



# My Child's Plan: My views

getting  
it right  
for every child

A Highland Children's Forum consultation on behalf of the  
Highland Council.

Tracy Anderson  
2014

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## **Acknowledgements**

Highland Children's Forum are hugely appreciative of the time children and parents gave, and the efforts they went to in order to provide us with their views and experiences for this evaluation.

We would also like to extend thanks to the staff in the schools, and others, who made the consultations possible.

Finally, we would like to say thank you to the professionals who took the time to collate the contact details of those eligible to participate.

**Thank you**

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\*The front cover of this report replicates the front cover of a Child's Plan.

## Chairperson's Foreword

It is almost 25 years since the UK signed the United Nations Convention on the Rights of the Child (UNCRC) and since January 1992 all government policies and practices have had to comply with the convention.

UNICEF state that "The Convention changed the way children are viewed and treated – i.e., as human beings with a distinct set of rights instead of as passive objects of care and charity." Such a shift in approach seemed a remarkably ambitious demand to make of services here in the UK where traditionally adult centric practice is the norm.

One major step towards that shift was the Children (Scotland) Act in 1995 where one of the three main themes "*the child's views should be taken into account where major decisions are to be made about his or her future*" was cross cutting throughout.

Getting It Right For Every Child (GIRFEC) intends to place the child at the centre and uses the Child's Plan as a tool for a unified approach when a child or young person has additional support needs. Highland Children's Forum exists to ensure that those children have a voice *and* are listened to so we were very pleased to have the opportunity to find out how the child's plan is working in practice.

The Forum maintains an independent stance and represents the voice of children and young people, and their parents/carers. Our Consultation Lead, Tracy Anderson, has spoken to 38 children and 30 parents/carers to produce this report which assesses the planning, professional involvement and outcomes of a Child's Plan. Essentially outcomes are what matters – what difference does a Child's Plan make to the child? Knowing the planning and who was involved in this, helps to better understand what has worked well and what hasn't. In this report, you will find different views and perspectives, as you might expect, along with recommendations from participants which are well worth noting.

As one young participant, George, so eloquently said, "There's no point in the Child's Plan if the views of the young people are not heard....after all, it's our future". Indeed it is but, in this adult centric world, we must all continue to push for children and young people to be involved in decisions about their future as meaningfully as is possible.

Frances Nixseaman  
Acting Chair – Highland Children's Forum  
November 2014

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## Executive Summary

### Background

The Highland Council is the lead agency for the delivery of community services to all children and young people in the Highlands, including child health, education and social care. They have fully implemented the Scottish Government's reform programme for children's services, 'Getting It Right For Every Child' (GIRFEC). This is referred to as the 'Highland Practice Model'.

'The Model' aims to improve outcomes for all children through the promotion of a shared approach, building solutions with and around children and families, enabling them to get the right help when they need it and ensure those with urgent and pressing needs get an immediate response (Highland Council 2012).

Achieving the aims of the Model places a requirement on anyone providing support to put the child, and their family, at the centre. This is done through the implementation of a single planning process which may require involvement from a range of different services.

Core to the effectiveness of appropriate support provision for the child is the development of a universal Child's Plan which all agencies should work together to develop, action and review.

#### **40. What is a Child's Plan?**

*"A Child's Plan is a record of agreed actions in support of identified needs of a child. This may be single or multi agency, short & simple or complex."*

**(The Highland Practice Model - Frequently Asked Questions 2013).**

The Highland Council are currently carrying out a review of the 'Highland Practice Model'. As part of a Service Level Agreement they requested Highland Children's Forum assist with this review by carrying out an independent evaluation of the Child's Plan from the perspectives of children and their parents.

## Context

Individual consultations were conducted with 30 \*parents who had one or more child in their care with a Child's Plan. This totalled to 36 children age between 7 months and 16 years. A further 2 children participated individually, with parental consent, taking the total to 38.

Twenty nine children were consulted and 9 were observed. Observation rather than consultation was used due to the child being too young or having a level of need which made consultation more difficult within the time frame allowed for this project (The needs leading to the requirement of a Child's Plan for all 38 children involved is presented on P23).

The methods used for gathering the information (Methodology: Appendix 1: P76) were designed around a question set (Appendix 2 & 3: P77-79) determined by Highland Council. The questions aimed to explore the Child's Plan from initial planning and implementation through to outcomes and have been divided into 3 headings for the purpose of analysis:

### 1. Planning

### 2. Professional Involvement

### 3. Outcomes.

The key findings and recommendations (from parents and children) are detailed at the end of each section within the report and can also be found in the executive summary.



This report has been planned and written in a way which makes it accessible to a wide range of readers and direct quotations from the children and parents who participated are used throughout. Aside from 'GIRFEC' (Getting It Right For Every Child), abbreviations have been omitted from the text to maintain the readers flow and avoid disruptions caused by having to refer to an abbreviation table elsewhere in the report.

\*'Parent' refers to mothers and fathers as well as carers or key adults who have the responsibility for, and relationship with, children in their care.

## Key findings:

## Planning

1. From 35 Child's Plan's, parents felt positively about the initial implementation in 80% of cases.
2. When concerns were first raised and sensitive information was being shared, parents valued face to face contact with professionals.
3. In the majority of cases professionals had recognised issues and raised the need for a Plan in the early stages.
4. The majority of parents reported the volume of information contained within a Child's Plan to be overwhelming, and often repetitive. Subsequently, many felt it was not a particularly user friendly document, especially when being asked to make any necessary amendments during the draft stage.
5. Needs raised by parents were not always met with positive responses leaving them feeling under valued as 'experts' on their children.
6. Many parents reported feeling their views were only included in the Plan when they challenged professionals' judgement; adding to the sense of not being recognised as an 'expert' on their child.
7. Both parents and children alike, reported a lack of distribution and availability of user friendly information relating to a Child's Plan. This was especially true of those having no internet access. Many had turned to CHIP+ (Children in the Highlands Information Point) which they deemed highly informative.
8. Children with a Social Work Plan showed a greater general understanding of its purpose in comparison to those with a Plan implemented by Education.
9. There are a lack of alternative methods, aside from verbal consultation, being used to gather meaningful views from children.
10. The majority of children had not seen their Plan and were unsure whether their views had been included. However, the majority also reported being asked on a regular basis (by professionals) how they felt about things and consequently felt listened to.
11. From 29 parents 62.9% were aware there is a section in the Child's Plan specifically asking for their views whilst only 54.3% were aware of the section asking for the child's views.

## **Recommendations (suggested by parents):**

1. Ensure parents are involved in the planning process 100% of the time.
2. Provide jargon free information about the Child's Plan to everyone involved and avoid the use of jargon during meetings.
3. An agenda prepared and distributed prior to any meeting, including a list of those invited.
4. Sufficient notice given prior to meeting dates.
5. Keep the meetings as positive as possible.
6. Ensure families are not made to feel they are burdening service providers with requests.
7. Respect privacy at all times (including the basics of closing the door whilst a meeting is in progress, regardless of whether the meeting is with a parent or child).
8. Provide all parents with a timely draft copy of the Child's Plan.
9. Availability of a 'neutral' person to go through the draft copy explaining each section and assisting with any changes parents may wish to make; or, provide some easy read guidance to assist with this stage.
10. Better communication e.g. sharing information with parents in relation to what's happening in school.
11. Include an additional section within the Child's Plan detailing who should read it.  
There should also be some way of verifying this has been done to avoid staff not being aware of the child's needs.
12. Autism Outreach Services should have more regular involvement in the planning process and implementation in schools which are in super sparse areas, including addressing training gaps among practitioners.
13. Develop and provide a list of service providers, their role and what you might expect them to do for you.



## **Recommendations (suggested by children):**

1. Provide child friendly information which tells us about a Child's Plan (It was suggested different formats should be available on paper and on-line).
2. Let us know who the Plan will be shared with so we know who we can talk to about things.
3. If we are going to attend meetings tell us who else could be attending and what their job role is so we know why they are coming and what to expect.
4. If we are to be fully involved in the development of our Plan we should also be given adequate notice (where possible) if certain aspects are to be changed e.g. a major timetable change or a new person being brought in to support us. We should also be given an explanation as to why the changes are needed.
5. Allow us to become more involved in more creative ways e.g. drawings, photographs and stories which can be added to the Plan to represent how we feel about things.
6. For some of us in foster placements, attending a review meeting involved a considerable journey. This was to allow for the parents attendance which is not putting our needs at the centre.
7. When we attend meetings, professionals should not talk about us as if we are not in the room.
8. Be mindful that some of the information contained in a Child's Plan about parents or children may not be known to both parties and can therefore be upsetting to hear or read.
9. Respect our privacy e.g. professionals should shut the door when talking to us and be mindful of the environment when asking us how we're feeling; it's not always appropriate in the middle of the hallway when there are other people around who may then ask questions about what's going on.

## Key findings:

### Professional Involvement

1. Families were accessing a wide range of professional services across urban, rural and super sparse areas.
2. From 35 Child's Plans only 51.4% of parents were aware of who their Named Person was and many others had never heard of the terminology. Those cases where the Named Person was known, 39% reported feeling a lack of trust with that person.
3. Where a child's needs were more complex parents were more likely to know, and have a trusting relationship with, the Lead Professional responsible for co-ordinating the required support.
4. Parents and children were inclined to confer trust to 'key' individuals rather than specific services. However, for those whose Plan had been implemented by education, the 'key' person was rarely the Named Person.
5. Parents whose children had Plans implemented by education reported experiencing periods of stress and difficulty due to having no 'key' person to support them out of school hours and especially during the school holidays.
6. Several parents reported experiencing difficulties with Speech And Language Services, especially in urban and rural areas. Firstly, It was their view there are a shortage of therapists leading to a lack of support for the child, and secondly, attempts to contact those within the service was often met with no response.
7. In the super sparse areas parents believed Social Workers had excessive caseloads, and it was their view that, once again, a shortage of Social Workers was the cause, which had resulted in similar difficulties to those mentioned in point 6.
8. Children reported being given a lack of notice or support to deal with changes and transitions, especially when this involved changes to 'key' people.
9. The majority of children reported the greatest need for professional support had arisen from difficulties in dealing with feelings, emotions and friendships.
10. Children reported the most important personal qualities of a professionals to be: 'a good listener' and 'trustworthy'.
11. In 33.3% of cases parents felt professionals had not met expectations. Education Plans were in place for 30% of those and 3.3% were Social Work Plans.

## **Recommendations (suggested by parents):**

1. Provide us, and where appropriate, our children, with information in easily understood formats, detailing the roles and responsibilities of all professionals including how best to contact them. In particular, more information is required regarding Named Persons.
2. Make provision for sharing information relating to the child's needs among other staff involved to ensure awareness of needs and consistency of approaches. For example; swimming instructors and library staff as these can be/are formal learning situations.
3. If measures exist to mitigate communication issues with professionals during out of hours and holiday periods, particularly for those of us whose 'key' person is within education, make sure we are aware of what they are and how we should go about accessing them if required.
4. Information regarding changes or transitions of any kind should be shared with all concerned as soon as possible so parents and children can start to make preparations and everyone knows how to respond appropriately.
5. Professionals need to be more proactive rather than reactive to the needs of our children.
6. Professionals need to put themselves in our shoes and think about how they would feel in a similar situation. For example, listen to us, respect our privacy, allow us time to talk at meetings without feeling rushed, and don't make us feel we are burdening services with our requests.
7. Train staff to recognise and understand the whole range of support needs and ensure this is being implemented throughout their practice.
8. Everyone, including us, need to be working towards the same aims so keep us informed about what's going on in school, including the implementation of any new approaches to our child's needs.
9. Look at the child's needs more holistically in terms of the wider needs of the family.
10. Ensure the provision of support detailed within the Child's Plan is delivered timely and consistently.

## **Recommendations (suggested by children):**

1. Tell us who you are, what your job role is and what you might be able to help us with.
2. Read our Child's Plan and make sure you are aware of our needs so we can be supported properly (this should include supply teachers).
3. Tell us, as soon as you know, about any changes you need to make to our support, especially if it means our 'key' person is not going to be available or a group that we access has been cancelled.
4. If we ask for information, or make a request about something relating to our support, don't forget to get back to us with a response.
5. Praise us when we are doing well, we don't just want to hear about the negatives.
6. If we do make mistakes don't make more of an issue of it just because we are known as having difficulties or being in need of support. Everybody makes mistakes, including adults, but it sometimes feels like ours are pointed out more often.
7. The people who work with us need to be trained to understand our needs and we need to know they are trained. For example: Why would we feel comfortable and confident to go and speak to a guidance teacher about mental health issues if we know they used to be an English teacher? How do we know they are qualified to support us? We don't know, but we should know. Also, many of us feel there are some professionals who don't understand enough about autism. For example, they sometimes think we all enjoy doing the same things and often group us together; this doesn't always work very well.
8. Treat us as individuals and make us feel involved, listened to, and valued when decisions are being made about us. Ask us for solutions; we can usually tell you or show you what's working well, what's not, and what would make things better.

