

Dundee Assessment and Planning Pathway



Contents

Introduction	2
What is Assessment	2
Assessment Tools Incorporating the National Practice Model	5
Single and Joint Agency Plans	7
Roles and Responsibilities	10
Purpose of Recording	10
Self-Evaluation and Improvement Planning	10

Introduction

This guidance is suitable for all Children and Families Service practitioners and managers, and partners involved in individual assessment and planning for children/young people with additional support and wellbeing needs. Throughout this guidance both terms are referred to. Wellbeing is fundamental to the overall health of an individual and central to this are positive relationships and inclusion in society. Wellbeing can be compromised by unmet additional support needs that can be specific to an individual (e.g. language development) or arising from factors in their environments (e.g. parental stress or poor relationships with peers). It is necessary to manage needs to support adaptive development and growth and a sense of wellbeing. The purpose of this guidance is to:

- Provide a framework for assessing needs, targeting support and reviewing progress/improvement for children and young people
- Provide clarity on the coordination of intervention in a plan to meet Additional Support and Wellbeing needs and outcomes (i.e. purpose of the plan)

These guidelines should be read alongside the suite of GIRFEC guidelines pertaining to the [TATC Framework](#).

The key principles of Getting It Right for Every Child are underpinned by legislation (i.e. the Additional Support for Learning (Scotland) Act 2004 (amended 2009; 2017); and by the Children and Young People's Act (2014)) and are embedded in this guidance. The Dundee Assessment and Planning Pathway outlines an early intervention approach to addressing emerging needs and risks. It is the role of all staff to support assessment and work at all times in the best interests of the child/young person.

What is Assessment?

The ultimate purpose of assessment is to help identify the actions required to maximise development and learning. Assessment plays a central role in Dundee Partnership's approach to planning. Effective assessment involves a continuous process that is single agency or a collaboration between agencies with a central focus on the inclusion of the child/young person and their family. This should be inline with the stages of intervention outlined in the TATC framework named above which assumes the negotiated sharing of information by relevant/lead persons and agencies. In the Dundee Partnership there are 3 stages of intervention, where children and young people require **additional, targeted** or **intensive** support beyond their **universal** entitlement which map onto the tiers in CAMHS. As additional support needs vary over time, so may the stages of intervention that may be required. An early intervention approach is expected which is pro-active and solution focused, while judging when risk is likely to escalate with a need for coordinating support.

Assessment of risk and resilience is not static. The interaction between factors can shift and risk can become more or less severe. For example, there may be times when the

risk of harm from ongoing concerns becomes greater and/or more apparent. Similarly, protective factors in the family and the child's wider world may change or could be brought to bear on a situation in a way that promotes resilience and reduces risk. The process of identifying and managing risk must be dynamic and responsive, taking account of both previous and current circumstances and experiences where immediate and long term needs and risks should be considered ([National Risk Assessment Framework](#)). A one-off assessment in an isolated context is unlikely to identify the holistic and dynamic wellbeing needs of a child/young person. There are 3 key processes relating to assessment:

- **Data Gathering** – The collation of information over time, across contexts and within a staged framework of support (i.e. from universal to targeted).
- **Analysis** - This information/data is then subject to careful analysis that identifies need/risk and protective factors in order to inform proportionate and effective interventions. Any interventions must be minimally intrusive and have a clear focus on best outcomes for YP and family. Interventions need to have clear success criteria and be timely.
- **Evaluation** – The impact of targeted interventions from a plan should feed back into the data gathering process in the form of contextual assessment to continue the evidence base.

The three processes are depicted in figure 1 which also highlight how the NPM/assessment tools can facilitate each part of the process.

