Getting it right for every child (GIRFEC) is a national programme that aims to improve outcomes for all children and young people in Scotland. It seeks to do this by providing a framework for all services and agencies working with children and families to deliver a coordinated approach which is appropriate, proportionate and timely. While the Core Components of Getting it right reflect and build on existing good practice across the country, it is also recognised that developments of this breadth and magnitude will necessitate a long-term commitment to changes in systems, practice and professional cultures.

Development work has been ongoing since mid-2006 to develop an appropriate Practice Model with supporting tools and guidance, training materials, an electronic means of sharing information within and across children’s services, and a communications strategy to inform managers and staff who are working in children’s services about developments in the Getting it right approach. Two pathfinder projects were initiated by the Scottish Government to help shape, develop and test the practice tools and training materials and to inform development of national guidance for Getting it right.

The Highland Pathfinder, located in Inverness and its hinterland, was formally launched in September 2006 with a remit to address all aspects of children’s needs from birth through to eighteen and encompassing not only all children’s services but also those other agencies whose work significantly affects the lives of children and their families. The second pathfinder project became operational in 2007 and was designed to implement the Getting it right approach in response to a single issue or theme: meeting the needs of children and young people living with or affected by domestic abuse. Pathfinder areas were located in four local authorities: Dumfries and Galloway, Edinburgh City, Falkirk and West Dunbartonshire.

This report is one of a series of Evaluation Briefings which focus on different aspects of the development and implementation of the Getting it right programme.
This briefing discusses both the approach and issues surrounding the measurement of outcomes and the outcomes for children that have been achieved already from the *Getting it right for every child* Pathfinding process. Our conclusions on the evidence to date are that the approach is both improving outcomes for children and providing an outcome-based rather than an outputs-led response to meeting children’s needs. While more needs to be done to embed the approach in practice through training, mentoring, quality assurance and practical experience it is already clear that this is an effective way to improve the well-being of our children.

**Introduction**

**Context**

After the elections to the Scottish Parliament in May 2007, and following the spending review, discussions were held between the newly-elected Scottish Government and local government representatives about funding and accountability mechanisms. This led to the Concordat in which the government undertook to stand back from micro-managing the delivery of services and focus on setting the direction of policy and the overarching outcomes that the public sector would be expected to achieve. In return each local authority would negotiate a Single Outcome Agreement with the government based on the National Outcome Framework set out in the Concordat, but taking into account their own local priorities.

The Framework appended to the Concordat is intended to guide public reporting on progress towards achieving the five cross-government strategic objectives – Healthier, Wealthier & Fairer, Safer & Stronger, Smarter and Greener. Linked to each strategic objective are National Outcomes and linked to each Outcome are National Indicators. In all there are 15 National Outcomes and 45 National Indicators and Targets. Four of these National Outcomes (NOs) have particular relevance for children’s services. These are:

- **Our young people are successful learners, confident individuals, effective contributors and responsible citizens (NO4).**
- **Our children have the best start in life and are ready to succeed (NO5).**
- **We have improved the life chances for children, young people and families at risk (NO8).**
- **Our public services are high quality, continually improving, efficient and responsive to local people’s needs (NO15).**

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**Mapping the well-being indicators onto the National Outcomes Framework**

One of the tasks of the *Getting it right* evaluation team was to explore the possibility of mapping outcome data emerging from the Pathfinders, particularly, the Highland Pathfinder, on to the National Framework.\(^2\) The *Getting it right* approach identified eight Well-being Indicators representing the domains within which satisfactory progress needed to be made if children and young people are to grow and develop into successful learners, confident individuals, effective contributors and responsible citizens. These indicators of well-being are: safe, healthy, achieving, nurtured, active, respected, responsible and included.

The Well-being Indicators are very broad. Each indicator encompasses a wide range of potential concerns and needs. For example, ‘being healthy’ includes both physical and mental well-being. It involves appropriate treatment when physically ill or injured and getting access to medical screenings, immunisations and dental care. But it also involves appropriate care and support for behavioural problems, depressions, stress, anxieties, separation and bereavement and problems arising from poor parental attachment. It also involves appropriate care and support for disabilities, disorders, developmental concerns and life-long conditions and terminal illnesses. Finally it also includes the outcomes of health prevention and health promotion work relating to nutrition, diet, exercise, sexual health, and the choices young people make in relation to drugs, alcohol, tobacco, solvents and other harmful substances. Similarly, it would be possible with an indicator such as ‘safe’ or ‘nurtured’, or any of the other Well-being Indicators, to identify a wide range of potential concerns and needs calling for different responses from the relevant services. In other words, just as well-being itself is multi-faceted so also are each of these eight indicators.

