

**getting  
it right  
for every child  
in Moray**

# **Moray's Local Integrated Assessment and Planning (LIAP) Procedures**

## **Procedures Pack**

Revised May 2011

Lead Officer: *Getting it right for every child* Development Officer

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## Context

Moray's Smarter Theme Group is committed to ensuring that all children's services work together better to meet the needs of Moray's children and young people when carrying out integrated working, and working in partnership with parents to address their children's needs. This Group and the Chief Officers' Group fully endorse, and are committed to ensuring the implementation of, the Local Integrated Assessment and Planning Procedures (LIAP).

This work is underpinned by both legislative requirements and areas of good practice, including the [Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#), the national [Getting it right for every child programme](#), [Health for All Children \(HALL 4\)](#) and by relevant supporting protocols such as the [Pan Grampian Information Sharing Protocol](#). Local Integrated Assessment and Planning Procedures are rooted in the Scottish Government's vision for all Scotland's children and young people. The themes of this vision are embedded throughout local integrated children's services planning.

The [Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(ASfL\)](#) recognises that a child may require additional support in order to achieve educational objectives for a variety of reasons and, under the Act, Education Authorities have a duty to establish procedures for identifying and meeting the additional support needs of every child for whose education they are responsible. The Act places duties on Education Authorities to provide the help outlined in the resulting Co-ordinated Support Plan (CSP). The Act outlines the responsibilities of agencies in terms of multi agency working to meet those needs and sets a duty on Education Authorities to provide mediation services and a right to access to a tribunal for dispute resolution.

[Getting it right for every child](#) is a Scottish Government programme which promotes effective partnership working between agencies, the key principles and values of which every local authority is required to adhere to, in order to improve outcomes for children and families, in terms of children's broader well-being and development. The key aspects of this are partnership with parents; co-ordination of a Team around the Child; one single action plan and the role of a Lead Professional in co-ordinating the process of integrated working.

[HALL 4](#) is a move away from the wholly medical model of screening, towards a greater emphasis on health promotion, primary prevention and targeting effort on active intervention for children, young people and families most at risk. It promotes seamless support via integrated models of service delivery and holistic family care, recognising the impact adult ill health has on children's/young people's well-being.

The [Pan Grampian Information Sharing Protocol](#) is a legal framework across agencies in the Pan Grampian area which outlines good practice in information sharing and focuses on the requirements to share information about, on behalf of and with service users. It is accompanied by a Guidance document for practitioners to enable them to share information across agencies effectively, appropriately and confidently. There are two protocols, one for adults' and one for children's services. Services in Moray must, therefore, adhere to the principles within these protocols.

The [Scottish Government's vision for all Scotland's children and young people](#) outlines their broad needs in relation to intended outcomes for all policies and services concerned with children and families. These can provide a holistic framework for individual plans to promote the wellbeing and interests of each child, because they provide prompts to well integrated assessment and planning for children and young people.

This vision is that all Scotland's children and young people are:

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

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

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

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

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

**Respected:** having the opportunity, along with carers, to be heard and involved in decisions which affect them

**Responsible:** having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision

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

In achieving this vision, all Scotland's children and young people will become successful learners, confident individuals, effective contributors and responsible citizens ([Curriculum for Excellence, Scottish Government, 2004](#)).

Local Integrated Assessment and Planning Procedures are set within the context of the above and enhance and build on good practice in integrated working within Moray, ensuring a consistent approach for all services working together for children and young people in Moray.

**LIAP IS THE OVERARCHING FRAMEWORK FOR ALL MULTI AGENCY INTEGRATED WORKING IN MORAY.**

## [Introduction](#)

The purpose of these procedures is to enable those who have a contribution to make to assessing and meeting the needs of children and young people requiring targeted support ([see Model of Thresholds for Intervention](#)) from more than one service, to work together as effectively and efficiently as possible. To be effective and efficient, the professional staff involved must collaborate in ensuring that the process is as comprehensible, accessible and empowering as possible for children, young people and parents. The measure of success is the extent to which the needs of children and young people are met as they grow and develop.

In assessing and planning to meet the needs of children and young people, professionals working with these procedures will work in a co-ordinated way at local level. Those professionals will be those who know the child and family best and those whose contribution to meeting assessed needs is vital in the delivery of services. Key to the process is meaningful partnership with the child and family throughout.

Although in the main, children and young people receiving services under Local Integrated Assessment and Planning Procedures will be under 16 years of age, older young people will, according to their circumstances, be entitled to services from joint planning processes.

These procedures currently form a foundation level for integrated assessment and planning to meet the needs of children and young people in Moray. The partners involved in providing integrated services are committed to further rationalisation of the various planning pathways that currently exist, in order to streamline the process for everyone involved.

This Pack will assist professionals navigate their way through the various routes and frameworks in which they are required to operate, both legislatively and within the elements of good practice. These Procedures do not affect single agency processes or interagency co-operation at the level of enhanced [support \(see Model of Thresholds for Intervention\)](#).

With these Procedures, we are providing the means through which those involved can provide feedback to enable improvements to be made in the light of experience. Implementation of the Procedures and adherence to the standards of practice embodied in them will also be [monitored by local and central management groups](#).

This pack provides the Procedures for Local Integrated Assessment and Planning and the tools and resources by which those Procedures can be implemented by professionals. The Pack also contains useful reference links to supporting documentation.

# **Procedures Document**

## **Local Integrated Assessment and Planning Procedures (LIAP)**

### **Key Principles**

Local Integrated Assessment and Planning Procedures (LIAP) is a framework which embodies the following principles:

1. Meaningful [involvement of children, young people and their families](#) at every stage of assessment, planning, service delivery and review;
2. Adherence to the principles of the [Pan Grampian Information Sharing Protocol and its Memorandum of Understanding](#) ;
3. Professional accountability for high [standards](#) of collaborative practice;
4. [Solution oriented approaches](#) and a commitment to achieving the best outcome for children and young people in Moray;
5. Each child/young person with additional support needs has a single, integrated plan which sets out its objectives and the various activities undertaken to achieve those objectives (the Child's Plan)

**If, at any time in the process, there are concerns about child protection, it is imperative that you immediately put into effect your agency's child protection procedures.**

## **Local Integrated Assessment and Planning Procedures**

### **Step by Step Process**

Local Integrated Assessment and Planning is a process, not a one-off event or a meeting. There are six parts to this process:

- Stage 1: Recognition and Initial Response
- Stage 2: Engagement with the People Involved
- Stage 3: Planning an Assessment
- Stage 4: Undertaking an Assessment
- Stage 5: Delivering an Integrated Action Plan
- Stage 6: Review and Evaluation

At each point in the process, these procedures will provide a link to helpful tools and resources. Each stage also requires that practitioners give consideration to a number of issues or ask questions of themselves or others to ensure they intervene in the life of a child or young person in a way which is appropriate, proportionate and meaningful, is procedural, and is in partnership with that child or young person and his/her family.



## Stage 1: Recognition and Initial Response

[Contents](#)

Trigger: Does this child have additional needs?

You will consider this because of:

- Something you have observed
- Something you have been told
- Something you have been asked
- Someone has asked for help

You must:

- Think
- Decide what to do next – who to speak to; how to go about this
- Consult senior colleagues if appropriate
- Record the information according to the appropriate route for you

Questions to consider:

- Who else should I involve? (child/young person, parent, other professional?)
- What is my frame of reference? (ASfL, Child Protection, Child Health/Disability etc)
- Who else, in my organisation, should I consult? (Others who know the child? Colleagues with specific responsibilities? etc)
- Is there a need for urgency?
- Is there a need for caution? (Might my action compromise the child's safety? Might my action compromise evidence of an offence? Who has legal parental responsibility for that child?)

