

Consultation inviting views on Draft Statutory Guidance on Parts 18, Section 96 (Wellbeing) 4 (Named Person), and 5 (Child’s Plan) of the Children and Young People (Scotland) Act 2014 and draft Orders made under Parts 4 and 5.

Respondent Information Form (RIF)



Please Note this form **must** be returned with your response to ensure that we handle your response appropriately.

1. Name/Organisation Name

Centre for Excellence for Looked After Children in Scotland (CELCIS)

Title Mr Ms Mrs Miss Dr

Please tick as appropriate (if completing electronically, double click on box and select default value as ‘checked’)

Surname

Farrugia

Forename

Ben

2. Postal Address (if organisation, please provide organisation address)

CELCIS

University of Strathclyde
Lord Hope Building

141 St James Road

Glasgow

Postcode
G4 0LT

Phone 01414448532

Email ben.farrugia@strath.ac.uk

3. Permissions - I am responding as...

Individual

/

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes No

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

Are you content for your **response** to be made available?

Please tick as appropriate

Yes **No**

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate **Yes** **No**

Consultation questions

General

1) Overall, do you think that the draft guidance gives a clear interpretation of the Act to support organisations' implementation of the duties?

Yes No

(if responding electronically, please double click on one of the boxes above and select the default value as 'checked')

Please provide details:

While we acknowledge the considerable effort that has been invested in developing this draft guidance, we do not feel the document provides organisations with sufficient clarity about the objectives of the Act, limiting its effectiveness as a tool for implementation. The guidance does provide, in the main, a clear interpretation of what each of the individual duties entails, but taken together these explanations do not add up to a coherent picture of how organisations must operate under the Act. Parts 4, 5 & 18 (section 96) represent a profound shift in the way professionals and public agencies are legally required to work with children and families, and it is important, therefore, that Scottish Government sets out unambiguously what practice should (and should not) look like under the new system.

One way in which this could be done is through greater use of examples and case studies, either fully integrated into the text or contained in standalone boxes or sub-chapters. These examples should illustrate, in the context of actual scenarios, what role the 'Named Person' and 'Child's Plan' should play in re-orientating the public sector towards prevention and early intervention. These fundamental objectives of the 'Getting it Right for Every Child' approach are well articulated in the introduction section, but need to be threaded throughout all sections, so that strategic managers have a clear picture of what successful implementation should look like.

We also have range of more specific concerns about the draft guidance. Firstly, we are concerned about the lack of clarity (in the document as a whole) about how the new duties sit alongside existing statutory processes, such as the Children's Hearing System or Self-Directed Support. It is likely that a relatively small number of children with significant wellbeing needs will preoccupy the attention of professionals, so it is essential that strategic and operational managers understand how the provisions of the Act (wellbeing, role of Named Person, status of Child's Plan) interact with the other statutory demands placed upon

their services. For instance, should a Named Person for a pre-school looked after child be involved in the local authority's statutory care planning review process? Similarly, should a Child's Plan indicate which option for self-directed support has been agreed for eligible children? The answers to such questions may seem obvious, but opinion and practice continues to differ significantly across Scotland. Clear statements in the guidance about what practice should look like (for the professionals involved in the delivering the Child's Plan) would help establish a common understanding between strategic leaders and operational managers, and overcome a barrier to effective implementation.

Related to the point above, the guidance would benefit from more detail about the relationship between the Named Person and the Lead Professional (where they are different professionals); particularly in respect to 'ownership' of the Child's Plan, and accountability for delivering the outcomes identified within it. In some local areas a child's transition to 'looked after' status is effectively seen as the transfer of all responsibility to local authority social work, with other professionals (willingly or reluctantly) marginalised in the decision making process. This does not benefit the child or the various professionals entrusted with improving outcomes, and runs contrary to the objectives of the Act. Further explanation about how these key roles are expected to interact would be welcome.

The guidance makes reference to the 'Common Core' of skills and knowledge which all professionals working with children should possess. We strongly agree with this, but do not believe that the Common Core standard is as well established as the guidance suggests. In key areas, such as secondary schools, our experience suggests that a considerable amount of professional development will be required to bring some staff up to the required standard; for instance detailed understanding of child and adolescent development can be limited. If the Act is to realise its potential for delivering positive change for children and families, we recommend that the Scottish Government review all relevant initial and graduate qualifications, and continuing professional development requirements, to ensure that the Common Core informs both content and course delivery methods (i.e. how the course is taught).