**Breaking down the indicators**

Although the Well-being Indicators provide a helpful overarching framework for identifying and assessing a concern about a given child or young person the evaluation showed that professionals raising the concern or carrying out the initial assessment almost always broke these Indicators down into much more specific needs and concerns. Teachers tended to express their concerns in terms of poor attendance, declining attainment, persistent disruptive behaviour and learning difficulties. The intended outcomes in the single-agency or multi-agency plan also tended to be expressed in very specific terms. That is, specific actions will be taken by the school, with or without additional support from other agencies, to bring about improvements in attendance, behaviour or attainment. Most health professionals have been trained to express their concerns in terms of episodes which need to be addressed and this was also reflected in the intended outcomes delineated in some of the health care plans. As a result we found it helpful to draw

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up a grid which broke down each Well-being Indicator into its various component parts. [See Appendix 1]

Jane Aldgate, one of the professional advisers to the Getting it right for every child team, has argued that the Getting it right approach emphasises a dynamic rather than a static perception of well-being where the focus is on measuring how children are progressing developmentally. From the perspective of identifying potential outcomes for Getting it right this would suggest that there needs to be an emphasis on measuring progress rather than on measures of success and failure.

**Every child and each child**

If new systems, processes and practices are introduced to protect children from harm, meet their physical, emotional, social and intellectual needs and enhance their long-term life chances then it is reasonable to evaluate how far these changes have succeeded in making a difference and for how many children. In other words, to ask the question: to what extent are we getting it right for **every** child?

To shed some light on this question, this Evaluation Briefing draws on data collated by the different services in Highland for statistical returns to the Scottish Government relating to the universal services, performance indicators and targets relating to child protection, looked after children, offence and non-offence referrals to the Children’s Reporter, HMI Inspections where appropriate, and the outcome data used by Highland for monitoring the implementation of their Integrated Children’s Services Plan.

However, while the analysis of these statistical trends can help to demonstrate whether or not children’s services, nationally and locally, are Getting it right for **every** child it will not necessarily tell us if they are Getting it right for **each** child. Even if there is some overlap between different data sets we cannot simply assume that, for example, the lowest attaining 20 percent in schools are also the ones experiencing all the other problems and disadvantages.

On the other hand, each child’s record and plan is a potential source of data on outcomes that can provide a more holistic picture of how each child is doing as well as enabling direct links to be made to the specific interventions and support provided. Therefore this Briefing also draws on an analysis of the experiences, records and plans of just under 100 children and young people who were tracked through the children’s services system once concerns and unmet needs had been identified that required additional single-agency or multi-agency support.

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3 Jane Aldgate, *Why Getting it right for every child makes sense in promoting the well-being of all children in Scotland*: www.scotland.gov.uk/Topics/People/Young.People/childrensservices/girfec/Practitioners/ToolsResources/PromotingWell-being
Outcomes for children and young people receiving additional support from children’s services

Meeting Needs and Making Progress

To evaluate the outcomes for children and young people arising from the trialling of the *Getting it right* practice model in the Highland Pathfinder a sample of 97 children and young people were tracked through the *Getting it right* processes to see what difference this was making to their lives. The children and young people were selected at random. Around two-fifths of them were already known to children’s services before the introduction of *Getting it right*. The remainder were children and young people who had concerns and unmet needs that had come to the attention of children’s services for the first time during the pathfinder phase. The main selection criterion was that there was a Child’s Plan for each of them. Approximately two-thirds of the children and young people had complex needs which required a co-ordinated multi-agency plan, while the rest had a single-agency plan in health or education. An additional sample of 35 children and young people were tracked through the system after police in the pathfinder area had raised a concern about them on non-offence grounds.

