

GIRFEC Group Meeting: 15 March 2011

Chair Person: Jeremy Akehurst, Performance and Strategy Manager (JA)
Minute Taker: Gill McGhie, GIRFEC Development Officer (GM)

Present: Gordon Sinclair, Casework Services Manager (GS); Alison Work, Lead School Nurse (AW); Susan Slater, Guidance Teacher and EIS representative (SS); Graeme Gordon, ASN Manager (GG); Sheila Erskine, Service Manager, Action for Children (SE); Jim Masson, Inspector, Grampian Police (JM); Alison Scarffe, Lead Nurse for Child Protection (AS)

1	Apologies	<p>John Hammond, Authority Reporter (JH) JH is due to retire soon. It is unlikely SCRA will offer a physical presence at this group, rather the option of video conferencing will be explored.</p> <p>Rona Grimmer, Inspector, Grampian Police (RG)</p> <p>Graham Jarvis, CLD Manager (RG)</p>	<p><u>Action:</u> JH to advise the group</p>
2	Last Minutes	<p><u>Matters arising:</u></p> <p>Multi agency meetings: Current practice highlights a lack of consistency, some concerns about content and process and some positive feelings around multi agency meetings. Accordingly, a group met on 15 February, established by Richard Donald (RD). The decisions made were that Iain MacDonald would design and undertake a survey of professionals across Moray to assess people's understanding of the purpose of these meetings; following this, he would then set up a short term working group to progress based on the findings. JA will inform this group of progress</p> <p>Named Person Protocol: GG, AS, JA and GM are to meet on 24 March to progress this. JM was due to attend, however, may be allocated elsewhere operationally by this time.</p> <p>Training Group: GM issued a copy of the minutes from Friday's training meeting. The need for continued training – both initial and refresher training was agreed. The Training Group recommended to the GIRFEC Group that training on the LIAP process be made mandatory since a recent survey, coupled with information from audits, gave a clear guidance that there remains confusion and lack of consistency around the process. The GIRFEC Group agreed this. GS established that there are two levels of mandatory training: 1. Training on the whole process for those who had not attended before; and 2 Refresher training on new developments for those who had attended before. SS raised the fact that there was inconsistency in usage of the process in Education so there was a definite need for training. SE asked if this could be done in In-service days. GG will discuss this with RD. SS suggested input could be done at a subject day in May where the audience could be Education only and SE suggested</p>	<p><u>Action:</u></p> <p>JA to keep GIRFEC Group informed</p> <p>JA to feedback from this meeting</p> <p>GG to look at possibility of training as part of next in-service day and subject day in May.</p> <p>AS to raise training in HV Team Leaders' meeting next week.</p>

		<p>input could be delivered by multi agency reps. GG will also follow this up. AS agreed to take the idea of training to the next Health Visitors Team Leaders' meeting later this month. SE and JM agreed that attendance should not be problematic from either the voluntary sector or police. SE will speak to her voluntary sector colleagues. The GIRFEC Training Group will progress the two levels of training as GM assured the GIRFEC Group that the materials were already more or less available. JM stated that eTraining can often be a helpful way of delivering and monitoring training but must complement physical training at specific events.</p> <p>GS believes that training should be mandatory for team managers and senior social workers in the first instance; other agencies agreed to think through potential attendees for next meeting.</p> <p>Safer and Stronger Report: The Group met in early March and Jeremy presented the report for this group. No questions were raised. This group should now begin to work through the identified actions.</p> <p>SCRA: GS and JH are still to meet to progress the e-report protocol.</p> <p>Children 1st Volunteer Advocates: GM met with Beth Fraser and Moira Downie: the volunteer advocates are keen to be involved in the seeking of feedback from service users to enhance assessment and planning processes. There may be an issue of capacity as there are 4 advocates currently undergoing Children 1st induction training. GM is progressing this with Children 1st.</p> <p>Last minutes agreed.</p>	<p>SE to raise the idea of training to voluntary sector colleagues.</p> <p>GM to feedback discussion to Training Group.</p> <p>All – to identify potential attendees for next meeting.</p> <p>All – Group to identify and address actions outlined in this report.</p> <p>GS to keep group appraised of updates.</p> <p>GM to keep group appraised of updates.</p>
3	<p>GIRFEC Development Officer Post</p>	<p>JA explained that GM is leaving her post in April to take up another post. John Carney (JC) is pursuing recruitment for the post as funding is agreed until March 2012, and potentially until March 2013. JA will keep the group informed.</p> <p>JA thanked GM for her contribution to GIRFEC development and wished her well in her new role. Group members echoed this.</p>	<p><u>Action:</u></p> <p>JA to keep the group appraised of developments.</p>
4	<p>Discussion on the Wellbeing Indicators (SHANARRI)</p>	<p>JA set the context for the discussion and spoke of the historical development of the GIRFEC programme and the Scottish Government's commitment to allow each local authority to develop the framework in line with local processes. Originally, the 'My World' Assessment Triangle – developed using the Department of Health Assessment of Need and introducing more child-accessible language - was proposed as the core assessment tool. Over the last few years, although Scottish Government is not prescribing the use of SHANARRI, all the recent literature appears to advocate its usage to complement the Triangle. Accordingly, this group should discuss the benefits or drawbacks in adopting this within the LIAP process.</p>	<p><u>Action:</u></p>

GM had prepared several papers based on information on the use of SHANARRI from national guidance and from the Highland pathfinder evaluation. The group referred to these during the discussion.