Our fourth area of concern is that the guidance appears to condone the inequity of service provision which exists across Scotland. In accepting that the range and scope of services available to people in Scotland will remain different, the guidance then has to accept that the duties set out in Parts 4, 5 & 18 will be experienced differently by people living in different areas of the country. For instance, our reading of the guidance suggests that a child living in

one town may require a range of targeted interventions and therefore a Child's Plan, but if that child lived just a few miles away in a different local authority and health board, they may not be considered to rise above the level of 'wellbeing need' (as all necessary support would be available through universal services). We understand that establishing equity of provision across Scotland's is a priority for this Government, and that delivering it is beyond the terms of the Act and this guidance. But from an ethical and practical perspective we are troubled by the lack of recognition (shown in the guidance) about the risks of stigmatisation and continued inequity that can follow from having one family subject to a Child's Plan and Lead Professional, while another family with similar needs is not, just because they live in a different area. Thought needs to be given to the consequences of having the duties of the Act put into practice differently across Scotland, and plans should be put in place to redress any negative developments.

In a similar vein, we also believe that the guidance should consider more closely the issue of 'thresholds' (levels of need required to access services), and how these will influence both families' experience of the new system, and professional's interaction. On page 13 of the guidance, it states that "it is important that practitioners recognise that children and young people can thrive in different environments". While we strongly agree with this statement (for there are legitimate concerns about an over-eagerness amongst some professionals to perceive wellbeing concerns just because parents are from low-income, low education backgrounds), it is also the case that professionals can 'tolerate' or 'expect' higher levels of wellbeing concern because the families are considered "those kind of families". We would argue that while material and social capital may differ between families, the necessary context for positive child development (love, safety, nurture) does not. This is what professionals should be looking out for, and it is within this context that wellbeing should be monitored.

Furthermore, on page 80 (paragraph 11.3.6) the draft guidance states that a "targeted intervention may be contained in a Child's Plan only where the relevant authority [...] agrees". Practically this makes sense, but it is important to note that this will do little to redress the fact that children with similar wellbeing needs currently receive a different levels of support, determined largely by the capacity or access criteria of their local 'relevant authority' / service provider. The provision in the guidance to limit 'targeted interventions' to only those which can be *provided*, rather than capturing in the Plan all those that the child *needs*, will only serve to perpetuate this context. As the objective of the Act is to ensure all children and families, regardless of where they live, receive the 'primary prevention and

'early intervention' services they need, this seems like a missed opportunity.

Finally, we would recommend removing the sentence on page 1 about who the guidance has *not* been written for (1.1.4), as it risks alienating readers from the start. Our suggestion would be to make clear that the guidance has been written primarily for strategic and operational managers, but that it will be of interest to anyone involved in safeguarding children's wellbeing. We also believe that greater use of diagrams would be beneficial, helping to illustrate the systems, steps, tiers, relationships and interactions which the Act introduces. Many people do not engage well with text, and diagrams provide a clear visual statement of how things are supposed to work. Moreover, from our experience of working in the looked after children's system, we have found that if a process or relationship is too complex to be represented in a diagram, it is unlikely to work effectively in practice.

Part 18, Section 96 - Wellbeing

2) Do you think the draft guidance on wellbeing provides clarity about what wellbeing means in the context of the Act?

Yes No

What is helpful and/or what do you think could be clearer?

The guidance does provide clarity about what the term 'wellbeing' means in the context of the Act, restating and reaffirming the definition which has been available to professionals in Scotland for many years. However we believe the guidance would benefit from a section which sets out explicitly how 'wellbeing' and 'welfare' interact. This would explain the differences and relationship between these legal concepts, and provide strategic and operational managers with clarity about how their staff should use them. Even where professionals' understanding of 'wellbeing' is well established in Scotland, there remains significant confusion on this matter of 'wellbeing' and 'welfare'.

3) Are the explanations of the eight wellbeing indicators helpful? (2.5)

Yes No

What is helpful and/or what do you think could be clearer?

The explanations are helpful, but it is important to note that they still leave scope for wide interpretation and disagreement. For instance words like 'appropriate' invite a subjective assessment of what is 'appropriate for that child', potentially compounding existing inequalities between families ("this is an 'appropriate' level of child dental health for this

chaotic family, but an inappropriate level for that affluent one”), and inviting conflict between professionals, as they debate what should be considered as appropriate (often in reference to the availability of resources). Where possible and relevant, we believe the Government should consider unpacking (through associated practice guidance, such as Touchpoints) what it means by words such as ‘appropriate’; perhaps even setting out an expected standard for all children, regardless of their socio-economic context. Within this specific guidance document, it may be sufficient to provide more ‘real-world’ examples, helping to illustrate the eight wellbeing statements.

4) Are the descriptions and examples of wellbeing concerns sufficiently clear and helpful? (2.7)

Yes No

What is helpful and/or what do you think could be clearer?