The outcome data that emerges from an analysis of this kind is likely to be unique to each individual child, even if some of the identified needs and intended outcomes appear to be similar. This kind of analysis does not produce outcome data that is readily aggregated. It does not permit us, for example, to make statements about the percentage of these children who are now safer or more included or achieving more at school. However, there is a potential for this when the e-Care Framework becomes fully operational, children and young people’s records and plans are online, and the databases used by each service can communicate with each other. Then the child’s virtual record (regardless of whether or not that child requires additional support) could be the main source of data for self evaluation and quality assurance and the primary source of data, when aggregated for groups of children and young people, for statistical returns and performance monitoring.

The analysis of records and plans undertaken by the evaluation team provides a snapshot in time and some of the young people with highly complex needs and concerns may well be receiving additional support for years to come. As noted earlier, we can only meaningfully talk about the progress being made at some fixed point in time.

- There was evidence of clear progress being made in two-thirds of the cases analysed.
  - In the majority of these cases there was evidence of progress on all of the well-being indicators that were relevant to each child’s needs and development. In a few instances there were concerns about a child or young person which ranged across all eight Well-being Indicators. But in most instances the concerns tended to cluster around three or four Indicators. For example, there were several instances where there were concerns about a child’s safety and nurturing and the potential impact that
these concerns might have on their health and achievement at school. In other cases, concerns clustered around inclusion, respect and emotional health, or responsibility, safety, health and achievement.

- In around one-in-five of the cases where clear progress was being made it was also apparent that new concerns were emerging which required further interventions.

- In a further one-in-five of these cases progress was being made on some Well-being Indicators but it was recognised that some aspects of the child’s well-being would take much longer to improve. For example, steps had been taken to ensure that a child was safe, cared for, fed and clean but more time would be needed before actions to address the impact of emotional abuse began to have any effect.

- In a further 20% of cases there was evidence that situations involving children and young people that had previously been escalating had now been stabilised but the child’s needs were so complex and multiple that more time was needed before evidence of significant changes in their well-being indicators could emerge.

- In around 1-in-12 cases there was little or no evidence of progress. Indeed the evidence tended to show that the situation involving the child or young person was getting worse. The concerns about the child were still escalating and the initial concerns that had been raised often seemed to pale into insignificance as further information and new concerns emerged.

- In a small number of cases we found that the Named Person, who is the main point of contact for the child and family, or the Lead Professional, who coordinates multi-agency support, had concentrated on identifying intended outcomes for the carer but not the child. We also observed a small number of instances where the Lead Professional appeared to be more concerned with reporting that intended actions had been undertaken rather than with reviewing whether they had had the desired effect. These issues should be resolved with increasing experience of applying the practice model supported by mentoring and feedback from quality assurance procedures.

- Finally, there was also a small number of cases where no progress was evident simply because these were very new cases and the assessment and plan had only recently been drawn up. This is not surprising given that the records were selected at random.

It needs to be stressed here that there is a well-established body of research that suggests that these signs of progress, particularly in terms of intermediate outcomes, are fragile and unstable. This highlights the importance of the assessment process being iterative. Otherwise there is a risk that additional support might be withdrawn or wound down too soon.

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Since the introduction of the *Getting it right* approach there are signs emerging of a shift in practice towards a more holistic solution-focused approach combined with more holistic thinking about outcomes for children and families. This kind of shift is gradual and was not evidenced in all of the records and plans that we examined. Nevertheless it was apparent in many of them.

### Messages for Practice

The detailed analysis of samples of records and plans showed that in the majority of cases real progress is being made to improve children’s and young people’s circumstances and well-being. It is not possible to attribute this solely or simply to the impact of *Getting it right*. There is a cumulative impact here of a lot of changes that have taken place in recent years in terms of professional practice in children’s services and in terms of a range of different interventions. Nevertheless, it is possible to highlight some of the key factors which have contributed to bringing about these positive outcomes under the *Getting it right for every child* approach to assessment and planning:

- Both the Lead Professional and the Named Person worked closely together to co-ordinate the assessment.

- The evidence supporting assessments and reviews tended to be wider-ranging after the pathfinder phase was initiated.

- The evidence was analysed and not just described.

- This, in turn, meant that the assessments were more likely to have highlighted how the concerns and unmet needs were impacting on the child’s growth, development and well-being.

- The plans had a realistic timescale for measuring progress.

- The actions in the plan related to specific outcomes for the child.

- Progress towards these outcomes was discussed during review meetings.

- The child or young person had a trusting and sustained relationship with his or her Lead Professional and Named Person.