## Key findings:

## Outcomes

1. All 30 parents had knowledge of the agreed action plan to support the child to meet desired targets.
2. From 36 Child's Plans parents reported all targets were being addressed in 44.4% of cases whilst, coincidentally, 44.4% reported only some targets were being addressed.
3. Where targets were not being met, or had ceased being met, it was the view of parents that poor communication and resourcing issues were contributing factors.
4. From 36 children, parents reported improved outcomes in 86.1% of cases, although many improvements were perceived as barely measurable.
5. From 29 children, 96.4% felt the help they had been given had brought about improvements. Furthermore, several added that improvements could be greater if people listened to them and asked them for solutions more often.
6. Similarly to parents, children reported poor communication as being a contributory cause of targets not being met.
7. Whilst the reported level of improvements was high, they had not always been achieved in the inter-related ways desired by the Getting It Right approach (P67).
8. From 35 Child's Plans, reviews had taken place in 74.3% of cases, although 19.2% of those were not completed within the desired 6 month period.
9. In 60% of cases parents now felt positive about the Child's Plan compared to 80% initially. Parents attributed this to the following:
  - The Child's Plan not being used as a working document.
  - Not reflecting a holistic and realistic view of the child.
  - Too much emphasis being placed on paperwork.
  - Repetitive, excessive, negative and overwhelming contents.
10. There was agreement that the system now in place involves a robust assessment of the child's needs. However, parents were more concerned with how the Plan was being actioned rather than the content it contained.

## **Recommendations (suggested by parents):**

1. The Child's Plan must be used as a working document by all involved, including the parents and children (where appropriate).
2. Review the Child's Plan more regularly.
3. Assist us to manage our own expectations, and those of the professionals by providing clear and realistic information from the outset.
4. Ensure the progress of current targets and outcomes are discussed at review meetings rather than using the time to add more targets to the Plan.
5. Don't make assumptions about a child's capabilities, treat them as individuals and not simply as another child with Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder or any other diagnosis.
6. If agreed actions in the plan cannot be sustained or need to be amended, let us and the child (where appropriate) know when this is happening and why.
7. Be mindful of the wording used in the Plan, especially when noting targets. For example: 'We will enable John to ....' rather than 'John will do.....'. The latter feels like someone is pointing a finger at us.

## **Recommendations (suggested by children):**

1. When we attend review meetings, don't ask us to repeat our story or keep revisiting old ground, read our Plan, the information is there. We want things to move forward just as much as you.
2. If we have met any targets in our Plan let us know, its good to hear things are going well.
3. If we are receiving support for a limited time only make sure we are made aware of the timescales and what the support hopes to achieve.
4. To achieve targets everyone has to do what's been agreed in the Plan, including us.

## Conclusion

The introduction of the Child's Plan has embedded the new approach of child centered practice. There is evidence that professionals are now recognising children's needs in the early stages and developing a plan of action with the help of regular dialogue with children and their families as well as working in partnership across services to provide additional support when required.

Whilst all parents recognised a robust assessment was required to ensure all needs were addressed, many felt overwhelmed by the content of the Child's Plan and did not find it to be a particularly user friendly document. This had led to difficulties, especially at draft stage when being asked to make amendments as required.

The children and families consulted have welcomed the new approach and feel more involved in decisions which affect them. Nevertheless, there is a need to ensure their views are always listened to, respected, and included in the Plan. This is particularly true of children whose needs are more complex, where clearly, there are a lack of alternative methods, aside from verbal consultation, being used to gather their views in meaningful ways.

Clarification is also required regarding the roles and responsibilities of all professionals and what might be realistically expected from them. This is particularly pertinent in terms of the role of the Named Person. Only half of the participants knew who their Named Person was, and the majority of those reported a lack of trust with that person, particularly within education. Furthermore, a third of all parents felt that overall, professionals had not met their expectations, again highlighting the need for clarification of roles and responsibilities.

It was encouraging to hear children and families were accessing a wide range of professional services across all areas. However, there were particular concerns about social services within super sparse areas where parents believed social workers had excessive caseloads due to resourcing issues. This had led to communication and accessibility problems. Similarly, within urban and rural areas there were several reports of contact and resourcing problems within speech and language services.

The experiences of this new approach among the children and families who participated in this evaluation were varied. However, there were clear signs of improved outcomes for the majority of children and their families. There were also some excellent examples of good practice, particularly within social work services. Similarly, there was evidence of some good practice within education although there are several areas still requiring improvement.

## 1. Introduction

The Highland Council is the lead agency for the delivery of community services to all children in the Highlands, including child health, education and social care. They have fully implemented the Scottish Government's reform programme for children's services, Getting It Right For Every Child (GIRFEC). This is referred to as the 'Highland Practice Model'.

Core to the effectiveness of appropriate support provision for the Child is the development of a universal Child's Plan which all agencies should work together to develop, action and review.

The Highland Council are currently carrying out a review of the 'Highland Practice Model'. As part of a Service Level Agreement they requested Highland Children's Forum assist with this review by carrying out an independent evaluation of the Child's Plan from the perspectives of children and their parents. The testimony gathered and presented by 'The Forum' will be incorporated into a broader Highland Council report.

The evaluation incurred some initial delays owing to the slow flow of participant contact details from professionals. In total, individual testimony was gathered from 30 parents and 29 children. A further 9 children were observed either in the home or education setting. Participants came from 3 Associated School Groups in 3 areas of Highland and consultations took place between January and May 2014. Further details of the difficulties, methods used for identifying participants and gathering the information can be found in the methodology (Appendix 1: P76).

Consultations were based on a set of questions proposed by Highland Council. They aimed to explore the Child's Plan from initial implementation onwards to establish what is working well and what changes may be required to ensure things work even better in the future (the question sets can be found in Appendix 2 & 3: P77 & 79).

The questions were asked of all the parents who participated (the term 'parent' refers to mothers and fathers as well as carers or key adults who have the responsibility for, and relationship with, children in their care).

However, children could not reasonably be expected to answer all the questions in their original form. It transpired 8 did not know a Plan existed for them and many others did not understand exactly what it was nor had ever seen it.



The questions were therefore reworded into a simpler and more accessible language which allowed for a more informal and relaxed conversation broadly based on the following:

- 1. What do you know about your Child's Plan?**
- 2. Did you help develop your Plan? How?**
- 3. Who are the people that help you?**
- 4. What do people do to help you?**
- 5. Has the help made a difference? How?**
- 6. What would make things better in the future?**

For analysis purposes the questions asked of all children and parents have been grouped under 3 headings:

**1.Planning**

**2. Professional involvement**

**3. Outcomes**

The findings are presented under each heading with key findings and recommendations at the end of each of the 3 sections. Direct quotes are highlighted and included throughout. All participant names have been changed within the report to protect anonymity.

It should be noted that some of the information gathered cannot necessarily be verified as true or reliable because it is based on personal accounts rather than facts or research. Therefore it cannot be claimed to be representative of the experiences of every child who has a Child's Plan or is a parent of a child with a Plan.

## 2. Findings and Discussion

From the 30 parents who participated 1 did not know of the existence of a Plan until being invited to participate in this evaluation. Whilst unable to answer questions directly related to the Plan itself she was able to discuss the support which has been implemented, her involvement with professionals and any difference this had made.

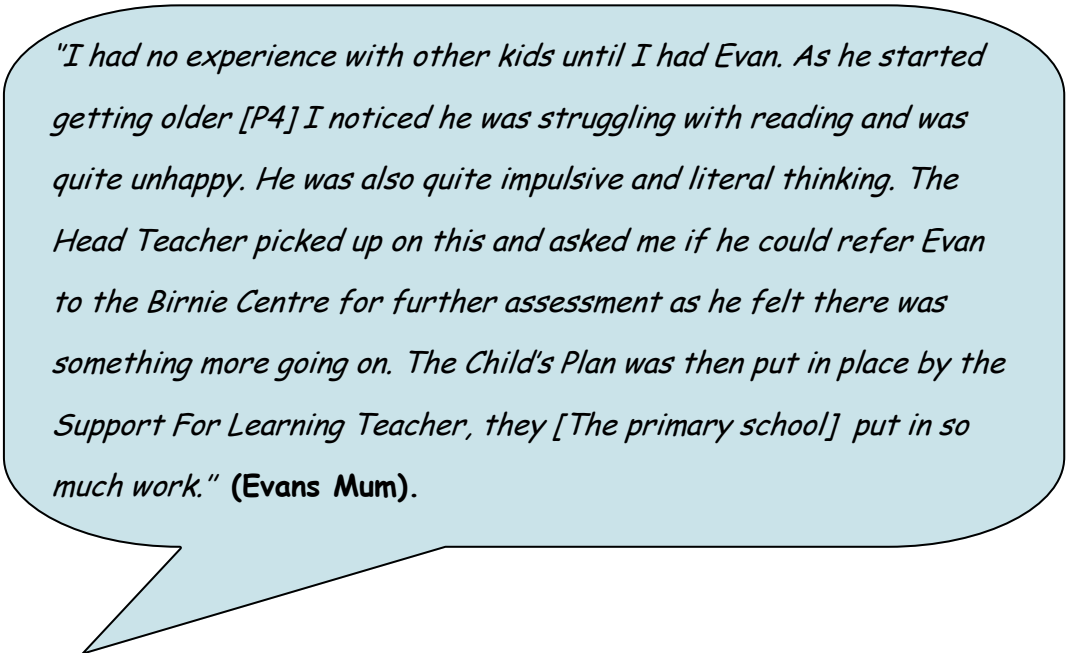
### 2.1 Planning

For analysis purposes the following information is based on the testimony of 29 parents and 35 Child's Plans (6 Parents had more than 1 Child with a Plan). In 21 cases Plans had been established by education and 14 by social work.

#### 1. How was the need for a Child's Plan first raised? (parents)

When the need for a Plan was first raised, parents were advised face to face in 71.4% cases, most commonly by a social worker (25.7%) or a Support For Learning Teacher (22.9%). Many spoke of the value of face to face contact with professionals and felt this was especially important when sensitive information regarding a child's needs was being shared.

In 2 cases they were advised via a telephone call from a Support For Learning Teacher and 3 had a child whose Plan existed prior to them becoming parent. There were 2 who were unsure how the need had first been raised, and 3 who had raised the need themselves.



*"I had no experience with other kids until I had Evan. As he started getting older [P4] I noticed he was struggling with reading and was quite unhappy. He was also quite impulsive and literal thinking. The Head Teacher picked up on this and asked me if he could refer Evan to the Birnie Centre for further assessment as he felt there was something more going on. The Child's Plan was then put in place by the Support For Learning Teacher, they [The primary school] put in so much work." (Evans Mum).*

The 3 parents who raised the need themselves did not feel listened to and no initial action followed their concerns despite numerous meetings and requests for support.

*"My professional background told me that what was being said and done was wrong. I kept saying this to the guidance teacher but no-one was listening to me or Carla, it was like my opinion didn't count and the school knew best. Carla was eventually referred to the Phoenix Centre and it was at this point a Child's Plan was raised."* (Carla's Mum).

*"I raised concerns with his teacher when he was in P2. I told her I thought he might have Autistic Spectrum Disorder and was **told** he did not. Despite numerous attempts to give the school advice on how to communicate with and support Euan they continued to use unsuitable practices which exacerbated the situation and caused stress to the whole family. The concerns continued up until P3 at which point we asked the GP to assess Euan. A Speech And Language Therapist also assessed Euan during this time and he was eventually diagnosed with Asperger's Syndrome."* (Euan's Mum).

Whilst the majority had the need for a Child's Plan raised by a professional, these examples provide a valuable reminder of the essential need to listen, acknowledge and give due consideration to parental concerns. Establishing a supportive dialogue with parents from the beginning is fundamental to identifying difficulties and ensuring the right support is put in place at the right time.

*'Parents and Carers are also 'experts' on their children in the sense they know more about them than anyone else. Most parents want to do their best for their children and understand how their children will respond to help. Practitioners should treat all parents with dignity and respect and see their role being to support and help families.'* (Highland Children's Services Practice Guidance 2013: 35).

## 2. How was the Child's Plan explained to you? (parents)

From the 29 informed, a Child's Plan was going to be, or had been implemented, 62.1% were given no further explanation about what a Plan actually is (72.2% of those were education Plans and 27.8% were social work Plans). Some with internet access tried to seek further information with little success, whilst others turned to Chip+ (Children in the Highlands Information Point) which was deemed highly informative.

*"The information was fairly vague, as in none! You just get handed the paperwork. If it wasn't for Chip+ I would have no support and not know anything."*

**Harry's Mum (Education Plan).**

*"The social worker explained it as a forward plan of action which we would be involved in. It was also there to let us know what the aims for Fin's future were and tell us when the next review meeting would be."*

**Fin's Kinship Carer (Social Work Plan).**

From the 37.9% of those given more detail, the most common understanding following explanation was that the Child's Plan is needed to let parents and children know what people are going to do to support them with their needs. There were 2 who reported being told it is a legal document which in fact, at the time of writing, it was not and this should have been made clear from the outset (Following the implementation of the Children and Young People (Scotland) Act 2014, the Child's Plan does now have some legal status).