Overall the sections 2.7 through to 2.12 could be reworked to make the delineation between ‘wellbeing concern’ and ‘wellbeing need’ clearer. To start, we suggest removing the first and second sentences of paragraph 2.7.1, which to the reader appear to conflate (or at least blur the lines) between ‘concern’ and ‘need’. This section should focus exclusively on ‘concern’, and detail what the Named Person and others should do in the context of a ‘wellbeing concern’. It should be followed by a section exclusively about ‘need’, which also sets out the expected actions once a wellbeing need has been identified. The relevant text is already in the draft guidance, but needs to be reworked to make the steps more clearly defined.

In respect of the examples used to illustrate ‘wellbeing concerns’, these provide an adequate description of what a ‘concern’ is (as something distinct from ‘need’) and the importance of considering context. However, we do not believe the examples help strategic managers understand how the processes mandated by the Act should work in practice. Indeed the example used of a child requiring emergency dental treatment may even be unhelpful, as it appears to tacitly condone what should be considered poor GIRFEC practice. This specific example may provide clear instruction to a dental practitioner about what they should do in the scenario (although it should be noted that anything but the response described would be considered poor child protection practice). But as the intended audience for the guidance is strategic and operational managers, the example should, in our opinion, make clear that no child in Scotland should ever reach a point where an emergency dental appointment is the first flag for a wellbeing concern. We believe this example is an opportunity to set out the expectation that the child’s Named Person (a health visitor) should observe whether the child has attended a dentist recently, and if not, flag that as a wellbeing concern or need before

the situation worsens. Generally the examples used in this section of the guidance, as written, pose some difficult questions about how the Government expects the duties to operate in practice. Who is responsible, for instance, for flagging that a child has not had a service they require (such as dental check-ups)? What should the Named Person do about children and families who are ‘under the radar’, displaying a range of low level wellbeing concerns but who have not come to the attention of any professionals? Strategic and operational managers need clear direction on such questions if Parts 4 & 5 are to be implemented properly and consistently.

Related to the above (and as discussed in our opening comments), we have concerns about how sentences like “what represents a wellbeing concern for one child may not be judged a concern for another child” (paragraph 2.7.4) will be interpreted by operational and frontline staff. While obviously correct, such statements may feed into an understanding that certain behaviours are tolerable (or intolerable) in different kinds of families. An example might be staff accepting a 12 year old boy’s poor dietary habits because they are perceived as ‘typical’ of his family or community, but another 12 year old boy in the same school, with similar dietary habits, is a concern because it is perceived as ‘out of character’. Practitioners do need to exercise professional judgement, and context is important, but in deciding to move Scotland away from a focus on welfare to the broader and more subjective concept of ‘wellbeing’, Scottish Government needs to provide greater clarity about what should be considered acceptable ‘standards’ of wellbeing. A bad diet for one child is unlikely to be an acceptable diet for a different child, and if the objectives of the Act are to secure children and families early intervention and prevention, the guidance needs to continuously restate this fact.

Finally, throughout this section it would be helpful to make more explicit links (including hyperlinks) to relevant parts of the chapter on the Named Person. We would also welcome further detail on how new ‘wellbeing concerns’ should be dealt with when a Lead Professional is in place, particularly if that Lead Professional is from a different organisation to the Named Person.

5) Please provide any other general comments about the draft guidance on wellbeing:

The guidance may benefit from more explicit acknowledgement that monitoring and assessing the wellbeing of children often necessitates the monitoring and assessing of parent / carer wellbeing. These adults are key to safeguarding and promoting the wellbeing of children, so further detail could be included about how professionals (especially the

Named Person) go about the task; this may involve interacting with adult services, to secure relevant services and support for the parent / carer.

In view of suggested changes to the statutory guidance on Part 9 (Corporate Parenting), received via the public consultation, section 2.6 may need to be amended to reflect the fact that some corporate parents (those with no direct contact with children) will not need to have in place training, policies and procedures which support employees to assess wellbeing. While it was accepted that they must have a full understanding of the concept of wellbeing, all the SHANARRI domains and how the processes described in this guidance (Parts 4, 5 & 18) should work, it was argued that it would be an excessive burden to require these organisations to be skilled in assessing the wellbeing of individual children. Assessments of looked after children and care leavers will already have been undertaken by the 'responsible authority' or 'relevant authority'. Corporate parents are duty-bound to support these authorities in delivering the plan, so it was not felt necessary to have all corporate parents skilled up to simply reassess this group of children and young people.

Paragraph 2.8.3 talks about the Named Person having an overview of a child's wellbeing; it is important to note that in schools (particularly secondary schools) this will require close cooperation between class teachers, guidance staff and the Named Person, as it is unlikely the Named Person would be able to know the current wellbeing of all children (particularly if they have other duties to fulfil, such as teaching or management). These practical realities are not discussed in the guidance, but they will be essential for the Named Person function to work in some settings. We recommend more detail about what role other professionals, within the 'responsible authority' or 'Named Person Service', will play in ensuring the duties are met.

