

PRACTICE GUIDANCE - USING THE NATIONAL PRACTICE MODEL

This is the third of a Practice Guidance series to help and support practitioners and managers embed and implement *Getting it right for every child (GIRFEC)* into their everyday practice. This guidance should be read in conjunction with the Scottish Government's *GIRFEC Policy Statement*, which refreshes our GIRFEC Values and Principles, and the Core Components of the approach.

The Guidance series is designed to provide further information on the key roles of GIRFEC, *Assessment of Wellbeing*, on how to use the *National Practice Model* and to guide our practice and provide clarity and confidence in *Information Sharing*.

The Practice Guidance

Practice Guidance 1. The role of the *named person*

Practice Guidance 2. The role of the *lead professional*

Practice Guidance 3. Using the *National Practice Model*

- Improving outcomes using the *Wellbeing Indicators*
- Gathering information with the *My World Triangle*
- Analysing information with the *Resilience & Vulnerability Matrix*

Practice Guidance 4. Information Sharing

The Statutory Guidance

Assessment of Wellbeing - Part 18 (section 96) of the Children and Young People (Scotland) Act 2014

This draft guidance was co-produced with a range of colleagues across local authority areas, health boards, the third sector and national organisations. Its development stemmed from a commitment made by the Deputy First Minister in September 2019. While much progress had been made prior to the pandemic, the more recent updates have purposefully reflected our current landscape.

1. Introduction

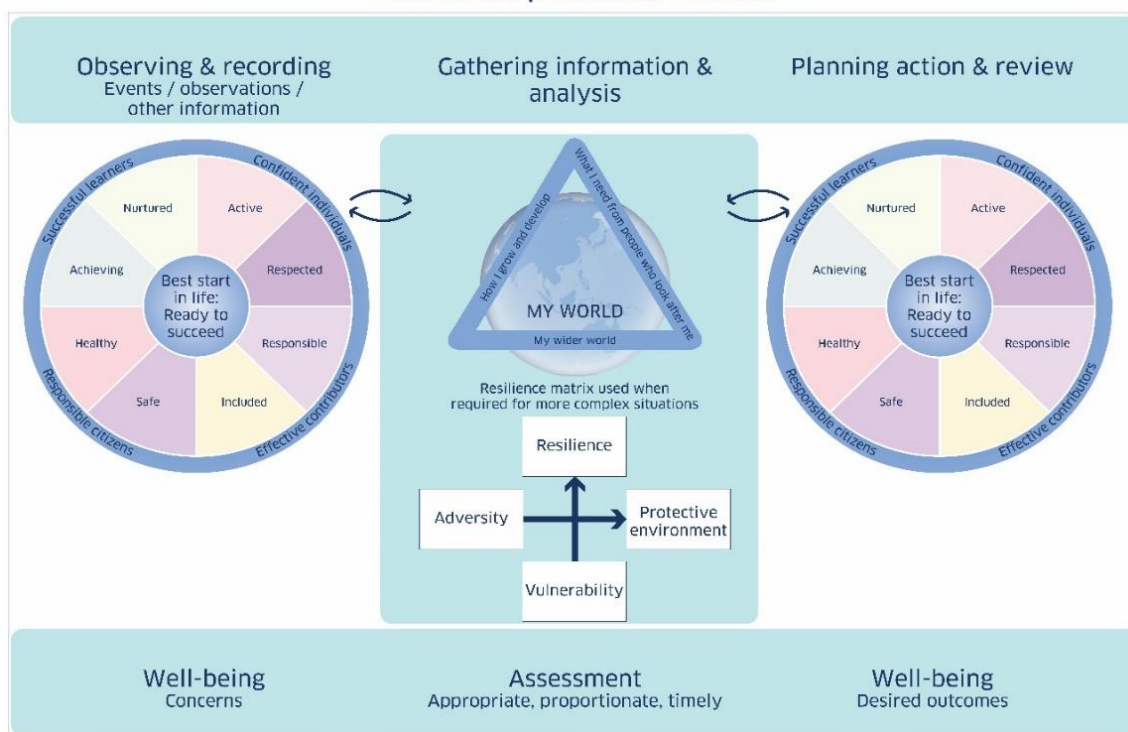
With the United Nations Convention on the Rights of the Child (UNCRC) as its foundation, GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. Getting it right for every child is based on evidence, is internationally recognised and is an example of a child rights-based approach. It is locally embedded and positively embraced by practitioners across children's services, changing culture, systems and practice for the benefit of children, young people and their families¹. However more needs to be achieved as we work towards #KeepingThePromise, and do everything we can to respect, protect and fulfil the rights of all children in Scotland.

2. The refreshed values and principles of GIRFEC we want to fully embed and implement are:

- **Placing the child and family at the centre**, and promoting choice, with full participation of children and families in decision-making;
- **Working in partnership with families to enable a rights-respecting, strengths-based, inclusive approach;**
- **Understanding wellbeing as holistic and interconnected**, with a child's developmental experiences understood within the wider context and influences of family, community and society;
- **Valuing diversity and ensuring non-discrimination;**
- **Equitably tackling multiple and intersecting forms of inequality;**
- Shifting resources and support towards providing an **early offer of support** to improve outcomes for children, young people and families; and,
- **Joint working in a culture of co-operation and communication** between practitioners and services, both locally and nationally across Scotland.

¹ Throughout this document, "children and families" refers to children and young people under the age of 18, their parents and carers. A glossary of further terms used in this document can be found at Annex A.

National practice model



3. Improving outcomes using the Wellbeing Indicators

As we strive towards Scotland being the best place for children and young people to grow up, GIRFEC identifies key areas that are essential to help promote and safeguard children and young people's wellbeing.

