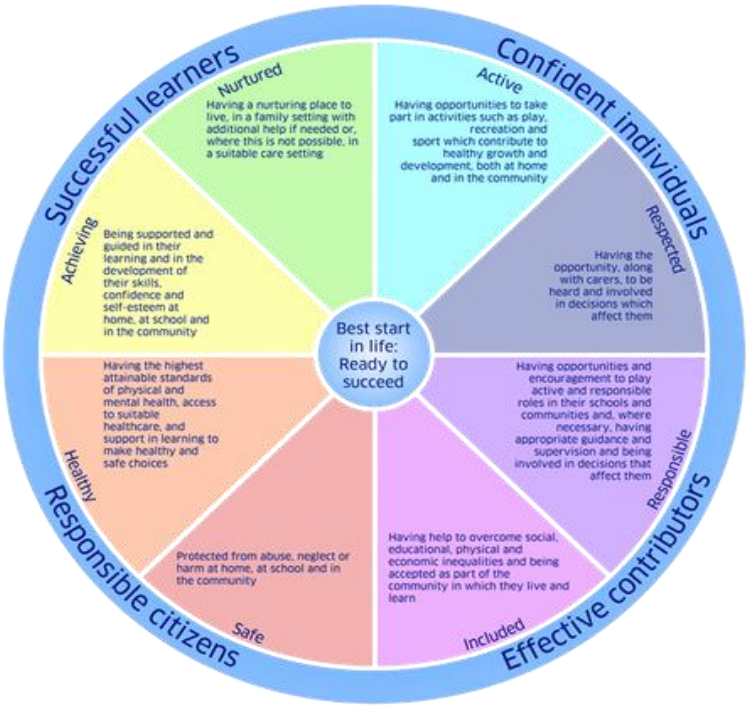
- Services will promote the wellbeing and safety of children and young people by acting early, placing the child at the centre of all decisions, and taking a holistic, strengths-based approach. Practitioners are expected to work together, respect confidentiality and uphold core values (like respect, honesty, and resilience).

GIRFEC in Practice

In the City of Edinburgh GIRFEC is not a form or a process, it is the way in which services come together to meet the needs of children and young people which supports joint planning and accountability. In practice this means a shared understanding and consistent implementation of the following three core components.

Shared and holistic understanding of wellbeing

Practitioners and organisations should consider emerging wellbeing needs across each of the eight wellbeing indicators in collaboration with children, young people and their family. More information on the National Practice Model and the associated assessment tools (including this image) can be found in Appendix 3.



A single, shared and rights-based approach to planning

For children and young people's wellbeing, where support across services is needed everyone takes a child centred approach and meaningfully involves the child, young person and family in the decisions that impact them. They are active participants in their plan and their voice is central.

Collaboration

Services work together to deliver the child's plan; this will include the named person and may also include a lead professional. Services work flexibly whilst respecting one another's professional boundaries and competencies.

The principle of working in partnership with families is key to the GIRFEC approach. Practitioners should strive to form positive working relationships with children and young people and their families.

It is essential that practitioners engaging with children, young people and families have the skills, knowledge and understanding to deliver GIRFEC effectively and are committed to developing positive relationships with families, built on transparency, trust, inclusion, and respect. Practitioners should be supported to feel confident discussing emerging concerns with families directly.

Families know their home situations best and are key to finding the solutions to the concerns and difficulties they may face. Making early links with families can be key to supporting emerging concerns before things develop into more significant difficulties. Early links foster positive relationships and collaboration. Most families will be able to put in place supports and adjustments that support their children without the need for external services.

The child or young person should have the opportunity to say what they think about the supports that helps them and what they feel would be positive targets and outcomes. Their views should be taken into account and given due weight in accordance with their age and maturity, as part of any decision-making process. This approach is rights-respecting and helps to ensure services respect the rights of children and young people. Seeking the views of the child or young person should always be done in a safe and developmentally appropriate way, always thinking of the child's wellbeing in the experience.

It is important to recognise that individual children and young people (and their families) may have different views about their own wellbeing. In line with Article 12 of the United Nations Convention on Child Rights (UNCRC), improved outcomes are achieved by adopting a relationship-based practice approach, which draws on professional skills, knowledge, and expertise; and uses innovative and creative ways to engage with families.

We aim to do things 'with' not 'to' children, young people and their families'. Building positive and trusting relationships is key to how we can empower them to be active in identifying their own solutions and building capacity.

Within this context, practitioners should be open and transparent with service users about the need to share information and the ways in which it can help services to provide them with the right help at the right time. Practitioners should be explicit about what information will be shared, with whom and why. In most circumstances practitioners should respect the wishes of a child, young person or carer when they choose not to consent to information being shared. More information on this is provided in the section that follows.

Information Sharing

GIRFEC relies upon professionals sharing information about children and young people to identify their needs and to provide joined-up help at the earliest stage. Services working with children, young people and families routinely deal with personal and sensitive information and in so doing, are duty-bound to handle, store, process and share personal information in line with existing laws and guidance. These include data protection and human rights laws, General Data Protection Regulation (GDPR) common law duties of confidentiality and professional codes of conduct.

The GIRFEC information sharing charter explains how children, young people and their families can expect their information to be managed and aims to make their privacy rights easier to understand. You can also access an easy read version of the charter to support yours and others understanding **Information Sharing Charter 2022**.

In most instances, professionals supporting children, young people and families will seek their consent before sharing information with another professional or agency. When they do share information, practitioners need to be careful to ensure that they only share information which is necessary and proportionate to the purpose they're seeking to achieve. For example, if the purpose of information sharing is a referral to obtain additional support, only the minimum information necessary for the agency to process the referral should be provided.

As described in the previous section the child or young person should have the opportunity to say what they think about the sharing of their information and their views should be considered and given due weight in accordance with their age and maturity.

In circumstances where there are concerns that a child has suffered or is likely to suffer significant harm, information must be shared irrespective of a child, young person or family's wishes. You should record the reasons why you have done it as soon as possible afterwards. Practitioners must always make clear to CYP and their families that the exception to standard confidentiality is when there is a significant risk to or from an individual, and not make promises suggesting otherwise.