The example at the end of paragraph 2.8.5 could be improved. It refers to a child being impulsive, and describes what the Named Person might do in response. However it does not encourage the Named Person to find out 'why' a child is behaving impulsively. Such behaviour should merit investigation, so that appropriate support can be put in place to address the core issue, rather than simply managing the behaviour. Undertaking or securing such an investigation / assessment should be at the heart of the Named Person role.

On page 26 (paragraph 2.13.8), the reference to statutory guidance on Part 9 should be written in the past tense, as it will be published by the time this guidance is available.

In relation to paragraphs 2.13.11 – 2.13.13 (continuing care), it is important that these statements about wellbeing are fully reflected in the Scottish Government’s guidance on Part 11 (continuing care). Draft text for the guidance on Part 11 refers exclusively to assessments of welfare.

Finally, we believe it is important to acknowledge, explicitly, that moving from ‘welfare’ to ‘wellbeing’ (as the paradigm through which decisions on whether to intervene are made) has the potential to massively increase demands on universal and specialist services. If the Named Person role is implemented consistently across Scotland, and in line with the expectations of the Act, it is likely that a wide range of wellbeing concerns will be identified across the child population; many of which will relate to families which have had no serious engagement with services up until now. Strategic plans must be put in place, locally and nationally, to respond to a range of possible scenarios which may put pressure on public services. It is safe to assume that the experience of Highland will not be replicated in all areas of Scotland, and the Scottish Government should be prepared (including with financial resources) to react constructively to whatever situation emerges. The alternative is for services to be rationed, available only to those deemed ‘most in need’. The objectives of prevention and early intervention cannot be delivered in such a context, as services will continue to be reactive, rather than proactive.

Part 4 - Named Person

Section 19 – Named Person Service

6) Is the draft guidance clear on the organisational arrangements which are to be put in place by the service provider to support the functions of the Named Person? (4.1.3 - 4.1.4)

Yes No

What is helpful and/or what do you think could be clearer?

We feel the guidance could: (a) include more detail about how other staff within the Named Person Service, particularly in schools, will be required to support the Named Person (for more detail, please see our answers to the question 5 above); and (b) include more detail about how the Named Person operates in existing statutory systems, such as multi-agency screening forums for child protection, or the Children’s Hearing System.

7) The Named Person Order and the draft guidance in support of this relate to training, qualifications, experience and position of who can be a Named Person. (Named Person Order and 4.1.5 – 4.1.17)

Are they sufficient to promote reliability in the quality of the Named Person service while supporting the flexibility to ensure that organisations can provide the service universally and consistently?

Yes No

Do they provide clarity?

Yes No

Please give reasons for your answers, including if you think they should be changed:

However, it should be noted that the requirements (skills, knowledge and understanding) are substantial, and getting the requisite number of staff up to this level will take time. It is also questionable whether some Named Persons will have the capacity to fulfil the role properly, around their other functions and duties. Moreover, to make the role work for children (in terms of identifying the need for and provision of support) the leadership abilities of the Named Person will be very important. An individual's position in an organisation's hierarchy is no guarantee of these abilities, so thought should be given by each Named Person Service to who they are choosing as the Named Person, and by Scottish Government to how they can support Named Persons through personal development opportunities.

Also, in line with our earlier comments about the Named Person understanding their role in existing statutory systems, we recommend that the Named Person has a detailed understanding of the Child Protection, Children's Hearing and 'Looked After Child' systems.

8) Is the level of detail provided on the delivery of the Named Person functions within the draft guidance appropriate to guide service providers in the provision of the service? (4.1.19 – 4.1.27)

Yes No

What is helpful and/or what do you think could be clearer?

Greater clarity would be helpful about what role the Named Person should play when a lead professional is appointed. We would also recommend amending paragraphs 4.1.20 – 4.1.27 so that carers of looked after children are included (specifically kinship carers and foster carers); the Named Person should also seek out their views, and help them access necessary support.

9) The draft guidance outlines how arrangements for making the Named Person service available during school holiday periods and other absences should be put in place. Do you agree that this provides sufficient clarity while allowing local flexibility? (4.1.30 – 4.1.32)

Yes No

What is helpful and/or what do you think could be clearer?

Section 20 – Named Person service in relation to pre-school children

10) This section of the draft guidance outlines arrangements for making the Named Person service available for pre-school children. Do you think it provides clarity?

Yes No

What is helpful and/or what do you think could be clearer?