*"The Child's Plan needed to be established to try and alleviate the issues and also support Gregor with some of the difficulties he was having in class."*

**Gregor's Mum (Education Plan).**

*"The Plan was going to provide extra support to us as a family."*

**Ailsa and Yvonne's Dad (Social Work Plan).**

### 3. Do you know you have a Child's Plan and what do you think it's for? (children)

#### From the 29 children consulted:

Children were aware there was a Child's Plan in place for them in 72.4% of cases. From those aware, 57.1% had been implemented by education and 42.9% had been implemented by social work. From those who were unaware a Plan existed for them, in all cases the Plan had been implemented by education.

One parent whose child had a Plan implemented by education had initially requested the child not be told of its existence as she felt this would cause additional stress. However, when support was put in place her opinion changed and she recognises the importance of him knowing what was going on and having a say.

*"I have heard about my Plan but I'm not sure who told me. I don't really know what it is though."* **Fraser age 6 (Education Plan).**

*"I know about my Plan but I don't really understand what all of it's for."*  
**Drew age 8 (Education Plan).**

From the 72.4% who knew they had a Plan, 81% had been provided with an explanation as to it's function. All the children with a social work Plan had been given an explanation, 88.9% of which had been explained by a social worker and 11.1% by a parent. In comparison, only 66.7% children with an education Plan had been given an explanation, 50% by a Support For Learning Teacher and 50% by a parent.

*"I feel I do understand what the Plan's for. It's more about targets to reach and problems to be sorted. It would be better though if it things were explained in more child-friendly ways."* **Freya age 16 (Social Work Plan).**

Whilst there was a degree of understanding of the purpose of a Child's Plan among those whose Plan was implemented by education, the children with Plans implemented by social work showed a greater general understanding of it. Without understanding the purpose or function of something it is impossible to know what to expect in terms of possible outcomes. Providing this information allows people to have greater commitment and become aware of possibilities which can be highly motivating, reassuring and empowering.

#### 4. How did you feel about the Child's Plan initially? (parents)

(The following information is based on 35 Child Plan's).

Parents felt positively about the initial implementation in 80% of cases. The other 20% described having a range of different feelings during this time including: feeling their situation was too stressful at the time to think about things; being foster carers and being given the Child's Plan among other social work paperwork thus having no initial feelings about it; feeling it added no more new information than what already existed in the child's Individualised Education Programme; not knowing the function of a Child's Plan and having no feeling about it, and finally; feeling they were going to be scrutinized in order to establish if things were being done right or not.

*"I felt very positive about it as Struan's needs were going to be met appropriately and we would both be fully involved which was important."*

**Struan's Dad (Education Plan).**

*"A child with any disability has so much paperwork but the peace of mind knowing that this is to be provided [educational support], it's a backup if something goes wrong."*

**Alastair's Mum (Social Work Plan).**

*"I felt it was important [The Child's Plan] because if things weren't on paper then they wouldn't get done."*

**James's Mum (Education Plan).**

#### 5. Do you understand why your child has a Child's Plan? (parents)

The parent who knew nothing of the existence of her child's Plan was included in this question as she had been given information regarding it's function following the invitation to participate in the evaluation. Therefore, the following is based on 36 Child's Plans.

In 97.2% of cases parents felt they understood why their child had a Plan. It was reported by 66.7% that the Plan is in place to ensure the child gets the support they need and 33.3% said it allows everyone involved to know about and understand the child's needs.

*"It's so the child can see and have a say as to where their direction will hopefully take them."*

**George's Foster Carer (Social Work Plan).**

Whilst many parents felt they had not been given sufficient information in relation to the purpose and function of a Child's Plan, the majority did feel that because of their child's additional support needs they understood why a Plan would be required.

There was a wide range of needs among the 38 children which had led to the requirement of additional support to be provided through the implementation of a Child's Plan, and for some children there was more than one need requiring support.

<b>Needs requiring additional support</b>	<b>Percentage</b>
Autistic Spectrum Disorder	31.6%
Behavioural, Emotional & Social Difficulties (including mental health)	21.1%
Attention Deficit Hyperactivity Disorder	13.2%
Child Protection Measures	13.2%
Adopted	10.5%
Dyslexia	7.9%
In Kinship Care	7.9%
Young Carers	5.3%
Tourette's Syndrome	2.63%
Dyspraxia	2.63%
Looked After Child	2.63%

## **6. Were you given a copy of the Child's plan? (parents)**

(The following information is based on 35 Plans).

Parents had been given a copy of the Child's Plan in 94.3% of cases, either in draft or final form. Copies were given automatically in 87.9% of cases and 11.4% had to be requested (some of which were only provided after several requests). One parent who initially requested a copy was refused and only later discovered she was entitled to it through a conversation with her mother who is a teacher. Another did not know she was meant to have a copy until a Support for Learning Teacher came to one of the meetings and asked the people involved if a copy had been distributed. As a result, in both those cases, a copy was eventually provided. There were 2 parents who had no copies and had not asked for one as they had assumed this was not common practice.

*'The child (where appropriate) and their parents/carers must be given a copy of the Child's Plan, including sharing any draft with them during the preparatory stage.'* (Highland Children's services Practice Guidance 2013: 44).

## 7. How much of an opportunity were you given to be involved in developing your Child's Plan? (parents)

Whilst all 30 consulted had attended meetings with professionals to discuss the needs of their child, there were 4 with education Plan's who were not made aware the information gathered was being used to develop a Plan. As a consequence 3 of them reported not placing as much importance on the meetings as they should have and did not feel they had been part of a cohesive process. There were also 2 cases where parents were sent a final, rather than draft, copy of the Plan to which they felt they had made little contribution. Finally, a further 2 had no involvement whatsoever in the development of their child's Plan. One was told initially it would be implemented but heard no more about it nor ever received a copy and another was never told of it's existence despite being involved in initial meetings to gather information, she was never informed a Plan had been written as a result.

Only 15 parents were able to recall whether or not they had been given a draft copy of the Plan to amend (where necessary). Whilst the draft was seen as useful there were many who felt they lacked the confidence or knowledge to make amendments to it. A large majority felt the Plan contained an overwhelming amount of detailed information which was, in parts, repetitive and difficult to understand making it hard to establish what was most relevant. Some suggested it would have been helpful to have had either a 'neutral' person to go through it with them, explaining the sections more clearly and identifying key areas where they may wish to make changes, or at the very least some simple written guidance.

*'Practitioners have a responsibility to develop communications skills and be sensitive to families' understanding. One of the key things parents ask for is to be kept informed. Although practitioners should always be sensitive to the fact that some adults may need help with reading, it is also helpful to have available written information that is easy to understand. Seeing a written version of what has been discussed can reassure families that what they have been told is true. It is important not to rely solely on written materials but check out with families they understand what agencies are doing and why.'* (Highland Children's Services, Highland Practice Model Guidance (Getting It Right For Every Child) 2013: 37).

The above guidance from Highland Children's Services is very relevant to the planning process. However, to avoid further workload on practitioners it would be beneficial to have easy access to standard, clear, and easily understood guidance which can be provided to both parents and children as and when required.



## 8. Did you help put your Child's Plan together? How? (children)

(The following is based on the testimony of 21 children who knew they had a Child's Plan).

Children had been involved in 90.5% of cases, either directly or indirectly. There were 9.5% who had no input.

From those 90.5% who had been involved, 63.2% had attended meetings with professionals to discuss their Plan and have their views heard, 26.3% had been visited at home by a social worker who had discussed their Plan with them and asked for their views, and 10.5% had been shown a copy of their Plan on the computer by a Support For Learning Teacher and given the opportunity to contribute to it. Some children had both attended meetings and received home visits from a social worker during the development stage.

One child had written a poem and drawn a picture about how he felt and his social worker took it to a review meeting on his behalf. This was the only example of gathering children's views using a method which did not rely on verbal communication.

54: How do we make sure a Child's Plan is child friendly?

***'It is our professional responsibility to ensure we actively seek ways to involve children & young people in developing their Childs Plan. See link below for ideas.'*** <http://www.highlandchildrensforum.org/listen-to-us.asp>

**(Highland Council Integrated Children's Services, The Highland Practice Model - delivering Additional Support For Learning 2013: 4).**

The link takes you to a Scottish Government funded toolbox which offers different methods of enabling staff to listen to service users. This could reduce the need for children to attend meetings whilst still allowing their views to be presented in meaningful ways.

*"You don't get much time to think at the meetings and you never know what's going to be asked so I don't always know what to say."*

**Christopher age 14 (Social Work Plan).**

*"People do ask me what I think and I've been at a meeting, it was a little bit boring but a wee bit helpful."* **Drew age 8 (Education Plan).**

*"I went to the meetings to talk about my Plan. Everyone listened to me and asked me how I felt about things and what I wanted to happen. It's good that people ask you how you feel, I told them I wanted to stay with Granny and Grandpa."* **Eli age 8 (Social Work Plan)**

*"Although I feel listened to at meetings I'm always being interrupted and it's very often with a negative comment."* **Freya age 16 (Education Plan).**

Among some of the children consulted there were those who had not been involved in any part of their Child's Plan development yet were clearly quite capable of doing so, both verbally and non-verbally. It could therefore be concluded that some service providers may be passively assuming some children with additional support needs are not capable of expressing their views in meaningful ways or perhaps simply do not know how to go about gathering them.

Personnel in services require to understand that a contribution from the child or young person is vital but bearing in mind that meaningful consultation with children takes time, especially where the needs are complex, personnel also have to be trained and resourced to achieve it.

*"There's no point in the Child's Plan if the views of young people are not heard. It doesn't matter in what way they are heard, it's a waste of time without their views; after all it's our future and we should know what's going on and have a say."* **George age 16 (Social Work Plan).**

*"I would like to be more involved in making my Plan. There are things I could add, like more playground equipment to give me more to do at lunchtime; I don't play football so it can be a bit boring."*  
**Bradley age 10 (Education Plan).**

## 9. Have your views been included in the Child's Plan? (parents)

(The following information is based on 33 Plans).

From the 33 copies distributed, parents reported their views as being included in 69.8% of cases although some felt they were only included because they had challenged the opinions of the professionals.

Those who felt their views had not been included, gave one or more of the following reasons:

- Not noted at the time.
- Disagreed with.
- Not asked for.
- *'Not valued enough to be written down because professionals are the 'experts' on what's best, not the parents.'*
- Only received draft copy onto which views were added but could not be certain whether these had been included in the final version.

*"My views are included as the teacher would not have known what to write in the Child's Plan otherwise due to an ignorance of ASD."*

**Euan's Mum (Education Plan).**

*"Our views have always been included and we feel listened to."*

**Eli's Kinship Carer (Social Work Plan).**

*"My views are included but that's only because I made amendments to the Plans. The contents of the Plan's are totally led by the school and my views are neither sought nor asked for. The school seem to want the control, they don't value my opinions."* **Drew and Caroline's Mum (Education Plan).**

*"When I make an amendment to the draft it is taken into account in the final Plan. I feel listened to and my views are taken on board from the point of view that mum knows best."* **Bradley's Mum (Education Plan).**

## 10. Have your child's views been included in the Child's Plan? (parents)

From 35 Plans, parents felt the views of the child had been included in 54.3% of cases although there were 11.4% who felt the views included were 'not realistic' or 'meaningless'.

From the 45.7% who reported their child's views had not been included, most reported feeling this was due to their age or needs.

*"Alastair's views are not included, perhaps because of the communication needs. Also, he really has no interest other than that someone comes and helps him."* **Alastair's Mum (Social Work Plan).**

*"Evan's views are included but they were more realistic in primary school. The views put in by the high school are not representative of how he really feels because he knows they won't do anything to change things."*

**Evan's Mum (Education Plan).**

*"Her views are included but what it means, we have no idea. It's a random sentence which doesn't really represent Lilly's views as far as we can tell. It's meaningless."* **Lilly's Dad (Education Plan).**

## 11. Have your views been included within your Child's Plan? (children)

Despite 21 children knowing they had a Plan, only 14 of those had ever seen it and as a result it was difficult for them to know whether their views were included or not. Nevertheless, the majority did report regularly being asked how they felt and as a consequence, some of them said they felt listened to.

*"I feel I have been involved along the way. I sometimes have a meeting in school to ask what I think about things. I used to have a social worker, she was good at asking how I felt."* **Hayden age 14 (Social Work Plan).**

## 12. Are you aware there is a section in the Child's Plan which asks for your views and those of your child? (parents)

From the 29 parents aware of the Child's Plan, 62.9% reported knowing there was a specific section which asked for their views. Only 54.3% knew a section existed for the child's views. One parent had been led to believe the child's views would only be included if the child attended a planning meeting.

*"I would like to give my views a little bit more."*

**Charlie age 9 (Education plan).**

The responses to the questions relating to the inclusion of views in the Child's Plan demonstrate a greater focus on including the views of the parent. As discussed previously, although the majority of children did report being asked how things were going or how they felt about things, it is important that they are made aware (where possible) that their views are valued and they have a right to have their voices heard, recorded and included within their Plan. It should also be made clear that expressing their views does not have to involve attending meetings, although this should be accommodated if requested, and can be achieved in more creative ways. Both parents and children are partners to their Child's Plan and as such have responsibilities to contribute and should be fully involved where possible.