Tools/resource links to consider:

- [Model of Thresholds for Intervention](#) – Model, Guidance and examples
- [Information Sharing Principles](#)
- Local Integrated Assessment and Planning – step by step guide to the process

## Stage 2: Engagement with everyone involved

[Contents](#)

You must:

- Respect the role of the child's parents as the main people involved in their child's life and those who are legally responsible for their child's wellbeing and development
- Explore your concerns with the parents: do they share these?
- Reach agreement about further action and from which services to seek involvement (i.e. is another agency already involved? Is the 'need' likely to involve more than one agency? Which services might be able to contribute?)
- Record the views, wishes, goals and intentions of all those involved
- Explore consent to share information, if this is required, and ensure this is recorded
- Discuss the above with those involved
- Check wishes, views and intentions
- Gather information and views

Questions to consider:

- Who has legal responsibility for this child/young person?
- What do the parents (and the child/young person) see as the issues?
- What have they done/are they doing to address these?
- Has any help already been sought and, if so, by whom?
- What additional help do the child and parents require or what would they like?
- What do all those involved think and feel about the situation and why?
- Are they aware of other, possibly connected, needs?
- Is anybody already doing something about this?
- What kinds of help would those involved find helpful?
- What can they contribute to understanding and addressing need?
- Do they want information to remain confidential?

Tools/resource links to consider:

- [Involvement of Children and Young People](#)
- Local Integrated Assessment and Planning within the [Model of thresholds for Intervention](#)
- [Consent and Confidentiality – Key Principles](#)
- ['Having My Say' Forms](#)
- [Local Integrated Assessment and Planning Procedures leaflets](#)

### Stage 3: Planning an assessment

The Team must:

- Not delay any urgent or preventative action that has been agreed
- Record the plan for assessment – agree who will do what, by when, how etc
- Agree a Lead Professional – i.e. the person best placed to receive contributions from others and integrate those in the Child's Plan
- Ensure the child's/young person's views and wishes are represented (with support if required by a trusted adult chosen by the child or professional)
- Contact the agencies from which you have agreed to seek help
- Provide the information they need to decide what they can contribute
- Agree a plan of who will do what in order to obtain a complete picture of the child's/young person's needs and situation

Questions to consider:

- Who might the child/young person find it easiest to talk to?
- Is it appropriate to have a meeting?
- Would the child/young person want to attend a meeting?
- Who would the child/young person choose to speak on their behalf?
- Does the child/young person or parent have any communication difficulties? If so, what can I do to support their participation?
- How will the 'My World' Assessment Triangle be used in an Assessment? Who will be responsible for which aspects of it? How will the family be involved etc?

Tools/resource links to consider:

- ['My World' Assessment Triangle](#)
- Child's Plan – Forms and Guidance documents
- [Roles and Responsibilities](#)

The Team must:

- Include the child and parents/legal guardians
- Ensure a Lead Professional is appointed to co-ordinate the Child's Plan; ensure agreed actions are implemented; keep in touch with developments; keep people informed of developments; co-ordinate the Team around the Child
- Ensure the action plan is clear and complete – i.e. identifies need, outcomes and indicators and records agreed actions
- Ensure everyone gets heard
- Reach agreements about assessment, outcome objectives and action (in a meeting if appropriate)
- Record their assessment information (CSP/Child's Plan)
- Pass their information to the Lead Professional timeously

In a meeting the Team should agree:

- What are the child's/young person's needs?
- What outcomes, in relation to the child's/young person's needs, are we trying to achieve?
- What information will tell us if these have been achieved (outcome indicators) or how progress towards these will be measured?
- What action, and by whom, will help us achieve the outcome?
- What resources are required? (Check in-house and external availability)
- What timescale(s) are we setting?
- To use a Solution Oriented approach to reaching agreement

Questions to consider:

- What situation led to the needs being identified?
- What kind of action, and by whom, would enable changes to be made?
- How will the 'My World' Assessment Triangle be used – who will be responsible for which aspects etc? How will the family be involved? etc

Tools/resource links to consider:

- ['My World' Assessment Triangle](#)
- Child's Plan – Forms and Guidance documents
- [Roles and Responsibilities](#)
- Local Integrated Assessment and Planning – [Meetings – key principles](#) and [agreement form](#)
- [Solution Oriented approaches](#)

## Stage 5: Delivering an integrated action plan

Remember:

- The [Lead Professional](#) is responsible for co-ordinating the action plan, and the [Team around the Child](#) is responsible for ensuring their contribution and commitment
- Individual Team members should not take unilateral action at variance with the plan – amendments must be agreed by the Team (including the child/young person and parent)

You must:

- Do the work that was agreed
- Use resources, tools and measures that were agreed
- Keep the Lead Professional updated of any concerns or barriers to work being carried out; or of any potential requirements for an urgent change to the action plan, i.e. child protection concerns; an offence being committed; care arrangements for the child/young person breaking down etc
- Record your observations of progress or deterioration

Tools/resource links to consider:

- [Information Sharing principles](#)
- [Child's Plan – Form and guidance documents](#)

## Stage 6: Review and Evaluation

[Contents](#)

The Team must:

- Manage the end of service involvement and of significant relationships
- Recognise and appreciate achievements and actions
- Produce a revised action plan if required
- Revise the assessment if required

Questions to consider:

- Have we done what we said we would do?
- To what extent have we achieved the outcomes that we set?
- What other developments have taken place?
- What, if any, are the unmet needs of the child/young person now?
- What could be done, and by whom, to address these unmet needs?

Tools/resource links to consider:

- Getting it right for every child [Audit Tool](#) and [Standards](#)
- [Feedback forms – professionals, children, young people, parents](#)

## Role of Local Integration Support Officers

Contents

The role of the Local Integration Support Officers (LISOs) is an integral one in promoting and facilitating integrated working in each locality. Within LIAP, their roles are as follows:

1. On behalf of, and with the involvement from, the Local Management Groups (LMGs) – to monitor, audit and report on LIAP for their respective areas.
2. To support Lead Professionals initially by chairing solution oriented meetings within the LIAP process, if an independent chair is required, or if a professional requires support. LISOs should not chair every LIAP meeting but will assist in building confidence and skills in professionals to do so. This could include chairing a Lead Professional's first solution oriented meeting.
3. To support Lead Professionals to enhance their skills and build confidence in following the LIAP procedures by facilitating the process, 'role modelling' or giving advice and guidance. This can include mentoring and support in order to complete relevant paperwork. LISOs are **not** Lead Professionals.
4. To support Lead Professionals to identify the paperwork to be completed at various points in the process.
5. To have an overview of local LIAP processes, on behalf of their LMG, by receiving copies of Child's Plan 1 forms from Lead Professionals and arranging meetings if requested, following discussion with the Lead Professional.

# LIAP – Pre Multi Agency Involvement

How do I know?  
See Stage 1 in LIAP Procedures

Remember:  
Pan Grampian ISP, age/situation – See Stage 2

Service identifies additional need

Lead Professional discusses need with child/parent and talks through Information sharing

Talk through, give LIAP information booklet

Record discussion, views and consent and begin to fill out Child's Plan 1

Can my service meet the identified need and improve outcomes without another service being involved?

YES

Complete Child's Plan 1 (or Child's Plan 2 for complex situations)

Stages 3-5 (See guide to using Plans in LIAP Procedures)

Stage 6. Child's Plan 3

Following intervention, arrange review

Are there unmet needs?

YES

NO

Move to multi agency working – see next page

NO

Review then end

**NB.** A solution-oriented meeting can take place at any point in the process. Have regard to issues of consent to share information. Lead Professional to contact relevant others and explain the purpose and aims of the meeting.