We are unclear why the guidance specifies that the Family Nurse Partnership (FNP) will provide the Named Person. In the interests of ensuring continuity of relationship for families, and to facilitate the transition away from FNP, we believe the Named Person should be a Health Visitor, who is then involved in planning and decision making throughout the FNP programme stage; the FNP nurses could continue to provide the role of Lead Professional. The alternative (having FNP provide the Named Person Service) is in contradiction to the universalism which is supposed to underpin Part 4. It also throws into question why accommodated looked after children should have a Named Person who is a Health Visitor or school staff, when they will have a named Lead Professional (usually from social work) actively managing their Child's Plan.

Section 21 – Named Person service in relation to children who are not pre-school children

11) This section of the draft guidance outlines arrangements for making the Named Person service available for children who are not pre-school children. Do you think it provides clarity? (6.1.1 – 6.1.8)

Yes No

What is helpful and/or what do you think could be clearer?

12) Does the draft guidance make clear arrangements for providing the Named Person service for children who leave school before their 18th birthday? (6.1.9 – 6.1.25)

Yes No

What is helpful and/or what do you think could be clearer?

We would like more detail about how a Named Person will be provided to this group, and, in the case of looked after children and care leavers, how that individual should interact with the child's Lead Professional.

13) Does the draft guidance make clear arrangements for providing the Named Person service for children of Gypsy/travellers? (6.1.26 – 6.1.31)

Yes No

What is helpful and/or what do you think could be clearer?

14) Does the draft guidance make clear arrangements for providing the Named Person service for children who are home educated? (6.1.32 – 6.1.39)

Yes No

What is helpful and/or what do you think could be clearer?

15) Does the draft guidance make clear arrangements for providing the Named Person service for those families with more than one Named Person? (6.1.41 – 6.1.43)

Yes No

What is helpful and/or what do you think could be clearer?

Section 24 – Duty to communicate information about the role of the Named Person

16) Does the draft guidance make clear the requirements and expectations in relation to communicating information about the Named Person service and the Named Person?

Yes No

What is helpful and/or what do you think could be clearer?

Section 25 – Duty to help the Named Person

17) Does the draft guidance make clear the arrangements which should be in place for service providers or relevant authorities to help a Named Person? (9.1.1 – 9.1.8)

Yes No

What is helpful and/or what do you think could be clearer?

Paragraph 9.1.6 gives the impression that, following a request for help from a Named Person, service providers or relevant authorities should assess the wellbeing needs of the child for a second time, with a view to evaluating the request against the likely resource implications of providing a service. Does this mean that, if resources are limited, service providers / relevant authorities can simply say no to a Named Person (albeit providing them with a clear explanation of why)? The guidance does acknowledge that Named Person service providers will need to have processes and procedures for managing situations where assistance is refused (paragraph 9.1.8), but what recourse does a Named Person have in a situation where they feel a service is being unfairly denied to a child? It seems probable that a Named Person may feel obliged to advocate for a child, in order to secure them the service they (the Named Person) feel the child needs, but which is being denied by the service provider (for whatever reason). The guidance should set out how such disputes are resolved.

Secondly, the guidance would benefit from more clarity about the kind of scenarios which would prevent a relevant authority from helping a Named Person. Some illustrative examples may be helpful.

General

18) Is the draft guidance on these sections clear on requirements in relation to consideration and sharing of relevant and proportionate information when there are wellbeing concerns?

Yes No

What is helpful and/or what do you think could be clearer?

This remains an area of much confusion and disagreement across the children's sector; as it has been for long before GIRFEC or the 2014 Act were introduced. Different rules and expectations in different professions make it very difficult to get a 'common approach' among 'the team around the child'. We would recommend that the Scottish Government develop, with relevant partners, practitioner focused guidance for each of the key professional groups (teachers, health visitors, etc.). These should be illustrated with case studies of 'when to' and 'when not to' share information. Moreover, these new expectations should be integrated into graduate qualifications, and included in a series of mandatory professional development opportunities (such as 'in-service' days for schools). Overcoming the information sharing problem will require a clear 'implementation plan' and continued engagement.

19) Does the draft guidance make clear the arrangements and processes that authorities will need to put in place to facilitate and support the consideration and sharing of relevant and proportionate information?

Yes No

What is helpful and/or what do you think could be clearer?

In addition to our points above (to question 18) we would highlight that there is still considerable confusion about what constitutes 'data' and what is 'information'. To avoid risk professionals often conflate the two, perceiving most information as sensitive personal data. As a result the barriers to sharing go up.

20) Does the draft guidance make clear that the sharing of relevant and proportionate information under this Act must meet the requirements of the Data Protection Act 1998 and the European Convention of Human Rights?

Yes No

What is helpful and/or what do you think could be clearer?

Section 23/Section 26

21) Does the draft guidance make clear the arrangements for managing and sharing information when duties of confidentiality are a consideration? (10.2.14 – 10.2.16 and 10.3.10 – 10.3.13)

Yes No

What was helpful and/or what do you think could be clearer?