National practice model

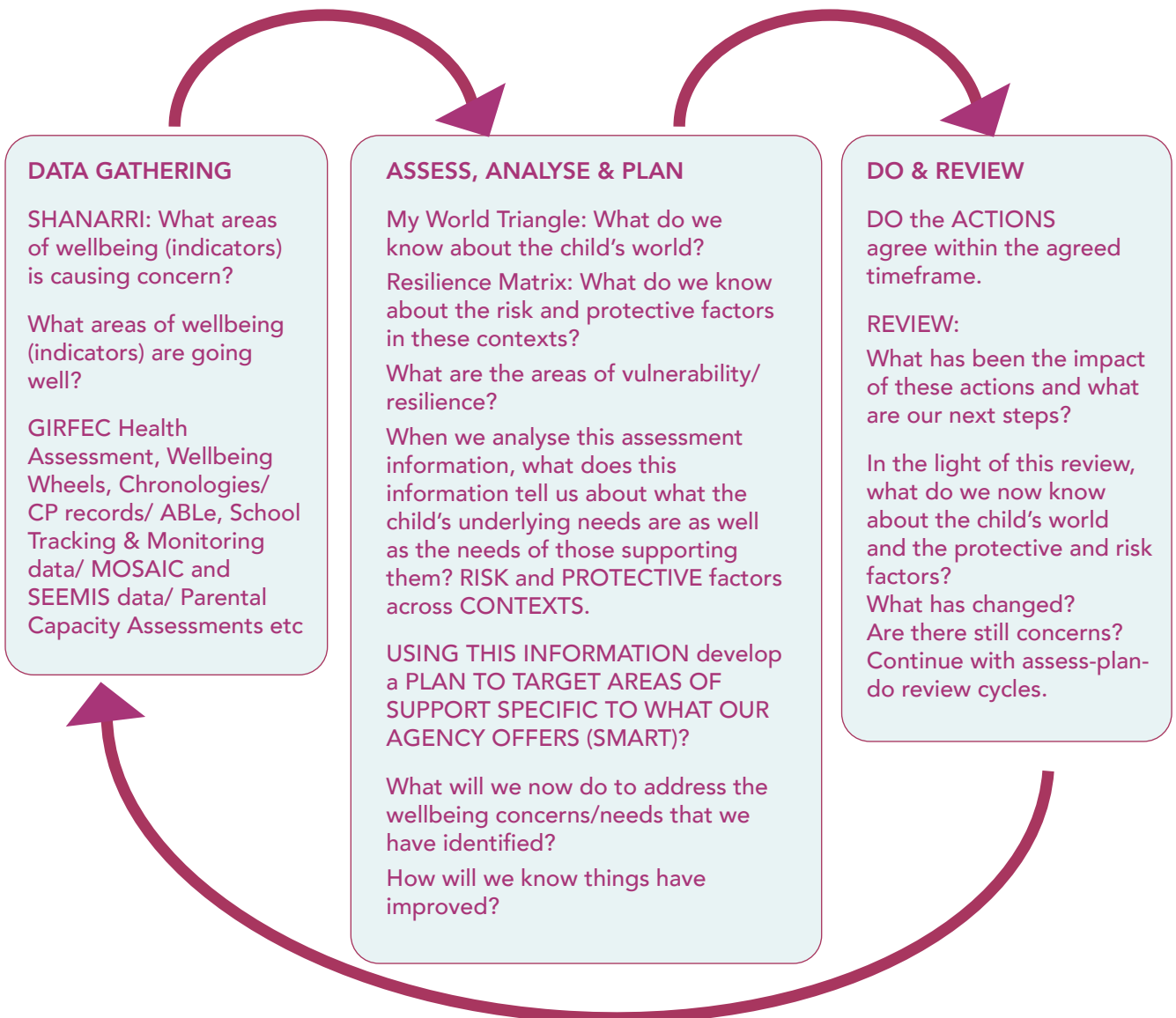
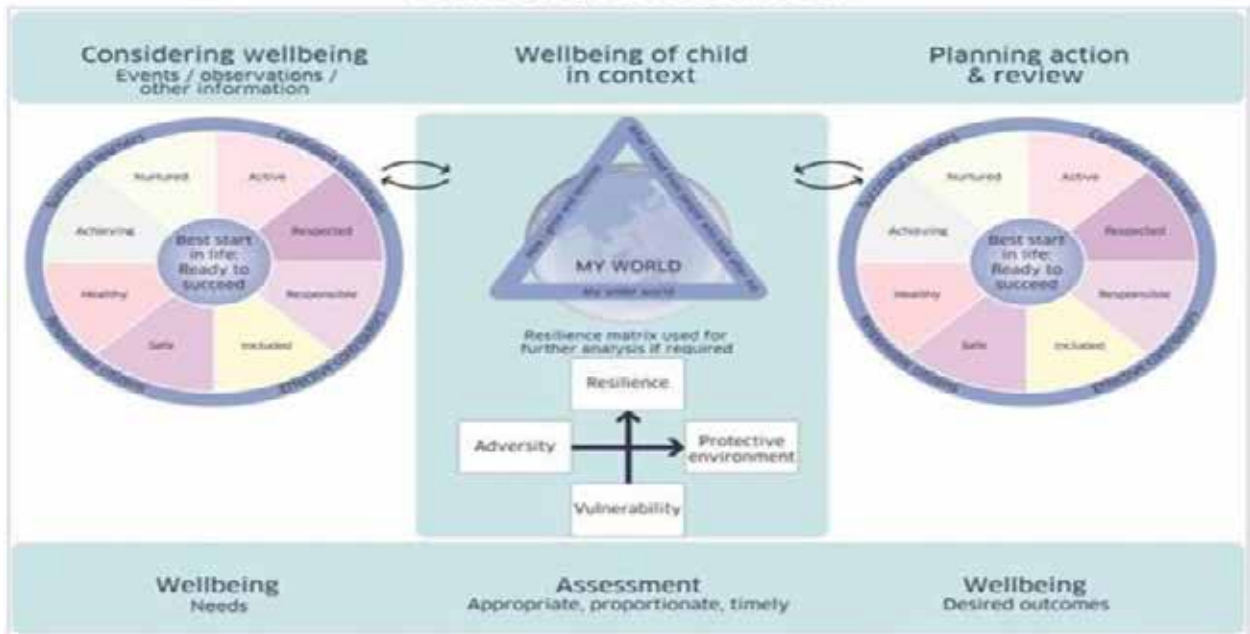