# LIAP – Multi Agency Involvement

## Action

Lead Professional forwards copy of Child's Plan 1 to LISO. If a meeting is requested, LISO will organise in discussion with LP

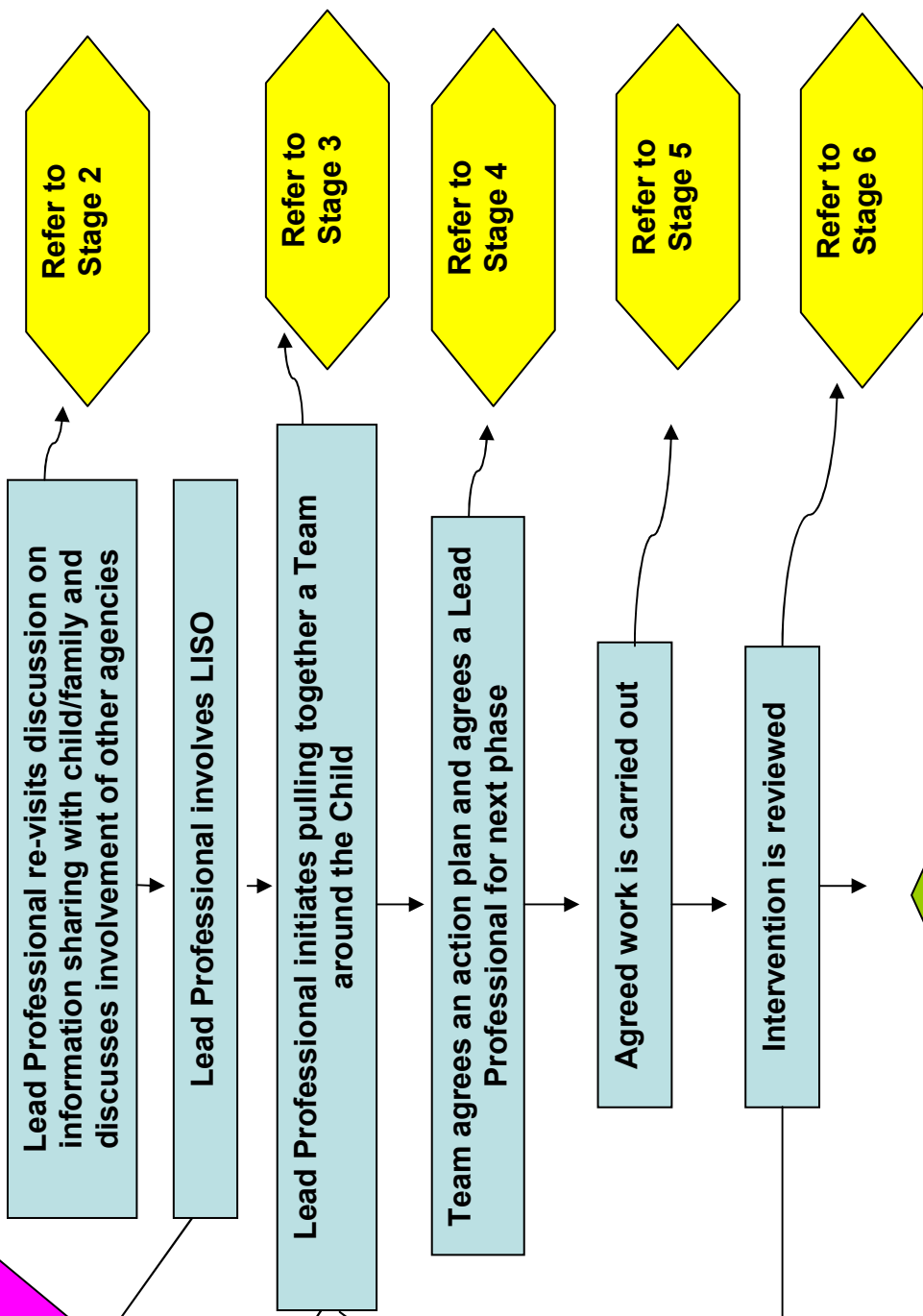
Lead Professional seeks initial assessment information from agencies and updates Child's Plan (1 or 2 – see guidance in procedures)

Lead Professional establishes who's involved already and who could contribute to Child's Plan

Lead Professional integrates Team contributions into Child's Plan 3 (review report) to take to review meeting if required

- Ways Forward:**
1. Re-assess need? (Child's Plan 2)
  2. Reconfigure Team?
  3. Record new action plan?
  4. Outcomes achieved – end?
  5. Inform LISO of end of work

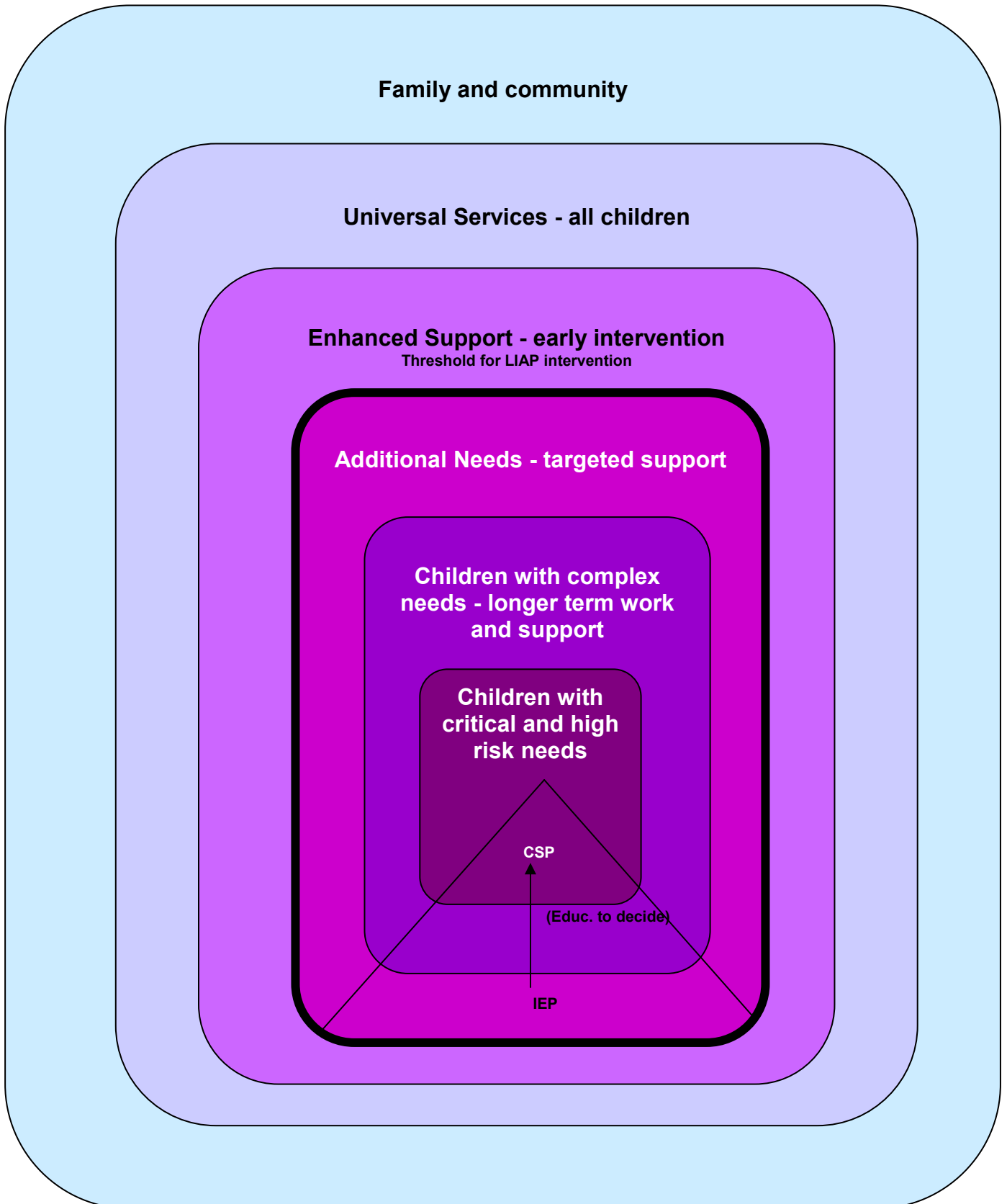
## Process



## Reference

## **Supporting Tools and Resources**

**Model of Thresholds for Intervention**



## Model of Thresholds for Intervention – Guidance

[Contents](#)

This is a *guide* to a model of support and intervention. Each child is an individual with specific needs and should be assessed and supported accordingly.

### **Family and Community:**

In most circumstances, the child's welfare and care needs will be met by his/her family and extended community support.

### **Universal services – all children:**

All children and young people are entitled to receive a service from Health and Education – the two universal services. These services address issues for all round development and growth, meet basic educational and health needs and help to build resilience and learning. Each service has a variety of specialisms and disciplines which can address needs as they arise on a single agency basis.

### **Enhanced support – early intervention:**

Some children and young people will require early intervention for identified additional needs, either on a single or multi agency basis. This is likely to be time limited and still 'low level' need.

### **Additional needs – targeted support:**

Some children and young people will require additional support to target specific needs. These children might be at risk of social exclusion if needs are not addressed in a co-ordinated and integrated way, and on a multi agency basis.