*'Practitioners from all agencies must pay attention to and record children's views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, and who do not give up easily. Children have made it very clear what they need in The Children's Charter*

*(Scottish Executive 2004).*

*Achieving real involvement means that practitioners must spend time with, talk to and get to know children and build relationships so that children feel confident about approaching them and asking for help. Every detail of communication with children counts and helps to build a positive working relationship with them. The tiny steps along the way are as important as the big picture.'*

**(Highland Children's Services, Highland Practice Model Guidance (Getting It Right For Every Child) 2013: 36).**

### **13. Are the educational objectives (targets agreed in school) for your child included in the Child's Plan? (parents)**

This question was asked of those who had seen a copy of the Plan and had a child of school age. Therefore, the following information is based on 26 Plans (9 established by social work and 17 established by Education).

Many of those consulted reported having not looked at their child's Plan in great detail as they simply found the amount of information too overwhelming and therefore were not clear about exact details. Nevertheless, all were able to recall some of the targets which had been included.

In 53.8% of cases targets were specific to social, emotional and behavioural difficulties (including mental health). Some targets were more holistic and included accessing out of school activities and respite services. Listed below are some examples of targets recalled:

- Prepare for transition to high school.
- Prepare for transition from high school and explore vocational options.
- Develop friendships and help with understanding of Autistic Spectrum Disorder.
- Improve sleep patterns at home.
- Become familiar with visual timetable.
- Manage 'ticks' within the classroom setting.
- Develop social & emotional skills to assist in coping with change.
- Reduce the school day to improve stress levels.
- Become more independent.
- Involvement in out of school activities.
- Increased engagement in class activities.
- Increase confidence in addition & subtraction.
- Develop social skills through Social Use of Language Programme (SULP).
- Feel happy, settled & secure at school.
- Support dyslexic reading and spelling difficulties.
- Keep 'on task' within classroom setting.
- Be able to make choices using visual recognition symbols.
- Involvement in young carers support group.
- Become familiar with Makaton as a means of communication.
- Increase awareness of body language.

#### 14. In terms of the planning process what parts of it have worked well/not so well for you? (parents)

Parents had mixed feelings about the planning process, both positive and negative. The following testimony is from the 86.7% who were made aware their involvement in meetings was to assist with the development of a Child's Plan.

##### 14.1 What are some of the positive aspects? (parents)

*"Being involved in the planning meetings and having everyone around the table offering advice."* **Bradley's Mum (Education Plan).**

*"It's good to have a meeting and feel you are being listened to and they [the professionals] still remember there is a need there."*  
**Charlie's Mum (Education Plan).**

*"Addressing the issues and getting them on paper is good."*  
**Daniel's Mum (Education Plan).**

*"Being able to make changes to the Plan is really important."*  
**Evan & Fraser's Mum (Education Plan).**

*"The meetings are helpful as long as it's made clear what the intention of them is."* **Lilly's Dad (Education Plan).**

*"Feeling included and involved and knowing people are there to help if you need them."* **Ailsa & Yvonne's Dad (Social Work Plan).**

*"The meetings always focus on the positives and Steven's achievements are celebrated. This is important as no-one wants to dwell on the negatives."*  
**Steven's Mum (Education Plan).**

## 14.2 What are some of the negative aspects? (parents)

*"In a small community it is difficult to raise problems. There seems to be a perception from other parents that you shouldn't bring problems to the school and I have been made very aware of this."*

**Gregor's Mum (Education Plan).**

*"The meetings are always arranged with professionals first, then me. This is not very considerate. They also tend to be very last minute with little notice being given. This is difficult if you are trying to work around having a job yourself."*

**Michael's Mum (Education Plan).**

*"The whole process works reasonably well, it's just too long."*

**Ebony's Kinship Carer (Social Work Plan).**

*"I feel there are too many people involved. It waters down the issues when there are too many people."*

**Lilly's Dad (Education Plan).**

*"When I attend the meetings it would be nice to be made less aware of the school's time constraints which makes me feel pressured and uncomfortable."*

**Drew and Caroline's Mum (Education Plans).**

*"It seems to take something major for input to happen. People are reactive rather than proactive."*

**James's Mum (Education Plan).**

*"More information is needed to tell parents and children about the Child's Plan. I don't know what I would do if I didn't have CHIP+ to support me. Although they can't speak for me at a meeting, they do come along for support and take notes."*

**Harry's Mum (Education Plan).**



## 15. What do children think about the planning process?

### 15.1 Tell me some of the good bits about being involved in putting your Child's Plan together? (children)

*"The Plan tells people what my views are and helps me through school."*

**Evan age 13 (Education Plan).**

*"I think having a Plan is a good thing. There's really no point having to repeat yourself over and over. The Child's Plan saves you having to do that, especially when you change respite services."*

**George age 16 (Social Work Plan).**

*"I went to the meetings to talk about my Plan. Everyone listened to me and asked me how I felt about things and what I wanted to happen. It's good that people ask you how you feel, I told them I wanted to stay with Granny and Granda."* **Eli age 8 (Social Work Plan).**

*"It was good being able to talk about everything. There are wee bits about home in my Plan. It helps teachers know a bit more about me."*

**Caroline age 9 (Education Plan).**

*"My key Worker always comes to the meetings with me, even if it's her day off. I really appreciate this."* **Freya age 16 (Social Work Plan).**

*"Because I know about my Plan and have been to a couple of meetings I know who I can talk to if there's a problem. My social worker is really nice and I think the Plan is something positive."*

**Ailsa age 12 (Social Work Plan).**

**15.2 Tell me about some of the 'not so good' bits about being involved in putting your Child's Plan together? (children)**

*"I go to the meetings which is good so people listen to me but I don't really want to go to them after school because all my friends are outside playing football; I would rather be outside playing with them."*

**Gregor age 11 (Education Plan).**

*"I don't feel comfortable discussing sensitive issues in front of my parents at meetings."* **Freya age 16 (Social Work Plan).**

*"There's no point in the Child's Plan if the views of young people are not heard. It doesn't matter in what way they are heard, it's a waste of time without their views; after all it's our future and we should know what's going on and have a say."* **George age 16 (Social Work Plan).**

*"I was involved with my Plan but I don't really understand what all of it's for."* **Drew age 8 (Education Plan).**

*"The meetings were too far away and we had to travel a very long distance to attend [several hours travelling]. We didn't like this."*

**David age 9 & Christopher age 14 (Social Work Plan).**

*"I feel uncomfortable in meetings but I needed to know what people were saying about me and wanted to be involved in final decisions."*

**Carla age 16 (Education Plan).**

## Key findings:

## Planning

1. From 35 Child's Plan's, parents felt positively about the initial implementation in 80% of cases.
2. When concerns were first raised and sensitive information was being shared, parents valued face to face contact with professionals.
3. In the majority of cases professionals had recognised issues and raised the need for a Plan in the early stages.
4. The majority of parents reported the volume of information contained within a Child's Plan to be overwhelming, and often repetitive. Subsequently, many felt it was not a particularly user friendly document, especially when being asked to make any necessary amendments during the draft stage.
5. Needs raised by parents were not always met with positive responses leaving them feeling under valued as 'experts' on their children.
6. Many parents reported feeling their views were only included in the Plan when they challenged professionals' judgement; adding to the sense of not being recognised as an 'expert' on their child.
7. Both parents and children alike, reported a lack of distribution and availability of user friendly information relating to a Child's Plan. This was especially true of those having no internet access. Many had turned to CHIP+ (Children in the Highlands Information Point) which they deemed highly informative.
8. Children with a Social Work Plan showed a greater general understanding of its purpose in comparison to those with a Plan implemented by Education.
9. There are a lack of alternative methods, aside from verbal consultation, being used to gather meaningful views from children.
10. The majority of children had not seen their Plan and were unsure whether their views had been included. However, the majority also reported being asked on a regular basis (by professionals) how they felt about things and consequently felt listened to.
11. From 29 parents 62.9% were aware there is a section in the Child's Plan specifically asking for their views whilst only 54.3% were aware of the section asking for the child's views.

## **Recommendations (suggested by parents):**

1. Ensure parents are involved in the planning process 100% of the time.
2. Provide jargon free information about the Child's Plan to everyone involved and avoid the use of jargon during meetings.
3. An agenda prepared and distributed prior to any meeting, including a list of those invited.
4. Sufficient notice given prior to meeting dates.
5. Keep the meetings as positive as possible.
6. Ensure families are not made to feel they are burdening service providers with requests.
7. Respect privacy at all times (including the basics of closing the door whilst a meeting is in progress, regardless of whether the meeting is with a parent or child).
8. Provide all parents with a timely draft copy of the Child's Plan.
9. Availability of a 'neutral' person to go through the draft copy explaining each section and assisting with any changes parents may wish to make; or, provide some easy read guidance to assist with this stage.
10. Better communication e.g. sharing information with parents in relation to what's happening in school.
11. Include an additional section within the Child's Plan detailing who should read it.  
There should also be some way of verifying this has been done to avoid staff not being aware of the child's needs.
12. Autism Outreach Services should have more regular involvement in the planning process and implementation in schools which are in super sparse areas, including addressing training gaps among practitioners.
13. Develop and provide a list of service providers, their role and what you might expect them to do for you.

## **Recommendations (suggested by children):**

1. Provide child friendly information which tells us about a Child's Plan (It was suggested different formats should be available on paper and on-line).
2. Let us know who the Plan will be shared with so we know who we can talk to about things.
3. If we are going to attend meetings tell us who else could be attending and what their job role is so we know why they are coming and what to expect.
4. If we are to be fully involved in the development of our Plan we should also be given adequate notice (where possible) if certain aspects are to be changed e.g. a major timetable change or a new person being brought in to support us. We should also be given an explanation as to why the changes are needed.
5. Allow us to become more involved in more creative ways e.g. drawings, photographs and stories which can be added to the Plan to represent how we feel about things.
6. For some of us in foster placements, attending a review meeting involved a considerable journey. This was to allow for the parents attendance which is not putting our needs at the centre.
7. When we attend meetings, professionals should not talk about us as if we are not in the room.
8. Be mindful that some of the information contained in a Child's Plan about parents or children may not be known to both parties and can therefore be upsetting to hear or read.
9. Respect our privacy e.g. professionals should shut the door when talking to us and be mindful of the environment when asking us how we're feeling; it's not always appropriate in the middle of the hallway when there are other people around who may then ask questions about what's going on.

## 2.2 Professional Involvement

### 1. Have you met or spoken with each of the professionals involved with your child? Who are they? (parents)

In 90% of cases parents reported having met or spoken with most of the professionals involved. The following were mentioned:

Head Teacher	Criminal Justice Officer
Depute Head Teacher	Barnardos Support Worker
Support For Learning Teacher	Reviewing Officer
Class Teacher	Additional Support Needs Officer
Nursery Teacher	Autism Outreach Worker
Guidance Teacher	Children's Services Worker
Children's Services Worker	Integrated Services Officer
Pupil Support Assistant	Clinical Psychologist
Co-ordinated Support Plan Co-ordinator	Clinical Child Psychologist
Social Worker	Educational Psychologist
Disability Social Worker	Psychiatrist
Link Worker (Social work)	Speech And Language Therapist
Family Liaison Officer	Occupational Therapist
Doctor	Filial Therapist
Midwife	Community Paediatrician
School Nurse	Consultant Paediatrician - Diabetes
Public Health Nurse	Specialist Dietician for Health Promoting
Health Visitor	Schools & Autistic Spectrum Disorder
Community Learning Disability Nurse	Advocacy Services

*"Things only improved when Carla was referred to the Phoenix Centre and got the professional counselling from Child and Adolescent Mental Health Services which I knew she required from the start." Carla's Mum (Education Plan).*

The range of professionals accessed by the families is fairly extensive. The geography and spread of the population in Highland can present challenges for those requiring the involvement of more specialised services, especially in some rural and super sparse areas. However, it is encouraging that people are accessing these which is key to improving outcomes and allowing families to move forward.

## 2. The Named Person and the Lead Professional.

Implementing the Highland Practice Model saw the development of 2 critical professional roles:

- the Named Person; and
- the Lead Professional

Every child in Highland has a Named Person who is responsible for ensuring the child has the right help to support their well-being and development. The primary responsibilities of both the Named Person and Lead Professional are detailed below:

*“The primary responsibility of the Named Person role is to look out for the needs of the child, including monitoring progress and development and responding to emerging concerns. When those additional needs require support from more than one agency or service a Lead Professional is nominated who takes on the responsibility of ensuring that the support provided by various services and agencies is coordinated at the point of delivery and that the child and family experience a seamless, multi-agency service which effectively addresses the child’s needs and concerns.”*

**(Scottish Government GIRFEC Evaluation Themed Briefing: Briefing 1 Lead Professionals and Named Persons 2010: 2).**

### 2.1 Do you know who your child’s Named Person is? (parents)

From 35 Child’s Plans only 51.4% knew who the Named Person was and many of those who didn’t know had never heard of the terminology. A further 5.7% assumed it was the Support For Learning Teacher with whom they had the most contact but later discovered it was in-fact the Head Teacher.

Named Person responsibilities can be delegated, as the extracts below suggests:

**6.2** *‘For some children this will result in the development of a single-agency Child’s Plan.’* **6.3** *‘This will be co-ordinated by the Named Person, but can involve the normal delegation of responsibilities to other staff.’*

**(Highland Council Integrated Children’s Services, The Highland Practice Model - delivering Additional Support For Learning 2013: 9).**

However, given that just over half of those consulted knew who their Named Person is, is not concurrent with the Scottish Government assertion that *‘Critically, the Named Person is a point of contact for families’* (P40).