22) Are the arrangements set out for considering the views of the child clear? (10.3.3 – 10.3.4)

Yes No

What is helpful and/or what do you think could be clearer?

23) Please provide any other general comments about the draft guidance on the Named Person service, including the information sharing sections:

Across Scotland there is considerable discrepancy about how the Lead Professional and Named Person (when two different people) are supposed to interact. We believe the guidance presents an opportunity for setting out clearly what the interaction should be between the two professionals, including the division of responsibilities and duties (i.e. who does what). Key practice questions need to be addressed so that strategic and operational managers can put systems in place to manage the interaction. Among the questions we are interested in are: (a) how should disagreements and disputes between the Named Person

and Lead Professional be handled; (b) how should the relationship be managed when a child is placed 'out of area', and the Named Person and Lead Professional come from different parts of the country? Such scenarios may represent only a small numbers of cases, but it is the complex and difficult cases which are likely to most exercise professionals, consuming time and energy. Guidance is needed to both help prevent and resolve such scenarios.

The guidance states that *“as the pathfinder put GIRFEC principles into practice, it became clear that [...] a Named Person role in the core universal service and in contact with every child was essential. Parents also wanted to a single point of contact”* (p.3). This highlights two distinct functions for the Named Person, and in our opinion, the potential for some tension. That parents want a single point of contact is understandable. In the case of school age children, having that contact as a depute head or other senior member of staff seems practical. But the Named Person is also supposed to be of benefit to the child (not just the parents). That involves being in 'contact' with them and, we would suggest, developing a relationship with them. How will this work in a secondary school, or even a large primary? At the consultation events it appeared that the Scottish Government accepted that some of the Named Person functions will need to be delegated out to other staff members, particularly in schools. Class teachers, for instance, will be relied upon to keep the Named Person informed about what's going on with individual children. However this builds in both confusion (as the Named Person may be the point of contact but will not actually know the child well) and also opens up the potential for inequity (as different class teachers might have different personal 'thresholds' for what to report, and the Named Person will therefore only get information on some children, even though others might have equivalent or higher levels of need). We would suggest that to mitigate these problems, work should be undertaken with frontline teachers, as part of the implementation strategy around Parts 4, 5 and 18 (Section 96).

On page 4 it states that the “named person will have an important impact on supporting transitions for those children and young people needing service support”. In order for this to be the case we believe more needs to be included in the guidance about how the Named Person role works for children moving onto or off the child protection register and looked after status. Similarly, the guidance says that “when young people leave school but continue to need support, the Named Person will be able to provide that transition to adult-focused services”. We would welcome more detail on what role the Named Person (assuming they are different to the Lead Professional) should play for children leaving care, or for those

young people who are already care leavers.

Draft Named Person Order

See question 7 above; and

24) Please provide any other general comments about the draft order on the Named Person:

We have a number of queries about the draft Order on the Named Person. First, we are interested to know why only health visitors need to have professional training in the assessment and profiling of the speech, language and communication abilities of children, young people and parents. These skills would seem to be relevant for a Named Person working with school aged children too, as educational psychologists are unlikely to be able to provide support in all (or even a majority) of cases, particularly when it comes to parents and carers. Second, why is the statutory requirement for professional training on child development also restricted to only health visitors? This knowledge is critical for all professionals working with children, as identified in the 'Common Core'. Finally, in respect to section 2(6)(b), named person service for children who are not in education, the reference to 'experience in providing support to pupils' may seriously restrict who can play the role. We recommend using the phrase 'experience in providing support to children or young people'.

Part 5 – Child's Plan

Section 33 - Child's Plan requirement

25) Is the draft guidance clear about the definition and explanation of what constitutes a 'targeted intervention'? (11.2.4. – 11.2.5)

Yes No

What is helpful and/or what do you think could be clearer?

On the whole the guidance does provide a clear explanation of what constitutes a 'targeted intervention', and the examples on page 76 are helpful. However we do believe the draft guidance could be clearer still, by restating two particular sentences throughout the document. The first, under paragraph 11.3.5, relates to the question 'what is a targeted intervention': "*these are services or forms of support which are not made generally available within a local or service context*". The second, under paragraph 11.3.2, relates to 'when do we create a Child's Plan'. We would recommend amending the existing sentence slightly, so that it reads: "*The Child's Plan is for use with any child who requires a targeted intervention*".

in order to meet an identified wellbeing need”.

26) Are the arrangements for seeking the views of the child, parents and others during consideration of the need for a Child’s Plan set out clearly in the draft guidance? (11.2.7 – 11.2.12)

Yes No

What is helpful and/or what do you think could be clearer?