Safeguarding and Child Protection

Central to the wellbeing of all our children and young people is living and growing in a safe environment with adults that care for, support and protect them. Safeguarding is therefore a core strand of our GIRFEC approach.

Safeguarding refers to promoting the welfare of children, young people and protected adults. It encompasses protection from maltreatment, preventing impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children, young people and protected adults to have the best outcomes.

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm.

Links between welfare and wellbeing exist across the eight wellbeing indicators. While a child protection response may be required to make sure a child or young person is safe and their immediate welfare needs are addressed, child protection is not something which sits separately from wellbeing, it is part of the same range of support. It is fundamental to understand that a series of low-level indicators of wellbeing need (whether obviously related or not) taken together can amount to a child protection issue. The importance of chronologies for children and young people and their families is crucial to recognise where there may be wellbeing concerns and to identify potential risks of harm.

Edinburgh and the Lothians Multi-agency Child Protection Procedures must be followed.

Wellbeing Concerns

When a wellbeing concern is identified or raised in relation to a child or young person, everybody should ask themselves the 5 GIRFEC questions:

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

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

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

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

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

Once you have asked yourself the 5 GIRFEC questions you should consider whether it is necessary to:

- Discuss this information with the child or young person's named person
- Discuss this with another professional in order to promote, support or safeguard the Child or young person's wellbeing.

Proceeding through these questions aims to help the named person to clarify whether a request for assistance to access targeted support would benefit a child or young person. For most young people question 4 may be as far as a single service needs to go and by putting in place single service support or intervention their wellbeing needs should be addressed. If further wellbeing needs are identified, or needs are ongoing or have escalated at review stage, the single service should proceed onto question 5, which considers the role of other services in providing support.

Sharing information at the right time often prevents low-level concerns escalating into more serious or entrenched family difficulties and can help to improve outcomes for children and young people. In most situations, any wellbeing concerns should be openly discussed with a child or young person (in line with their age and understanding) and family, with explicit advance discussion around what information may need to be shared, for what purpose, and with whom.

Wellbeing needs are often initially identified by a family member, named person, or a child or young person themselves. They may also be identified by someone who has come into contact with a child or young person through the course of their professional duties. If you require more information to decide on next steps, you may need to gather further details by speaking with a child or young person themselves, a family member, colleagues within your own or other services, or the named person or lead professional. Communication helps provide as full a picture as possible for assessment and aids decision-making about the level of support required. In most circumstances early solutions and support can be identified by working collaboratively with children, young people and their families as described in the earlier section.

The Children's Services wellbeing concern form should be used by all services to raise a wellbeing concern.

Where identified wellbeing needs suggest a risk of significant harm Child Protection Procedures must be followed without delay.

Chronologies

Well-constructed chronologies are essential to understanding patterns of events within a child or young person's life and inform the ongoing assessment of needs and risks. Chronologies can be used from pre-birth to transitions into adulthood to help inform an assessment of wellbeing or planning for support.

A single-agency chronology highlights significant events, both strengths and concerns, in a child or young person's life to date. It provides a summary of information which supports further dialogue and exploration with a child or young person, their family and services working with them to develop a better understanding of how these events may impact the child or young person's wellbeing. Agencies may continue to use their own agencies format to record their single agency chronology. Within Education Services pastoral notes on SEEMIS are used to maintain a single agency chronology.

Reviewing and analysing the chronology is an essential part of the information gathering for an assessment of wellbeing and risk. Practitioners can best support families, and assist the lead professional, by ensuring that important information is gathered systematically, in a consistent way and that the outcomes and impact of decisions made, such as offers of support or referrals to services, are recorded.

The GIRFEC National Practice Model emphasises the need for all agencies to collaborate in assessing and analysing family circumstances. The model stipulates that "…each agency involved with a child and their family should collate key information into a single agency chronology of contact and where working with partner services actively work to combine and consolidate this into a multi-agency chronology". A multi-agency chronology may be required in exceptional circumstances to record significant events. Practitioners should follow the Chronologies Guidance for Pan-Lothian Partnership in these circumstances.

Single agency or multi-agency chronologies must always be written with sensitivity and consideration to the child, young person and family. We should always feel comfortable to share our chronologies with families either now or in the future.

A chronology:

- Is a record of facts, events, action taken or a note that no action was taken and if possible, the known outcome (for example, support services provided)
- Should be clear, accurate and evidence-based
- Should be concise – a very brief note of an event (for example, fell downstairs, came to school with a bruise, attended accident and emergency, change in child's presentation/behaviour)
- Should be completed on the agreed template
- Should avoid acronyms or professional jargon.

A chronology is not:

- A list of every single contact between professionals and a child or young person
- A replacement for individual professional judgement or risk assessment
- A replacement for direct discussion and routine information sharing between services
- A replacement for early identification, intervention and support
- A substitute for single agency recording
- An end in itself.