## 2.2 Do you know who your Lead Professional is (where appropriate)?

### (parents)

The majority of parents were unsure if they had a Lead Professional, and again, many had never heard of the terminology. This lack of awareness could simply be that there was no Lead Professional involved. However, 11 did know, and all were quite clear as to who that person is, including their job role. It was apparent that where a child's needs were more complex, thus requiring multi-agency input, the parent was more likely to have been made aware of who was responsible for co-ordinating the support.

Similarly, none of the 29 children consulted had ever heard of the terminology 'Named Person' or 'Lead Professional'. However, they did speak of the importance of having a 'key' person they could go to for help and support. This is explored further on P44.

Most parents reported having someone they could talk to if there were problems, or changes required to the Child's Plan. However, few had ever been provided with information regarding the roles and responsibilities of the Named Person or Lead professional. Even if their involvement with that person is minimal it is important they know who this is, what they do, and are able to trust that he or she has their best interests at heart and is taking overall responsibility for ensuring the right help is provided at the right time for their child.

## 3. When would you meet or speak with the professionals involved and how would you do this? (parents)

*16. 'Critically, the Named Person is a point of contact for families, where they can seek advice or support about issues relating to their child's wellbeing. She will usually be someone that the family already knows, and who they feel able to approach.'*

**(Scottish Parliament, Children and Young People (Scotland) Bill 2013: 3).**

The majority of parents reported meeting and speaking with professionals at pre-arranged meetings or appointments. Only 10% had not met, or at least spoken with everyone involved. However, in most cases, due to the wide range of involvement, parents stressed the importance of having a 'key' person to liaise with all concerned when necessary. Within education this was more inclined to be a Support For Learning, Guidance, or Depute Head Teacher, and where a social work Plan had been implemented, it was a designated social worker or link worker. For many parents, especially those whose Child's Plan was implemented by education, the 'key' person was rarely the Named Person or Lead Professional.



Aside from pre-arranged appointments or meetings, parents reported contacting professionals for the following reasons:

- If they had any worries about their child.
- If they had new information which they felt the professionals involved with their child should know about.
- If they needed to have something clarified in relation to the child's support.
- If they needed some advice or support.

In terms of contacting the 'key' professionals, making a phone call was mentioned most frequently, although emailing was a preferred option for some due to the advantage of creating a 'paper trail'. On the whole, it was reported that upon phoning or emailing, a timely response followed, although there were isolated cases where this was not so.

When attempting to contact professionals, other than those mentioned as 'key' to the family, several parents spoke of communication issues, particularly in relation to speech and language therapists in urban and rural areas. Those making this point believed this was due to a high turnover of staff and frequent sickness within the service. When this occurred appointments were often cancelled due to there being no replacement and parents were rarely notified of when those cancelled appointments would be rescheduled. Some reported phoning and leaving messages or sending emails, which yielded no response.

*"Speech And Language disappeared off the scene and we had no word from anyone as to why and what was going on. There was no communication. When I try to call I always get a voicemail which gives you another number to call in Inverness, but it's the same story, another answer machine. I've left messages but no-one responds. The communication really needs to improve."*

**Alastair's Mum (Social Work Plan).**

In addition, whilst the overall opinion of communication from social work services was excellent within the urban and rural areas, parents had not had the same experience within the super sparse areas. It was the view of parents that such issues were resulting from staff shortages, leading to social workers having excessive caseloads across extensive and sparsely populated geographical areas. One family spoke of moving from a rural to a super sparse area over 12 months ago however, due to staff shortages, their caseload was still

being managed by the same social worker who was now based more than 200 miles away which often made communication, especially face to face, difficult.

*"It's now over a year since we moved but because of staff shortages we still have the same social worker. The distance worries me should a crisis point be reached as it would be a fair distance for him to travel. It's not always easy to contact him either, I have to rely on the phone as we don't have any internet. Although I have to say he does do the best he can under the circumstances."*

**Yvonne and Ailsa's Dad (Social Work Plan).**

There were also communication issues raised in relation to Health Visitors. Issues seemed to arise from the office based contact number given to families. Due to the very nature of the Health Visitor role which involves visiting families in their home, there are very few windows of opportunity when a call coming in to the office will be answered other than by an answer machine. One of the biggest problems this causes for families is when they need to cancel an appointment and cannot get a message to the health visitor who then ends up making a wasted journey. The families who raised this issue suggested health visitors be given remote access to office based answering services which would allow them to dial in and check their messages.

In terms of specifically contacting the Named Person, for the 54.1% aware of who that was, 73.7% of those reported no issues with communication. However, many families whose Named, or 'key' Person was within a school reported feeling frustration at times caused by not being able to make contact with that person outside of school hours and especially during holiday periods.

**33. Concern:** *'The Named Person role cannot work because schools are closed for periods of the year.'*

**34. Practice:** *'It is true that the contribution of the Named Person is reduced when schools are on holiday, albeit some measures are possible to mitigate this. This can mean that there may be increased risk for the 12 weeks when schools are on holiday, and this may lead to more interventionist measures being taken as a consequence.'* **(Scottish Parliament Children and Young People (Scotland) Bill (2013: 3).**

If there are measures available to mitigate this then parents need to be made aware of what they are and how they should go about having them implemented if required.

There were also 2 distinct communication issues raised by those whose first point of contact is their Named Person, when he or she is a head or depute head teacher. Firstly, they are often in meetings when parents need to talk to them, and secondly, in some rural areas, they are very likely to be a 'cluster' head teacher covering more than 1 school which can cause communication challenges.

#### **4. Can you comment on the relationship you have with the professionals involved? (parents)**

(This question was asked of all 30 parents).

From the 51.4% who knew who the Named Person was, 61.1% said they had a trusting relationship with that person. Those who felt they did not have a trusting relationship gave 1 or more of the following reasons:

1. They have no input as far as I can tell.
2. They have never attended any of the meetings.
3. They have never had any contact with me.
4. They failed to listen to my initial concerns.
5. It is clear from the meetings that they are not aware of any of the issues and others have to tell them what's been going on.
6. They refer me straight to the Support For Learning Teacher or depute head whenever I ask for information.
7. They failed to meet the needs of my family and have not ensured that their staff are meeting the standards as required by the General Teaching Council for Scotland.
8. I used to trust the Named Person in the primary school but in secondary school they seem quite negative about things.

The percentage of trusting relationships parents have with the Named Person is fairly poor, thus demonstrating, once again, that even if their involvement with that person is minimal it is important they know who this is, feel able to approach and have an open dialogue with, and trust that he or she has their best interests at heart and is taking overall responsibility for ensuring the right help is provided at the right time for their child.

Despite the poor trusting relationships between Named Persons and parents many did report having trusting relationships with other professionals. Most notably these were Support For Learning Teachers, Depute Head Teachers, Pupil Support Assistants, Paediatricians,

Psychologists and Children's Services Workers.

From those who had a Lead Professional and knew who this was, 90.9% spoke of having a trusting relationship with that person. This, as mentioned previously, may be attributed to having a child with more complex needs, leading to multi-agency involvement and a need to know and have a relationship with the person responsible for co-ordinating the support.

### **5. 1 Who are the people that help you? (children)**

From the 29 children consulted there were 4 people mentioned most often. These were Class Teachers, Pupil Support Assistants (Helpers), Support For Learning Teachers and Social Workers. It was apparent that children, like their parent(s), tended to confer trust to individuals rather than specific services. In some cases, despite having a good relationship with a professional, a distrustful view of the service in general still remained, as the quote below demonstrates:

*"I'm closer to her [Children's Services Worker] than any of my friends or family, she gives me honest feedback so I trust her and know she's not lying. Before I met her I didn't know who she was or what she did. I was given a slip to say I had an appointment with a CSW and I didn't know what that was. My friend said it was someone from social work and I was shocked and thought that was a bit extreme; I didn't want social work involved."* **Eva age 16 (Education Plan).**

Whilst it was reassuring that all the children had someone they could trust and talk to they also spoke of periods of anxiety, sadness, anger and stress, for example, when that key person was absent, got a new job, retired, or the child transitioned to a new class or school. In 1 case a child was refusing to attend school because the person supporting him was leaving and he felt he didn't have a trusting relationship with any other staff members.

*"If I need to talk to someone I would have gone to my helper [Pupil Support Assistant]. She was a good listener. She used to come into my class, she was nice, kind and happy, I trusted her. I was really sad because she was off when I left so I didn't get to say goodbye to her."*  
**Daniel age 8 (Education Plan).**

*"My helper [pupil Support Assistant] was good at listening to me in class but she's having a baby so she's been off work'. I really miss her."*

**Harry age 7 (Education Plan).**

For all children, any type of change or transition can be very stressful to cope with. They may feel there is no-one else they can turn to for support which leads to the feelings described previously. This is especially true for those with Autistic Spectrum Disorder, and bearing in mind that 31.6% of the children consulted or observed during this evaluation had needs arising from this, it is clear why changes and transitions are causing difficulties.

Research by Prestine (1997) for example, has shown that children, especially young children, often don't understand their emotions and find it difficult to manage them alone. Nevertheless, there are steps which can be taken to minimise this, and as mentioned previously, keeping children and parents informed about what's going on is vital.

**8.5 Recommendation 17:** *'Practitioners should directly engage with parents/carers, children/young people and other partners to a child's plan to work together to ensure better management of and planning for transitions of all kinds and at all key stages.'* **(The Highland Council Additional Support Needs Review April 2013 – May 2014: 16).**

Sometimes changes have to be made unexpectedly by both professionals and parents with little or no prior notice. In these situations everyone concerned should be given as much timely information as possible as to why this is happening and what is going to be done to ensure any negative effects which may result from the change or transition are minimised.

*"He [Support For Learning Teacher] used to take me out of class for time out every Wednesday but now that's stopped and no-one's told me why. I think I still need it."* **Caroline age 9 (Education Plan).**

If professionals or parents are aware of future changes and know what this may involve, the information needs to be shared as soon as possible so the child can start to be prepared. It is important that those supporting the child are proactive in finding out exactly what the implications of any specific change might be. Once this information is known it should be shared with all concerned to ensure everyone knows how to respond appropriately.

## 5.2 What do people do to help you? (children)

Many of the children were receiving support to help them deal with feelings, emotions and friendships. For those who were attending secondary school there were more complex issues relating to peer pressure which, in some cases, had led to mental health problems. The help being provided was wide ranging, examples of which are shown below:

*"I get to go to the Young Carers group. When I'm there we talk about relationships and feelings and get to do lots of fun things."*

**Ailsa age 12 (Social Work Plan).**

*"People have helped me reach my target of not absconding and I've been praised for it which is good."* **Freya age 16 (Social Work Plan).**

*"I wasn't allowed out at lunchtime because it was too long. The little ones used to know I get angry easily so they used to call me names and wind me up. The school helped with this because they let me go to Lego Club instead."* **Daniel age 8 (Education Plan).**

*"She [Children's Services Worker] set up a friendship group to help me make friends. Another lady [Children's Services Worker] came over from a different school to help. The group, called 'Resilient Kids', ran for 6 weeks. We spoke about feelings."* **Anna age 12 (Education Plan).**

*"I get help from a lady at the Birnie Centre. I enjoy seeing her; she helps me out when I get annoyed; she uses charts with different faces to look at how I'm feeling. I see her every week or 2."*

**Charlie age 9 (Education Plan).**

*"My class teacher is helpful. She had a talk to the other children in my class about Tourette's. Now they understand more about me they look out for me."* **Bradley age 10 (Education Plan).**

*"I gave my helper [Pupil Support Assistant] a 'terrific' sticker. She helps me in the mornings; we do baking and make pizza."*  
**Lilly age 12 (Education Plan).**

### **5.3 What's important about the people who help you? (children)**

The children spoke of many personal qualities which are important to them however, the most commonly mentioned were: 'A good listener' and 'trustworthy'.

*"The people who are there to help me should be fun, kind and a good listener. They should also let me know what's going on. I wouldn't like a person if they didn't get back to me, I would feel like they let me down."*  
**Gavin age 11 (Social Work Plan).**

*"The people who get the job interviews should be good listeners, not too strict, fun, happy and they should be people who don't get out of control."*  
**Charlie age 9 (Education Plan).**

*"What's important about the people who work with me is that they are nice people, good listeners, and they know a bit about me so they understand me."* **Hayden age 14 (Social Work Plan).**

*"Being able to speak to someone and not feel like they're analysing me. Just being able to have a regular conversation; laid back, private and trusting, this is so important."* **Carla age 16 (Education Plan).**

## 6.1 In terms of working with professionals has the experience met your expectations? (parents)

(This question was asked of all 30 parents).

In 23.3% of cases parents said they didn't know what to expect from professionals and several suggested being given a possible structure of what should be expected prior to their involvement would have been helpful as a reference point.

Overall, 43.3% felt professionals had met their expectations and 33.3% felt they had not (education Plans were in place for 30% of those whose expectations had not been met). The remaining were happy with certain elements of the experience and some were unsure how they felt.