Section 34 – Content of a Child’s Plan

27) Do you agree that the content of the plan, as set out in the Schedule to the draft Order and described further in the draft guidance is clear and covers the full range of likely circumstances? (11.3.1. – 11.3.9 and draft Child’s Plan Order)

Yes No

What is helpful and/or what do you think could be clearer?

We would suggest adding a section to the schedule of the draft Order, in order to capture whether the child is (a) eligible for self-directed support; (b) what option (if any) of self-directed support is being provided.

In prescribing so clearly the content of the Child’s Plan (a decision with which we agree), it does pose a question about whether it might be better to simply produce a standard pro forma, to be used across Scotland. Most organisations already keep their own distinct ‘core record’ about a child (separate to a Child’s Plan), and they can and will continue to do so in the future. But in view of the fact that children and families move, and that many professionals work across administrative boundaries, it may be advantageous to have a single Child’s Plan which is not only consistent in content, but also design and structure. This will breed familiarity, and maybe even facilitate better sharing of relevant information. We fully accept that local authorities would prefer to retain the format of Child’s Plans which they have developed, and that insights from improvement methods suggest not dictating a single scheme for multiple organisations. However if one of the primary objectives of the Child’s Plan is to provide children, young people and families with a clear, easy-to-read record of assessments, decisions, interventions and progress, there remains a compelling argument

for making it a consistent document across the country.

Section 35 – Preparation of a Child’s Plan

28) Are the arrangements and processes set out in the draft guidance for preparing child’s plan clear? (11.4.1 – 11.4.6)

Yes No

What is helpful and/or what do you think could be clearer?

At paragraph 11.3.6, the guidance states that “processes are swift and effective”. We think it would be helpful to describe what is meant by this; is the expectation that it will be completed within days, weeks or months? Also, at paragraph 11.4.7 the guidance refers to disagreements between authorities about who should be the lead professional; but what happens when a child or family reject the lead professional chosen, or decide at a later date that they want the individual changed? How should authorities respond to such requests?

29) Does the draft guidance give clear support on how the child’s plan and the co-ordinated support plan should be integrated? (11.4.7 – 11.4.10)

Yes No

What is helpful and/or what do you think could be clearer?

We believe that it would be more practical to set out a principle that *all* children who have or require a coordinated support plan (CSP) will also require a Child’s Plan. Then, as the guidance suggests, the CSP can be integrated into the Plan as a standard Annex. This Annex can then be produced as a standalone document where necessary, but for all families the ‘Child’s Plan’ becomes the primary document.

Sections 36, 37 and 38 – Responsible authority: general, Responsible authority: special cases and Delivery of a Child’s Plan

30) Does the draft guidance make clear the different roles of the responsible, relevant, directing and managing authorities?

Yes No

What is helpful and/or what do you think could be clearer?

Referring back to the glossary of terms in the introductory section, under ‘Managing

Authority' we recommend adding a bullet point stating: 'the authority for which the Lead Professional works / is employed'.

The term 'Responsible Authority' needs to be developed further. Who, for instance, is the 'responsible authority' if the Named Person Service decides a child's needs merit a Child's Plan, but the 'Relevant Authority/ies' disagree (perhaps because the child does not meet their service access thresholds)? Who is responsible (and accountable) to the child and family in this scenario?

Section 39 – Child's Plan: management

31) Does the draft guidance make clear the processes and arrangements for managing the child's plan? (11.8.1 – 11.8.13)

Yes No

What is helpful and/or what do you think could be clearer?

The guidance would benefit from much more detail about how the Lead Professional (if different to the Named Person) is supposed to involve the Named Person in planning and decision making. This is particularly relevant for looked after children, where important decisions about placements and support are taken frequently. What are the expectations on the Named Person in these cases, and does the Named Person have any 'power' over decisions taken by the Lead Professional / Managing Authority? In a similar vein, for a child who is 'looked after at home' or with kin, who is the family's primary source of contact (the Named Person or Lead Professional)? It would be helpful if guidance provided some answers to these sorts of practical issues.

32) Does the draft guidance make clear the arrangements for transferring management of a child's plan? (11.9.1 – 11.9.21)

Yes No

What is helpful and/or what do you think could be clearer?

Section 40 – Assistance in relation to Child’s Plan

33) Is the draft guidance helpful in describing the processes and arrangements for providing assistance in relation to functions under this part of the Act? (11.10.1 – 11.10.8)

Yes No

What is helpful and/or what do you think could be clearer?

34) Please provide any other general comments about the draft Child’s Plan guidance:

It would be helpful if the guidance was more explicit about how other statutory plans, such as Pathway Plans for children leaving care, are to be integrated into the Child’s Plan.

Draft Child’s Plan Order

See question 26 above, and:

Part 1, Article 2 - General

35) Whenever possible we have referenced existing regulations to show the interaction with the new duties. Do you find this helpful?