### **Children with complex needs – longer term support:**

Some children's and young people's needs may be complex and enduring, requiring long term care planning and multi agency intervention. Specialist support is likely to be required.

### **Children with critical and high risk needs:**

These children and young people will have the most high-risk needs and will face the most severe risks. Intervention is likely to be co-ordinated and multi agency and will be intensive support. Compulsory measures by referral to the Children's Reporter may also need to be considered in addressing this type of need.

### **Agencies' Thresholds:**

Professionals must enter into conversations with colleagues from other agencies to gain a clear understanding of where the thresholds for each agency lie. Agencies require to work in a manner which is transparent and professionals must be prepared to have informal discussions to give clear guidance about the remit of their own particular service with regard to providing identified supports.

**Model of Thresholds for Intervention - examples**

The following is a guide to the remits and responsibilities of different agencies with regard to their intervention with children and young people.

	<b>Family and Community</b>	<b>Universal Services – ALL children</b>	<b>Enhanced Support – Early Intervention</b>	<b>Additional Needs – Targeted Support</b>	<b>Children with Complex Needs - Longer Term Support</b>	<b>Children with Critical and High Risk needs</b>
<b>HEALTH</b>	Services offer advice, information and sign posting as and when required by families and the community	Health visitor, GP, dentist, optician, hospital, immunisations, health advice, baby massage	Sure Start nursery nurse input; referrals to Speech and Language Therapist; Physiotherapy; Occupational Therapy; Developmental Playgroups	Sure Start nursery nurse input combined with multi agency working; other agency 'referrals' i.e. Physiotherapy; OT; SALT; Paediatrician; Parenting Groups	MIDAS – Moray Interagency Development Assessment Service; Noah's Ark Developmental Playgroup; SALT; Physiotherapy; OT; Paediatrician; Rowan Centre (Children and Adolescents Mental Health Services)	Partnership working as a multi agency approach; paediatrician; Rowan Centre.

	<b>SOCIAL WORK</b>										
<b>Family and Community</b>	Services offer advice, information and sign posting as and when required by families and the community	<b>Universal Services – ALL children</b>	Advice, information and sign posting	<b>Enhanced Support – Early Intervention</b>	Advice, information and sign posting; ‘child in need’ service; possibility of family support workers; possibility of ‘one off’ financial support	<b>Additional Needs – Targeted Support</b>	Initial assessment of need leading to short term intervention by social worker or sign posting; care plan identified, possibly with partner agencies e.g. Action for Children /Aberlour Childcare Trust.	<b>Children with Complex Needs - Longer Term Support</b>	Integrated assessment, care plan identified and allocated as appropriate. Service provided by social worker on a statutory or voluntary basis	<b>Children with Critical and High Risk needs</b>	Integrated assessment – intervention and care plan identified – multi agency working in place, SMART objectives agreed. Service provided by a social worker on a statutory or a voluntary basis.

<b>EDUCATION</b>	<b>Family and Community</b>	<p>Services offer advice, information and sign posting as and when required by families and the community</p>
	<b>Universal Services – ALL children</b>	<p>Schools undertake normal planning for pupils. Strategies are devised to address needs and progress is reviewed.</p>
	<b>Enhanced Support – Early Intervention</b>	<p>Further accommodations are made. The teacher consults with and seeks help from within school support systems. A plan is made, in consultation with parents and children. An IEP must be made where significant and sustained intervention is required to meet Educational Objectives. Support from other agencies will be short term or low level. Multi agency integrated planning would not be anticipated.</p>
	<b>Additional Needs – Targeted Support</b>	<p>Needs not met, school consults parent and child then seeks assistance from services outwith the school to assess and plan for longer term input, e.g. EPS, Education Officers, sensory services and other professionals internal or external to schools. A new plan is made (LIAP procedures). Plan is reviewed. Where the difficulties are multiple and/or complex and are likely to be long term, and ASN file should be used to reflect planning.</p>
	<b>Children with Complex Needs - Longer Term Support</b>	<p>Where the difficulties are severe and persistent and where a high level of involvement is required from external agencies, interagency assessment and planning governed by the LIAP procedures must be undertaken, e.g. LAC, CSP etc. As in other multi agency stages, a key person must be identified to coordinate planning (a Lead Professional) and families are central to this stage.</p>
	<b>Children with Critical and High Risk needs</b>	<p>Where difficulties continue to be experienced, alternative supports will be considered. Reviewing the plan under the LIAP procedures, the Team around the Child will re-assess the need and adapt the plan accordingly.</p> <p><u>*Refer to Education's Staged Intervention Procedures for further information.</u></p>

	Family and Community	Universal Services – ALL children	Enhanced Support – Early Intervention	Additional Needs – Targeted Support	Children with Complex Needs - Longer Term Support	Children with Critical and High Risk needs
<b>POLICE</b>	Services offer advice, information and sign posting as and when required by families and the community	Police have a duty to prevent crime, preserve order; protect life and property; Community policing; Emergency assistance; Schools Liaison Officers		Police participate in integrated and partnership working, sharing information with partner agencies to assist in integrated assessment and planning; child protection investigations		
<b>VOLUNTARY SECTOR</b> (Action for Children)	Services offer advice, information and sign posting as and when required by families and the community	Advice and information, voluntary programme of low level support	Supporting Moray Families – Virtual Babies	Independent Living Project – 16+ Housing Support	Independent Living Project – flexible response, early morning/late evening support	Supporting Moray Families – Assessments; Neglect Pilot; Contact; 1-1 and group parenting; flexible response – early am/late pm support; Residential Services

**Please note: the above grid is not exhaustive and only provides exemplars for practice.**



## Local Integrated Assessment and Planning (LIAP) within the Model of Thresholds for Intervention

Within the first three levels in the Model of Thresholds for Intervention – Family and Community; Universal Services and Enhanced Support – professionals will address and plan for a child's/young person's needs individually using the appropriate Child's Plan.

### **Universal Services:**

Routine universal services, together with families and community support networks are meeting children's/young people's needs. [\(Child's Plan 1\)](#)

### **Enhanced Support – Early Intervention:**

Services and practitioners already involved with the child/young person seek to meet additional support needs by enhancing what they can do from their own resources and by involving others who can contribute *without the need for significant multi agency assessment, planning or co-ordination*. [\(Child's Plan 1\)](#)

### **Additional Needs – Targeted Support:**

If additional support is required to meet educational objectives and there are no other significant developmental needs to be met, then [Moray's Additional Support Needs File](#) may be used. Through the Education (Additional Support for Learning) (Scotland) Act 2004, the multi agency plan used to assess and address a child's or young person's needs which impact on their attaining their **educational objectives** is the Co-ordinated Support Plan. (At a single agency (Education only) level, an Individualised Educational Programme (IEP) should have already been established prior to a CSP being initiated). Education staff should contact the Quality Improvement Officer – Additional Support Needs for further information on IEPs/CSPs.

Where there are broader developmental needs that require the co-ordinated involvement of more than one agency or service, then Local Integrated Assessment and Planning Procedures must be initiated. If the child's or young person's needs are more holistic and have an impact on the **wider contexts** of their lives, then [Child's Plan 2](#) addresses this route.

For each of these routes, whether the CSP or the Child's Plan 2, other context-specific assessments can be attached and integrated through the Plan.

### **Children/young people with complex needs/ - longer term work and support; Children/young people with critical and high risk needs:**

Where children/young people are looked after by the Local Authority, or subject to child protection investigation or registration, the planning processes associated with those contexts adhere to the same standards and principles. Some children/young people with complex needs and a significant proportion of children/young people with critical and high-risk needs are likely to be subject to these arrangements. [\(Child's Plan 2\)](#).

## Child's Plan – Key Components

The Child's Plan is **the** core assessment tool for agencies when planning to address and meet the needs of a child or young person on a [single agency](#) or [multi agency](#) basis beyond the threshold as described above. It will be started by the professional identifying the need and parts 1 and 2 will be completed as appropriate.