Child Planning - Staged Intervention

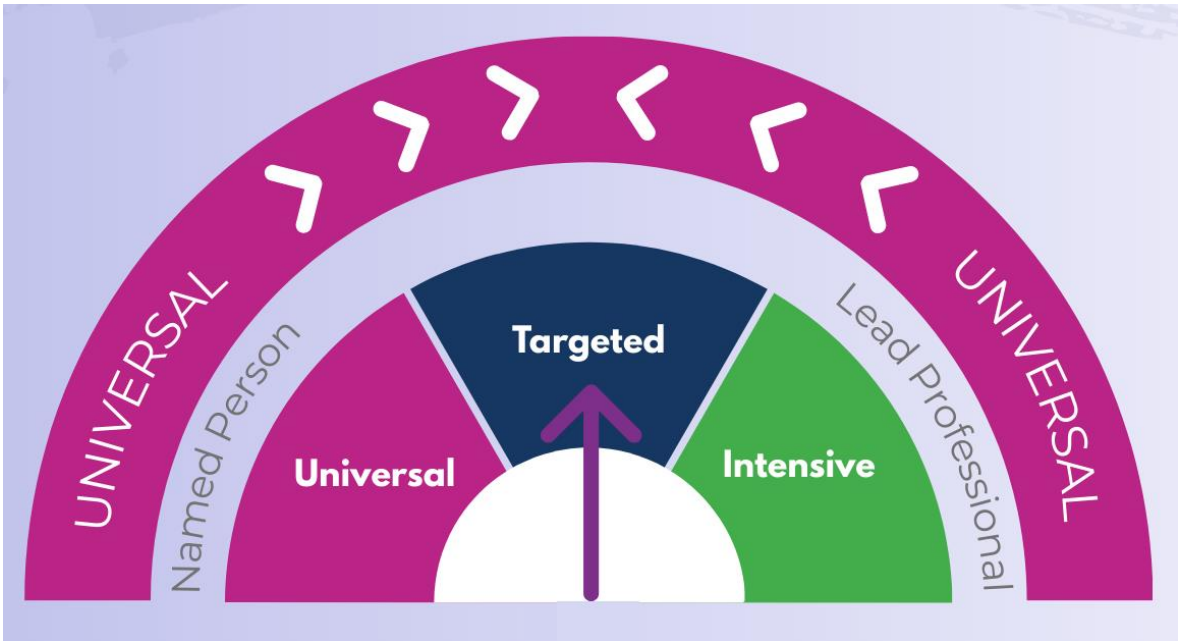
Implementation of GIRFEC is through the early identification and assessment of wellbeing needs and meeting these through a range of support which is proportionate and helps to achieve improved outcomes for children, young people and families. This approach must be flexible, and outcome focused with concerns and needs being fully considered and addressed at appropriate stages of intervention. In the City of Edinburgh these are described as Universal, Targeted or Intensive.

This staged approach to intervention provides the framework for all agencies to identify, assess and meet the needs of children and young people at the earliest opportunity whilst empowering children and young people and families to be part of the process. GIRFEC aims, wherever possible, to meet a child or family needs through universal supports. These could be delivered by a single agency or multiple agencies (e.g., education and school nursing service). All families accessing universal supports should have the named person as their key point of contact.

The GIRFEC process is based on the principle that the practitioner who knows the child or young person best, in partnership with the family, is best placed to provide help and support in the first instance. Universal services are provided by education and health through health visitors, early learning and child-care settings and schools. The majority of children and young people develop into adulthood needing only the support available from universal providers.

Only when the child or young person's needs escalate or become more complex should other agencies or professionals offering targeted or intensive supports become involved and a lead professional identified.

The diagram below shows the staged intervention model from universal services which meet the needs of most children and young people to the most acute end of the continuum which provides intensive support for the smaller number of children and young people with complex needs.



Stage	Description
Universal	Universal support is provided by the universal provision of services that are available to all children and young people and may be delivered by more than one agency (e.g. education and school nursing service). The support should be co-ordinated and monitored by the named person. Sometimes children and young people need extra support within a universal service (e.g. learning support or a nurture class). This additional support should be determined by a wellbeing assessment and informed by the views and wishes of the child or young person and their family. It may be recorded in a Child's Plan.
Targeted	Targeted support extends beyond what is available universally. Most children and young people do not need targeted support. With the agreement of the child or young person and family, a wellbeing assessment will be undertaken to identify needs and specify the targeted support required. A multi-agency Child's Plan is necessary at this stage to co-ordinate supports and clarify professional roles and responsibilities. A Child's Planning meeting will be convened involving the parents or carers, the child or young person (if appropriate), the universal service and partner services. At this meeting, the Team Around the Child (TAC) will determine and agree if a lead professional is required.
Intensive	Some children and young people require highly specialist support from two or more agencies to address their wellbeing needs. At this stage, the Lead Professional will almost always be a social worker. If the child or young person is involved in a child protection process and/or is Care Experienced (looked after at home or away from home) or subject to a Compulsory Supervision Order, the Lead Professional will always be from Social Work. Support at this stage is intensive and applied because the child or young person has significant and complex support and protection needs. For these reasons, it is expected that support at this stage will be time limited. The Child's Plan must be reviewed regularly and amended as necessary to maximise impact upon positive outcomes for the child or young person. The aim of the Child's Plan is to intervene minimally in the child or young person's life, to reduce or remove barriers to the child or young person's happy and healthy development and to strengthen family capacity.

Please see Appendix 1 for Frequently Asked Questions.

