

GIRFEC Practice Profile for Health and Education professionals holding the Named Person function



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Introduction

Practice profiles set out the core components of a practice, programme or intervention and describe the key activities that are associated with each core component.

The benefits of practice profiles include:

- Provide a full operationalisation of a practice, programme or intervention – so that it can be taught, learned and implemented with consistency and clarity.
- Inform the development of training, coaching and fidelity strategies to support the practice, programme or intervention's implementation.
- Increase the ability of the practice, programme or intervention to be replicated in other settings or contexts.

The **Getting It Right for Every Child (GIRFEC) Practice Profile for Health and Education Professionals** articulates the core components and associated activities of the Named Person function. It is therefore primarily designed to inform, guide and support the practice of health visitors, family nurses and promoted teachers and staff who hold the Named Person function in Scotland.

Developed by NHS Tayside health visitors, family nurses, team leads and managers and Dundee City Council teachers, educational psychologists and managers, with support from CELCIS, the Practice Profile aims to incorporate and demonstrate the skills, competencies and behaviours that are associated with key national education and health policies and developments. Policies and developments reviewed include:

- **Getting It Right for Every Child** values, principles and National Practice Model (Scottish Government)
- **The Promise** (Independent Care Review, 2020)
- **United Nations Convention on the Rights of the Child**
- **Children and Young People** (Scotland) Act 2014
- **Universal Health Visiting Pathway in Scotland** (Scottish Government, 2015)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing and Midwifery Council, 2015)
- **Solihull Approach** to supporting emotional health and wellbeing.
- **Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce** (NHS Education for Scotland, 2017)
- **The Standards for Registration: mandatory requirements for Registration with the General Teaching Council for Scotland** (2012)
- **Applying Nurture as a Whole School Approach** (Education Scotland)
- **Access to counselling in secondary schools: guidance** (Scottish Government, 2020)

Values and Principles

The Practice Profile aims to reflect the core concepts contained in the national education and health policies and developments above. These have been articulated as the Values and Principles of the GIRFEC Named Person function:

- Supportive of child development
- Strengths-based
- Unconditional positive regard
- Person-centred response
- Outcomes-focused
- Prevention and early intervention
- Best interests of the child
- Trauma-informed
- Relationship-based practice
- Full participation of children and parents
- Supportive of emotional containment (Solihull Approach)
- Self-evaluation and continuous improvement

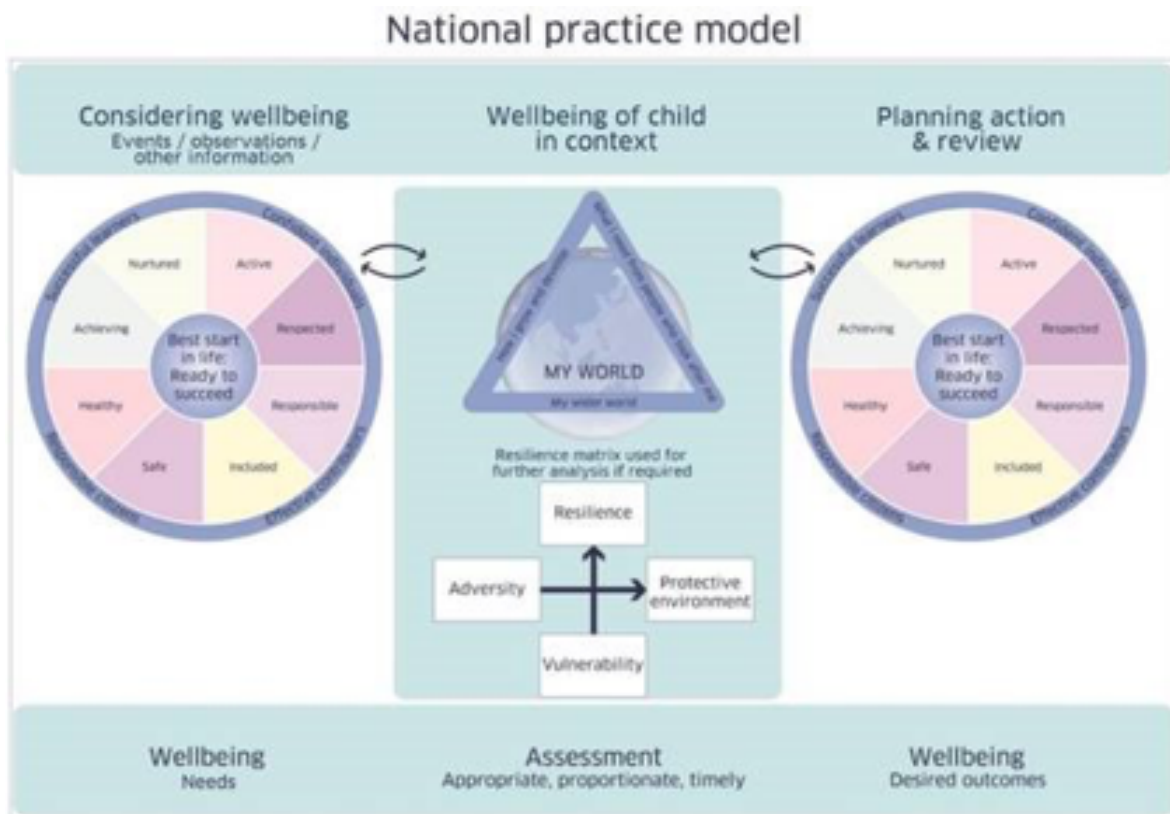
Core Components

The Practice Profile has been organised around seven core components of the GIRFEC Named Person function. While the core components are presented separately, the GIRFEC Named Person function involves attending to all core components, acknowledging that the extent to which each core component and sub-component can be practiced will be dependent on the type and purpose of the interaction with individual children and families.