### **What is the purpose of the Child's Plan?**

- To provide one single Child's Plan format for all agencies
- To help those involved think about and record what children/young people need
- To commit to improve a child's/young person's wellbeing and development
- To clarify what will be done, how, by whom, by when and how it will be measured
- To monitor and evaluate progress

### **Who should complete the Child's Plan?**

The Professional initiating the process should **start** to complete [Child's Plan 1](#) to the best of his/her knowledge of the child/family and the situation. When a Lead Professional is identified (see elsewhere in the Procedures), he/she should co-ordinate its completion. It is **not** the sole responsibility of the Lead Professional to complete the Child's Plan. It **is** the responsibility of the Lead Professional to integrate the contributions of all those involved in the planning process. Every individual involved in assessment and planning has a responsibility to contribute. This Team around the Child is accountable individually and as a group for the Child's Plan.

### **Who should be involved in completing a Child's Plan?**

- Children/young people
- Parents/carers
- Professionals
- Other people identified as important – i.e. extended family members, relevant community members, or those identified as important by the child. Their involvement will depend on the nature and extent of planning.

### **How many Child's Plans should there be?**

One child: One Plan. Every agency is required to use the Child's Plan. It is not a one-off document. The level of detail should match the complexity, concerns or needs identified. Specific assessments should be integrated throughout to give a holistic view of the Child/Young Person.

### **Who should the Child's Plan be shared with?**

It should be shared with all those who have contributed to it

**Can the child/young person or his/her parent appeal against the Child's Plan?**

Parents and children or young people always have a right to make a [complaint](#) if they feel a particular service is not being delivered as agreed and their views must be taken into account.

**How long does the Child's Plan last?**

The Child's Plan will stand until it requires to be amended or re viewed. This is dependent on the need, the exposure to risk and any statutory requirements placed on it. Reviews should be agreed by the Team, led by the Lead Professional, and occur as often as necessary to address ongoing issues.



## The 'My World' Assessment Triangle

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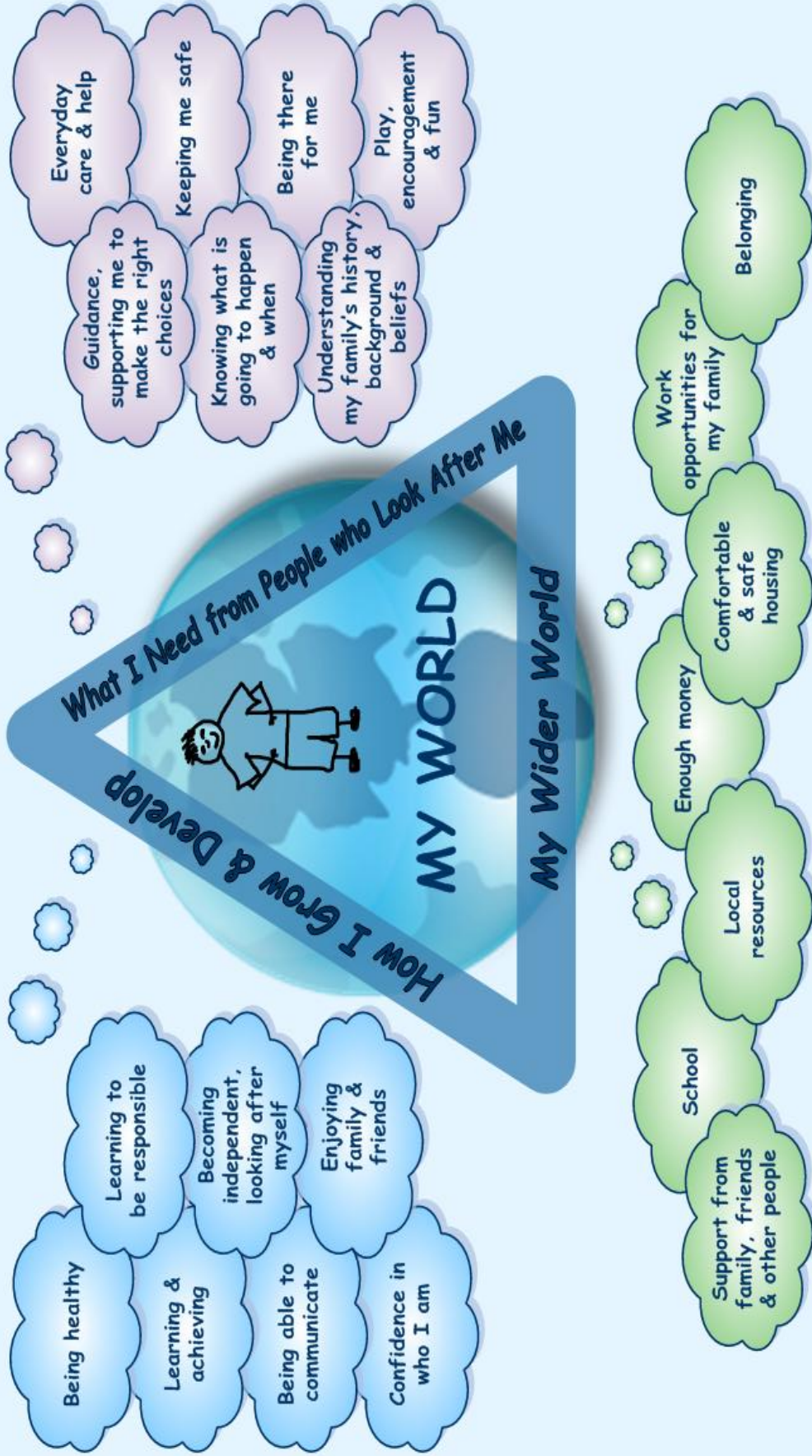
The 'My World' Assessment Triangle provides the basis for holistic assessment of a child's or young person's needs. It is an ecological approach to assessing him/her holistically. How the child/young person grows and develops is understood in relation to the care he/she is receiving from others and how he/she experiences their wider social and physical environment. 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.

It is a proven model of holistic assessment of need and includes identifying strengths, risks and protective factors. It is a framework to support proper consideration of the factors which may be affecting the child's/young person's development so that actions which will help can be taken. It is **not** a series of boxes to be completed or ticked.

It applies to all children and young people, including those not yet born. It takes account of their strengths and achievements and those of their families, as well as any potential or actual risk of harm. It incorporates the principles of listening to and taking account of the views of children and young people and working in partnership with their parents and carers.

It provides a clear staged approach for professionals from the point of needs identification through to analysis, planning and review and ensures that the views, wishes and intentions of the child/young person and family are taken on board and inform the process.

# My World Triangle



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

## **'My World' Assessment Triangle**

### **Guidance Notes**



## How the child/young person grows and develops

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In order to understand fully how a child or young person is growing and developing, it is important to consider all aspects of a child's/young person's life, including their health, education, developing social skills, confidence, independence, and the ability to form appropriate relationships.

### **Being Healthy**

This includes full information about all aspects of a child's health and development, relevant to age and stage; developmental milestones; major illnesses; hospital admissions; impairments, disabilities, conditions affecting development and health; health care, including nutrition, exercise, physical/mental health issues, sexual health, substance abuse. Information routinely collected by health services connects here.

### **Learning and Achieving**

This includes cognitive development from birth, learning achievements and the skills and interests which can be nurtured; additional support needs; achievements in leisure, hobbies, sport. Who takes account of the unique abilities and needs of this child? Learning plans and other educational records will connect here.

### **Being able to communicate**

This includes development of language and communication; being in touch with others; ability to express thoughts, feelings and needs. What is the child's/young person's preferred language or method of communication? Are there particular people with whom the child communicates? Are aids to communication required?

### **Confidence in who I am**

Child's/young person's temperament and characteristics; nature and quality of early and current attachments; emotional and behavioural development; resilience, self-esteem; ability to take pride in achievements; confidence in managing challenges, opportunities; difficulties appropriate to the age and stage of development; appreciation of ethnic and cultural background; sense of identity which is comfortable with gender, sexuality, religious belief; skills in social presentation.

### **Learning to be responsible**

Learning appropriate social skills and behaviour; values; sense of right and wrong; consideration for others; ability to understand what is expected and act on it; key influences on the child's social development at different ages and stages.

### **Becoming independent, looking after myself**

The gradual acquisition of skills and confidence needed to move from dependence to independence; early practical skills of feeding, dressing etc; engaging with learning and other tasks; acquiring skills and competence in social problem solving; getting on well with others; moving to independent living skills and autonomy. What are the effects of any impairment/disability or of social circumstances and how might these be compensated for?