Child's Plan

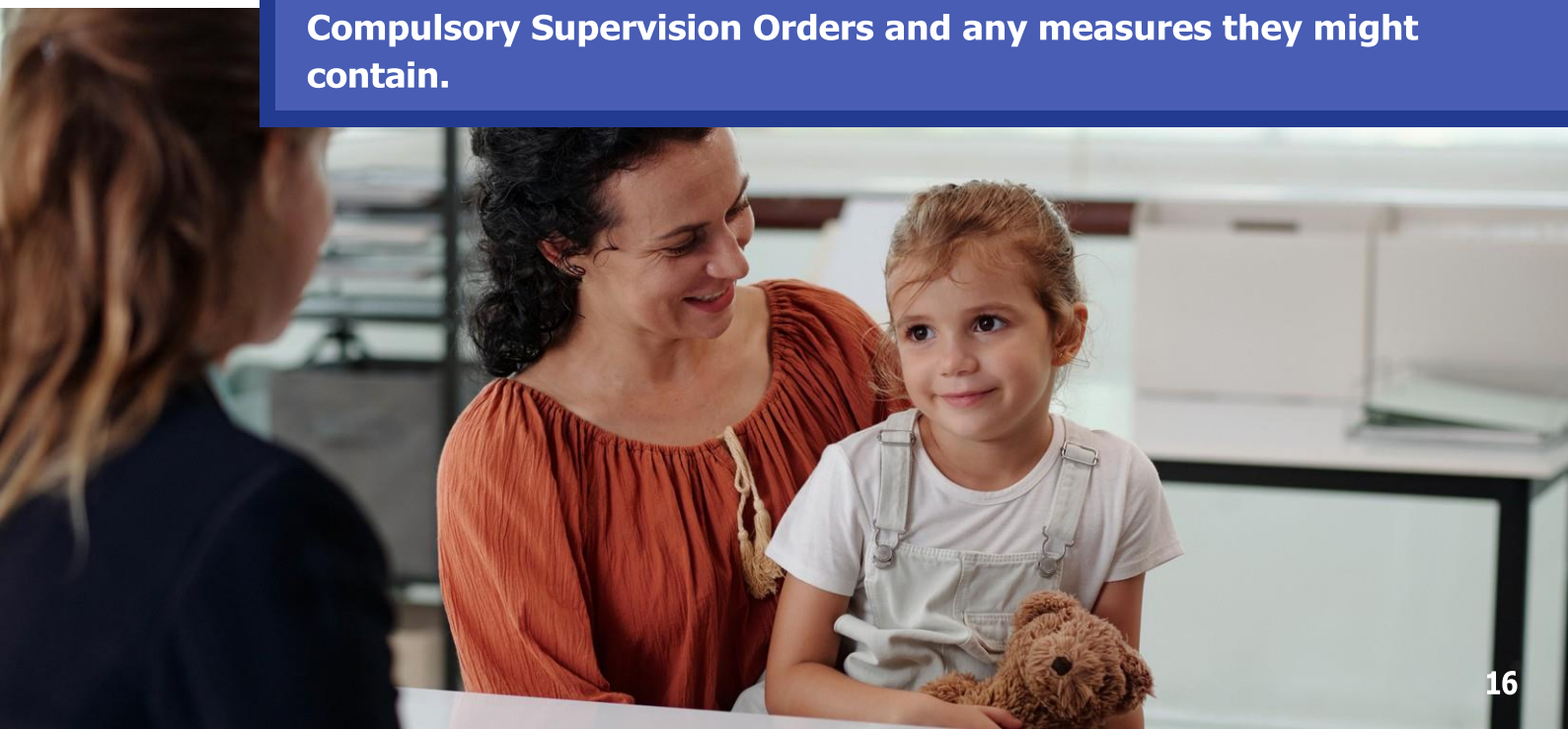
The purpose of a Child's Plan is to address a child's wellbeing needs. A Child's Plan is a non-statutory plan which should be considered when those working with a child or young person and their family identify, through an assessment of wellbeing using the wellbeing indicators, that the child or young person needs a range of extra support to be planned, delivered or co-ordinated.

The Child's Plan should reflect the child or young person's voice and explain what should be improved for the child or young person, the actions to be taken and why the plan has been created. The Child's Plan should be reviewed on a regular basis.

The Child's Plan is not an end in itself – it is a part of a process which starts with assessment, leads to an outcomes focused SMART action plan agreed by all parties and involves regular review and, if necessary, amendment. In more complex cases or where circumstances change significantly, the review process results in a re-assessment of needs and risks and results in a new plan.

A Child's Plan is not complete until it is agreed by all parties involved at/after a child's planning meeting including the child and family.

A child's plan is a key document used by Social Work, SCRA and Children's Hearings, to make decisions about the need for Compulsory Supervision Orders and any measures they might contain.



Child's Planning Meeting

A Child's Planning Meeting is a collaborative meeting where professionals, the child, and their family work together to create a plan to support the child's wellbeing. The focus of the meeting is to set the actions that are considered as being key to improving the child's overall wellbeing by addressing any needs or concerns. The meeting should provide the opportunity for professionals to work together in a coordinated way alongside children, young people and their families. All services involved have a joint accountability, to ensure that the plan is progressed and actions evaluated, in order to address the needs of the child or young person.

Reviewing the Childs Plan

The Child's Plan should be reviewed regularly with the interval reflecting the child's needs, the level and nature of risk, and should avoid undue drift or delay. The interval should, however, be sufficient for the actions and supports to take effect and allow for progress to be measured. Where a child is Looked After, a review of their Child's Plan should happen at least six monthly, in line with **Looked After Children (Scotland) Regulations 2009.**

Where there is no longer a need for the provision of any targeted support to a child, young person or their family, there will no longer be a need for a multi-agency child's plan document as part of their GIRFEC planning. However, ongoing assessment and planning can continue via a single agency plan.

Statutory Plans

There are times when children and young people may be eligible for a statutory Child's Plan. Statutory plans such as a Co-ordinated Support Plan, Adoption Support Plan, Looked After Child's Plan or Young Carer Statement have a set statutory criteria and format and need to sit alongside (not instead of) the child's plan. Any statutory plan should be referenced in the Child's Plan. This is to support everyone involved with a child or young person to holistically understand their needs, and the objectives set to help improve wellbeing. There is a need to reduce repetition for professionals and families.

Named Person

National guidance requires universal services of Health and Education to ensure a named person is available to every child and young person. This role enables children, young people and families to have a clear point of contact that will promote good wellbeing. The named person role is designed to provide support to children and young people in a variety of ways and for a variety of reasons including, meeting additional support needs, accessing short-term support or signposting parents to services and supports for themselves.

The named person carries out specific named person functions when it is necessary to promote, support or safeguard the wellbeing of a child or young person. They are a clear point of contact for anyone concerned about the child or young person's wellbeing; whether that is the child or young person themselves, family members or others from the Children's Services workforce who are working with the child or young person. Everyone providing a service to children, young people and families should be aware of and know how to contact the designated named person.

Once a wellbeing need has been brought to the attention of the named person, they will work together with the child or young person and their family, and other services (if needed), to explore what support could be provided to address the identified wellbeing needs.

There is no obligation for children, young people, or their families to accept any offers of advice or support from their named person, and non-engagement with a named person is not in itself a cause for concern. Information should be provided that makes it clear to the child, young person and family who their named person is and how they can contact them in the event they need any support or guidance.