Unfortunately the statistics demonstrate there is still much to be done within education for professionals to meet the expectations of parents. However, Highland Council are already aware of this as the extract below clearly demonstrates:

**1.2** *'There are various policy and practice papers in place in Highland to support the needs of pupils with ASN and there is evidence that where these are integrated and implemented within an overall inclusive ethos, they work well. Indeed, many of these are regarded as best practice models across Scotland. However, there remains a significant level of variation in practice across Highland schools that would indicate that there is more that can be done to more effectively meet the needs of all pupils.'*

**4.3** *'As part of the ASN Review, consultation took place with around 70 parents, in differing situations. While several areas of good practice were noted, not everyone consulted was positive about their experiences and there were many frustrated parents who talked of variation in practice and poor communication.'*

**(The Highland Council Additional Support Needs Review April 2013 – May 2014: 2-8).**



## 6.2 What have professionals done to meet your expectations? (parents)

*"I didn't know what to expect of professionals but 99% of them have done what they said they would. Staff at the respite centre are particularly good, especially the manager. She understands our needs and is really supportive. We have a good relationship and I can contact them for support at any time. Steven loves going for respite there."*

**Steven's Mum (Education Plan).**

*"I didn't really know what to expect but I have felt like I've been part of the process. I would consider them all to be an extension of my family as they've given us great support. I think they really have our best interests at heart."*

**Ailsa and Yvonne's Dad (Social Work Plan).**

*"I didn't know what to expect but I was taken aback by the amount of people involved, but this is a good thing. Everyone involved has made a big effort to understand Bradley's needs."*

**Bradley's Mum (Education Plan).**

*"I didn't really know what to expect but was really surprised at how good the support was. The social worker got to know the family well and was so easy to get on with, more like a friend than a social worker."*

**Eli's Kinship Carer (Social Work Plan).**

*"All the professionals have been helpful. I think they've done what I expected and more. Whenever we go to the Children's Services Worker about anything she always shows us the resources she uses so we could see how she could help."*

**Daisy's Mum (Education Plan).**

*"I think we expected social work to be more 'in our faces' but that has not been the case. They have been very caring and we know they come from a caring environment."* **Fin's Kinship Carer (Social Work Plan).**

*"The staff at the school have exceeded my expectations and been amazing."* **Alastair's Mum (Social Work Plan).**

*"The occupational therapist has done what I expected, although Anna had to wait 8 months for the 1st appointment."* **Anna's Mum (Education Plan).**

### **6.3 Why do you feel professionals have not met your expectations?**

*"Adam has seen a child psychologist but I didn't feel she had any connection to him, and to be honest, the information she gave us was poor, I could've got better information from Google."*  
**Adam's Mum (Education Plan).**

*"I didn't really know what to expect but the idea I get is that I should be better informed and supported. I sometimes feel that professionals like the occupational therapist are more geared up to cater for greater needs."* **Charlie's Mum (Education Plan).**

*"I think their approach is often reactive rather than proactive. The professionals just don't make parents aware of the systems which are in place to support the child; it would be good to know what's available. In school, the class teacher just doesn't have time to chat and get to know a child properly."* **Daniel's Mum (Education Plan).**

*"Teachers make comments to me like, 'he fidgets in class'. If they read the Plan they would know why he does that but they clearly haven't bothered or no-one has made them aware of it. He's also being looked at for possible dyslexia but not all the teachers appear to be aware of this either."*

**Evan's Mum (Education Plan).**

*"Having to ask for educational psychologist involvement 4 times is not what I expected. I also thought she would get in touch with me for information and not just make contact with the Support For Learning Teacher."*

**Harry's Mum (Education Plan).**

*"Speech And Language have been of little practical value, they're more advisory than hands on. I think the advice is sometimes formulaic and the school may have liked more input. They seem to react to problems raised at meetings, rather than get to know our son and deal proactively with problems."*

**Ian's Dad (Education Plan).**

*"I find that once the school put something in place, even if they know it may not be the right solution, they tend to just leave it unless you question things. When I met with the head teacher at the last meeting she admitted 'it's easier to let sleeping dogs lie. I don't feel I should have to point things out.'"*

**James's Mum (Education Plan).**

*"We've really changed our lives and are in a far better situation now than we were. Even although we have made a huge effort, and everyone can see that, we still get judged based on our past. Its frustrating because we're really trying to move on."*

**Ben, Cian & Ava's Mum (Social Work Plan).**

From those few examples we can see recurring issues already highlighted previously in this report. For example:

1. Parents feeling they are not well enough informed of the support available and how to go about getting it.
2. Parents expressed the opinion that excessive workloads make it difficult for professionals to find the time to get to know the child properly.
3. Requests for support not being met or, only being met after considerable delay.
4. The views of the parent not being sought.
5. Poor communication.

*"If I had been listened to properly, Carla should have been referred to the Phoenix Centre straight away. When she was finally placed on the waiting list for Child and Adolescent Mental Health Services I had to go to the doctor because things had got so bad. He wrote a letter to try and speed things up."* **Carla's Mum (Education Plan).**

The need for more clarity regarding the roles of professionals and the availability of this information in an easily understood format was a common request from parents, and some of the children. This would assist them to have a greater understanding of the options available and understand how and why decisions are made in terms of support provision which would help to build trust.

From those who reported professionals had met their expectations, the needs of the child had been identified at an early stage and timely support followed. Parents also said they felt fully involved in the process and the approach of professionals was both child and family centred. This is a positive demonstration of the GIRFEC reform programme in action.

#### **6.4 Could the professionals involved have done anything to better understand your needs? (parents)**

The most frequent responses to this question were centred around the following:

1. Look at the child's needs more holistically.
2. Improve communication and the sharing of information.
3. Seek, Listen and respect the views of the parent.

4. Don't be judgemental.
5. Reflect on your own practice with regards to the feelings of others. For example, respect privacy, allow parents time to talk at meetings without feeling rushed, and don't make parents feel they are burdening you if they make a request.
6. Train staff to recognise and understand the whole range of support needs and ensure this is being implemented throughout their practice.

*"I should be kept updated with things happening in school. For example, Charlie was given his own workstation but I didn't find this out until I attended a meeting. There have also been other things been put in place, like a 'fidget toy' but no-one told me." **Charlie's Mum (Education Plan).***

Some of the reports of poor communication were made in reference to approaches being implemented in schools which parents were never made aware of, unless the child happened to mention it, or something was mentioned at a parents evening or meeting. The view of parents was that some of these approaches could also have been implemented at home, thus maintaining consistency and providing support for the family as whole. There was a strong feeling that the focus was often on the needs of the school and the child's needs were being viewed in isolation to the wider needs of the family.

*"I find it difficult to get a balance between home and school. Whenever the school gets in touch it's always about something negative that has happened. I find this pretty soul destroying. They're always asking if anything's going on at home, its like they're looking to blame me. It would be nice to hear some positives." **Drew and Caroline's Mum (Education Plan).***

*"Without my knowledge the school made a referral to Child and Adolescent Mental Health services. I was very unhappy about this and put a stop to it. The educational psychologist agreed Beth's mental health issues didn't need to go any higher." **Beth's Mum (Education Plan).***

## Key findings:

### Professional Involvement

1. Families were accessing a wide range of professional services across urban, rural and super sparse areas.
2. From 35 Child's Plans only 51.4% of parents were aware of who their Named Person was and many others had never heard of the terminology. Those cases where the Named Person was known, 39% reported feeling a lack of trust with that person.
3. Where a child's needs were more complex parents were more likely to know, and have a trusting relationship with, the Lead Professional responsible for co-ordinating the required support.
4. Parents and children were inclined to confer trust to 'key' individuals rather than specific services. However, for those whose Plan had been implemented by education, the 'key' person was rarely the Named Person.
5. Parents whose children had Plans implemented by education reported experiencing periods of stress and difficulty due to having no 'key' person to support them out of school hours and especially during the school holidays.
6. Several parents reported experiencing difficulties with Speech And Language Services, especially in urban and rural areas. Firstly, It was their view there is a shortage of therapists leading to a lack of support for the child, and secondly, attempts to contact those within the service was often met with no response.
7. In the super sparse areas parents believed Social Workers had excessive caseloads, and it was their view that, once again, a shortage of Social Workers was the cause, which had resulted in similar difficulties to those mentioned in point 6.
8. Children reported being given a lack of notice or support to deal with changes and transitions, especially when this involved changes to 'key' people.
9. The majority of children reported the greatest need for professional support had arisen from difficulties in dealing with feelings, emotions and friendships.
10. Children reported the most important personal qualities of a professionals to be: 'a good listener' and 'trustworthy'.
11. In 33.3% of cases parents felt professionals had not met expectations. Education Plans were in place for 30% of those and 3.3% were Social Work Plans.

## **Recommendations (suggested by parents):**

1. Provide us, and where appropriate, our children, with information in easily understood formats, detailing the roles and responsibilities of all professionals including how best to contact them. In particular, more information is required regarding Named Persons.
2. Make provision for sharing information relating to the child's needs among other staff involved to ensure awareness of needs and consistency of approaches. For example; swimming instructors and library staff as these can be/are formal learning situations.
3. If measures exist to mitigate communication issues with professionals during out of hours and holiday periods, particularly for those of us whose 'key' person is within education, make sure we are aware of what they are and how we should go about accessing them if required.
4. Information regarding changes or transitions of any kind should be shared with all concerned as soon as possible so parents and children can start to make preparations and everyone knows how to respond appropriately.
5. Professionals need to be more proactive rather than reactive to the needs of our children.
6. Professionals need to put themselves in our shoes and think about how they would feel in a similar situation. For example, listen to us, respect our privacy, allow us time to talk at meetings without feeling rushed, and don't make us feel we are burdening services with our requests.
7. Train staff to recognise and understand the whole range of support needs and ensure this is being implemented throughout their practice.
8. Everyone, including us, need to be working towards the same aims so keep us informed about what's going on in school, including the implementation of any new approaches to our child's needs.
9. Look at the child's needs more holistically in terms of the wider needs of the family.
10. Ensure the provision of support detailed within the Child's Plan is delivered timely and consistently.

## **Recommendations (suggested by children):**

1. Tell us who you are, what your job role is and what you might be able to help us with.
2. Read our Child's Plan and make sure you are aware of our needs so we can be supported properly (this should include supply teachers).
3. Tell us, as soon as you know, about any changes you need to make to our support, especially if it means our 'key' person is not going to be available or a group that we access has been cancelled.
4. If we ask for information, or make a request about something relating to our support, don't forget to get back to us with a response.
5. Praise us when we are doing well, we don't just want to hear about the negatives.
6. If we do make mistakes don't make more of an issue of it just because we are known as having difficulties or being in need of support. Everybody makes mistakes, including adults, but it sometimes feels like ours are pointed out more often.
7. The people who work with us need to be trained to understand our needs and we need to know they are trained. For example: Why would we feel comfortable and confident to go and speak to a guidance teacher about mental health issues if we know they used to be an English teacher? How do we know they are qualified to support us? We don't know, but we should know. Also, many of us feel there are some professionals who don't understand enough about autism. For example, they sometimes think we all enjoy doing the same things and often group us together; this doesn't always work very well.
8. Treat us as individuals and make us feel involved, listened to, and valued when decisions are being made about us. Ask us for solutions; we can usually tell you or show you what's working well, what's not, and what would make things better.



## 2.3 Outcomes

### 1. When the Child's Plan was developed were you made aware of what people were going to do to meet the targets established in the action plan? (parents)

(This question was asked of the 29 parents who knew a Plan was in place).

Once again many reported not having read the Plan in great detail, reportedly, due to the amount of overwhelming and repetitive information it contains. Despite this, all parents, including those who had not been involved in Plan development, had a clear idea of what people were going to do in order to help the child achieve the targets. Most had become aware of this information through attending meetings. Below is an extensive list, as recalled by parents, of what people were going to do:

- Provide an enhanced transition to high school which would include extra visits.
- Provide one to one support to enable the completion of a European Computer Driving License with the aim of enhancing further education and employment options.
- Make a referral to Child and Adolescent Mental Health Services to support with one of or more of the following: establish Autism diagnosis; assist those with a diagnosis to better understand it; provide professional counselling for anxiety disorder, self-esteem issues or self-harming.
- Provide Speech And Language Therapy to support with one or more of the following: develop more complex social skills, become familiar with Makaton, become familiar with visual symbols and timetable.
- Develop a support mechanism which would enable a child with Tourette's to manage 'ticks' within the classroom setting.
- Provide respite services on a regular basis.
- Assist with transition to a new school.
- Introduce Lego Therapy as a means of improving social skills.
- Implement an intensive spelling course to support possible dyslexia.
- Provide additional support from a Pupil Support assistant or Support For Learning Teacher within the school/nursery setting to help with one or more of the following: maths, reading and writing difficulties; management of behaviour, feelings and emotions.
- Administer medication during school hours.
- Reduce school attendance to avoid busy periods at the start and end of the day.
- Establish a weekly social group within school as a means of reward.