### **Enjoying family and friends**

Relationships that support, value, encourage and guide the child/young person; family and wider social networks; opportunities to make and sustain lasting significant relationships; encouragement to develop skills in making friends; to take account of the feelings and needs of others and to behave responsibly.



## What I need from people who look after me

It is important to build a picture of the ability of the parents or caregivers to understand and meet the needs of children/young people and to respond adequately to them. Family circumstances and histories can have a huge impact on the confidence and ability of parents to look after their children and encourage their progress and development. Other significant relationships will crucially influence opportunities to grow and develop.

### **Everyday care and help**

This includes day-to-day physical and emotional care, food, clothing and housing; enabling healthcare and educational opportunities; meeting the child's/young person's changing needs over time; encouraging growth of responsibility and independence.

### **Keeping me safe**

Keeping the child safe within the home and exercising appropriate guidance and protection outside; practical care through home safety such as fire-guards and stair gates, hygiene; protection from physical, social and emotional dangers such as bullying, anxieties about friendships, domestic problems such as mental health needs, violence, offending behaviour; taking a responsible interest in the child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late or staying away from home. Are there identifiable risk factors? Is the young person knowledgeable about risks and confident about staying safe?

### **Being there for me**

Love, emotional warmth, attentiveness and engagement. Who are the people who can be relied on to recognise and respond to the child's/young person's emotional needs? Who are the people with whom the child has a particular bond? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment?

### **Play, encouragement, fun**

Stimulation and encouragement to learn and to enjoy life. Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child's/young person's mentor and champion?

### **Guidance, supporting me to make the right choices**

Values, guidance and boundaries; making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment?

### **Knowing what is going to happen and when**

Is the child's/young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child's/young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child/young person? Can the people who look after him or her be relied upon to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her? Transition issues must be fully explored for the child/young person during times of change.

### **Understanding my family's background and beliefs**

Family and cultural history; issues of spirituality and faith. Does the child/young person have a good understanding of their own background – their family and extended relationships and their origins? Is their cultural heritage given due prominence? Do those around the child/young person respect and value diversity?

## The child's/young person's wider world

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Children/young people and their families are influenced and supported by their wider family, the neighbourhood and the social networks within which they live. An account of the family's community and wider world is needed to understand how a child/young person is developing and the opportunities for those who care for the child to respond to their needs. Research shows that this crucial focus is often neglected.

*"We need more things to do where we live. We need swimming pools, football pitches, leisure activities which we can afford"* (Young people in consultation, 2004)

*"We need to be able to go out without gangs of older kids bullying us and giving us hassle"* (Young people in consultation, 2004)

### **Support from family, friends and other people**

Networks of family and social support; relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in, or negative aspects of, the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on. Who is significant in the child's/young person's wider environment?

### **School**

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests.

### **Enough money**

Has the family or young person adequate income to meet day to day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child/young person can take part in school and leisure activities and pursue special interests and skills?

### **Comfortable and safe housing**

Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Is it in a safe, well-maintained and resourced, child friendly neighbourhood? Have there been frequent moves?

### **Work opportunities for my family**

Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment; supports for the young person's career aspirations and opportunities.

### **Local resources**

Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle; projects offering support and guidance at times of stress or transition; access to and local information about health, childcare, care in the community, specialist services.

### **Belonging**

Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents' and residents' groups, faith groups? Are there local prejudices and tensions affecting the child's or young person's ability to fit in?

# getting it right for every child in Moray

## 'Having My Say'

It is very important that you know what I think about things. If I tell you what I think, please make sure you listen to me. This will help you to make the right decisions about what to do next for me and my family:

**1. Here's what I think about what's happening in my life right now:**

.....  
 .....

**2. Here's the words that I think describe me: (Please tick as many as you want)**

Happy		Confident		Sad	
Friendly		Healthy		Reliable	
Helpful		Easy to talk to		Angry	
Good		Bad		Able to do things myself	
Always asking for help		Listened to		Easy to understand	
Hard to talk to		Clever		Silly	
Can be trusted		Let people down		Stupid	
Good to spend time with		Annoying		Fun	
Boring		Loving		Easy to like	
Have good friends		Have no friends		Have a few friends	
Gets bullied		Is a bully		Is safe	
Scared		Upset		Always in trouble	
<b>Anything else? (specify)</b>					

**3. Here's what I think about my family and home life:**

<b><u>Good Things:</u></b>	<b><u>Things I want to be different:</u></b>

4. Here's what I think about my school life:

<u>Good Things:</u>	<u>Things I want to be different:</u>

5. Here's what I think about my life outside school and home:

<u>Good Things:</u>	<u>Things I want to be different:</u>

6. Here's how I think adults can help things to be different:

.....  
.....

7. Here's how I think I can help things to be different:

.....  
.....

8. Here's how I will know that things are getting better:

.....  
.....

9. Here's who I think will notice that things are better and how:

.....  
.....

10. Here's what else I want to tell you:

.....  
.....  
.....

My Name is: ..... Today's date is: .....

I was helped by: ..... (Worker's Name)

Their Job is: ..... (Role)

[Thank you for listening to what I have to say](#)

## Information Sharing Principles

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### **What information can I share about a child/young person?**

You should only share information which is relevant to effectively assess and plan for intervention with a child/young person. As a practitioner, you have a responsibility to make a professional judgement about which information is and isn't relevant to share, for the best interests of the child. If you have a concern about the child's immediate safety, or if you believe a child is at risk of harm, then it is your responsibility and duty to pass this on to the agency best placed to act on this, i.e. social services or the police, in most instances. It is vital you record the sharing of all information appropriately, in line with your own agency's procedures. (For concerns around child protection, always refer to the Moray Child Protection Procedures and your own agency's procedures).

### **Who should I share information with?**

You should share information only with those with whom it is relevant to do so. These will be professionals or those from the child's familial network who are, or are likely to become, involved in supporting the child/young person.

### **How should I share information?**

Information must always be shared securely – this means that all reasonable steps have been taken to prevent information being shared with someone who does not have a right to receive it. Information can be shared by the following methods:

- Verbally – always ensure you know who you are speaking to when sharing someone's sensitive information and never leave this information on a voicemail or answer machine.
- In writing – always mark correspondence containing sensitive information 'personal and confidential' and address it to a named person.
- Electronically – it is good practice not to send an email containing sensitive information unless you can be sure that the systems used are secure, i.e. via the 'gsx' system. Otherwise, password protected email systems can be used.
- By fax – as this is not a secure method, it is good practice not to use this, however, if this is the only means available, you should telephone the recipient to alert them of the fax to ensure they are able to receive it personally and securely.

Each service should have a service specific protocol relating to how information should be shared, in line with the Pan Grampian Information Sharing Protocol.

Regardless of the method, all information sharing should be recorded appropriately.

### **Do I need consent? What type?**

It is a legal requirement to seek appropriate consent in most instances. In the situation concerning child protection, you do not need to seek consent to share information if you believe that the risk to the child may be greater if you do so. Refer to Moray's Child Protection Procedures (for Community Services' staff, these are available on Sharepoint) or your agency's procedures for further guidance.

### **When is a child/young person able to give consent?**

You have a responsibility to use your professional judgement, based on knowledge of the child, about the child's level of ability and understanding of the consequences of sharing information. If you are unsure of this, seek appropriate support from a colleague who knows the child or a children's rights worker who can advocate on the child's behalf.

### **What happens if the child/young person does not give consent?**

In accordance with the Children (Scotland) Act 1995, the best interests of the child are paramount. As a professional, you must ensure the child is given the right information to be able to make an **informed** choice about whether or not he/she gives consent. If you judge that the child is able to make an informed choice and he/she chooses to withhold consent – or agrees to share certain but not all information with some but not all parties – then their views must be taken into account. If you judge that the child is not able to make an informed choice, then you must seek the consent of the legal representative, where it is safe and appropriate to do so. If you decide that neither the child nor parent is able to make an informed choice about the issue of consent, then you must record your decision in line with your agency's procedures.

### **Do I have to inform the child/young person or parent if I share information without consent?**

It is a local authority requirement and good practice to work in partnership with children, young people and their families, and it is good practice to keep them informed at all times, unless it would cause undue risk of harm to the child/young person to do so. For further information, Moray Council staff should refer to the 'Disclosure of Information without Consent' Forms and associated guidance.