The named person may have statutory responsibilities within their designated role (e.g. as a health visitor or teacher); these statutory responsibilities may require them to share information regardless of whether the child, young person or family chooses to accept their support as a named person.

Named Person Arrangements in the City of Edinburgh		
From birth until enrolment at a Primary School	Health Visitor or Family Nurse	The named person for all children from birth to the commencement of primary education is their NHS Health Visitor or a family nurse.
Primary Schools	Head Teacher or delegated member of staff	Named person responsibility transfers to the Primary School Head Teacher when the child starts in P1. This role can be delegated to Depute Headteacher or Principal Teacher.
Secondary Schools	Pupil Support Leader	The Pupil Support Leader is the named person for the young people in secondary schools.

If a child, young person or family of a school-aged child requires support from a named person out with school term-time, contact should be made with the Education Enquiries mailbox:

education.enquiries@edinburgh.gov.uk

Access to support from a named person should remain in place until a young person reaches the age of 18 (or older if still at school). For those young people who are provided with an Aftercare service under section 29 of the Children (Scotland) Act 1995 or a Continuing Care service under section 26A of that Act, access to support will continue under local arrangements for these services.

Change of Named Person

At transition points, the outgoing named person will ensure an effective and secure transfer of appropriate information to the new professional who will be assuming named person responsibility. This will include details of any support the child or young person has been receiving and transferring management of any child's plan.

The named person for all children before entering education will normally be a health visitor and if required, they will work closely with early years settings and practitioners.

Where a child or young person moves outwith Scotland and will therefore not have a new named person, existing good practice should continue with named persons making efforts to support continuity through communicating with professionals at the new school or GP practice.

Where a named person is absent for an extended period, the service should make interim arrangements and communicate these with children, young people and families.

Communication between Named Persons

At different ages and stages of development children in a family may each have a different named person. These professionals should work closely to assess, plan and deliver support to meet the needs of the whole family unit. It is important to consider equality and diversity and the wider make-up of different and blended families. Each named person is accountable for ensuring accurate information is held by their own service. For many children and young people there will be no need for the named person to share information with any other named person or professional. However, where wellbeing concerns are raised for a child or young person and this may impact on the wellbeing of their siblings, the named person will need to consider whether it is necessary to share this information with the siblings' named person.

Requesting Assistance for a Child or Young Person

Named persons have a key role in early intervention and will act to ensure any universal and targeted support has been fully explored in the first instance to support a child, young person and family.

A named person who has become aware of a wellbeing need and considering this information using the GIRFEC National Practice Model should use their professional judgement to respond in the most appropriate way. Further information can be found in Appendix 3.

Named persons may call on the support of colleagues form other services to assist them in their decision-making to promote, support and safeguard the child's or young person's wellbeing.

Prior to contact with any other service, named persons must have sought and considered the views of the child, young person and their family, including explicit discussion of any intended contact with another service.

Requests for assistance should not be made to another service without having discussed and agreed this in advance with a child, young person and family, including clearly outlining the nature of any wellbeing concerns. The only exception to this is risk of significant harm to a child, where more information is provided on page 5 about Safeguarding and Child Protection.

Some information-sharing can be done through simple discussion with colleagues, making sure these discussions are clearly reflected in agency records (for example SEEMIS, or Child Health Records). Where it appears that a service could assist a named person to carry out their functions, for example by providing duty advice or carrying out further assessment, it is an expectation that all services in the partnership will comply with any reasonable request for support that is made by a named person. Requests do not have to be agreed, where they are incompatible with the core duties or remit of a particular service. For example, a request may be refused where an intervention is assessed as unsuitable or inappropriate to meet a child or young person's wellbeing needs, or it is not a support provided by that service.

Service providers who are working with a child or young person can always exercise their duty to take appropriate action, with consent of child and/or family without informing or agreeing with the named person.

Lead Professional

The role of the 'lead professional' is established in the Children and Young People (Scotland) Act 2014. The role applies when there is a Child's Plan and the child is receiving support at the intensive stage of intervention. This is a non-statutory role.

A lead professional will be an identified person within the network of services who are already working alongside the child or young person and their family. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role. This person may change depending on the child or young person's needs. All decision-making about support and the child's plan should seek and act on the views of the child or young person and their family.

It is the responsibility of the lead professional to make sure everybody works together to deliver the supports specified in the Child's Plan and that the plan is helping to improve outcomes for the child or young person. While the lead professional has a role in identifying where agreed supports are not being delivered by others, they are accountable only to their employer for their own professional actions.

Role and Responsibilities of Lead Professionals

Lead professionals should have the appropriate skills and experience to coordinate all agencies involved in supporting a child or young person's wellbeing.

They should:

- Support children, young people and families to fully participate in discussions about what is happening in a child or young person's world, where this is in their best interests and in consideration with their full spectrum of rights
- Ensure as far as possible that the child or young person and their family understand what is happening at all times and support them to participate in decisions being made
- Act as a main point of contact for all, particularly to ensure the child or young person and their family are not required to tell their story multiple times to multiple professionals
- Use the National Practice Model to coordinate the assessments of wellbeing required, including information from any specialist assessments, make sense of that information and lead on constructing the child's plan
- Oversee the implementation of the child's plan and check that it is reviewed, accurate and kept up to date
- Maintain the multi-agency chronology (if required)
- Ensure that targeted support is helping to improve agreed outcomes for the child or young person
- Promote teamwork between services and have an awareness and understanding of the working practices of the other services, all services involved have a joint accountability to ensure the plan is progressed and reviewed to meet the needs of the child or young person and agreed outcomes

- Support the child or young person and their family during key transition points, particularly any transfer to a new lead professional

- Ensure that if there is any transition of this role they pass on all relevant information about the child or young person to the new lead professional without delay.

Who should be a Lead Professional?

It is important that, as far as possible, children, young people and families are supported and enabled to fully participate in any decisions about identification of a lead professional. Any practitioner or professional providing support to the child or young person could be identified as a lead professional. This includes any person working across the universal services of health, social work and education, as well as a person from a third sector organisation or specialist service.