Yes No

Please provide any comments on this approach:

Part 2 gives the impression that a responsible authority needs to make a decision about whether a ‘looked after child’ requires a Child’s Plan. But in our opinion no such ‘decision’ will need to be made, as any child with looked after status must, by virtue of being ‘looked after’, have various wellbeing needs which cannot be met by universal services. The involvement of local authority social work, at whatever level of intensity, represents a targeted intervention, and so the child should have a Child’s Plan. In view of our comment above about all children with coordinated support plans having a Child’s Plan, we would suggest removing Part 2, and stating in the guidance that all looked after children must have a Child’s Plan. We are confident that the requirement to consult relevant persons in the development of the Child’s Plan (set out in article 6(a)), provides the necessary opportunity for views to be ascertained.

Furthermore, in view of children's rapid development, we would recommend that the Child Plan for all looked after children is subject to the review timescales set out in regulation 45 of the Looked After Children (Scotland) Regulations 2009. We acknowledge that this would have an impact on the current review cycle applied to children looked after children at home (increasing the frequency of review), but believe that this would be a positive development, helping to ensure that the Child's Plan remains a dynamic document, focused on prevention and early intervention.

In schedule 1 (Child's Plan - content), we recommend having another line of information relating to self-directed support, and whether the child is eligible and what package has been agreed under those provisions.

Part 3, Article 6 – Preparation and content of a child's plan

36) In terms of the 2014 Act, the Named Person; and, as far as reasonably practicable, the child and their parents, are to be consulted on the preparation of a child's plan. The draft Order sets out who else should be consulted in certain circumstances. Under the Act, the responsible authority can also consult with anyone it considers appropriate in any particular case. Do you think any other people should be consulted, as far as reasonably practicable, for the preparation of every plan?

Yes No

Please provide details, including who and why.

While it may not be necessary to involve them in the preparation of every plan, third sector organisations often provide critical support to children and families. In many cases the relationships between children / young people and workers from third sector organisations are superior to any between the child and professionals from statutory agencies. Therefore it would remiss for the responsible authority to ignore the valuable input these organisations can provide.

Part 3, Article 7 – Copies of a child's plan

37) Copies of the child's plan should be provided to persons specified in the draft order, except in certain circumstances. This is set out in article 7 of the draft Order. Does this article meet the intention to ensure that others are not placed at risk of harm as a consequence of copies of the plan being provided?

Yes No

If no, please provide details including what you think should be changed:

Accepting that the primary concern must be protecting the child and others from risk, we are interested in how relevant information from the Child's Plan is going to be shared with organisations who are statutorily obliged to safeguard and promote children's wellbeing (such as corporate parents, listed at schedule 4 of the Act) and those organisations who play a critical (often the primary) role in meeting wellbeing needs (such as third sector organisations)? Should these organisations have access to certain parts of the Child's Plan, or perhaps have relevant information shared directly with them by the Named Person or Lead Professional? To give a practical example, how would relevant information from the Child's Plan be shared with a mentor?

Secondly, we are interested in how (if at all) the information in Child's Plans is going to be aggregated for use in service planning and evaluation? Taken together these plans would provide a rich and valuable source of information. Whilst we acknowledge that the focus of the Child's Plan must remain on planning and communication, rather than a tool for planning, in view of the requirements placed on Community Planning Partners under Part 3 (Children's Services Planning) of the Act, we hope this idea merits further discussion.

38) Please provide any other general comments about the draft Child's Plan Order:

Reflecting on the development of 'Home Supervision' (looked after at home) in Scotland, the implementation strategy for Part 5 should consider the potential for the 'Child's Plan' to be seen by some families as the 'gateway to services'. This means they may advocate for them, even though professionals have assessed that 'universal services' are sufficient.

On page 7 of the guidance it states that "*where there is a need for one or more targeted interventions to meet wellbeing needs of a child (and hence there is a requirement for a Child's Plan) the Lead Professional will manage the Child's Plan*". Accepting that the Named Person can become the Lead Professional, other sections of the guidance would benefit from being clearer that when there every Child's Plan will be accompanied by a Lead Professional.

Finally, it would be helpful if the guidance was explicit about how the duties in Part 5 (and Part 4) will be enforced, and compliance monitored by Scottish Government. Will, for instance, the Care Inspectorate and other relevant inspection agencies scrutinise and report on the performance of 'responsible authorities', 'relevant authorities' and 'managing authorities', in respect to how they have managed or worked to the Child's Plan?

Thank you, please send with your respondent information sheet to:

GIRFECConsultations@scotland.gsi.gov.uk

or

*Alan Davidson
Getting it right for every child
Scottish Government
Victoria Quay
Edinburgh
EH6 6QQ*