### **What is the legal basis for information sharing?**

[Pan Grampian's Information Sharing Protocol](#) is informed and underpinned by the Data Protection Act 1998 ([see information leaflets](#)), the Human Rights Act 1998, the common law duty of confidentiality and the Caldicott Principles.

### **Where can I get more information?**

Practitioners should contact their line manager and refer to the [Pan Grampian Information Sharing Protocol](#). The Moray Council's Legal Services can give advice and guidance to local authority practitioners about information sharing, consent and confidentiality.

## Information Sharing - Key Points

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### What are the key points to remember?

- Share only information which is relevant to support a child/young person
- Share only with those who are, or will be, involved in the support
- Always seek informed consent from the child/young person where you judge it appropriate to do so and, if not, seek consent from the parent/legal representative if doing so will not cause further risk of harm to the child/young person
- Always share information by the most secure method
- Always record where information has been shared (or not) and the circumstances around this
- As circumstances change, always re-visit the issue of consent appropriately
- Use your professional judgement and, if in doubt, seek further advice

**It is vital that professionals share information appropriately. This ensures our services can work together in an integrated way to effectively meet the needs of children, young people, and their families.**

### Aide-Memoire

#### The general rules

Principles: Information is shared -	Your Responsibility
for a purpose	<ul style="list-style-type: none"> <li>▪ Be clear about the purpose</li> <li>▪ Identify what information is required for that purpose</li> </ul>
with informed consent	Seek and retain written consent on the basis of a clear agreement with the service user or carer about - <ul style="list-style-type: none"> <li>○ what information will be shared</li> <li>○ for what purpose</li> <li>○ with whom</li> <li>○ over what timescale</li> </ul>
transparently and accountably	<ul style="list-style-type: none"> <li>▪ Enable the service user to know, challenge and correct the information that you share</li> <li>▪ Ensure they know of their right to do so and the procedure through which to do so</li> </ul>

#### Exceptions to the general rules

Principles: information is shared without consent -	Your Responsibility
When a vulnerable person is at risk of significant harm	<ul style="list-style-type: none"> <li>▪ Be clear about the purpose</li> <li>▪ Decide what information is required for that purpose</li> <li>▪ Record your decision and the reasons for your decision to share information</li> <li>▪ Share the information</li> </ul>
When to seek consent could compromise safety	
When to seek consent could compromise the quality of evidence of an offence against a vulnerable person	



## Solution Oriented Approaches

### **What is a Solution Oriented Approach?**

- Helping people create the life they want
- Looking at what works
- Looking at what motivates people
- An interest in solutions rather than problems
- A way of thinking which can fit into any situation
- Working with and empowering individuals, groups and whole systems
- Constructive and co-operative dialogues
- Pragmatic, time-sensitive, cost-effective
- Hope of change – respectful, future oriented and goal focused emphasis

### **Techniques and language**

- How will you know things are better?
- Pointers for changing behaviour
- Behaviour is affected by beliefs which are affected by experiences
- What are the minimum signs of progress you will need to see?
- Past successes to build on – possibilities and potential for change
- Small details, small steps and stages
- Asking questions – ask it differently if there is no response
- Listen out for small signs of what is working

### **Resources and a context of competence**

- Preferred future – exceptions
- Scales rating – how far have we come? What's working?
- Noticing capabilities, resources and strengths
- Being interested in person

### **Co-operation**

- Finding out about others changes view of them
- Acknowledge people's feelings and views of a situation in a way which is anti-discriminatory
- Checking out what has been said
- Asking - Who will notice? What will they notice? How will you know?
- Asking people to acknowledge signs of change and progress

(From 'Solutions in School: Creative Applications of Solution Focused Brief Thinking with Young People and Adults' - Yasmin Ajmal and Ioan Rees, BT Press, 2001)

## Conduct in Meetings

It is appropriate to ensure that the following good practice is adhered to in preparation for meetings:

- those invited to meetings are only those who are already involved in meeting the child's/young person's needs, or who can, in future, contribute to a Child's Plan
- written invitations to a meeting are **not** the first thing a child, parent or professional knows about a meeting, i.e. professionals have a duty to engage with the child and parent on first ascertaining an additional support need
- invitations are sent out timeously with a clear agenda, clear contact details and details related to the meeting itself: day, time, venue, inclusion of the children's rights service postcard etc
- invitations should allow for the invitee to confirm their attendance or, if they are unable, to agree a substitute – this allows the Lead Professional time to discuss this with the family in advance ; if no other professional is available, the original invitee **MUST** send a written report to the chairperson two working days in advance of the meeting to allow their perspective to be considered, with an apology

Meetings can involve the discussion of sensitive or personal issues to a child or family and, on occasion, this may be a difficult and challenging experience for those involved. Appropriate communication and support from all present is vital to ensure that the experience is as positive as possible in the circumstances.

Professionals, children/young people and family members must act in a way which is:

- appropriate to the formality of the setting
- respectful to the views of others within the meeting
- conducive to partnership working
- non-threatening and non-confrontational
- anti-discriminatory to individuals, their values and their life experiences

It is the role of the Chairperson to clarify the roles of the Scribe and Timekeeper and facilitate the meeting, ensure those involved are as prepared as possible, and address difficult or challenging situations with support from all those present.

## Roles and Responsibilities

### **The Lead Professional is responsible for:**

- Ensuring that the child/young person and family understand what is happening at each point so that they can participate in the decisions that affect them (this may mean identifying the person who knows the child/family best to do this directly)
- Deciding, in consultation with the child and family and relevant others, the most appropriate way in which to involve the child
- Being the main point of contact for children, young people, professionals and family members, co-ordinating help for them and minimising the need for them to tell their story several times
- Promoting teamwork between agencies and with the child and family
- Planning an integrated assessment
- Preparing for any resultant meeting (as are all those involved)
- Identifying a Chairperson for a meeting (likely him/herself in the first instance)
- Ensuring the information contained in the child's plan is accurate and up-to-date
- Ensuring clarity for the Team members around agreed tasks
- Ensuring the child's plan is implemented and reviewed
- Recognising when intervention has not met need and co-ordinating the process of review of the plan
- Being familiar with the remit of other agencies as necessary
- Co-ordinating work agreed in the action plan (including initiating contact with identified specialist services), sharing information and analysing outcomes
- Ensuring the child and family are supported through key transition points, particularly any transfer to a new Lead Professional where appropriate

**The Team around the Child is responsible for:**

- Engaging effectively with the other team members
- Providing written and verbal contributions as required to the assessment, service delivery and review of the action plan
- Committing to doing what is your responsibility within the plan
- Sharing concerns with the Lead Professional as they arise
- Preparing for and attending meetings as arranged
- Providing written reports for meetings if you are absolutely unable to attend
- Acting as a team member towards agreed goals and an agreed action plan (i.e. no individual member can make a unilateral decision to change his/her part of the plan, without the Team agreeing to any amendments)

### **Those attending a Meeting are responsible for:**

- Returning requested information within a timescale set by the Chairperson. This will vary dependent on the child's circumstances but information must be sent timeously to allow it to be integrated and analysed in advance of the meeting
- Preparing in advance as agreed, bringing any appropriate materials
- Being prepared to offer solutions and working together with others in the Team
- Attending on time as agreed
- Acknowledging and noting everyone's point of view
- Adhering to the [Solution Oriented approach](#) as outlined by the Chairperson
- Being heard (there should be no 'surprise' information during the meeting)
- Voicing their own opinions and feelings (with advocate or support if required)
- Ensuring they have an involvement in agreeing actions
- Following through on agreed tasks
- Being professionally accountable to the child/young person, family and Team

## Local Integrated Assessment and Planning - Meetings

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### When is a meeting required?

Meetings can be convened for a variety of reasons, but are generally required in order to discuss or review information from different perspectives, to reach agreement about the meaning or significance of the information and discuss what is to be done, how, by whom, by when and by which method of measurement. The purpose is to reach an agreed plan.

### Who convenes a meeting?

The person convening a meeting is *likely* to initially be the person who has been working on a single agency basis with the child and family. As LIAP is a process for local intervention, it is possible that a child/family member could initiate a meeting by contacting a relevant professional.