ALL CHILDREN			
A) Build a Warm, Working Partnership with the Child and Family (page 6)	B) Offer Emotional Support by Listening to Understand (page 8)	C) Maintain Overview of Child's Wellbeing (page 12)	G) Enable Children and Families to Make Changes and Support Transitions to Other Services (page 23)
CHILDREN WITH IDENTIFIED WELLBEING CONCERNS			
D) Using the GIRFEC National Practice Model, Respond to Identified Concerns (page 15)	E) Coordinate Targeted Assessment of Need (page 17)	F) Plan Together (page 19)	

Summary of GIRFEC National Practice Model

The GIRFEC National Practice Model sits at the core of this Practice Profile and a summary of the five wellbeing questions, SHANARRI Wellbeing Indicators, My World Triangle and Resilience Matrix is given below.



Five GIRFEC Wellbeing Questions

- What is getting in the way of this child's wellbeing?
- Do I have all the information I need to help this child?
- What can I do now to help this child?
- What can my agency do to help this child?
- What additional help, if any, may be needed from others?

To operationalise the GIRFEC Named Person function, three practice levels have been developed for each core component and sub-component:

- **Ideal practice.**
- **Developmental practice.**
- **Unacceptable practice.**

Descriptors for the three practice levels are set out in the table below.

Ideal practice	Developmental practice	Unacceptable practice
<p>Practitioners in this category are able to consistently and confidently apply the required skills and abilities in a wide range of settings and contexts</p> <p>They use these skills consistently and independently, and sustain them over time while continuing to grow and improve in their position</p> <p>Words used to describe ideal activities may include “consistently”, “all the time” and “in a broad range of contexts”</p>	<p>Practitioners in this category are able to apply required skills and abilities, but in a more limited range of settings and contexts.</p> <p>They use these skills inconsistently or can successfully apply these skills with the support of supervision or coaching</p> <p>A coaching agenda that targets particular skills for improvement would be beneficial in moving users into the ideal implementation category</p> <p>Words used to describe developmental activities may include “some of the time,” and “in a limited range of contexts”</p>	<p>Practitioners in this category are rarely demonstrating the required skills or abilities</p> <p>Words used to describe under-developed activities may include “rarely” or “none of the time”</p> <p>Practicing in this category may indicate challenges related to the overall implementation of the model. For example, issues related to selection and training, how the model is managed, or how data is used to inform continuous improvement</p>

Adapted from: Ohio Department of Job and Family Services (2015) Ohio Differential Response Practice Profile

A) Build a Warm, Working Partnership with the Child and Family

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently communicate with the child and family in a warm, kind, compassionate and accessible manner.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Demonstrate welcoming body language (such as smiling, leaning forward, getting down to the child's level, and nodding to indicate interest and understanding of what is being communicated)</i> • <i>Use child or family member's preferred name or title</i> • <i>Use clear, simple language</i> • <i>Find and adapt solutions to communication and additional support needs (such as sourcing interpreters, communication tools and strategies)</i> • <i>Access specialist (e.g. speech and language therapist) support and coaching to understand and use communication strategy or tool(s) that work best for the child</i> 	<p>Practitioners in this category are able to consistently and confidently apply the required skills and abilities in a wide range of settings and contexts.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Use professional and technical language, including abbreviations and acronyms, with infrequent or limited explanation of their meaning</i> • <i>Make some attempt to modify communication based on child or family needs or differences</i> 	<p>Practitioners in this category are able to consistently and confidently apply the required skills and abilities in a wide range of settings and contexts.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not ask and use the child's or family member's preferred name or title</i> • <i>Use professional and technical language (including abbreviations and acronyms) without any explanation of their meaning</i> • <i>Demonstrate closed/authoritarian body language (folded arms, seated at distance or behind desk; lack of eye contact)</i> • <i>Use only one style and/or method of communication. Make no attempt to modify communication based on child or family needs or differences.</i> • <i>Do not have resources for and/or rarely use alternative communication methods</i>
<p>Consistently prepare for interactions with the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Read notes/records to recall important family details (e.g. names, family structure, family's story etc.)</i> • <i>Avoid children and families having to 'tell their whole story again'</i> • <i>Pick up on where Named Person's last interaction finished</i> 	<p>Inconsistently prepare for interactions with the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Have general information about child and family history and circumstances, but lack detail and clarity</i> • <i>Provide some explanation of the reason for the interaction to the child or family, but without clarity on its purpose or intended outcomes</i> 	<p>Do not prepare for interactions with the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not read notes/records to recall important family details (e.g. names, family structure, family's story, etc.), meaning no continuation from last interaction</i> • <i>Are unclear on the purpose of the interaction</i> • <i>Do not explain the purpose of the interaction to the child or family</i>

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • <i>Are confident in knowing what the purpose or intended outcomes of the interactions are.</i> 		
<p>Consistently take opportunities to have naturally occurring conversations with the child and family to show a genuine interest in their lives.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ask about the child and family's day, hobbies, interests or holidays</i> 	<p>Ask questions about the lives and interests of the child and family, but do not engage with what is shared.</p>	<p>Make no attempt to build a rapport with the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not ask about the lives and interests of the child or family</i> • <i>Only focus on professional issues</i>
<p>Have a clearly communicated 'open door/access' policy so that the designated Named Person is easily contactable for the family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ensure contact details (phone, email and/or in person) for Named Persons service/school are provided for times when the designated Named Person is not available</i> • <i>Return contact made by the family within one business day</i> 	<p>Make the family aware they can contact Named Person service/school in the designated Named Person's absence, but do not provide specific contact details.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently return contact made by the family within one business day</i> 	<p>Do not provide a method for the family to contact the designated Named Person.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not provide contact information for the Named Person service/school when the designated Named Person is unavailable</i> • <i>Take more than two business days to respond to contact made by the family</i>