The named person, who may previously have overseen a single agency plan for the child or young person may become the lead professional if they are the most suitable person to fulfil that role. Social Work will always be responsible if the child or young person is subject to statutory measures.

In the unlikely event that there is disagreement about who should take on the lead professional role, professionals should seek the advice of their respective line managers who will agree a resolution. Any disagreement should never be aired in the presence of families.

Ending a Lead Professional Role

When a child or young person no longer requires the involvement of more than one agency, they will no longer need to have a lead professional. The review meeting for the child or young person will confirm the progress that has been made and that there is no longer a need for a multi-agency child's plan. The named person will resume the responsibility for monitoring and supporting the child or young person within the universal services and a single agency plan.

The Named Person/Lead Professional Relationship

The appointment of a lead professional does not change the continued importance of the named person role, and their key relationship with a child or young person and family. Named persons remain responsible for carrying out their named person functions to put in place appropriate support for a child or young person from their own universal service. A close working relationship between named persons and lead professionals is essential to join up support for children, young people, and families and support positive progress of the Child's Plan.

Appendix 1: Frequency Asked Questions

What do we mean by 'children', 'young people', and 'families'?

Throughout this guidance the terms 'children' and 'young people' (usually for over-12's) are used to describe anyone up to the age of 18 years. The UN Convention on the Rights of the Child (UNCRC) defines a child as every human being below the age of 18. This definition is universal and applies to all individuals under the age of 18, regardless of their location, circumstances, or any other factors. The GIRFEC approach is applicable to assessment and planning for the wellbeing of unborn babies and certain groups of young people aged over 18 years. This includes situations where a young person is still enrolled at school, where they are moving through the transition into Adult Services, and where they have care experience. Family/families when used in this guidance can mean adoptive, biological, foster, kinship, extended, composite and others, for example settings and homes that have felt like family. Some children and young people may belong to more than one family.

Can we seek Professional Consultation?

Sometimes a practitioner from one agency seeks advice and guidance from a professional in another agency to help them to understand or better address the needs of a child or young person. This consultation might take place via a one-to-one meeting, phone call or email or it might occur within the context of a Child's Plan meeting. A common example is a social worker attending an education-initiated Child's Planning meeting to offer professional advice about whether alternative approaches might be more effective for the family or to apply their professional judgement to consideration of whether a child or young person's wellbeing needs constitute a welfare concern or a matter requiring a statutory or child protection response.

Seeking professional advice from a partner agency does not necessarily mean that the consulted agency will take on a Lead Professional role in the Child's Plan. Indeed, in line with core GIRFEC principles, supports should be co-ordinated by the practitioner who knows the child or young person best and new workers should not be introduced into the child or young person's life unless it is necessary to do so.

The family, along with the child or young person (if appropriate) should be informed that their situation is being discussed with a professional from another agency.

What is the difference between a single agency and a multi-agency chronology?

A single-agency chronology provides a brief description and summarised account of significant events relevant to a child or young person's involvement with that single agency. Its compilation, review and analysis are the responsibility of the single agency providing the service. It should be used as an analytical tool to support the understanding of the impact of life events upon the child or young person, as well as to help evaluate the effectiveness of interventions.

A single-agency chronology should be created when there are concerns about a child that are likely to have an impact on their wellbeing. Analysis of the single-agency chronology will inform decision-making around escalation to a multi-agency meeting. A single agency chronology should accompany any referral to social work.

A multi-agency chronology is produced when a child's plan meeting decides that multi-agency intervention is necessary to support the child or young person. It is formed through the compilation of relevant information extracted from single-agency chronologies.

How should I share information?

When you share information (verbally, email or written report), you must ensure it is done safely and securely in line with your agency's existing information security procedures. You should only share information on a need-to-know basis. You should record your decision to share or not to share in writing typically in the child's chronology.

What age can a child or young person consent to information sharing?

Children over the age of 12 years in most circumstances are considered to be able to give consent. Of course, professionals should use their knowledge of the child and their professional judgment to decide whether a child of any age is able to understand what is being asked and to give informed consent. In some circumstances, a practitioner might consider a child aged under 12 years to be capable of giving informed consent to information sharing. In these circumstances, the practitioner should discuss the child's wishes with the family and seek their agreement before proceeding (unless doing so would be detrimental to the child).

For younger children or those considered unable to give consent, consent should be requested from the family.

The child or young person has a right to be kept informed and to participate in the process of information sharing if appropriate.

General Data Protection Regulations (GDPR) and the **Data Protection Act 2018**, provide a legal framework and safeguards which, along with each agency or service's practice guidance, support good information sharing practice within the GIRFEC approach.

Appendix 2: National Practice Guidance (2022)

Using the National Practice Model

Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022

- Improving outcomes using the Wellbeing Indicators (SHANARRI)
- Gathering information with the My World Triangle
- Analysing information with the Resilience Matrix

The role of the named person

Getting it right for every child – Practice Guidance 2 – Role of the named person – 2022

The role of the lead professional

Getting it right for every child – Practice Guidance 3 – Role of the lead professional – 2022

Information sharing

Getting it right for every child – Practice Guidance 4 – Information Sharing – 2022

Appendix 3: National Practice Model

The National Practice Model sets out a shared framework and approach to identification, assessment and analysis of wellbeing needs. It provides a consistent way for services to work with children, young people and their families to understand the child or young person's individual growth and development in the context of their rights; unique family circumstances and wider world; and exploring strengths, resilience, adversities and vulnerabilities.

It is a dynamic framework where assessment of wellbeing is directly linked to intervention. It consists of a range of tools that can be used to help everyone understand more about a child or young person's strengths and needs in relation to their wellbeing, it helps services to consider ways to improve their wellbeing and plan for timely support from the right people, at the right time.