The following process should be applied across Moray:

1. Those convening meetings must provide evidence that intervention on a single agency basis or with short term input from another agency has taken place and has, so far, not achieved an effective outcome. This should be recorded on Child's Plan 1 and should demonstrate engagement with children, families and relevant others.
2. Professionals convening a meeting should contact the Local Integration Support Officer (LISO) for their area, forwarding Child's Plan 1 to him/her. The LISO will then co-ordinate the planning for the meeting, if required, based on instructions from the Lead Professional.
3. Meetings should be convened within 2 weeks of their initiation.
4. Roles within meetings **MUST** be carried out by those from within the Team around the Child. The role of the Scribe, for instance, is not an administrator's task.
5. The child/young person and his/her parent/carer **must** be involved in completing the Child's Plan. Their consent to the sharing of information between agencies must be recorded on Child's Plan 1 and on a consent form.
6. Partnership with children and families must be meaningful and active in service delivery. Children, young people and their parents/carers should **always** be informed of the process and be given the appropriate information booklet.
7. The person initiating the process **must** take responsibility for ensuring that appropriate conversations have taken place with relevant professionals (with the child's/family's consent) so that only those who can contribute to the solution are actually invited to a meeting. This ensures that the child/family attend a meeting in which every person invited knows each other and knows information relevant to solving the issue, that questions of appropriate resources are **not** aired during the meeting, and that the professionals attending are prepared with an idea of what they may be able to contribute. The meeting must be solution oriented.

**The LISO and his/her administrative staff are not Lead Professionals. Their role is outlined elsewhere in the procedures.**

## How should a LIAP Meeting be structured?

The meeting must be organised around [Solution Oriented approaches](#), in which the Chairperson should be trained and skilled. The meeting must be oriented towards finding a solution to the identified need and agreeing a way forward, rather than airing grievances or attributing blame. The meeting should be time specific, be held in as neutral an environment as possible, have a clear and agreed agenda and should be a positive, focussed process.

### Chairing Meetings:

The meeting should be facilitated by an identified Chairperson. Should work proceed to an integrated assessment stage when Child's Plan 2 is completed, then the [Team around the Child](#) will identify the Lead Professional and this person *could* be the most appropriate person to [chair future meetings](#).

Chairpersons should be trained in [Solution Oriented approaches](#) to ensure the process is one which is focussed, structured and adheres to good practice.

### What if professionals cannot attend a meeting?

It is vital that professionals involved in the life of a child/young person and his/her family remain committed to every aspect of their involvement, including attendance at meetings. On occasion, however, it may be unavoidable that professionals are unable to attend a meeting as agreed. It is imperative that their input is still considered in discussions and in forming an action plan. For this reason, those not attending **MUST** send a written report to the Chairperson of the meeting two working days in advance of the meeting.

### What does a Solution Oriented meeting look like?

**Time:** Time allowed for a meeting should be set at the start and, where possible, kept to.

**Purpose:** The Chairperson summarises the purpose of the meeting for clarification.

**Issues/Concerns:** Everyone is given no more than 2-3 minutes each to outline *their* concerns/issues. This is a fact-finding exercise and not an exercise in attributing blame. The Chairperson must facilitate this process and ensure everyone is heard.

**What's Working:** Everyone is given time to highlight the positives, the strengths for the child/young person, family and professionals, and outline what IS working.

**Ideas and Actions:** Everyone is asked to identify potential solutions and ideas for action. This part of the meeting should hold the most discussion time. People are allocated agreed tasks and actions.

**Pulling Together:** The Chairperson will ensure all solutions are pulled together, summarise the action plan and allocation of roles/tasks, ensuring that all those present have understood. The Chairperson should initiate a date for review.

**Ending:** The ending of a meeting is just as important as the rest of the meeting. Often, if a young person or family has been involved, the meeting has raised sensitive and personal issues with which they can often find it difficult to come to terms with or put to one side simply because the meeting has ended. Professionals must be sensitive to this and ensure the end of the meeting is just that.

Not all meetings, because of their agenda, can follow a pure Solution Oriented format, however, Solution Oriented *approaches* must be used to ensure that all meetings are purposeful, meaningful, forward looking, action oriented and as positive an experience as possible for all those involved.

### **Reaching Agreement in Meetings**

Where agreement is reached within a meeting about the action plan, allocated tasks, timescales, goals to be achieved and plans around future reviews, then it is important that this is recorded and that all those attending have a record of this. This is recorded in the Meeting Agreement and a copy given to Team members to take away.

For those Team members not present, the Meeting Agreement should be issued within 5 working days.

Once distributed, if no issues are raised with the Lead Professional, this is taken as an agreed record of the meeting.

This will provide a written agreed document which can be a benchmark for future review.

### **Failure to Reach Agreement in Meetings**

Effective integrated working depends on all parties being involved in discussions to seek a solution, with open communication and transparency about the process taking place. On occasion, however, there can still be failure in reaching agreement during meetings.

Where there is disagreement from one or more people attending the meeting and an Action Plan has been discussed but not agreed by all, then it is important that the discussion as well as the Plan is recorded and copied to everyone present (and those not present who will be involved in work agreed in the Child's Plan). It is imperative that those involved can action the parts of the plan which *are* agreed. Subsequent agreement might then be reached on the strengths of what has been achieved.

Should compulsory measures of care be sought through the Scottish Children's Reporter's Administration at a future date, then evidence of what has been done to try to find a way forward by agreement will be required to make the case for compulsion. The Child's Plans and the Meeting Agreements will assist to do this.



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Solution Oriented Meeting Agreement for (Child's Name)'s Meeting

<b>Date of Meeting:</b>	
<b>Those Present:</b>	
<b>Apologies:</b>	

Today's Chairperson: .....

Today's Scribe: .....

Today's Timekeeper: .....

<b>What are the issues/concerns?</b>	<b>What's working well/ok?</b>
<b>What are we trying to achieve?</b>	<b>What are our ideas?</b>

**Action Plan:**

Who?	What?	How?	When?

Lead Professional for the action plan: ..... Agency: .....

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## AUDIT TOOL

### Getting It Right For Every Child Standards

This audit tool provides one way of measuring how professionals are applying the Getting It Right for Every Child Standards in their work with children, young people and their families. In order to triangulate this information, feedback forms for children, young people and parents/carers are available.

Local Management Groups are responsible for monitoring practice locally and this will lead into central monitoring processes. To ensure this process is comprehensive, effectively recorded and monitored locally, all Lead Professionals must notify Local Integration Support Officers (LISOs) when initiating a Local Integrated Assessment and Planning process.

<b>Standard</b>	<b>Measure</b>	<b>How being met?</b>	<b>Quality Rating (0 – 3)</b>	<b>What else needs to be done?</b>
1. The child will be at the centre of our work	Children's/Young People's and Parents/Carers views are taken into account In decision making Children's/young people's and parents'/carers' views are recorded			
2. Our work takes account of the child's/young person's short and long term needs	Action plans record immediate and longer term objectives			
3. In our work, we respect the child's/young person's and family's right to confidentiality	Information Sharing leaflets and Data Protection leaflets are given to the child/young person and relevant family members and this is recorded Written consent forms are recorded and kept in child's/young person's file			
4. We work to ensure that Moray's children and young people are safe	Multi agency integrated work informs decision-making Action plans take account of children's/young people's needs Staff working with children/young people are trained in basic child protection awareness Each agency has a Child protection Officer			

5. We work in an anti-discriminatory way to promote opportunities for children/young people and families	Staff engage with children/young people and families creatively to overcome barriers to participation			
	Chair Persons of meetings are trained in solution oriented approaches			
	Staff show respect when working with children/young people and families, and are trained in Equal Opportunities			
6. We work in partnership with families	Children/young people and parents/carers attend meetings where appropriate			
	Children/young people and families are an integral part of assessment and planning			
7. We build a team around the child	Staff work with other agencies to one single action plan for the child/young person			
8. Agencies work to the highest standards	Staff carry out actions as agreed in action plans			
	Staff are accountable for their own learning and development			

**Quality Ratings:**    0 – Not met    1 – Partially met    2 – Mostly met    3 – Completely met

Completed by: ..... (Name)    ..... (Designation)    ..... (Date)

Number of Processes Evaluated: .....

## **Appendices**

**Child's Plans 1 – 3 and  
Guidance Documents**