B) Offer Emotional Support by Listening to Understand

Ideal practice	Developmental practice	Unacceptable practice
<p>Treat the child and family with respect and accept them as individuals, allowing the child and family uninterrupted time to share and explain their views wherever possible.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Listen to, acknowledge and value their views and decisions (active listening) • Respond to their questions or points of confusion • Use open and non-judgemental questions • Use 'talk back techniques' to ensure communication is understood • Use verbal and non-verbal signs to demonstrate to the child or family that they are being listened to and encourage them (e.g. nodding and smiling) • Show an understanding of the child or family's underlying, individual needs 	<p>Give the child or family limited opportunities to share their views.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Where the child or family share their views, spend limited time to discuss and understand their perspective • Provide some clarification to questions or signs of confusion raised by the child or family • Show some understanding of child or family's underlying, individual needs 	<p>Rush the interaction and only focus on getting what the professional needs from the interaction.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Prioritise completing paperwork or keep to set agenda/formats, rather than attend to the needs of the child or family • Do not allow time to hear the views of the child or family • Do not listen to, or dismiss as irrelevant, the views expressed by the child or family • Make unsubstantiated judgements about the child or family • Do not clarify questions or signs of confusion raised by the child or family • Show no understanding of child or family's underlying, individual needs
<p>Consistently demonstrate awareness and take account of family, ethnic and cultural factors and circumstances.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Aware of when to remove shoes (particularly when visiting families' homes) and when it is appropriate to arrange a visit/meeting, taking account of religious practices • Ask questions about individual family's work patterns, values, language, and traditions to understand and respect their unique circumstances 	<p>Demonstrate some awareness and take account of family, ethnic and cultural factors and circumstances.</p>	<p>Do not adjust behaviour to demonstrate awareness of family, ethnic and cultural factors and circumstances.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not ask when it is appropriate to arrange a visit/meeting, or about cultural or family traditions that the family wish to be respected • Use labels or language that reflects stereotypes or belittles the family's culture, history, situation or behaviours

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently consider whether the physical (or virtual) spaces where interactions with the child and family are taking place are private, safe and free of distractions; including which other family and friends/supporters are present at the time.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Where possible, use or adapt (physical or virtual) spaces that are private, safe, and free of distractions so that the child and family feel comfortable to talk openly</i> • <i>Postpone more sensitive/personal conversations until a more appropriate opportunity</i> 	<p>Inconsistently consider whether the physical (or virtual) spaces where interactions with the child and family are taking place are private, safe and free of distractions; including which other family and friends/supporters are present at the time.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Adapt (physical or virtual) spaces to be private, safe and free of distractions, including asking other family and friends/supporters to leave, but without providing an explanation as to why</i> • <i>Demonstrate some flexibility in how interaction proceeds and/or is managed when spaces are not private, safe and free of distractions</i> 	<p>Do not consider whether the physical (or virtual) spaces where interactions with the child and family are taking place are private, safe and free of distractions, including which other family and friends/supporters are present at the time.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not adapt (physical or virtual) spaces to ensure they are private, safe and free of distractions, to allow the child and family to feel comfortable to talk openly</i> • <i>Stick to the set agenda of the meeting, regardless of any uncondusive circumstances</i>
<p>Consistently respond calmly and with understanding to the child or family's negative emotions or reactions (e.g. anxiety, distress, anger or withdrawal) that are discussed or triggered during interactions.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Support the child or family to make sense of their feelings, emotions and reactions (provide emotional containment)</i> • <i>By sensitively asking, naming and exploring the feelings that are noticed or identified</i> 	<p>Acknowledge the child and family's negative emotions or reactions that are discussed or triggered during interaction, but do not demonstrate an understanding of these or support the child or family to make sense of them.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently respond to presenting behaviours, emotions and reactions</i> • <i>Demonstrate awareness of contributing factors that may be impacting on the child or family but do not fully appreciate the effect these factors may have on the child or family's presenting behaviours</i> 	<p>Do not acknowledge the child and family's negative emotions or reactions that are discussed or triggered during interactions.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Exhibit anxiety, frustration or withdraw when the child or family react negatively during an interaction</i> • <i>Provide no empathy or understanding to presenting behaviours</i> • <i>Take no account of contributing factors that may be impacting on how the child or family are presenting</i>

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • 'I notice this makes you happy / sad / anxious / angry'; 'You're not seeming yourself today' • Consider and explore the contributing factors to the child or family's behaviour <ul style="list-style-type: none"> • Developmental delays • Language and communication difficulties • Mental or physical health issues • Unsettled home environment • Bereavement • Use professional judgement to decide next steps when a challenging or unexpected situation arises for the child or family • Explain to the child or family if their behaviours or actions are unacceptable or inappropriate (e.g. aggression or abusive language) and why 	<ul style="list-style-type: none"> • Delay in responding to and seeking appropriate support from others when a challenging or unexpected situation arises for the child or family • Communicate what behaviours that are unacceptable or inappropriate, but without explanation or rationale as to why 	<ul style="list-style-type: none"> • Do not ask for support from others when struggling to manage the situation • Do not clearly communicate what is expected from the child or family, particularly related to unacceptable or inappropriate behaviour (e.g. aggression or abusive language)
<p>Are aware of and manage own feelings, emotions, reactions and behaviours (emotional intelligence) when responding to, and interacting with, the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Appropriately adapt communication style, reactions and behaviours in the moment • Ask for support from colleagues if you feel unable to manage the situation 	<p>Sometimes struggle to manage own feelings, emotions, reactions and behaviours (emotional intelligence) when responding to and interacting with the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Struggle to appropriately adapt communication style, reactions and behaviours in the moment 	<p>Are not aware or do not manage own feelings, emotions, reactions and behaviours (emotional intelligence) when responding to and interacting with the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not adjust own behaviour when appropriate, such as communication style, tone of voice, and body language

Ideal practice	Developmental practice	Unacceptable practice
<p>Treat information that is shared by the child or family professionally and sensitively, respecting their confidentiality and privacy.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Understand the circumstances in which information may be shared with other professionals or agencies</i> • <i>Understand that relevant and proportionate information can be shared without the child and family's agreement when there is a child or adult wellbeing or protection concerns</i> 	<p>Are unclear on the circumstances in which information may be shared with other professionals or agencies.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Are not clear with the child or family from the outset under what circumstances information about them may need to be shared with other professionals (i.e. where there are child or adult wellbeing or protection concerns)</i> • <i>Show some unfamiliarity with child or adult protection procedures when required</i> 	<p>Share unnecessary information about the child and family; compromising the confidentiality or privacy of the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not provide the child or family with any information about what personal information may need to be shared with other professionals and under what circumstances (i.e. where there are child or adult wellbeing or concerns)</i> • <i>Do not follow local child or adult protection procedures when required</i>