4. Wellbeing is considered and assessed across the aspects of children and young people being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. These are the wellbeing indicators as referred to within section 96(2) in Part 18 of the Children and Young People (Scotland) Act 2014, commonly known as 'SHANARRI'.

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 health care, 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, sustained nurture is equally fundamental to provision of the most suitable care and continues to be essential to wellbeing for those requiring supported accommodation during their transition to adult life and services
Active	having opportunities to take part in activities, such as play, recreation and sport, which contribute to healthy growth and development at home and in the community
Respected	being given a voice and involved in decisions that affect their life
Responsible	having opportunities and encouragement to play active and responsible roles at home, in school and in the community, 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

Table 1. Wellbeing Indicators

5. Under the Children (Scotland) Act 1995², parents have a responsibility to safeguard and promote the health, development and welfare of their children. Where parents and families require help to do this, the GIRFEC approach aims to ensure that early offers of support are made available.

² [Children \(Scotland\) Act 1995 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1995/34/section/1/1/a) See section 1(1)(a) on the parental responsibility to safeguard and promote a child's health, development and welfare. This is subject to section 3(1)(b), (d) and (3) of the Act.

6. If a child, young person, family member or adult who works with or knows the child or young person, is concerned that one or more of the child or young person's wellbeing needs are not being met, the GIRFEC National Practice Model supports practitioners to consider ways to improve wellbeing outcomes for that child or young person.

7. The core components of GIRFEC (*please see the Policy Statement*) provide a framework, using common language across a range of sectors, including the offer of a clear point of contact for advice and support around a child's wellbeing, often known as the "named person" (*please see Practice Guidance 1*). If the child and their family, in partnership with practitioners, identify that support should be offered by two or more agencies, this will be coordinated by an individual, known as the "lead professional" (*please see Practice Guidance 2*).

8. There are five key GIRFEC questions that practitioners should ask themselves in considering a child or young person's wellbeing needs:

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

9. This guidance forms part of the wider Practice and Statutory Guidance series, and aims to provide practitioners with a deeper understanding of the spectrum of wellbeing. It is important to stress that there will be occasions when practitioners will need to make a judgement about whether emergency procedures to protect a child from harm need to be instigated to address an immediate need for the child to be 'safe'.

10. Four main ways that a child or young person's wellbeing needs may lead to accessing support

10.1 Where children, young people or families wish to raise wellbeing needs with the named person or lead professional

Sometimes children and families may have a worry about the child that they wish to discuss with the named person, or they may wish to request a service they think would help to address a wellbeing need. In these cases, the child and family should discuss the issue with the named person. The exception to this will be a multi-agency child's plan has been drawn up and a lead professional has been appointed. In these cases, such as where a child is looked after by the local authority, the lead professional will usually be the most appropriate person to deal with the request. In some circumstances, children and families may wish to approach a practitioner they know and trust to contact the named person or lead professional on their behalf.

10.2 Where wellbeing needs are identified by the named person or others in a statutory agency

A child's named person will record wellbeing needs they have identified themselves, to inform potential further action. Practitioners across different agencies will also pass information to the named person where this is necessary, proportionate and lawful, in order to decide with them whether any further action is required. Unless there are exceptional circumstances (such as a risk of harm to a child), children and families should be kept informed about what information is being shared, who with and why, and, as far as possible,

they should be involved in follow-up decision-making. In recording and sharing information, practitioners must ensure that they follow the principles set out in Practice Guidance 4.

10.2.1 Those working in health and other services for adults have an obligation to collaborate with children's services to make sure parents get the best possible help to fulfil their responsibilities towards their children. One example of this is how midwives, operating in a continuity model of care, work with expectant parents to give their unborn child the best start³ in life.

10.2.2 Practitioners in statutory agencies need to take into account whether a patient or service user is also a parent and whether that adult's condition will have an impact on their child or children. If they think the adult's condition will affect the child's wellbeing, they should, after satisfying themselves that there is an appropriate legal basis (*please see Practice Guidance 4*), get in touch with the relevant named person.

10.3 Where wellbeing needs are identified by individuals or non-statutory agencies

Wellbeing needs can be put forward to the named person by members of the public, individuals from community organisations - such as playgroups, sports and youth groups and young carer services - and by volunteers in voluntary organisations. A youth worker, for example, might be concerned about a young person's behaviour and feel that additional help is required that cannot be met by the service they are providing. Other adult services are also included here. Anyone should be able to identify and record their concerns for a child's wellbeing needs at an early stage, without feeling they have to wait until a

³ [The best start: five-year plan for maternity and neonatal care - gov.scot \(www.gov.scot\)](http://www.gov.scot)

problem becomes more apparent or the child and/or family are in a state of crisis.

10.3.1 Before a person decides to share information relating to a child's wellbeing, they must ensure that the requirements of necessity, proportionality and lawfulness are met. Further information on making this assessment can be found in the information sharing Practice Guidance 4.

10.3.2 Those wishing to raise a concern about the child's wellbeing needs should detail their observations with reference to the eight Wellbeing Indicators, and outline the basis for these, in the same way the named person would do.

10.3.3 Where a person has identified concerns about a child's wellbeing in a work or volunteering context, they should use the procedures in their organisations to check relevant information they hold about the child and share their concerns about the child's wellbeing needs and the basis for these with their managers. It is also important that the concerns are discussed with the child and their family, provided there are no compelling reasons why this should not be done (e.g. if these discussions would place a child at risk of harm.)

10.3.4 Where there is an appropriate legal basis to share what they have noted, the person concerned should pass the information to the child's named person, so that they, the child and family can decide together what, if any, further action is to be taken. In a minority of cases, where the child's immediate safety is an issue, local child protection procedures should be followed.