Figure 1: National Practice Model diagram (taken from www.gov.scot/publications/girfec-national-practice-model supplementary purple text and arrows have added separately).

Assessment Tools incorporating the National Practice Model

Assessment tools support practitioners to generate and make sense of data available to them (e.g. chronologies, Police Concern Reports, attendance, exclusion and attainment trackers, well-being wheels, health and SW reports etc.) regarding additional support and wellbeing needs within and across contexts specific to a child/young person.

Some assessment tools are specific to one particular context such as ABLe in education (www.ableschools.org.uk), with others described in the National Practice Model (NPM) supporting a more holistic assessment across home, school and community (GIRFEC Health Assessment). What these tools share in common is that they support the 3 key assessment processes of data gathering, analysis and evaluation. The National Practice Model (NPM) is central to the GIRFEC model and provides a shared framework for assessment and intervention with a common language across agencies. The NPM is therefore necessary when supporting 'additional level' cases or where multi-agency working moves towards 'targeted level' or statutory supports for a YP. The main tools within the NPM include the 5 GIRFEC questions, chronologies, SHANARRI indicators, my world triangle and the resilience matrix. Key features of the NPM tools are described below.

The 5 GIRFEC Questions are central to the assessment pathway and should be routinely part of the discourse for a child/young person where there are concerns relating to wellbeing needs. They are:

1. What is getting in the way of this child's 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?

These questions will support the ongoing process of identifying and supporting needs from the perspective of agency specific roles at all levels of intervention.

A **chronology** is a critical tool that sets out details of key events in a child's life in sequential date order using a specified format. Chronologies contribute significantly to the data gathering process of assessment and therefore have a specific guideline for this reason (see chronology section in TATC framework guide). As can be seen (Figure 1 above) there are many sources of context specific data (e.g. ABLe, MOSAIC, SEEMIS and EMIS records, School Attainment Tracking and monitoring, Police Concern Reports, health information e.g. new diagnosis of illness, attendance at A&E, housing information, information relating to significant adults within family, engagement with services, parent capacity assessments etc.) that can feed into the chronology and data gathering process. The NPM stipulates that each agency involved with a child and their family should collate key information relating to accumulating risk from the universal level into a single agency chronology. Analysis is an ongoing part of making sense of data and therefore where risk increases and there is a need for a more holistic overview of risk, partner agencies should actively work to combine and consolidate their single agency chronologies into a multi-agency chronology to establish shared intervention.

The SHANARRI Wellbeing Indicators provide a framework to consider the data specifically in relation to a range of areas of wellbeing need. They are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. These wellbeing indicators provide a 'shared language' across agencies to record concerns, risks and protective factors influencing the situation for a Child or Young person. The wellbeing indicators can be a useful guide when considering the service required to support a targeted area of need (e.g. 'achieving' for education), however, given needs span different contexts (e.g. 'achieving' in the community, 'safe' in school/home/community, 'health' physical or wellbeing) the framework should not be used too prescriptively when assigning service supports.