GS felt strongly that any adoption of the SHANARRI indicators should be on the basis of added value and asking why we would want to adopt them. He is aware that some partner agencies use them. If we do not adopt them, a clear statement should be issued for staff clarity.

AS stated that Health use the SHANARRI as a single agency handover tool between health visitors and school nurses simply as shorthand to complement a face to face discussion on an individual child's needs. It does not replace the Triangle, indeed, it complements it. AW agreed that she felt it enhanced the conversation for Health staff. Using it, a child is deemed to have either core, additional or intensive needs. The latter two will trigger further single agency or multi agency intervention dependent on the child's needs. Assessment of this is via the Triangle.

GM stated for clarity that SHANARRI is not an assessment tool, it does not replace the Triangle, it is simply another tool for practitioners to use to identify their concerns about a child. The group agreed.

JM stated he would look into whether and how the Police used SHANARRI and let GM know. (Subsequent to this meeting, JM reported that Police do not use the indicators although they are aware of them).

SE stated that Action for Children use the indicators as a way of linking into their outcomes framework. Each indicator is further sub divided and evidence of change is assessed as 'growth, deterioration or no change'. This is used both individually and for a service. The SHANARRI form the 'referral indicators' and the Triangle informs the assessment and plan. SE believes the SHANARRI may assist professionals struggling to understand the Triangle to delineate and verbalise their concerns.

GG agreed that we cannot dispense with the Triangle, but clearly there is a need for further training on this.

The group agreed that so much depends on the skills of the individual analysing the child's needs, rather than basing assessment on any given model. Training is critical in any agreed model.

GM expressed concerns around reliance on the SHANARRI for anything other than an indicator. It is not an assessment tool, and it cannot be a 'checklist' for concerns. It is not an outcome framework. She also stated that, from her experience of delivering training and developing the LIAP process, there is a danger in creating an additional tool which practitioners may see as 'yet another' new thing to learn, whether this group sees it as a complement to existing processes or not.

		<p>The majority view, however, is that SHANARRI should be incorporated into the LIAP process. This led to a discussion of <i>how</i> this could be done.</p> <p>JA presented two ways forward:</p> <ol style="list-style-type: none"> 1. We incorporate SHANARRI in child's plan 1 and enhance the guidance document 2. Each agency has its own exemplar for SHANARRI or we develop a multi agency version <p>GG asked whether we had to change child's plan 1 or would adding an explanation to the guidance provide enough to facilitate professionals' thinking? GS agreed that the language of the SHANARRI and the Triangle is similar, so adding to the guidance should be helpful. Both agreed that, by doing so, staff were simply being offered another tool by which to explore their own concerns about a child. JA asked if people felt that simply adding a line using the SHANARRI as a trigger for staff in child's plan 1 was felt to be sufficient. The majority agreed that this may make language easier for children and parents. GS also pointed out that, if a Health Visitor arrives at a meeting with his/her concerns outlined via the SHANARRI, all other agencies should have a clear understanding of what that meant and now share the same language for identifying concerns.</p> <p><u>Decisions:</u></p> <ul style="list-style-type: none"> • The guidelines should be changed to reflect SHANARRI • A line to record SHANARRI should be added to child's plan 1 to enhance 'reason for referral' section • Each person round the table should come to the next meeting with examples of how SHANARRI could apply to their own agency's work • GG will send GM the exemplar from Health and Wellbeing document and GM will circulate this to the group 	<p>GM to change guidelines</p> <p>GM to add line to child's plan 1</p> <p>Group members to prepare SHANARRI from own agency perspective</p> <p>GG to send H and W exemplar to GM who will circulate it to group</p>
5	AOCB	<p>Role of Local Integration Support Officers (LISOs):</p> <p>GS regularly attends a meeting with the LISOs, RD and GJ. At the last meeting, the issue of developing the LISOs' role in chairing meetings was raised. The wider issue is about supporting all professionals to chair meetings, to recognise their role in chairing as one in which they can legitimately challenge other Team members, however, the group recognised that the role of chairing can cause anxiety for some unfamiliar to this role. GM felt that training being developed on solution oriented</p>	<p><u>Action:</u></p> <p>GG to progress chair training with LISOs as part of SO meetings' training.</p>

		<p>meetings, and being devolved to LISOs to deliver, may assist in this. GG said that the issue of confidence in the chairing role could be added to this training and he will progress this.</p> <p>JA asked if the guidance around who <i>can</i> chair meetings requires tightening. It was agreed that LISOs cannot chair all multi agency meetings; that the issue is about skilling professionals across the board to do so.</p> <p>Given the time, this conversation will be progressed at the next meeting.</p> <p>Police representation:</p> <p>JM is being transferred to Aberdeen shortly and will no longer be part of this group. Chief Inspector Hugh Mackie will replace JM on this group. JM will ensure HM has copies of the minute of this meeting and the date and venue of the next.</p> <p>Health representation:</p> <p>AS will now be the regular Health representative on the GIRFEC Group and will take over from AW from today.</p>	<p>Discussion to be progressed at the next meeting.</p> <p>JM to pass on details of the next meeting and minute from today to HM.</p>
6	Next meeting	Tuesday 3 May 2011, 9.15am at Winchester House.	
7	GM	GM thanked everyone for their support, she has very much enjoyed working with the group over the last 3 years.	