10.4 Wellbeing needs noted by the police

Police in their day-to-day duties may identify or be notified of wellbeing needs for a child or young person. It may be that the activities of adults in their lives are having an impact on their wellbeing. This might include activities such as alcohol or drug misuse, chaotic lifestyles or domestic abuse within the family home. It may be that the child or young person is at risk of harm through their

own alcohol or drug misuse, regularly running away from home, in conflict with the law or associating with adults who may pose a risk to them. In other situations, a child or young person, may have been abused or neglected in some way, or been exposed to domestic abuse.

10.4.1 Where it is considered necessary to remove a child from harm or a risk of harm, consideration will be given by the police to invoking powers under the Children's Hearing (Scotland) Act 2011⁴. For example, a constable may apply for a Child Protection Order (CPO) or to remove a child to a place of safety. If the conditions for applying for a CPO are met, but it is not practicable to apply to a sheriff for such an order, a constable may use the power under section 56 of the Act to remove the child to a place of safety and child protection procedures⁵ will be followed. In these situations, concerns about the child's welfare should be recorded and shared with the named person for the child and the lead professional (if one has already been appointed) in a proportionate and lawful way. The Children's Reporter will be notified about any child protection investigation and its outcome.

11. Recording a child's wellbeing needs

In working towards improving outcomes for children and families, recording information and details about any worries or concerns in relation to a child's wellbeing is a key element in demonstrating and providing evidence of the need to provide early help and support. All agencies and organisations should have clear and up-to-date procedures, where all practitioners and volunteers are trained, and understand their responsibility towards children's wellbeing. The recording of wellbeing information should be done in communication with the child and family, allowing for clarity and understanding of what is being recorded and why. Practitioners can do this in an open and transparent way by showing and chatting through the Information Sharing Charter (*please see*

⁴ [Children's Hearings \(Scotland\) Act 2011 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2011/14/section/1)

⁵ [National Guidance for Child Protection in Scotland 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-guidance-for-child-protection-in-scotland-2021/pages/1-1-introduction/)

Practice Guidance 4) and they should refer to the Information Sharing Guidance (*please see Practice Guidance 4*) in considering whether and how they should share information.

12. Gaining permission to share information about wellbeing needs

It is important that children and their families know what information relating to them is being recorded and that they understand what will happen to that information. Unless there are exceptional circumstances which dictate that this would not be appropriate (such as a risk of significant harm to a child) practitioners should ask the child and their family's permission to share information recorded about them. This should be done in accordance with local protocols and recording practices, which should follow the principles in the Practice Guidance 4. Further information on ensuring that information sharing is necessary, proportionate and lawful is available from the Information Commissioner's Scotland Office⁶ from the Information Commissioner⁷.

13. As noted above, where practitioners are concerned that a child is at risk of significant harm, they do not need to seek permission from the child or the family to share information about the child's wellbeing needs. In this circumstance, the procedures in Child Protection Practice Guidance⁸ should be followed and consideration should be given by the practitioner and their manager to whether and when to share information with the child and their family.

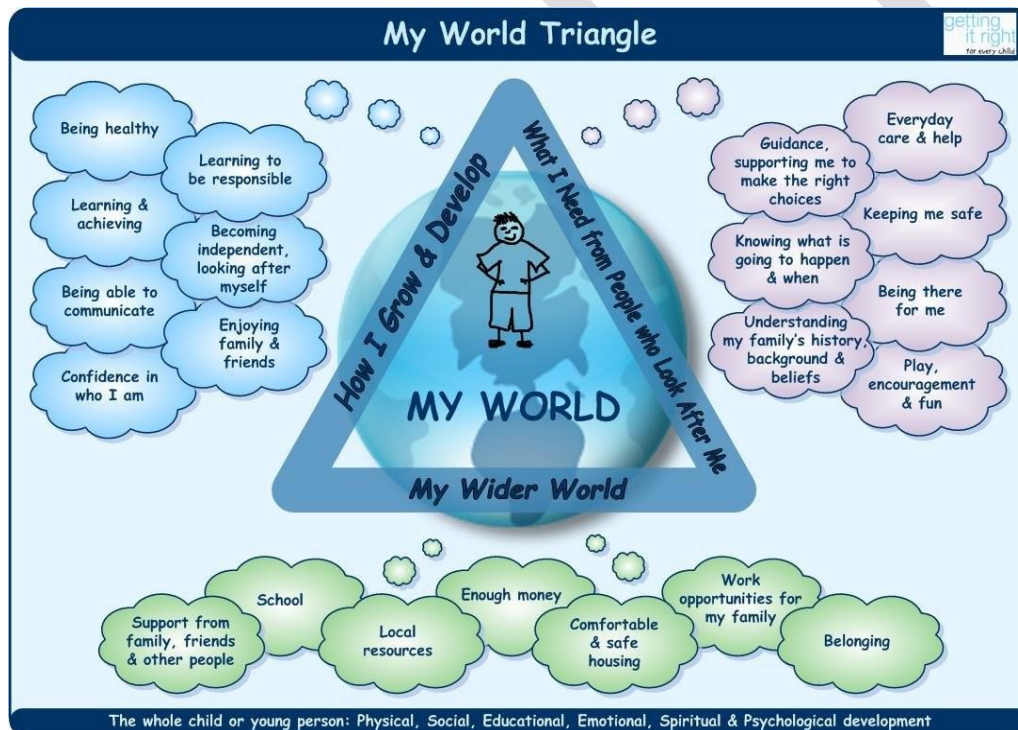
⁶ [Scotland office | ICO](#)

⁷ [Scottish Information Commissioner \(itspublicknowledge.info\)](#)

⁸ [National Guidance for Child Protection in Scotland 2021 - gov.scot \(www.gov.scot\)](#)

14. Gathering information with the *My World Triangle*

The main tool for assessing the current circumstances in the child or young person's whole world will be the "My World Triangle". Using this enables practitioners to assess strengths and pressures in all aspects of a child or young person's life. The fundamental importance of supportive and trusted relationships can be explored using the Triangle, which is especially relevant considering our ambition of children and young people growing up loved. The Triangle has been developed from a knowledge and research base in relation to children's development and its use helps to support the realisation of children's rights.