C) Maintain Overview of Child's Wellbeing

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently gather, analyse, assess and act on (where appropriate) available/ recorded information on the child's health and wellbeing to help identify any wellbeing concerns or patterns of neglect and/or abuse.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Attendance at nursery/ early years centre, school, medical appointments or third sector supports • Health or educational records, including chronologies and child files 	<p>Gather, analyse and assess some information that offers a level of insight into the child's wellbeing concerns or patterns of neglect or abuse; and inconsistently act on the information.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Gather and analyse some information but do not recognise importance of other/missing information • Do not consistently analyse information to identify the child's wellbeing concerns or patterns of neglect or abuse at the earliest opportunity 	<p>Do not gather, analyse, assess or act on (where appropriate) available information in relation to wellbeing concerns or patterns of neglect or abuse.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Gather some information but do not analyse it • Do not understand how identified concerns, needs and risks interact and impact upon the child or family • Do not understand the potential outcomes for the child or family if concerns, needs or risks are not attended to
<p>Consistently observe for, record and review any (early) unmet needs, wellbeing concerns or potential signs of neglect or abuse (visual, verbal, emotional or behavioural) that might affect the child (see indicative list below)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Regularly observe the child, or seek observations by other professionals, to have overview of the child's wellbeing • Consider how the child's concerns, needs or behaviours may have changed over time • Understand how wellbeing concerns or behaviours may be potential signs of neglect or abuse 	<p>Inconsistently observe for, record and review unmet needs, concerns for wellbeing or potential signs of neglect or abuse (see indicative list below)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Observe or seek other professionals' observations of the child on an infrequent basis • View the observations in isolation and not consider how the child's concerns, needs or behaviours may have changed over time • Have some understanding of how wellbeing concerns or behaviours may be potential signs of neglect or abuse 	<p>Do not observe for, record or review unmet needs, concerns for wellbeing or potential signs of neglect or abuse (see indicative list below)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Carry out observations of the child or gather observations from other professionals but do not analyse them • Do not understand how wellbeing concerns or behaviours may be potential signs of neglect or abuse

Ideal practice	Developmental practice	Unacceptable practice
<p>Types of concerns, needs or behaviours to observe for:</p> <ul style="list-style-type: none"> • Possible signs of developmental delay • Parent-child interaction concerns • Home environment (where home visit carried out), including cleanliness, safety and evidence of financial struggles • Unclean and inappropriate clothing • Poor hygiene, including dental hygiene <ul style="list-style-type: none"> • Poor nutrition • Persistent tiredness • Persistent illnesses • Withdrawn/passive demeanour • Anxious/upset • Easily upset and hard to calm down • Distressed behaviour in class • Playground incident • Bullying • Non/late attendance • Attention difficulties <ul style="list-style-type: none"> • Not keeping up in class • Change in behaviour/demeanour • Parent wellbeing that might impact on the child, e.g. mental health, domestic abuse, alcohol/drugs use • o Parent disengagement, disinterest or avoidance behaviours 		
<p>Consistently observe for, record and communicate to the child and family their strengths and achievements, suggesting how these could be used and drawn upon to make positive changes in their lives.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Personal qualities and skills (e.g. health, confidence, resilience, determination) • Strengths within their family and/or wider network (e.g. supportive friends, local groups) 	<p>Take some account of strengths, but mainly observe for, record and communicate child and family weaknesses and areas of struggle.</p>	<p>Take a deficit-based approach by only observing for, recording and communicating child and family weaknesses and areas of struggle.</p>
<p>Consistently use creative and flexible approaches to observe the wellbeing of the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Naturally enquire and weave assessments into conversations and interactions • Actively listen to child or family tell their stories • Observe child or family interacting with peers and in different settings 	<p>Attempt using different approaches to observe the wellbeing of the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Struggle to skilfully adapt approach to observing in different contexts, environments and circumstances 	<p>Adopt a one-dimensional approach to observing the wellbeing of the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Only observe child or family in one context • Use a procedural approach to undertaking health and wellbeing assessments of the child or family

Ideal practice	Developmental practice	Unacceptable practice
		<ul style="list-style-type: none"> • Ask questions of the child and family in a formal, directive and process-driven manner, not taking into account the individual needs and immediate presenting circumstances of the child or family • Ask intrusive questions of the child or family without any explanation or rationale for doing so
<p>Cultivate 'open access' and collaborative working relationships with other professionals involved with the child or family so they are able to contact the Named Person/ service with any wellbeing concerns they notice.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Take opportunities to introduce yourself and explain your role • Establish preferred means of communicating (e.g. email or telephone) • Work collaboratively with other professionals • Respond promptly and professionally to information requests • Initiate contact where shared perspective is helpful • Acknowledge and record any concerns that are shared 	<p>Build moderate relationships with some professionals involved with the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Be reactive rather than proactive in contacting other professionals • Inconsistently or belatedly acknowledge or record concerns raised by other professionals • Work collaboratively with other professionals on some occasions 	<p>Do not build relationships or communicate with other professionals involved with the child or family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not initiate contact with other professionals • Do not acknowledge or record concerns raised by other professionals • Do not work collaboratively with other professionals