- Arrange out of school activities such as horse riding.
- Establish a mechanism to deal with children requiring ‘time out’ or ‘quiet time’ as and when required.
- Provision of a Children’s Services Worker to support children with friendships and self-esteem difficulties.
- Referral to Occupational Therapy to assess for possible Developmental Co-ordination Disorder.
- A professional to work with the child and parent in the home setting and establish an effective sleep pattern.
- Referral to Educational Psychologist to support with emotional difficulties.
- Arrange meetings with the Children’s Panel to begin residency order application.
- Assist in locating a place for a child in a local playgroup.
- Provide parental advice with the aim of establishing unsupervised contact between parent and child.
- Provide support to build the child’s confidence, become more independent and eventually travel alone.
- Establish a school/home communication book.
- A member of staff from school to contact a family member once a week and share any positives in terms of the child’s behaviour.
- Develop social skills through Social Use of Language Programme (SULP).
- Provision of a Disability Living nurse to assist with toilet training.
- Make provision for children to become part of the local Young Carers group.

**2. Thinking about the action plan and what people were going to do to help your child/children achieve the targets, how have things been going? (parents)**

(The following is based on 36 Child’s plans).

The range of actions established to assist with meeting targets were varied and extensive. Despite this, every parent reported at least some of the targets had been, or were being, addressed:

All targets have been or are being addressed	*44.4%
Some targets have been or are being addressed	*44.4%
Targets were being addressed initially but are now not being addressed at all	11.2%

\*These figures are coincidentally the same.

The following testimony reflects the positive feelings of parents when targets are actioned:

*"The symbols have been introduced to school, home and respite unit. This is great as these are the 3 main centres in Steven's life and we are all singing from the same hymn sheet by using the same methods to support communication."* **Steven's Mum (Education Plan).**

*"The Children's Services Worker has had individual sessions with Anna every couple of weeks. These then became group sessions to work on friendships. This was done as part of a 'resilient kids' programme."*

**Anna's Mum (Education Plan).**

*"Everything has been implemented. James goes horse riding once every week, the school have been administering his medication and the Social Use of Language Programme was established."*

**James's Mum (Education Plan).**

*"The Community Paediatrician explained things to George about his diagnosis and I have been helping him to understand this. I've made it clear to him that his life isn't suddenly going to change because of this."*

**George's Foster Mum (Social Work Plan).**

*"The school put a lot of thought into what activities Ian does and who with. This helps him socially, for which we are grateful."*

**Ian's Dad (Education Plan).**

*"Everybody has done what they said. Speech And Language have been working with Bradley on social skills. Everything else is in place."*

**Bradley's Mum (Education Plan).**

The following reflects the feelings of parents who felt there were outstanding targets yet to be addressed, or reported that targets had initially been addressed but any initial action had now ceased:

*"The Occupational Therapist was going to make the referral to Child and Adolescent Mental Health Services but this never happened. I had to visit my doctor in the end and ask him to make a referral."*

**Charlie's Mum (Education Plan).**

*"Things haven't gone particularly well. The communication book is no longer in use and the positive feedback never happens. Things have fallen by the wayside. The extended transition period has also not started even although it was due to begin in September last year (2013)."*

**Michael's Mum (Education Plan).**

*"Things seem to have fallen by the wayside and the class teacher doesn't seem to follow or apply some of the actions we agreed on. For example, it was agreed that Gregor needed to burn off energy during breaks so any unfinished work was to be sent home rather than Gregor having to stay in during breaks to complete it. Despite the agreement he is still being kept in at break."*

**Gregor's Mum (Education Plan).**

*"We're not sure the Plan is shared, it doesn't seem to be. Some of the targets have been addressed but a new Pupil Support Assistant has just been appointed and she clearly doesn't know about the targets and seems quite inexperienced to cope with Lilly."*

**Lilly's Dad (Education Plan).**

*"Everything has gone really well apart from Speech And Language which is due to a lack of therapist involvement."*

**Alastair's Mum (Education Plan).**

For the majority of parents who felt there were targets still to be met or, indicated that action had been taken initially to address targets but had now ceased, poor communication was again perceived to be a contributory cause.

The guidance below demonstrates the importance of professionals having a good understanding of the child's wider needs. However, there is also a requirement for those directly involved to:

- a) Ensure they are aware of any action plan in place to address those needs and meet specific targets.
- b) Maintain open communication with parents, children and other professionals as to what action is being implemented, what progression is being made, and why, if necessary, agreed actions have ceased being implemented.

## **2.0 It's Everyone's Job**

*2.2 'Some staff will have a particular role to provide additional help for identified children. The Head Teacher has overall responsibility for support for pupils in schools.*

***Class teachers and support staff who work directly with pupils on a day to day basis have the greatest influence on the learning process. They are also likely to have a good understanding of the child's wider needs. Other staff outwith schools, such as educational psychologists and support for learning specialists, can provide advice, guidance or direct involvement to help meet children's needs.'*** (Highland Council Integrated Children's Services, The Highland Practice Model - delivering Additional Support For Learning 2013: 4).

Establishing targets and agreeing a plan of action to address them is just the starting point. The GIRFEC reform programme is all about improving outcomes for children by making sure all agencies respond appropriately to their needs and risks therefore, the real measure of effectiveness is the impact these actions have on the children and families involved.

### **3.1 Since your child has had a Child's Plan have things improved for him/her? (parents)**

(The following findings are based upon the outcomes of 36 children).

In 86.1% of cases parents reported improved outcomes for their child/children across at least one area which had been causing concern prior to the implementation of the Child's Plan. Whilst this figure is high and should be viewed positively, many were keen to point out that despite reporting improvements, in some cases, these were barely measurable

and did not reflect the desired outcomes contained within the Child's Plan, or discussed at meetings, as positively as they had expected. There was also a degree of scepticism as to whether these improvements had come about as a direct result of the Child's Plan. This perhaps demonstrates, once again, the importance of information and communication, especially in terms of managing expectations and ensuring they are realistic from the outset.

Nevertheless, even slight improvements demonstrate that something is working and whether that is as a direct result of having a Child's Plan in place or because of the introduction of the GIRFEC programme, they do provide some evidence that, for some at least, things are moving in a positive direction.

*"A Children's Services Worker has been put in place and she has become a real crutch for Beth. She has facilitated extra transition visits and Beth has been introduced to the Children's Services Worker in the new school which has helped her feel more encouraged about the move."*

**Beth's Mum (Education Plan).**

*"Ian has generally matured. He gets on well with the other children and the extended curriculum has allowed him to be involved in small group activities with others. This has developed his social and emotional skills."*

**Ian's Dad (Education Plan).**

*"Things have definitely improved. Fin is a very happy wee boy and the Plan keeps us, and everybody else involved, reminded of what we have to do and what's going to happen."* **Fin's Kinship Carer (Social work Plan).**

*"The medication has helped improve things for James in school. He loves the horse riding and as a result we are also taking him at the weekends. This has given him a sense of achievement. He likes a pat on the back for achieving and doing well so this is good for him."*

**James's Mum (Education Plan).**

*"The respite has made the biggest difference to all of us. Steven loves going there and has a really good relationship with the staff, as do we. It's great for Steven to have something to look forward to and he gets very excited when the staff arrive to pick him up."*

**Steven's Mum (Education Plan).**

*"Things have really improved for all of us. Eli is so much happier now that things are official and he knows we are his family now."*

**Eli's Kinship Carer (Social Work Plan).**

*"Ava had some speech and language therapy. The therapist was really supportive and Ava's case is now closed."*

**Ava's Mum (Social Work Plan).**

*"The Plan helps provide the resources Alastair needs and gives the school an argument for support provision."*

**Alastair's Mum (Education Plan).**

*"Bradley's confidence has improved and he's feeling like he belongs now."*

**Bradley's Mum (Education Plan).**

There were also those among the 86.1% who reported some of the improvements were being jeopardised. It was the view of Parents that this was due to resourcing problems, poor communication or both.

*"There were changes made to Harry's timetable with only 24 hours notice. These included the stopping of a Friday group which was part of his Plan and other changes meaning he will now have 2 different teachers during the week and another on a Friday, which is already a stressful day. This has devastated Harry and made him really angry and stressed."*

**Harry's Mum (Education Plan).**

*"From the point of view of services there are improvements but there seems to be no sense of urgency to move things on and try and achieve the ultimate goal of getting Ebony back under the permanent care of her parents. Caring for a child is an added expense and we feel services are well aware of the fact that this is not going to be as straightforward as first thought so if they do nothing to move things forward we remain the carers. This works in their favour because the care is free."*

**Ebony's Kinship Carer (Social Work Plan).**

*"It's difficult for pupils and parents to build relationships with staff if you're not sure how long they're going to stay. It also creates a lack of consistency in the level of education received. There are often changes among the teaching staff and people either leave or are maybe not as supportive and understanding of the needs. The actual support Struan receives is 100% but this is from a separate team. The consistency in the level of education due to teacher changes is a concern and I think the selection process of teaching staff could be reviewed."*

**Struan's Dad (Education Plan)**

*"Alastair is trying so hard with his speech and language, a therapist should really be involved to take this forward and continue the improvement but they've just disappeared off the scene. The Pupil Support Assistant is doing the speech and language exercises in their absence."*

**Alastair's Mum (Education Plan).**

*"Unfortunately the support set out in the Plan is not available in all the classes. I spoke to the Support For Learning Teacher who told me that's the best they can do due to resources."* **Evans's Mum (Education Plan).**



*"The biggest issue I have with the school is that they have so many needs and its difficult for staff to navigate around them and do the best for all. Also, they have 4 Support For Learning Teachers and if one of the class teachers is off sick someone from the Support For Learning team is pulled in to cover which leaves them short."*

**James's Mum (Education Plan).**

*"Budget restraints seem to be causing difficulties. Drew built up trust with the Children's Services Worker and now this service is going to be taken away."* **Drew's Mum (Education Plan).**

Whilst most children were experiencing some improved outcomes, 13.9% of parents reported no improvements, and the consensus was there had actually been a backwards progression. Again this was attributed to poor communication but also a lack of knowledge and understanding of the child's needs and agreed strategies to address them.

*"Things have actually got worse. We're not sure the Plan is shared, it doesn't seem to be."* **Lilly's Dad (Education Plan).**

*"The teacher did not follow the Plan. She used the quiet time strategy as a discipline tool in a punitive manner. She told the whole class that Euan has 'anger problems' and the kids went home and told their parents, causing problems for Euan in the community and deep harm to his sense of worth."*

**Euan's Mum (Education Plan).**

*"I'm not sure things have really improved. Daniel is still anxious about moving schools and the present school have really not addressed this properly."* **Daniel's Mum (Education Plan).**

### 3.2 Has the help made a difference? How? (children)

(The following is based on the testimony of 29 children).

In 96.4% of cases children were of the opinion that things had improved in at least one area due to the help they had received. Despite this, many reported improvements could be far greater if people listened to them and asked them for solutions more often. Similarly to the parents there were also reports of help being discontinued which had led children to feeling let down, especially when no-one had explained why the help had stopped. This was something discussed in the previous section (professional involvement).

*"I think the help has helped a bit. My reading has got a wee bit better but it's still difficult."* **Adam age 12 (Education Plan).**

*"School used to be more difficult but it's a wee bit easier now because I've had some help; having help is really important."*

**Charlie age 9 (Education Plan).**

*"Things are getting better because of the help I get. My behaviour is better."* **James age 10 (Education Plan).**

*"My confidence is a wee bit better now. I managed to go on a 2 night camp with the Girls Brigade; normally I would want to come home."*

**Daisy age 11 (Education Plan).**

*"Since the Plan has been in place I think I am better at listening."*

**Gregor age 11 (Education Plan).**

*"I feel more confident, happier, and have less worries."*

**Hayden age 14 (Social Work Plan).**

*"My Plan has helped me make friends and feel more confident."*

**Bradley age 10 (Education Plan).**

*"I'm a bit more social now; I went to the Christmas dance"*

**Struan age 16 (Education Plan).**

As part of the Getting It Right approach, outcomes should be demonstrated in several inter-related ways and not solely by the measure of any change which takes place in the lives of children and young people as a direct result of professional involvement. Among other things, the level of satisfaction experienced by them and their families as a result of the ways in which they were helped and supported should also be taken into consideration. For example: did they feel informed, consulted, listened to, involved in the decision-making process, and empowered?

**(Scottish Government 2009: 91).**

In terms of the outcomes of the families in this evaluation, although the statistics were good in relation to improvements, they were not always reported as having been met in the inter-related ways desired by the Getting It Right approach.

#### **Reviewing the early intervention Child's Plan**

*'Reviewing the plan is an on-going process which begins as soon as actions are agreed. As a principle, no more than six months should go by without the Child's Plan, single agency or multi agency being reviewed. The plan will be reviewed through ongoing dialogue and discussion with everyone involved as agreed.'*

**(Highland Children's Services HIGHLAND PRACTICE MODEL GUIDANCE**

**(Getting it Right For Every Child) (2013: 37).**

#### **4. When was your Child's Plan last updated or reviewed? (parents)**

(This following information is based on the testimony of 29 parents and 35 Child's Plans).

In 74.3% of cases a review had taken place. However, 19.2% of those reported having had to wait over 6 months for a review and in some cases the wait had been almost 12 months. Moreover, in all those cases the Plans had been implemented by education. There were a further 11.4% who were unable to recall when, or if, a review had happened, although they

did point out this did not mean there hadn't been a review, they simply could not remember. In addition there were 14.3% who were clear a review had not taken place, despite Plans having been in place for more than 6 months and once again, these were all Plans implemented by education.