15. Using the My World Triangle

The My World Triangle will always be used to guide the gathering of information to understand what is happening to a child and their family. Children and families bring their own contribution about what is happening in the child's world. If concerns about a child's safety or other serious issues have been identified and have led to a fuller assessment, then certain areas of the Triangle

will be explored in more depth - for example, the side of 'What I need from the people who look after me'. As another example, if a child is beginning to get into trouble in the community, it will be useful to explore in depth what is happening at home and at school and, in the child's wider environment, through the side 'My wider world'.

16. In all cases, information will be divided into strengths and pressures on the child and family. Practitioners will need to think about all sides of the Triangle in relation to a child, but it may not be necessary for an individual to gather detailed information on all sides of the Triangle if this is not proportionate to the issues identified.

17. Many factors shape children's development from when they are in utero throughout childhood, adolescence and beyond. These include a mixture of genetic and individual factors (nature) and the child or young person's experiences (nurture) in their family environment, learning settings, communities and the socioeconomic context (including impacts of poverty, inequality and discrimination). Strong attachments to adult caregivers are crucial for healthy childhood development and future relationships and emotional wellbeing into adulthood. Adverse or traumatic experiences, such as illness, early separation from parents, or abuse and neglect can impact on children's healthy development and wellbeing. Children and young people are more vulnerable to the impacts of adversity and trauma (compared to adults) because their brains are still developing.

18. Studies of adverse childhood experiences (ACEs) show that there can be enduring negative impacts of early life adversity and trauma on health, wellbeing and social outcomes into adulthood. However, poor outcomes are not inevitable. Brain adaptability in childhood means children and young people are particularly responsive to healing interventions at this life-stage; hence the importance of providing early, effective support. The evidence is

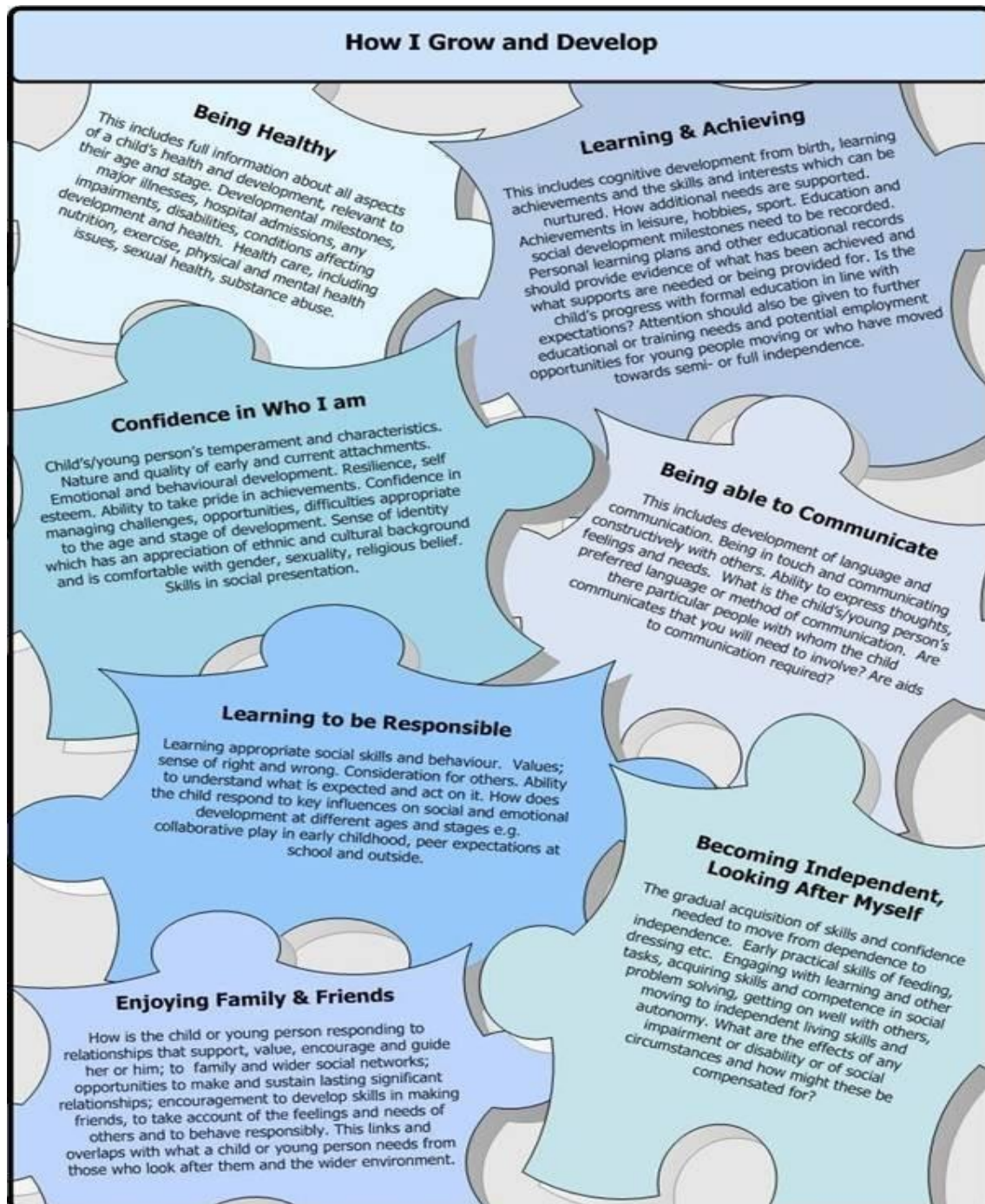
clear, that the negative impacts of adversity and trauma can be mitigated and children and young people's resilience supported.