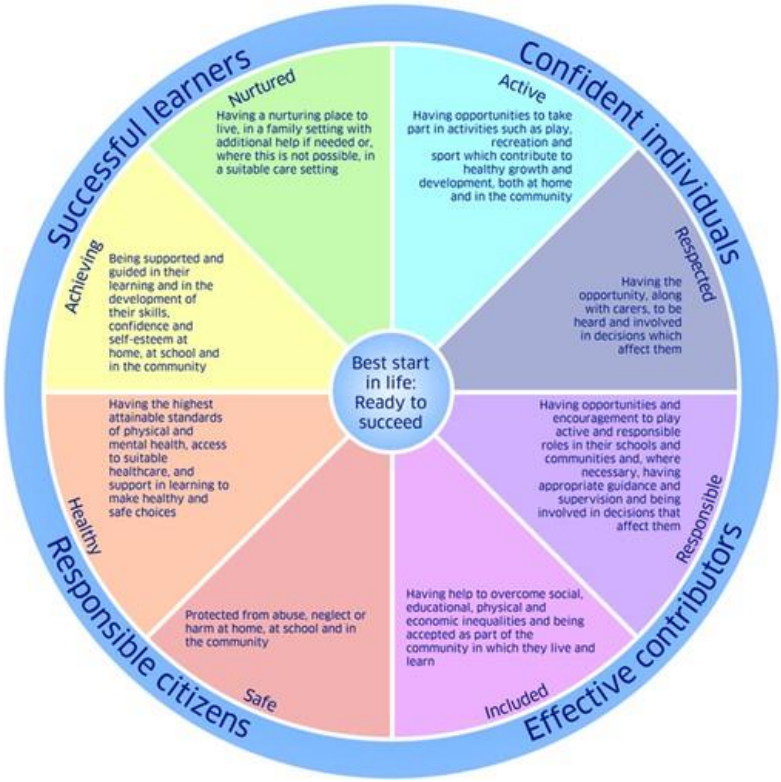
Wellbeing Indicators

Children and young people's wellbeing is described by GIRFEC and within the Children and Young People (Scotland) Act 2014 by eight interconnected indicators of wellbeing: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. The wellbeing indicators can be used to identify children and young people's strengths and needs, helping to identify the areas where they may require support to safeguard and promote their wellbeing. The wellbeing indicators are also informed by the United Nations Convention on the Rights of the Child (UNCRC) and overlap and connect areas that are fundamental to understanding what children and young people need to grow, develop and thrive. Where a child's rights have been respected, protected and fulfilled, their wellbeing should improve.

Wellbeing Indicator	Description
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 safe choices.
Achieving	Being supported and guided in learning and in the development of skills, confidence, and self-esteem, at home, in school and in the community.
Nurtured	Having a nurturing place to live in a family setting with additional help if needed, or where this is not possible, in a suitable care setting.
Active	Having opportunities to take part in activities, such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.
Respected	Having the opportunity, along with families, to be heard and involved in decisions that affect them.
Responsible	Having opportunities and encouragement to play active and responsible roles at home, in school, in the community and where necessary, obtaining appropriate guidance and supervision, and being involved in decisions that affect them.
Included	Receiving help and guidance to overcome social, educational, physical and economic inequalities and being accepted as full members of the community in which they live and learn.

The Wellbeing Wheel

The 'wellbeing wheel' is a tool that divides overall health into different areas, to help assess wellbeing and identify areas for improvement by identifying individual wellbeing perspectives. It's a holistic approach, recognizing that various aspects of life are interconnected. By using the wellbeing wheel, a more comprehensive and holistic understanding of well-being can be understood, neglected areas can be focussed on to work towards a more balanced and fulfilling life.



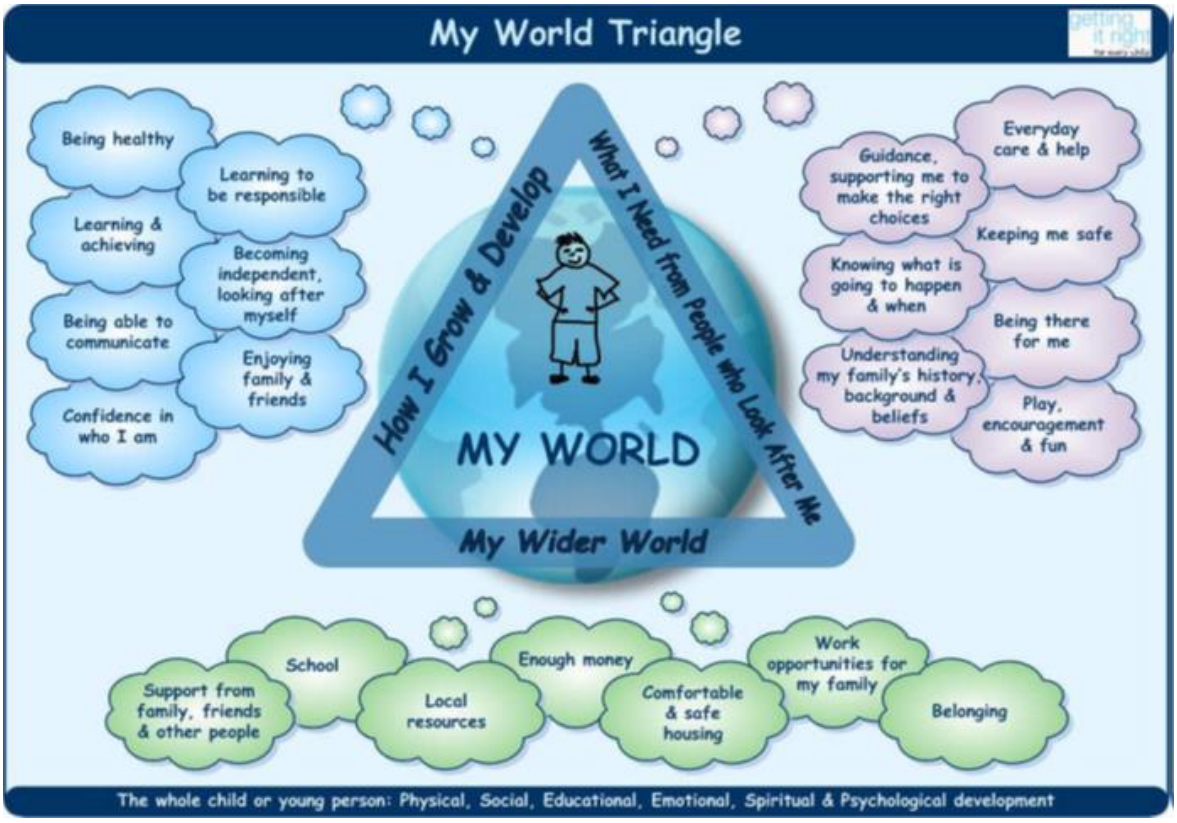
Areas on the wellbeing wheel may include:

- Physical: Exercise, nutrition, sleep.
- Emotional: Self-awareness, stress management.
- Social: Relationships, connection with community.
- Intellectual: Learning, creativity.
- Occupational: Work satisfaction, purpose.
- Environmental: Living space, surroundings.
- Spiritual: Values, meaning in life.
- Financial: Financial stability, security.

My World Triangle

The My World Triangle can be used as part of an assessment of wellbeing, alongside other tools, it can be used to explore strengths, needs and risks.

This holistic approach is based on the understanding that all aspects in a child or young person's life can have an impact on their wellbeing and development. The interaction between the three domains and the way they influence each other must be carefully analysed in order to gain a complete picture of a child's/young person's unmet needs and how to identify the best response to them.



Where any wellbeing concerns have been identified it is important to gather information about an infant, child or young person's 'whole' world to understand the impact of the concern and to analyse what support can be put in place, and from whom, to improve their wellbeing.

The Environment:

Their physical, cognitive, social, and psychological development (How I grow and develop)

The critical influences of other people in their lives:

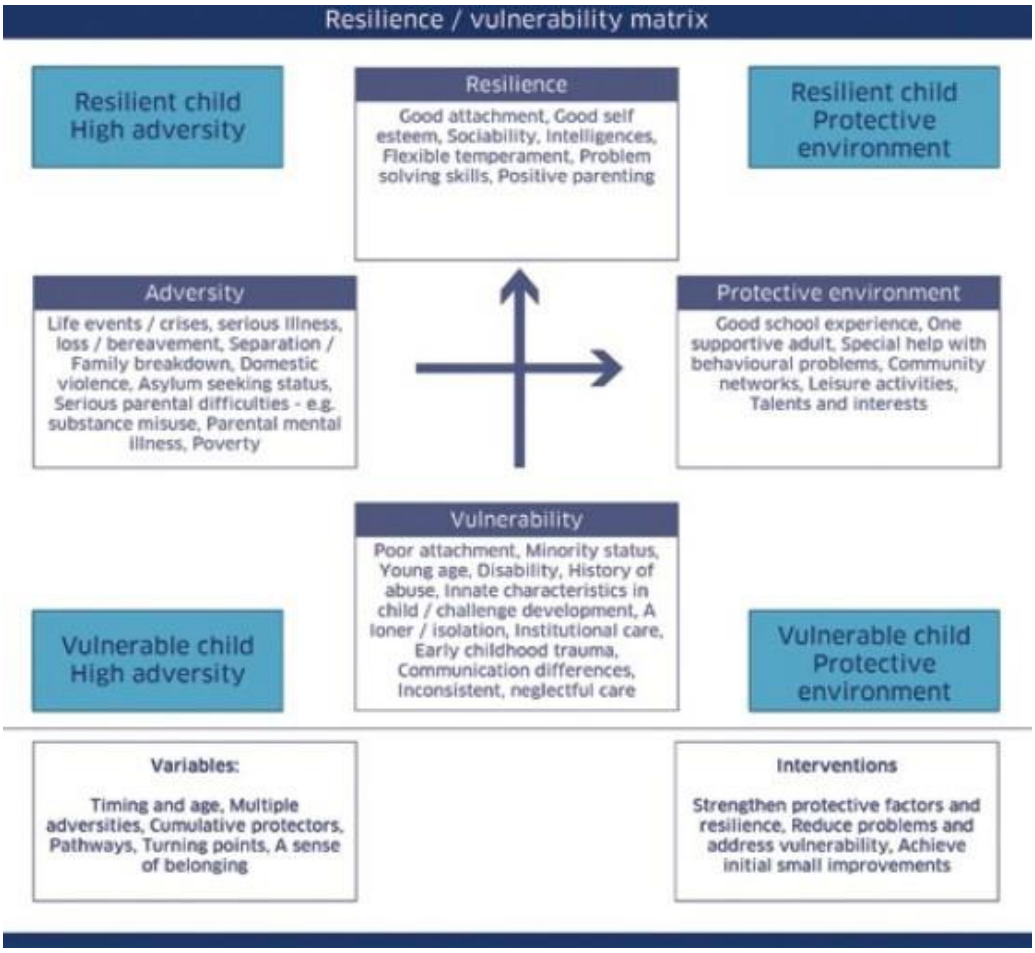
For example, parents, caregivers, siblings, wider family and teachers (What I need from people who look after me)

The communities where children grow up:

Including levels of employment, education, healthcare, housing and a sense of belonging and safety (My wider world).

Resilience Matrix

As part of an assessment of wellbeing, alongside other tools, the Resilience Matrix can be used to explore strengths, needs and risks, especially in more complex situations.



'Resilience' is the process of children and young people adapting well in the face of adversity, stress and trauma. The Resilience Matrix enables services, together with children, young people and families, to consider, holistically, how a child or young person is interacting with their life circumstances. Characteristics that may cause vulnerability and factors that can contribute to adversity, alongside factors that create a protective environment and resilience within the child or young person. The Team Around the Child or Young Person takes the strengths and challenges identified from gathering information (using the My World Triangle and any other assessments), and groups the details together within the four headings of Resilience, Vulnerability, Adversity, and Protective Environment.

The aim of this process is to consider the actions needed to support the child or young person by strengthening protective factors and resilience and reducing adversity and vulnerability.