D) Using the GIRFEC National Practice Model, Respond to Identified Concerns

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently and skilfully use the five GIRFEC wellbeing questions, SHANARRI Wellbeing Indicators, My World Triangle and Resilience Matrix to consider the child's wellbeing.</p> <p><i>See p.3 for overview of GIRFEC National Practice Model</i></p>	<p>Inconsistently use the five GIRFEC wellbeing questions, SHANARRI Wellbeing Indicators, My World Triangle and Resilience Matrix to consider the child's wellbeing.</p> <p><i>See p.3 for overview of GIRFEC National Practice Model</i></p>	<p>Do not use the five GIRFEC wellbeing questions, SHANARRI Wellbeing Indicators, My World Triangle and Resilience Matrix to consider the child's wellbeing.</p> <p><i>See p.3 for overview of GIRFEC National Practice Model</i></p>
<p>Sensitively explore identified concerns or signs of neglect with the child or family.</p> <p>Definition of neglect: 'the persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health or development'</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Communicate openly and transparently with the child and family</i> • <i>Use open and non-judgemental questions, mindful of any disclosures, emotional or physical triggers – for example:</i> <ul style="list-style-type: none"> • <i>Tell me about the meals you eat at home. Is there enough to go around? Are you ever left hungry?</i> • <i>I notice you've not been in school much recently. What can you tell me about it?</i> • <i>I notice you've have been unwell for a while. Have you been to a doctor?</i> • <i>Respond in an empathetic manner</i> 	<p>Inconsistently engage with the child or family when responding to identified concerns or signs of neglect.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Explore concerns or signs of neglect with some children and families, but not all, where concerns are identified</i> • <i>Explore concerns or signs of neglect with the child or family but in a direct and insensitive manner</i> 	<p>Do not notify, or explore with, the child or family any identified concerns or signs of neglect.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not involve or engage with the child or family when responding to an identified concern or sign of neglect</i>

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently consult with other, relevant professionals to make sense of any concerns or signs of neglect</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Professionals within own service</i> • <i>Professionals from other services /agencies</i> 	<p>Inconsistently involve other, relevant professionals to make sense of any concerns or signs of neglect.</p>	<p>Work in isolation without involving other professionals to make sense of any concerns or signs of neglect.</p>
<p>Consistently follow local processes and procedures when escalating identified concerns or signs of neglect.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Understand and use local GIRFEC processes or Child or Adult Protection processes, including making appropriate decisions on whether to arrange a Team Around the Child meeting</i> • <i>Systematically record details of any information that has been shared</i> <ul style="list-style-type: none"> • <i>Follow information sharing guidelines</i> • <i>Record type of information shared, who it was shared with, and when it was shared</i> 	<p>Inconsistently use local processes and procedures when escalating identified concerns or signs of neglect.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Have some understanding and use of local GIRFEC processes or Child or Adult Protection processes</i> • <i>Inconsistently decide whether to arrange a Team Around the Child meeting</i> • <i>Demonstrate some awareness of information sharing guidelines and processes</i> • <i>Record some details of any information that has been shared</i> 	<p>Do not follow local processes and procedures when escalating identified concerns or signs of neglect.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Have no awareness of local GIRFEC processes or Child or Adult Protection processes</i> • <i>Do not or rarely decide to arrange a Team Around the Child meeting</i> • <i>Have no awareness of information sharing guidelines and processes</i>

E) Coordinate Targeted Assessment of Need

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently request and collate relevant and proportionate information about the child and family from multi-agency professionals to facilitate a holistic assessment.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>From health, education, social work, housing, police, third sector professionals</i> 	<p>Inconsistently request or collate relevant and proportionate information about the child and family from some, but not all, professionals with knowledge of the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Rely mainly on information held by own service</i> 	<p>Do not request relevant and proportionate information about the child and family from multi-agency professionals</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Rely only on information held by own service</i>
<p>Consistently use critical thinking (i.e. objectively analyse and evaluate the information) to skilfully undertake a holistic (GIRFEC) assessment of the child's wellbeing.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Gather all relevant information and use it to form assessment</i> • <i>Assess the validity and relevance of information gathered from different sources (e.g. own service, other professionals, child and family)</i> • <i>Use the GIRFEC National Practice Model or other assessment tools as appropriate to support and structure a holistic assessment</i> • <i>Assess for all factors:</i> • <i>Strengths, abilities and resilience</i> • <i>Basic, social, emotional and physical needs</i> • <i>Additional support needs</i> • <i>Protective and risk factors, and how these interact</i> 	<p>Inconsistently use critical thinking (i.e. objectively analyse and evaluate the information) to undertake assessment of the child's wellbeing.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently gather and use information to form assessment</i> • <i>Some assessment of the validity and relevance of information gathered from different sources (e.g. own service, other professionals, child and family)</i> • <i>Inconsistent or incomplete use of the GIRFEC National Practice Model or other assessment tools as appropriate to support and structure a holistic assessment</i> • <i>Assess for most but not all factors</i> 	<p>Do not demonstrate critical thinking skills (i.e. objectively analyse and evaluate the information) in undertaking assessment of the child's wellbeing.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Gather and use minimal information to form assessment</i> • <i>Do not assess the validity and relevance of information gathered from different sources (e.g. own service, other professionals, child and family)</i> • <i>Do not use the GIRFEC National Practice Model or other assessment tools as appropriate to support and structure a holistic assessment</i> • <i>Undertake a partial assessment of the child's wellbeing that considers only some of the factors</i>

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • <i>Relationships with peers, other children, parents, carers and wider family</i> • <i>Cultural and ethnic background</i> • <i>Short, medium and long-term needs</i> 		
<p>Consistently involve the child and family in the assessment wherever appropriate and possible.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Involve the child and family in an inclusive and sensitive manner</i> 	<p>Sometimes seek the child's or family's views in the assessment.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Involve the child or family in the assessment but ask questions in a direct and insensitive manner</i> 	<p>Exclude the child or family in the assessment process.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ask for the child's or parent's views in a tokenistic way (e.g. child or parent present but without appropriate means of communication)</i> • <i>Ignore or dismiss the child's or family's views</i>
<p>Consistently include multi-agency professionals in the assessment where the child's needs extend beyond own skills and expertise.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Speech & language therapists</i> • <i>Mental health practitioners</i> • <i>Educational psychologists</i> 	<p>Sometimes include other professionals in the assessment where the child's needs extend beyond own skills and expertise.</p>	<p>Do not consult with or include other professionals in the assessment where the child's needs extend beyond own skills and expertise.</p>
<p>Record, share and store the assessment of the child in a manner that follows organisational systems, policies and procedures.</p>	<p>Inconsistently record, share and store the assessment of the child in a manner that follows organisational systems, policies and procedures.</p>	<p>Do not record, share and store the assessment of the child in a manner that follows organisational systems, policies and procedures.</p>