19. The My World Triangle examines key aspects of the child or young person's wellbeing across the three sides of the Triangle. These help practitioners to think about what is happening in a child or young person's whole world. They can be represented by the three following diagrams with jigsaw pieces, emphasising the interconnections between the different aspects of a child's development and wellbeing.

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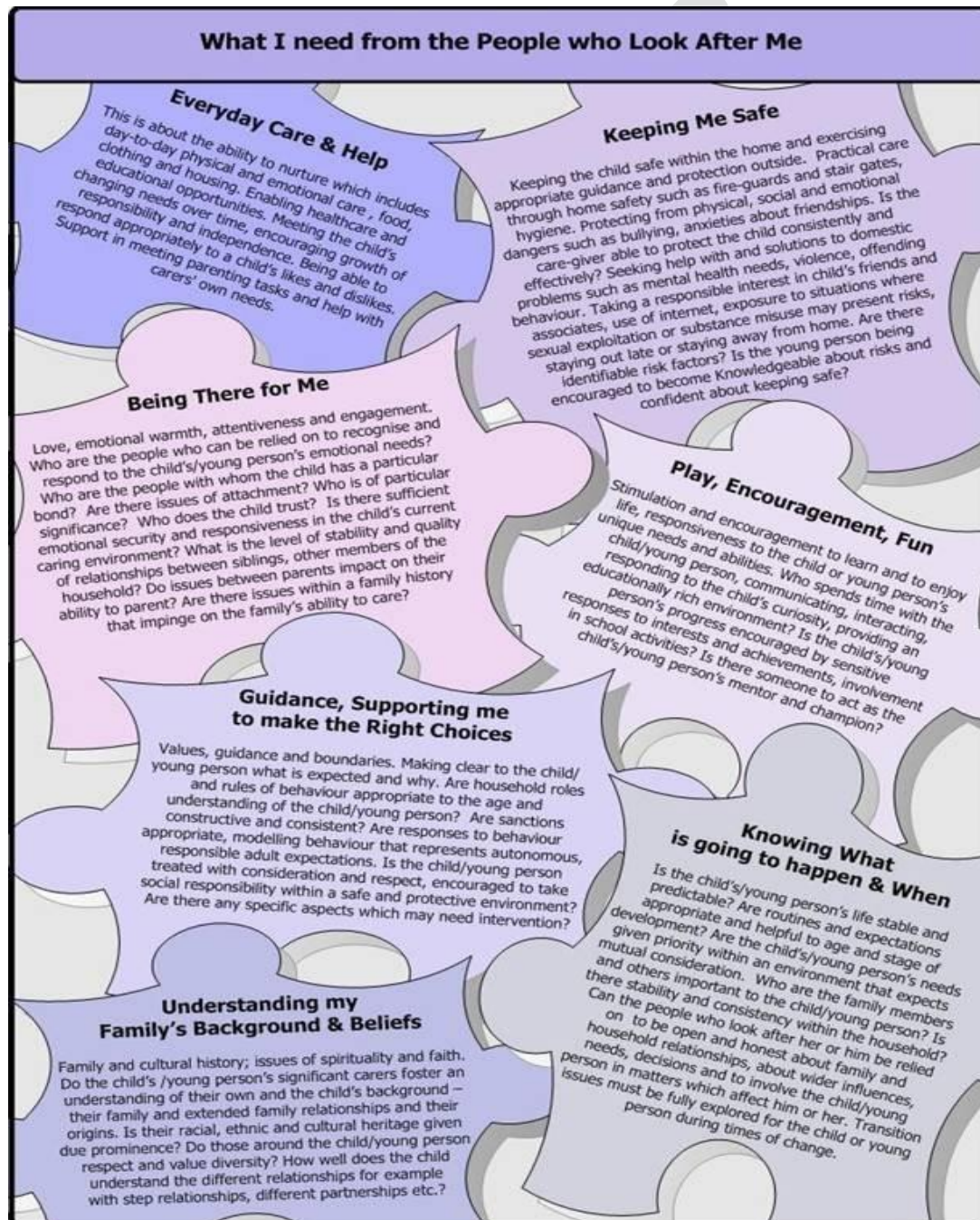
20. How I grow and develop

This diagram outlines factors in the child or young person relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their lives.



21. What I need from the people who look after me

The second diagram accounts for the critical influences of other people in the child's life. Clearly parents will have a significant role to play here, but the role of siblings, wider family, teachers, friends and community group leaders is also important. Looking at the inputs from people surrounding the child or young person can give clues to where there are strong supports and where other supports are weak.



22. My wider world

The communities where children and young people grow up can have a significant impact on the wellbeing of both children and families. Communities can be supportive and protective or can add pressures and increase children and families' vulnerabilities. The level of support available from a child's wider family, social networks and within their neighbourhood can have a positive or negative effect.



23. Using the information to assess a child's needs

Health and education practitioners will routinely gather some of the information across the sides of the My World Triangle as part of their everyday work with children and families. When they are assessing whether particular children may need additional help, practitioners will gather further information. The information gathered should be proportionate to any issues they have identified. It is important to consider that what is happening on one side of the Triangle may have a significant impact on another side. There may be overlap between the different sides of the Triangle. Some health issues, for example, will have an impact on a child's achievement at school.