The My World Assessment Triangle supports a holistic assessment. This looks at the world in which the young person lives and what they need to grow and develop healthily. It relies on data from various sources to evaluate the impact of a child's current situation on their wellbeing. It considers factors contributing to needs that go beyond the scope of the individual's own developmental needs. This tool can be used at all levels of intervention depending on the data that is available to inform the process (e.g. at a single agency level Education may incorporate an assessment from CLD to inform a broader understanding of need that may result in interventions targeting family or community support that then impacts positively on a child's wellbeing). At a multiagency level this tool is paramount as it allows for the integration of multiagency assessment and encourages debate and problem solving in relation to differing professional perspectives. This adds to the efficacy of the assessment generated through a TATC process.

The Resilience Matrix is a key tool used to formulate a shared analysis of the assessment gathered through the TATC process by highlighting the risk and protective factors within a child/young person's life. It supports the process of clarifying the balance between risk and protective factors and the impact that these are having on a YP's development. Informed decisions targeting risk can then be made taking into consideration areas of vulnerability and resilience pertaining to the individual.

The assessment generated from the data gathering and use of NPM tools in the TATC process will feed into plans where Outcomes for YP will have clear actions and be subject to a review process where impact is evaluated. This in turn creates new evidence/data of the impact of support across different contexts.

Example Case Study

Assessment using the tools including the NPM:

[Internal Link](#)

[External Link](#)

¹ Source: Practice Guide to Chronologies (Care Inspectorate: 2017)

Single and Joint Agency Plans

This Dundee Assessment Pathway is complemented by single agency plans as well as multiagency plans. An overview of relevant planning documents for different stages of intervention are summarised in Table 1 below. The main function of planning and review is to support outcomes. All plans should include:

Desired outcomes that must be:

- Specific to the needs identified for the child in their current situation in relation to the wellbeing indicators (e.g. SHANARRI).
- Realistic and Achievable –within the timescale, given the support that is available from services and family as well as the capacity of the Child/Young Person.

Actions need to be:

- Agreed by all.
- They must be Specific, Measurable, Achievable, Relevant and Time-based (SMART) and clearly indicate roles of who is leading on each action. Those supporting actions need to be reflective and critical of the function and potential impact of the supports/ actions to inform the next cycle of assessment and planning.
- Allocated a timeframe with named agency/person supporting the action.

Review and subsequent TATC meetings must:

- Focus on the actions agreed at the previous plan and assess their effectiveness and impact. Assessing the impact of the previous actions (i.e. analysing the evidence about how the actions/interventions have affected the young person/family).
- Provide contextual assessment information that helps inform the ongoing process of support/next steps required. Without an evidence informed review, it is very difficult to accurately measure the impact of supports and changes in wellbeing and therefore the need for agency involvement.

Planning at the single agency level sits with universal services (Namely Health Visiting and Education). The additional level requires a level of co-ordination and can continue to sit with Education (Child/Young Person's Plan – CYPP Education) or health before school age. At the point in the staged process where a 'lead' professional is required to be appointed the responsibility for 'co-ordination' and planning sits with the 'lead professional' and the Child's Plan relevant to their service (e.g. Child/Young Person's Plan Education or Social Work). This should function as a multiagency tracking document to follow assessed risk and intervention over time. The role of the Lead professional is to ensure that the CYPP is accurate, co-ordinated and carried out in the interest of the child/ young person. Education always maintain the responsibility for the planning and review of the Educational needs even when the lead professional is from another agency.

Table 1 – Overview of Plans used at different stages of intervention by Services

Name of Plan	Stage of Intervention	Function of Plan
ABLE: Group or Class	Universal	<p>Supporting learning underpins the delivery of Curriculum for Excellence for all children and young people and it is the responsibility of all practitioners and partners to deliver the universal entitlement within their own context and teaching environment.</p> <p>A class/group ABLe plan describes the key barriers to learning experienced by children/young persons and the adjustments to the environment that are made as part of the universal provision/support in that setting.</p> <p>For children/young persons who require more support than that which is detailed on the class plan, a group ABLe plan might be appropriate (e.g. if there is more than one child/young person requiring further support of this nature).</p>
<p>Additional Learning Plan including ABLe:</p> <p>Part 1 Individual ABLe plan</p> <p>Part 2 Additional Learning Plan</p>	Universal	<p>Should a child/young person require further adjustments to be made to meet their specific individual needs, then an individual ABLe plan might be necessary (Link).</p> <p>This document has two parts: Part 1 is the ABLe plan and Part 2 is the Additional Learning Plan. A child/young person can have either Part 1, Part 2 or both Parts 1 and 2 depending on their individual needs.</p> <p>When planning and monitoring literacy, numeracy and Health and Wellbeing for more individualised target setting, this should be done through curricular planning using the Additional Learning Plan (Part 2). This will inform any further planning and assessment for that child/young person using both the curriculum frameworks and the milestones.</p> <p>The evidence from this plan forms the school context assessment of an individual’s needs.</p>
Individual Care Plan/Risk Management (Education) (link)	Additional/ Targeted	<p>This is used when a child has displayed a behaviour of significant concern and there is a foreseeable RISK that this may happen again. The plan highlights both helpful and unhelpful responses as well as medical protocols and other techniques to support the child. This should be used as a working document and should be reviewed regularly and shared with all those involved with that child so there is a consistency of approach.</p> <p>The evidence from this plan forms the school context assessment and management of risk.</p>