F) Plan Together

Ideal practice	Developmental practice	Unacceptable practice
<p>Convene a Team Around the Child / child's planning meeting, where appropriate, to collectively discuss and agree health, learning and/or wellbeing actions and goals.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ask the child, family and other professionals about their individual availability and needs, and then use this information to schedule the meeting at a convenient time and location (physical and/or virtual) for all</i> • <i>Invite all relevant and appropriate participants (e.g. the child, family and other professionals)</i> • <i>Explain to the child and family, in advance, why other professionals are attending the meeting</i> 	<p>Convene a Team Around the Child / child's planning meeting and invite and involve most but not all relevant and appropriate participants in arranging the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ask some meeting participants about their individual availability and needs</i> • <i>Schedule the meeting at a time and location (physical and/or virtual) that is convenient for some participants but not all</i> • <i>Give partial explanation, in advance, to the child and family why other professionals are attending the meeting</i> 	<p>Do not convene a Team Around the Child / child's planning meeting, or only invite and involve some relevant and appropriate participants in arranging the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not ask meeting participants about their individual availability and needs</i> • <i>Schedule the meeting at a time and location (physical and/or virtual) that meets own needs only</i> • <i>Schedule the meeting at short notice so that participants have inadequate time to prepare for and contribute meaningfully to the meeting</i> • <i>Do not give clear explanation, in advance, to the child and family why other professionals are attending the meeting</i> • <i>Cancel or postpone meetings at short notice and/or without clear explanation to the child, family and other participants</i>

Ideal practice	Developmental practice	Unacceptable practice
<p>Offer advocacy, communication, IT/digital and/or other supports to the child and family to help them prepare for the meeting and to enable their voices to be heard in the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Offer support of a Meeting buddy, translator/interpreter, British Sign Language supports or other as appropriate • Offer advocacy, communication and/or other supports and choice to the child and family on who that support comes from • Support is in place in preparation for, during and after the meeting • In advance of using a virtual meeting, child and family's access to IT/data is checked and dialling into the meeting platform is tested 	<p>Inconsistently offer advocacy, communication, IT/digital and/or other supports to the child and family to help them prepare for the meeting and to enable their voices to be heard in the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • No choice given to the child and family on who provides the support • Advocacy, communication, IT/digital and/or other supports are largely in place for the meeting only 	<p>Do not consider or facilitate access to appropriate advocacy, communication, IT/digital and/or other supports for the child and family, which impacts on their ability to be meaningfully involved in the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Not aware of any advocacy, communication and/or other supports that are available within own setting or locally • Do not offer advocacy, communication, IT/digital and/or other supports to the child and family
<p>Hold the meeting in a room or virtual space that feels inclusive, and the child and family are relaxed and comfortable in, wherever possible.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • If using a physical meeting room: <ul style="list-style-type: none"> • Informal, child-friendly room setting • Room large enough for all participants (including for social distancing as appropriate) • Comfortable room temperature • No distractions in or outside the room 	<p>Some attempt to create a (physical or virtual) meeting space that feels inclusive, and the child and family are relaxed and comfortable in.</p>	<p>Hold the meeting in an inappropriate (physical or virtual) meeting space.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • If using a physical meeting room: <ul style="list-style-type: none"> • Official or boardroom room lay out • Room size too small or cramped • Room temperature too hot or cold • Distractions in or outside the room

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • <i>If using a virtual meeting:</i> <ul style="list-style-type: none"> • <i>Digital technology has been tested and works for all</i> • <i>All participants have good internet/ meeting connection</i> • <i>All participants are dialling in from a safe, distraction free space</i> • <i>Child and family have the choice on whether to on screen (i.e. have 'video on')</i> 		<ul style="list-style-type: none"> • <i>If using a virtual meeting:</i> <ul style="list-style-type: none"> • <i>Digital technology has not been tested</i> • <i>Meeting platform is not secure or confidential</i> • <i>Some participants have poor internet/ meeting connection</i> • <i>Some participants are dialling in from a public space</i> • <i>Chair does not ask for preferences around whether wish to be on screen or audio only</i>
<p>Chair the meeting in an inclusive manner so that all meeting participants can actively contribute to the meeting; and in a manner that focuses on the child's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Introduce the professionals to the child and family at the start of the child's planning meeting</i> • <i>Ensure the child's needs are the focus of the meeting; skilfully curtailing any wider discussions</i> • <i>Adapt and find solutions to chairing, communication and additional support needs that arise during the meeting</i> 	<p>Chair the meeting so that some but not all meeting participants can actively contribute to the meeting and focusing on the child's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Partially introduce professionals to the child and family at the start of the meeting</i> • <i>Try to have the child's needs as the focus of the meeting, but wider discussions are allowed to distract the focus</i> • <i>Make some attempt to modify chairing style or method based on child or family needs or differences</i> 	<p>Chair the meeting in a directive, non-participatory way with limited opportunities for meeting participants to contribute and with limited focus on the child's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not give clear introduction to the child and family of the professionals attending the meeting</i> • <i>Use only one style and/ or method of chairing the meeting</i> • <i>The child's needs become secondary to other discussions raised in the meeting</i> • <i>Make no attempt to modify chairing method based on child or family needs or differences</i>

Ideal practice	Developmental practice	Unacceptable practice
<p>Ensure the child, family and professionals are in agreement with the actions, and understand what they are responsible for.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Check understanding during and at the end of the meeting • Repeat and/or adjust messaging or means of communication if the actions are not fully understood (e.g. use of talk-back) 	<p>Decide on actions that are agreed by some but not all meeting participants.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Make some attempt to ensure the child or family understand the agreed actions and what the expectations or responsibilities of each meeting participant are 	<p>Decide actions alone, without consulting and including the child, family and other professionals.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not check to ensure the child or family understand the agreed actions and what the expectations or responsibilities of each meeting participant are
<p>Document the agreed actions during the meeting in an open, inclusive and transparent way.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Use a flipchart, smartboard or (if virtual meeting) 'share screen' note during the meeting to record the actions for all to see • Draft the child's plan using clear, simple language (e.g. no use of professional and technical language, including abbreviations and acronyms) • Share a copy of the child's plan with the child and family shortly after the meeting, wherever possible 	<p>Make some attempt to document the agreed actions during the meeting in an open, inclusive and transparent way.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Use some professional and technical language (including abbreviations and acronyms) in the child's plan • Do not share a copy of the child's plan with the child and family on the same day of the meeting 	<p>Compile the child's plan after the meeting, with little reference to the actions that were agreed in the meeting.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Draft the child's plan with vague and imprecise actions • Widely use professional and technical language (including abbreviations and acronyms) in the child's plan, limiting the accessibility of the child's plan to the child and family • Do not provide a copy of the child's plan to the child and family
<p>At the end of the meeting, agree a time, date and physical/virtual meeting space for a follow-up meeting to review the child's plan and the actions contained in it.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Check availability of all participants in agreeing on scheduling of follow-up meeting 	<p>Sometimes agree a time, date and physical/virtual meeting space for a follow-up meeting to review the child's plan and the actions contained in it.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Check availability of some but not all participants in agreeing on scheduling of follow-up meeting 	<p>Do not agree a time, date and physical/ virtual meeting space for a follow-up meeting to review the child's plan and the actions contained in it.</p>