24. An example could be a practitioner using the Triangle to consider the case of a child or young person who is a young carer. The child or young person has a right to a Young Carers Statement⁹ and this can be explored to help the child or young person and practitioner identify support that could be provided through an assessment of their needs.

25. Some critical questions for practitioners to consider during the assessment of a child's needs:

- What are the strengths, talents and needs of this child or young person?
- What aspects of parent-child relationship promote the child or young person's development and wellbeing?
- What aspects of the parent-child relationship may not be helpful?
- What other factors are influencing the child or young person's wellbeing and development?
- What other factors are influencing the parent's ability to provide the care needed to help the child or young person meet all of the eight Wellbeing Indicators?
- What strengths and pressures are present in every part of the child or young person's world?

⁹ [What is a Young Carer Statement? | Young Scot](#)

26. A child's age and stage of development should have a bearing on the assessment of their needs and the planning and actions taken to support them. Article 5 of the UNCRC acknowledges the concept of a child's "evolving capacities". It outlines that States Parties shall respect the responsibilities, rights and duties of parents and others with responsibility for the child to offer appropriate direction and guidance in a manner that takes into account the child's evolving capacities to exercise UNCRC rights on their own behalf. This recognises that, as children acquire enhanced competencies, there is a diminishing need for protection and a greater ability for them to take responsibility for decisions affecting their lives. It is important to recognise that children in different environments and cultures, and faced with diverse life experiences, will acquire competencies at different ages.

27. Children and families should be included in discussions as the assessment of needs is made, to ensure they can contribute to decision-making where possible and to ensure they are informed about what decisions are reached and why. As young people make the transition to adulthood, their needs will change and there will be more emphasis on the support that can be provided outwith families and within communities. GIRFEC recognises that it is just as important to support young people at this stage as it is to help younger children and that their needs should be seen in terms of what they require, what can be offered and who can support them. Young people themselves should lead these discussions and be fully involved in, and informed about, any decisions made to help them.

28. Children and young people are likely to have a mix of strengths and challenging pressures in their lives. What is important is the balance between these, and considering what strengths can be built upon and what can be changed to reduce challenges. When pressures are identified on all three sides of the Triangle, it is likely that a child or young person will have needs of a serious and complex nature.

29. Practitioners should take account of factors that may enhance a family's capacity to cope with stresses or problems, such as the availability of extended family support, and good relationships with friends or neighbours, and factors promoting personal resilience. When adult services are working with an individual, they should consider how their help can impact upon and children and young people in their family.

30. To supplement an assessment of the child's needs or to explore specific areas of the Triangle in more depth, practitioners may wish to make use of specialist reports, for example - from a paediatrician, other health care professional, educational psychologist or a specialist in a child's specific learning difficulties.

31. A wide range of tools is also available to complement the National Practice Model. One toolkit to highlight is the National Risk Assessment Framework¹⁰ to support practitioners in identifying and acting on child protection risks in children and young people, when the assessment through the My World Triangle is highlighting high levels of risk to a child or young person's safety and health.

¹⁰ [National Risk Framework to Support the Assessment of Children and Young People - gov.scot \(www.gov.scot\)](http://www.gov.scot/NationalRiskFrameworktoSupporttheAssessmentofChildrenandYoungPeople)

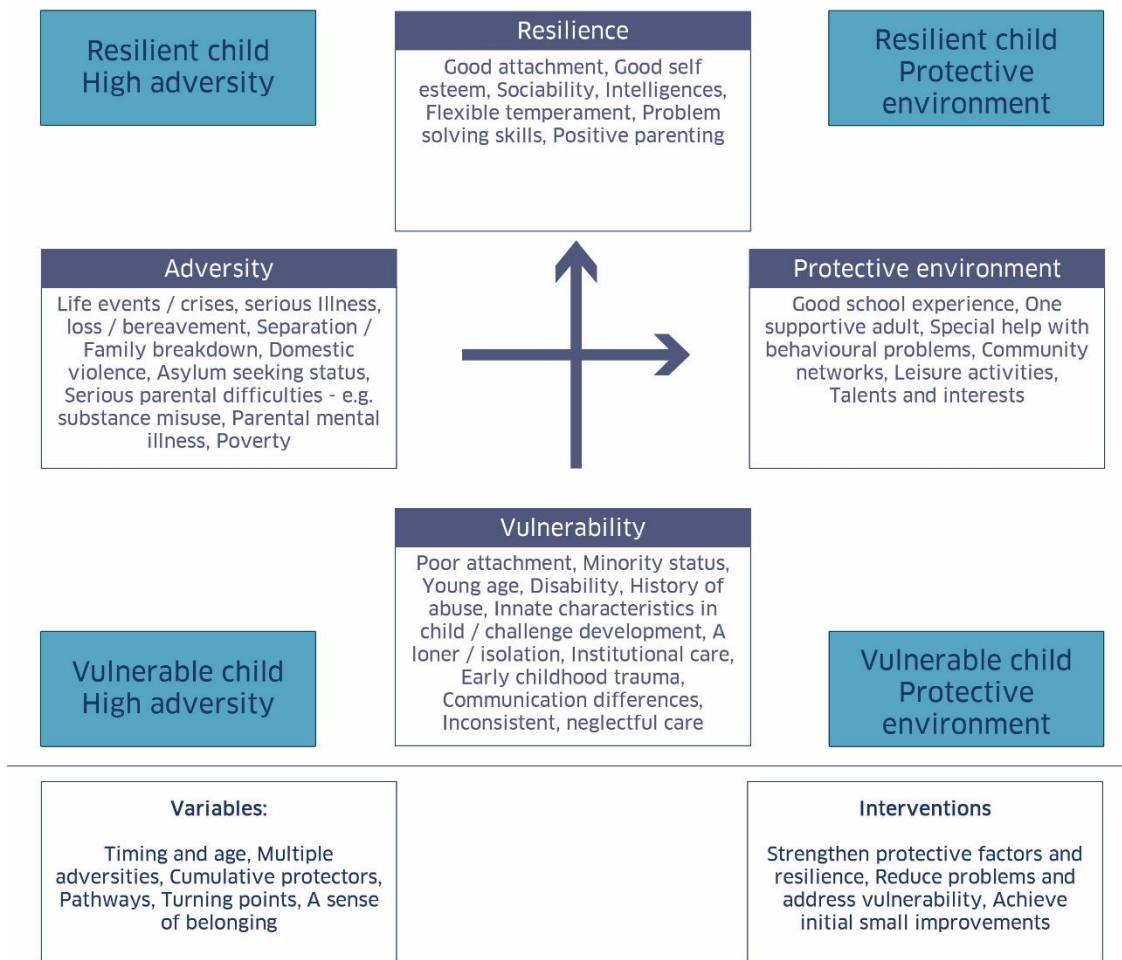
32. Analysing Information using the *Resilience and Vulnerability Matrix*