Name of Plan	Stage of Intervention	Function of Plan
<p>Child/Young Person's Plan (CYPP)</p> <p>Child/Young Person's Plan (CYPP)</p>	<p>Additional and Targeted</p>	<p>If a child/young person has a level of support which requires a greater than usual degree of coordination and/or if concerns are related to wellbeing more widely, then a CYPP might be required. A child/young person can have both an ABLe plan (describing the barriers to learning and the support/strategies in place to address that barrier) and a Child's Plan detailing the protective factors, risk factors, support required. The ABLe plan can be referred to in the Child's Plan rather than detailing the strategies within the Child's Plan and how that support is coordinated.</p> <p>A CYPP SW plan is used if they become 'lead' professional. This plan will be informed by the Child's Plan (Education) as well as a range of statutory assessments in line with their legislative requirements (e.g. The Children (Scotland) Act 1995, The Looked After Children (Scotland) Regulations 2009). The evidence from these plans form the evaluation of single and multi-agency efforts to support the needs of a YP/family.</p>
<p>Coordinated Support Plan (CSP)</p>	<p>Additional and Targeted</p>	<p>If the co-ordination required is to meet EDUCATIONAL ASN outcomes based on the criteria listed below then a Co-ordinated Support Plan is required under Additional Support Needs legislation:</p> <ul style="list-style-type: none"> • one of more complex issues and multiple factors • those needs are likely to continue for more than a year, and • those needs require significant additional support to be provided by Children and Families Service in the exercise of any of their other functions as well as in the exercise of their functions relating to education, or by one or more appropriate agencies (within the meaning of section 23(2)) as well as by the Children and Families Service themselves. The evidence from this plan links to the relevant CYPP with the focus being on supporting the educational objectives.
<p>GIRFEC Health Assessment single agency plan.</p>	<p>Universal</p>	<p>Provides a summary of the child's health and wellbeing needs and desired outcomes to be achieved. Identifying realistic actions, who is responsible for these and reviews progress and improvements, keeping the child and family as the focus. This is co-ordinated through the Health Visitor, Family Nurse or School Nurse.</p>

Roles and Responsibilities

The role of co-ordinating agencies to ensure timely assessment and planning lies with the 'relevant' (previously 'named') or 'Lead' person. When they identify or receive information that could be indicative of an ASN or wellbeing concern in relation to a child or young person they must follow this assessment and planning pathway. This assessment pathway does not preclude the use of child protection procedures and guidance where necessary (The document can be found at ['2019 CFS Education CP Instructions September 19.pdf'](#)).

Purpose of Recording

Recording of assessment information, appropriate planning and intervention, analysis and review is necessary for a number of purposes:

Where there is a legislative duty to do so

- In order to track and monitor progress of Wellbeing, Additional Support Needs and emerging risk or protective factors
- As a basis for sharing information in ways which are valid, reliable, ethical and defensible
- To identify trends at cohort level, e.g. numbers of children and young people with particular needs and stages of intervention, which then allows resources to be targeted effectively
- To provide information on outcomes and impact which can be used for reporting purposes at individual, school/nursery/care and authority levels. These will tie in with quality improvement frameworks pertaining to Education, Health and Social care standards.

Recording can take different forms depending on the management information systems in place for different agencies. These are referred to in the stages of intervention in the TATC guidance. Recording which takes place on Mosaic in the Children & Families Service should follow the TATC workflow process.

Self-Evaluation for Improvement Planning

Each agency/service area has its their own professional frameworks for self-evaluation and improvement planning with sources of evidence which tell us how good our processes are and what impact they are having on children and families. These include: HGIOS 4/HGIOELCC (Nurseries and Schools); the Care Inspectorate Quality framework (QIF); and Healthcare QIF. Auditing of assessment and planning processes will provide one source of evidence within these frameworks.



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