G) Plan Together

Ideal practice	Developmental practice	Unacceptable practice
<p>Have up-to-date knowledge of supports and services available locally that can help meet the needs of the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Know where to get up-to-date information on local supports and services for children and families • Build connections and relationships with professionals and agencies providing local children and family support services <ul style="list-style-type: none"> • Formal supports, e.g. health, housing, welfare, foodbank, childcare and other specialist services • Informal supports, e.g. information and advice, meeting others, attending local groups and activities 	<p>Have some knowledge of supports and services available locally that can help meet the needs of the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Have some understanding of where to get information on local supports and services for children and families – both formal and informal supports • Build some connections with professionals and agencies providing local children and family support services 	<p>Have no, limited or out-of-date knowledge of supports and services available locally that can help meet the needs of the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not know where to get information on local supports and services for children and families – both formal and informal supports • Do not build connections with professionals and agencies providing local children and family support services
<p>Provide and talk through detailed but accessible information with the child and family about the supports and services available.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Spend time talking through: <ul style="list-style-type: none"> • The range of supports and services available locally • How the different supports and services may help them achieve their desired changes or goals 	<p>Provide generic information to the child and family about support and service options.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Spend some time with the child and family talking through the range of services available to them • Inconsistently consider the child or family's individual needs and difficulties that may impact on their ability to access supports and services 	<p>Provide minimal and/or inaccessible information to the child and family about support and service options.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Do not spend time with the child and family talking through the range of services available to them • Do not consider the child or family's individual needs and difficulties that may impact on their ability to access supports and services

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • <i>How they would access the supports and services, including how to overcome any difficulties in accessing supports and services (e.g. transport costs and availability, childcare provision)</i> • <i>Discuss and obtain agreement from the child and family on what information they want shared with the supports and services they are to access (e.g. when making a referral)</i> 	<ul style="list-style-type: none"> • <i>Inconsistently discuss and obtain agreement from the child and family on what information they want shared with the supports and services they are to access (e.g. when making a referral)</i> 	<ul style="list-style-type: none"> • <i>Share unnecessary information about the child and family, and without their consent when making a referral to supports and services</i>
<p>Support and encourage the child and family to be the primary decision-maker on what supports and services they want to access.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ask and/or listen for the child and family's own views on what they would like to change or achieve in their lives</i> • <i>Ask and/or listen for the child and family's views on what types of supports and services they feel would help them – noting these may be informal and/or formal supports and services</i> 	<p>Involve the child and family in some decisions on the supports and services they want to access.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently ask the child and family for their thoughts and suggestions on what they would like to change and achieve in their lives</i> • <i>Inconsistently ask the child and family for their views on what types of supports and services they feel would help them</i> 	<p>Make decisions on supports and services independently of the views and preferences of the child and family.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not ask for or ignore the child and family's views on what they would like to change and achieve in their lives</i>
<p>Make timely service referrals on behalf of the child and family and track the progress of the referral.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Make referrals with the child and family's consent</i> • <i>Understand and follow local referral processes and procedures</i> 	<p>Make service referrals on behalf of the child and family but not always with full consent or then consistently track the progress of the referral.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently obtain consent from the child or family when making a service referral</i> 	<p>Do not make necessary service referrals for the child or family in a timely manner.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not obtain consent from the child or family when making a service referral</i>

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> Record any referrals made on the child and family's records Are direct, persistent and assertive to ensure the referral process is completed as required 		<ul style="list-style-type: none"> Do not know and/or follow local referral processes and procedures Do not track the progress of referrals made
<p>Regularly check in with the child, family and/or professionals to find out how actions have been progressing, and whether identified needs are being met or have changed.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> Whether the appointment, referral, action or support: <ul style="list-style-type: none"> Happened Met expectations Was effective and made a difference Whether adjustments or further actions are planned or needed, recognising that the child or family's needs may change 	<p>Occasionally check in with the child, family and/or professionals to find out how actions have been progressing, and whether identified needs are being met or have changed.</p>	<p>Do not follow up with the child, family and/or professionals to find out how actions have been progressing, and whether identified needs are being met or have changed.</p>
<p>Support the child and family in their transitions to other services and professionals.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> Transitions include: <ul style="list-style-type: none"> From the Universal Health Visitor Pathway to primary school Changing of GP practice and transferring in and out of area Changing of schools Transitions in key professionals, e.g. change of named person or Lead Professional 	<p>Provide partial support to the child and family in their transitions to other services and professionals.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> Provide some explanation to the child and family about the transition arrangements to other services or professionals Demonstrate incomplete or last minute planning for transitions 	<p>Provide inadequate support to the child and family in their transitions to other services and professionals.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> Do not provide information or explanation on transition arrangements for the child and family Do not plan ahead with the child, family and partner agencies to ensure the right supports are in place and a smooth transition is achieved between services