The Resilience and Vulnerability Matrix allows the practitioner to take the strengths and pressures identified from gathering information using the My World Triangle, along with any specialist assessments, and to group that information within the four headings of resilience, vulnerability, adversity and the protective environment.

33. The concept of resilience is fundamental to children and young people's wellbeing and is used in assessments by practitioners from many agencies. Resilience in this context is understood as the process of children and young people adapting well in the face of adversity, stress and trauma. A focus on resilience is not to suggest that adversity can be overcome by individual effort or that children and young people should be able to be resilient in the face of severe abuse and neglect, or multiple adversities, it is rather to recognise children and young people's achievements despite such experiences. Evidence shows that a resilience approach should look beyond individual coping characteristics and should focus on changing environmental hazards and stressors, as well as enhancing individual, family and services responses and support. Research has identified a range of protective factors¹¹ which help to support resilience.

¹¹ Research has identified a range of protective factors which support resilience, which include: support from a trusted adult, education, safe schools and neighbourhoods, financial security, participation in sports and community activities and supportive social networks and communities.

Resilience / vulnerability matrix



34. 'Resilience' as described above, is the process of children and young people adapting well in the face of adversity, stress and trauma.

35. 'Adversity', arises from the situations, events and experiences that threaten healthy physical and psychological development for a child or young person. Sometimes these are referred to as adverse childhood experiences (ACEs). Each individual child and young person's response can vary. Trauma is one potential response to childhood adversity, when a child or young person experiences this adversity as extremely harmful or threatening.

36. 'Vulnerability' is connected to a child's individual characteristics and family circumstances (e.g. income, protected characteristics¹², health), as well as community environment and societal factors (e.g. community violence, discriminatory attitudes). The impact of these circumstances, characteristics and factors may lead to a child and their family being at greater risk of experiencing adversity and can mean they are less likely to have access to resources (protective factors) to help them to cope and overcome this (for example, financial security, participation in community activities, and social networks of support).

37. Making sense of information

In beginning to use the Resilience and Vulnerability Matrix, practitioners will understand that any assessment is likely to require information from several sources and a lot of information may be gathered for this purpose. Making sense of that information is a crucial next step before making a plan for action. Analysis can often be missed out in assessments, but it is a critical part of understanding what all the information means. Careful analysis and interpretation of information is essential to enable practitioners:

- to identify needs or difficulties;
- to explain why these have arisen;
- to understand the impact of strengths and pressures on an individual child;
- to help children and families to discuss and agree with them what support they can access;
- to describe desired outcomes and impact of proposed support, with measurements in place to review over time; and,
- to construct the Child's Plan.

38. Many children and young people who need additional help are experiencing difficult conditions. This may relate to their health, their progress at school or

¹² "Protected characteristics" are defined in section 4 of the Equality Act 2010 as the following: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief, sex and sexual orientation.

what is happening in their family or community. A resilience-based approach fits closely with the aim of GIRFEC to build on the strengths in the child or young person's whole world, always drawing on what the family, community and universal services can offer.

39. How can the Resilience and Vulnerability Matrix be used in Getting it right for everychild?

In some cases, it can be helpful to use the Resilience and Vulnerability Matrix as a mind map to help practitioners to make sense of the information they have gathered and to plan what needs to happen next to improve a child's wellbeing. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way. For other children who are experiencing more complex difficulties, practitioners have often found it helpful to make sense of information to identify resilience and vulnerability, as well as adversity and protective factors by placing particular details of the information gathered in each heading of the matrix.

39.1 Assessing resilience and vulnerability

Practitioners generally find that the individual characteristics which enable a child or young person to grow up to be resilient (e.g. self-worth, intelligence, problem-solving skills, self-esteem), are so intertwined with their experiences of parents, families (e.g. attachments, harmony, consistency) and wider environments (e.g. schools, neighbourhoods and friendships) that it is difficult to disentangle these.

39.2 Assessing adversity and protective factors/environment

It is emphasised that a resilience approach should look beyond individual coping characteristics and should focus on changing environmental

*hazards and stressors, as well as enhancing individual and family responses to adversities*¹³.

Therefore, practitioners should explore the extent to which the environment is adverse or protective for the child or young person; assessing the factors that can be located from the My World Triangle that are concerned with wider family, school and community. Examples of factors that contribute to a protective environment might include a supportive adult in a child or young person's wider world, such as a teacher or youth leader, or a grandparent. Factors that could be causing adversity may include poverty or living in a dangerous neighbourhood.