*"The Plan should have been updated in April 2013 but that didn't happen. It wasn't reviewed until the following November [2013] and I'm still waiting for the final copy to be sent to me [March 2014]."*

**Beth's Mum (Education Plan).**

*"The Plan was updated this year [2014] but it's always me who instigates the reviews, the school are not forthcoming. It's only because things are not getting sorted that I keep pushing for meetings."*

**Harry's Mum (Education Plan).**

*"The Plan was updated this year [2014] but it's not been reviewed as often as it should/could be."* **Bradley's Mum (Education Plan).**

*"The Plan was last updated in February [2014]. This was a bit overdue but there were no major issues so I wasn't too concerned. We make do with who and what we can. Sometimes the reviews can be a little erratic but they are very constructive when they do happen. The longest period between reviews has been 9 months."* **Steven's Mum (Education Plan).**

*"The Plan has been in place for almost a year but there has been no formal review."* **Carla's Mum (Education Plan).**

## 5. How do you feel about the Child's Plan now? (parents)

(The following information is based on 35 Child's Plans).

Parents reported they now felt positive about the Child's Plan in 60% of cases. This figure represents a 20% decrease in terms of those who felt positive about it initially. The following testimony provides some indication as to why this might be:

*"My perception is that a Plan is put in place purely to get a resource from an external source. I don't feel it's being used as a working document in the school as it should be."* **Beth's Mum (Education Plan).**

*"I feel that parts of the Plan are just copied from one version to the next and some parts seem to contradict each other. For example, Charlie's Plan says he likes to talk about things of interest and he is polite and helpful. This is not what I see at home. I think the school seem to disbelieve me when I tell them how different he is at home. Things just don't match up."* **Charlie's Mum (Education Plan).**

*"I'm a bit cynical about it now, in that it's only a good thing if it's adhered to."* **Daniel's Mum (Education Plan).**

*"It's good practice: well it shows some sort of good practice but not if it's not a working document. Hours are spent developing it which is pointless if it's not used as a working document. It's a worthless piece of paper unless what's been said in the document is carried out. Also, because it's not legally binding it's not so important. Looking at Harry's Plan it shows a huge amount of improvement but that's not actually what's happening in reality."* **Harry's Mum (Education Plan).**

*"I think what's important is the day to day management within the school. You can be brilliant at filling in a form but not necessarily so good on the ground. We would rather hear how Ian is getting on rather than have to sit at a meeting and fill out a form about him. The Individualised Education Programme contained all the information and the Child's Plan does too but its not so easy to look through. There may be 2-3 things done really well if you start looking back through the Plan but the sub-sections contained in the document are not easy to look through. This makes it difficult to pick out the 2-3 bits of information which are most important. It's much easier to talk to someone."* **Ian's Dad (Education Plan).**

*"It's useful, but only if the kids are receptive to any changes included in the Plan. I do sometimes wonder whether it's more important for the professionals to have the boxes ticked in the Plan or the kids to be getting what they need."* **Gavin and Hayden's Dad (Social Work Plan).**

*"The Plan has not been adhered to and we feel this is due to training issues as there are no staff with an Additional Support Needs qualification working within the school. We place no value on the Plan, nor do we feel any of the staff in the school do either. The Plan is useless and the only positive thing we can say about it is that if it wasn't in existence we wouldn't be able to point to it and show its doing nothing. It's clear to us that Euan's Plan has not been read nor acted upon."*

**Euan's Mum (Education Plan).**

*"I feel there is too much paperwork involved. The focus on the paperwork often loses sight of the child at the centre. I also feel there is too much negativity in the Plan; it's very disheartening to see so many negative things on paper about your child."* **Gregor's Mum (Education Plan).**

*"I feel like many of the things that were agreed upon in the Plan have fallen by the wayside. In theory it's a good thing, but only if everybody knows all about it."* **Michael's Mum (Education Plan).**

In summary, those parents who no longer felt positively about the Child's Plan attributed their feelings to the following:

1. The Child's Plan is not being used as a working document, for example: it's contents are not adhered to; it is not maintained regularly enough and it is not always shared with those who have direct involvement with the child.
2. It does not reflect a holistic and realistic view of the child. For example, it often does not match up to what is happening at home.
3. Professionals sometimes place too much emphasis on the paperwork and not enough focus on the child at the centre.
4. The information contained within the Plan is often repetitive, excessive, negative and overwhelming.

Those who felt positively about the Child's Plan did report feeling the assessment process was now more child centred than it perhaps had been prior to the implementation of the GIRFEC reform programme and no-one disagreed that the system now in place involves a robust assessment of the child's needs. However, parents were more concerned with how the Plan was being actioned rather than its contents.

*"The Child's Plan works well when things are done properly because I saw this when Evan was in primary then saw the difference in high school. It's all down to individuals if things go well."* **Evan's Mum (Education Plan).**

## Key findings:

## Outcomes

1. All 30 parents had knowledge of the agreed action plan to support the child to meet desired targets.
2. From 36 Child's Plans parents reported all targets were being addressed in 44.4% of cases whilst, coincidentally, 44.4% reported only some targets were being addressed.
3. Where targets were not being met, or had ceased being met, it was the view of parents that poor communication and resourcing issues were contributing factors.
4. From 36 children, parents reported improved outcomes in 86.1% of cases, although many improvements were perceived as barely measurable.
5. From 29 children, 96.4% felt the help they had been given had brought about improvements. Furthermore, several added that improvements could be greater if people listened to them and asked them for solutions more often.
6. Similarly to parents, children reported poor communication as being a contributory cause of targets not being met.
7. Whilst the reported level of improvements was high, they had not always been achieved in the inter-related ways desired by the Getting It Right approach.
8. From 35 Child's Plans, reviews had taken place in 74.3% of cases, although 19.2% of those were not completed within the desired 6 month period.
9. In 60% of cases parents now felt positive about the Child's Plan compared to 80% initially. Parents attributed this to the following:
  - The Child's Plan not being used as a working document.
  - Not reflecting a holistic and realistic view of the child.
  - Too much emphasis being placed on paperwork.
  - Repetitive, excessive, negative and overwhelming contents.
10. There was agreement that the system now in place involves a robust assessment of the child's needs. However, parents were more concerned with how the Plan was being actioned rather than the content it contained.



## **Recommendations (suggested by parents):**

1. The Child's Plan must be used as a working document by all involved, including the parents and children (where appropriate).
2. Review the Child's Plan more regularly.
3. Assist us to manage our own expectations, and those of the professionals by providing clear and realistic information from the outset.
4. Ensure the progress of current targets and outcomes are discussed at review meetings rather than using the time to add more targets to the Plan.
5. Don't make assumptions about a child's capabilities, treat them as individuals and not simply as another child with Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder or any other diagnosis.
6. If agreed actions in the plan cannot be sustained or need to be amended, let us and the child (where appropriate) know when this is happening and why.
7. Be mindful of the wording used in the Plan, especially when noting targets. For example: 'We will enable John to ....' rather than 'John will do.....'. The latter feels like someone is pointing a finger at us.

## **Recommendations (suggested by children):**

1. When we attend review meetings, don't ask us to repeat our story or keep revisiting old ground, read our Plan, the information is there. We want things to move forward just as much as you.
2. If we have met any targets in our Plan let us know, its good to hear things are going well.
3. If we are receiving support for a limited time only make sure we are made aware of the timescales and what the support hopes to achieve.
4. To achieve targets everyone has to do what's been agreed in the Plan, including us.

## Conclusion

The introduction of the Child's Plan has embedded the new approach of child centered practice. There is evidence that professionals are now recognising children's needs in the early stages and developing a plan of action with the help of regular dialogue with children and their families as well as working in partnership across services to provide additional support when required.

Whilst all parents recognised a robust assessment was required to ensure all needs were addressed, many felt overwhelmed by the content of the Child's Plan and did not find it to be a particularly user friendly document. This had led to difficulties, especially at draft stage when being asked to make amendments as required.

The children and families consulted have welcomed the new approach and feel more involved in decisions which affect them. Nevertheless, there is a need to ensure their views are always listened to, respected, and included in the Plan. This is particularly true of children whose needs are more complex, where clearly, there are a lack of alternative methods, aside from verbal consultation, being used to gather their views in meaningful ways.

Clarification is also required regarding the roles and responsibilities of all professionals and what might be realistically expected from them. This is particularly pertinent in terms of the role of the Named Person. Only half of the participants knew who their Named Person was, and the majority of those reported a lack of trust with that person, particularly within education. Furthermore, a third of all parents felt that overall, professionals had not met their expectations, again highlighting the need for clarification of roles and responsibilities.

It was encouraging to hear children and families were accessing a wide range of professional services across all areas. However, there were particular concerns about social services within super sparse areas where parents believed social workers had excessive caseloads due to resourcing issues. This had led to communication and accessibility problems. Similarly, within urban and rural areas there were several reports of contact and resourcing problems within speech and language services.

The experiences of this new approach among the children and families who participated in this evaluation were varied. However, there were clear signs of improved outcomes for the majority of children and their families. There were also some excellent examples of good practice, particularly within social work services. Similarly, there was evidence of some good practice within education although there are several areas still requiring improvement.

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## Appendix 1: Methodology

The brief was to carry out consultations with a minimum of 30 families who had a child or children with a Child's Plan. The questions asked of participants were decided by the Highland Council and reviewed by professionals within education, social services and health.

To ensure the sample was geographically representative of the highlands, three Associated School Groups in three areas were selected: an urban, rural and super sparse. Potential participants from each school group were identified by the professionals working with them. This took considerably longer than expected, leading to delays in getting the evaluation underway. In total 255 invitations were sent to potential participants, 130 to the urban Associated School Group, 71 to the rural and 54 to the super sparse. Initial responses were poor thus creating the need for reminder letters to be sent out in order to generate the desired numbers. There were a total of 7 invitations returned by Royal Mail as 'Addressee gone away' which has possibly highlighted the need for the Highland Council to ensure their database is up to date. However, the parents may not have informed the council of their move.

In total, 30 parents and 38 children were involved. Participation was voluntary and informed consent was gained from all adults and children who wished to take part. Parental consent was given on behalf of those children whose age and level of understanding prevented them giving informed consent. The children were aged between 7 months and 16 years.

Nineteen parents were interviewed in their own home, 1 chose to meet at the child's school, 1 met at their place of work and 9 were met in a café of their choice. Nineteen of the children were met in school, 14 were met at home and 5 met in a café of their choice. Nine of the children were simply observed due to their level of understanding or age.

The majority of interviews were semi structured however, many of the younger children were offered activities such as drawing and Lego to create a more informal atmosphere and allow for a more natural conversation to take place. The responses to each question were typed up and sent out to participants for approval before being analysed and anonymised for the report.

The questions were divided into 3 headings to assist with analysis, Planning, Professional Involvement and Outcomes. Each section within the report contains quotations from the parents and children who participated. Key findings, along with recommendations from parents and children are also included at the end of each section. A separate children's summary was also created in an easy read format specifically for the children who took part.

## **Appendix 2: Question set (parents)**

### **Planning**

1. How was the need for a Child's Plan first raised?
2. How was the Child's Plan explained to you?
3. How did you feel about the Child's Plan initially?
4. Do you understand why your child has a Child's Plan?
5. Were you given a copy of the Child's plan?
6. How much of an opportunity were you given to be involved in developing your Child's Plan?
7. Have your views been included in the Child's Plan?
8. Have your child's views been included in the Child's Plan?
9. Are you aware there is a section in the Child's Plan which asks for your views and those of your child?
10. Are the educational objectives (targets agreed in school) for your child included in the Child's Plan?
11. In terms of the planning process what parts of it have worked well/not so well for you?
  - What are some of the positive aspects?
  - What are some of the negative aspects?

### **Professional Involvement**

1. Have you met or spoken with each of the professionals involved with your child? Who are they?
2. Do you know who your child's Named Person is?
3. Do you know who your Lead Professional is (where appropriate)?
4. When would you meet or speak with the professionals involved and how would you do this?

### **Professional Involvement continued.....**

5. In terms of working with professionals has the experience met your expectations?
6. What have professionals done to meet your expectations?
7. Why do you feel professionals have not met your expectations?
8. Could the professionals involved have done anything to better understand your needs?

### **Outcomes**

1. When the Child's Plan was developed were you made aware of what people were going to do to support the child to meet the targets established in the action plan?
2. Thinking about the action plan and what people were going to do to help your child/ children achieve the targets, how have things been going?
3. Since your child has had a Child's Plan have things improved for him/her?
4. When was your Child's Plan last updated or reviewed?
5. How do you feel about the Child's Plan now?

## **Appendix 3: Question set (children)**

### **Planning**

1. Do you know you have a Child's Plan and what do you think it's for?
2. Did you help put your Child's Plan together? How?
3. Have your views been included within your Child's Plan?
4. What do children think about the planning process?
  - Tell me some of the good bits about being involved in putting your Child's Plan together?
  - Tell me about some of the 'not so good' bits about being involved in putting your Child's Plan together?

### **Professional Involvement**

1. Who are the people that help you?
2. What do people do to help you?
3. What's important about the people who help you?

### **Outcomes**

1. Has the help made a difference? How?



thank you for making  
me happy.

thank you

x x x

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