Ideal practice	Developmental practice	Unacceptable practice
<ul style="list-style-type: none"> • <i>Transitions from secondary schools to post-school destinations</i> • <i>Prepare for transitions from the outset and continue to plan for (i.e. through everyday building up the child's understanding, skills and resilience for new relationships, settings and environments)</i> • <i>Ensure continuity of support is in place</i> <ul style="list-style-type: none"> • <i>Explain upcoming changes and transitions in advance</i> • <i>Offer joint visits or appointments to help introduce new people and services)</i> • <i>Explain what information is to be shared with other professionals, including any agreed actions, plans and/or supporting documentation</i> 		<ul style="list-style-type: none"> • <i>Do not explain what information is to be shared with other professionals, including any agreed actions, plans and/or supporting documentation</i>
<p>Document and report any service issues or barriers that impact on meeting the child or family's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Document and report:</i> <ul style="list-style-type: none"> • <i>Complicated referral processes</i> • <i>Delays, waiting times and lists</i> • <i>Accessibility issues</i> • <i>Weaknesses and gaps in services and supports</i> • <i>Communicate identified service issues or barriers to appropriate management and strategic leadership structures</i> 	<p>Document some but not all service issues or barriers that impact on meeting the child or family's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Inconsistently communicate identified service issues or barriers to appropriate management and strategic leadership structures</i> 	<p>Do not document service issues or barriers that impact on meeting the child or family's needs.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Do not communicate any identified service issues or barriers to appropriate management and strategic leadership structures</i>

APPENDIX: Summary of Ideal Practices

ALL CHILDREN		
A) Build a Warm, Working Partnership with the Child and Family		
<ul style="list-style-type: none"> Consistently communicate with the child and family in a warm, kind, compassionate and accessible manner Consistently prepare for interactions with the child and family Consistently take opportunities to have naturally occurring conversations with the child and family to show a genuine interest in their lives Have a clearly communicated 'open door/ access' policy so that the designated Named Person is easily contactable for the family 	B) Offer Emotional Support by Listening to Understand	C) Maintain Overview of Child's Wellbeing
	<ul style="list-style-type: none"> Treat the child and family with respect and accept them as individuals, allowing the child and family uninterrupted time to share and explain their views wherever possible Consistently demonstrate awareness and take account of family, ethnic and cultural factors and circumstances Consistently consider whether the physical (or virtual) spaces where interactions with the child and family are taking place are private, safe and free of distractions; including which other family and friends/supporters are present at the time Consistently respond calmly and with understanding to the child or family's negative emotions or reactions (e.g. anxiety, distress, anger or withdrawal) that are discussed or triggered during interactions Are aware of and manage own feelings, emotions, reactions and behaviours (emotional intelligence) when responding to, and interacting with, the child or family 	<ul style="list-style-type: none"> Consistently gather, analyse, assess and act on (where appropriate) available/ recorded information on the child's health and wellbeing to help identify any wellbeing concerns or patterns of neglect and/or abuse Consistently observe for, record and review any (early) unmet needs, wellbeing concerns or potential signs of neglect or abuse (visual, verbal, emotional or behavioural) that might affect the child Consistently observe for, record and communicate to the child and family their strengths and achievements, suggesting how these could be used and drawn upon to make positive changes in their lives Consistently use creative and flexible approaches to observe the wellbeing of the child or family Cultivate 'open access' and collaborative working relationships with other professionals involved with the child or family so they are able to contact the Named Person/service with any wellbeing concerns they notice

ALL CHILDREN			
D) Using the GIRFEC Wellbeing Questions, Respond to Identified Concerns			
E) Coordinate targeted assessment of need		F) Plan Together	G) Enable Children and Families to Make Changes and Support Transitions to Other Services
<ul style="list-style-type: none"> Consistently and skilfully use the five GIRFEC wellbeing questions, SHANARRI Wellbeing Indicators, My World Triangle and Resilience Matrix to consider the child's wellbeing Sensitively explore identified concerns or signs of neglect with the child or family Consistently consult with other, relevant professionals to make sense of any concerns or signs of neglect Consistently follow local processes and procedures when escalating identified concerns or signs of neglect 	<ul style="list-style-type: none"> Consistently request and collate relevant and proportionate information about the child and family from multi-agency professionals to facilitate a holistic assessment Consistently use critical thinking (i.e. objectively analyse and evaluate the information) to skilfully undertake a holistic (GIRFEC) assessment of the child's wellbeing Consistently involve the child and family in the assessment wherever appropriate and possible Consistently include multi-agency professionals in the assessment where the child's needs extend beyond own skills and expertise Record, share and store the assessment of the child in a manner that follows organisational systems, policies and procedures 	<ul style="list-style-type: none"> Convene a TATC / child's planning meeting, where appropriate, to collectively discuss and agree health, learning and/or wellbeing actions and goals Offer advocacy, communication, IT/digital and/or other supports to the child and family to help them prepare for the meeting and to enable their voices to be heard in the meeting Hold the meeting in a room or virtual space that feels inclusive, and the child and family are relaxed and comfortable in Chair the meeting in an inclusive manner so that all meeting participants can actively contribute to the meeting; and in a manner that focuses on the child's needs Ensure the child, family and professionals are in agreement with the actions, and understand what they are responsible for 	<ul style="list-style-type: none"> Have up-to-date knowledge of supports and services available locally that can help meet the needs of the child and family Provide and talk through detailed but accessible information with the child and family about the supports and services available Support and encourage the child and family to be the primary decision-maker on what supports and services they want to access Make timely service referrals on behalf of the child and family and track the progress of the referral Regularly check in with the child, family and/or professionals to find out how actions have been progressing, and whether identified needs are being met or have changed

CHILDREN WITH IDENTIFIED CONCERNS			ALL CHILDREN
D) Using the GIRFEC Wellbeing Questions, Respond to Identified Concerns	E) Coordinate targeted assessment of need	F) Plan Together	G) Enable Children and Families to Make Changes and Support Transitions to Other Services
		<ul style="list-style-type: none"> • Document the agreed actions during the meeting in an open, inclusive and transparent way • Agree a time, date and physical/virtual meeting space for a follow-up meeting to review the child's plan and the actions contained in it 	<ul style="list-style-type: none"> • Support the child and family in their transitions to other services and professionals • Document and report any service issues or barriers that impact on meeting the child or family's needs



Contact Name/Address?
Email?
Phone? Web?