40. Child and family centred, strength's based approach

Focusing on the positives and the strengths in a child or young person's life is likely to help to improve outcomes by building a protective network around children (Daniel and Wassell, 2002)¹⁴. The existence of protective factors can help to explain why one child or young person may cope better with adverse life events than another. The information gathered and categorised under the four matrix headings by the practitioner can be dynamic and will change over time. For example, children and young people's resilience will be affected by what happens to the adults with whom they live. It will, therefore, be important to try to predict how changes affecting caregiving adults may affect a child or young people. Predicting possible trajectories for a child or young person will help to make sure contingencies are built in to preserve a child's protective environment. If these contingencies are not considered, a child or young person's resilience could be weakened by subsequent adverse events.

41. Daniel and Wassell (2002) point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child or

¹³ [Health and Early Years web.pdf \(gcph.co.uk\)](#)

¹⁴ Daniel and Wassell, (2002) *Assessing and Promoting Resilience in Vulnerable Children* Vols. 1, 2 & 3, London & Philadelphia, Jessica Kingsley Publishers Ltd.

young person is. Although indicators of resilience may be present, these must always be considered in the context of an individual child or young person's situation. Hill, Stafford, Seaman, Ross and Daniel (2007)¹⁵ identify that it is not always possible to gauge how well a child or young person is coping with difficult experiences. A child or young person who appears to be coping well outwardly may be suffering internal distress and developing unhelpful coping strategies and defences. This has been termed 'apparent resilience'. For example, some adolescents who can be 'doing well' in most sides of the Triangle, like school, can also show signs of depression and anxiety when carefully assessed. Lifespan research has emphasised that there is always the potential for developmental change and, therefore, that an 'outcome' is an ongoing process rather than an end point. Wellbeing can improve across a person's life and the onset of disorder can also occur at any stage.

42. This is why it is important to get to know a child or young person during the process of assessment and also why views of the child or young person from different adults in their world are so valuable. There are many factors associated with resilience, but Gilligan (1997)¹⁶ suggests that there are three fundamental building blocks of resilience:

1. A secure base whereby the child feels a sense of belonging and security.
2. Good self-esteem - that is, an internal sense of worth and competence.
3. A sense of self efficacy - that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

¹⁵ [Parenting and resilience \(jrf.org.uk\)](http://jrf.org.uk)

¹⁶ Gilligan, R. (1997) 'Beyond Permanence? The importance of resilience in child placement practice and planning', *Adoption and Fostering*, 2,1,12-20.

43. Using professional judgement and curiosity

There are some factors which may be both protective and also contribute to vulnerability or adversity. Practitioners need to exercise their professional judgement about how to make sense of these different aspects of information and weigh the competing influences. It will also be helpful to look at the interactions between factors because this may also influence whether the impact is negative or positive.

44. Attention to and curiosity about the experience of the child and family from their perspective is also essential to this consideration. Practitioners will be supported by professional standards and line management structures in reaching decisions which rely on the combination of curiosity and judgement. Once judgements have been made, it will be possible to consider what needs to be done to help the child and family in order to strengthen protective factors and resilience, and reduce adversity and vulnerabilities.

45. Having positioned the information under the four headings of the matrix and given thought to the child or young person's needs and the desired outcomes, these details should then be considered against the eight Wellbeing Indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. Action may be needed against only some or against every indicator and it is crucial to ensure these actions are proportionate to the issues identified.

46. This analysis then forms the basis for decision-making with the child, family and other practitioners on whether a child's plan is needed. If it is agreed that compiling a plan is appropriate, there will be a discussion about what should go in it, including consideration of what actions need to take place to improve protective factors and resilience, what needs to happen to reduce adversity and vulnerability and who is going to carry out those actions.

47. Reviewing a child's progress will be an essential part of a Child's Plan. It will be useful to revisit the Resilience and Vulnerability Matrix as part of the review, while also revisiting the five key GIRFEC questions in considering a child's wellbeing needs: ensuring the full use of the National Practice Model leads to the action required to improve outcomes for the child and their family:

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

Getting it right for every child Team

The Scottish Government

November 2021

Annex A

Glossary of Terms

48. Child or young person

An individual who has not yet attained the age of 18 years.

49. Child's plan

A personalised child's plan is developed when those working with the child and family identify that a child needs a range of extra support planned, delivered and co-ordinated. The child's plan should reflect the child's voice and explain what should be improved for the child, the actions to be taken and why the plan has been created.

50. Child Protection

The processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm from abuse, neglect or exploitation.

51. Getting it right for every child (GIRFEC)

This is Scotland's national approach to promoting, supporting, and safeguarding the wellbeing of children and young people. It provides a consistent framework, shared language and common understanding of wellbeing. GIRFEC puts the child at the centre and helps children get the right support from the right people at the right time.

52. Lead professional

When children and families require the help of two or more agencies for support, a lead professional will be needed. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child and family. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role.

53. Named person

This is a clear point of contact for times when children and families require information, advice or help. The named person is mainly provided by health and education services and is usually someone who is known to the child and family and who is well placed to develop a supportive relationship with them. Local arrangements and the term used to describe this role or function may vary from area to area. A named person can help children and families access relevant support for a child's wellbeing.

54. Wellbeing Indicators

Any assessment of a child's wellbeing should be founded on the 8 wellbeing indicators: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included, sometimes referred to as SHANARRI. The SHANARRI wellbeing indicators are informed by the UNCRC rights and requirements. They are overlapping and connect areas that are fundamental to understanding what children need in order to grow, develop and thrive.