- The child or young person was actively involved in the decision-making process. This was particularly important in stabilising then reversing a trajectory where the concerns about a child or young person were escalating.
**Service User Satisfaction**

In tracking a sample of children and young people through the *Getting it right* assessment, planning and review process we were seeking to answer four questions:

- Have practitioners been following the *Getting it right* practice model as intended?
- Has this led to more timely, appropriate and proportionate responses to concerns about children and young people?
- Has this, in turn, led to better outcomes for children and young people in terms of their immediate needs and in terms of their life chances and choices when they are older?
- Were these children and young people and their families satisfied with the ways in which they were helped and supported. For example, did they feel informed, consulted, listened to, involved in the decision-making process, empowered?

The first two questions are discussed in other Briefings. The third question is the main focus of this Briefing. However, in this section we shall attempt to draw on data collected from a variety of sources to answer the fourth question. In particular, we shall draw on:

- the analysis of records and plans;
- 26 detailed case studies which involved interviews with family members, children, Lead Professionals, Named Persons and other key practitioners working with the child;
- an in-house survey in 2009 by Highland Council of 179 young people between the ages of 15 and 25 who were currently or formerly looked after;
- A survey of 106 mothers with babies and toddlers, carried out by the *Getting it right* evaluation team, in 2009.

**Key Findings**

On the whole the evidence was positive:

- Many of the children and young people have built up a close relationship of trust and understanding with their Named Person or Lead Professional. They are thrown if that individual is not available when they need to talk to them.
- Many of them clearly preferred the Named Person to speak on their behalf at meetings and trusted them to represent their interests.
- Most of the parents/carers in the case studies talked about the trust they and their child had in the child’s Lead Professional and Named Person, felt that

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5 S. Young and I. Mitchell (2010), Through Care and After Care Survey, Inverness, Highland Council.
they had the best interests of the child at heart and that the support the child was receiving was making a difference.

- Many of the young people and their parents and carers appreciated that there was someone with a clearly identified lead role who was taking overall responsibility for the plan.

- Some of the parents/carers who had pre-GIRFEC experience of using children’s services appreciated that there is less drift now and that they are kept informed of what is happening and when.

- Most of the parents/carers who were interviewed and the older children felt that they had been listened to and that their views and preferences were taken into account. They also felt that they were kept informed of developments.

- However, some of the parents/carers felt that decisions had been taken before the Child’s Plan Meeting without consulting them or discussing what was intended.

- The survey of care leavers showed a high level of satisfaction with the support they had received: 80% were positive about the health service, 70% were positive about social work and around two-thirds were positive about education and the voluntary sector. Almost all of them (90%) felt that they understood the reasons why they were looked after and that the decisions affecting them had been explained and discussed with them. As many also felt that they were able to discuss their situation with staff in social work and Barnardo’s.

- The survey of mothers with babies and toddlers showed that the majority appreciated being integrated into the whole support process before and after giving birth. 75% reported that they felt ‘part of the team’. Just under three-quarters of the mothers said that they felt they were listened to and their views and wishes taken fully into account. Even more (87%) felt that their needs and those of their babies came first in the decisions made about the care to be offered and the delivery of that support.6

- Some parents/carers also felt that Lead Professionals were sometimes reluctant to let them know when attempts to access additional resources for the child had not been successful. The general view on this was that they would like to know what the situation was as soon as possible even if the news was disappointing.

- Generally speaking, the response from children and families seemed to be most positive where the Named Person, who is the main contact for the child and family, and the Lead Professional, who has responsibility for coordinating multi-agency support, worked closely together and worked jointly with the child and family.

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6 A more detailed summary of the findings from various groups of service users will appear in a later briefing.
Messages for Practice

- There are some signs of a shift in practice taking place here that reflects a greater willingness on the part of professionals in the Highland Pathfinder to engage in a partnership mode of working with the child and/or the carer where both parties are trying to work out what is best for the child.

- However, it is also apparent that some professionals are not yet used to recording the views of the children and their parents/carers in a systematic way in the relevant places in the Child’s Plan. This is a cultural shift which has only partially taken place after 18 months of using the new processes. This does not necessarily mean that no attempt has been made to listen to the child and engage the child in the planning process. Evidence of this often emerged when looking at the observations around the My World Triangle and the summary of the child’s needs where the views of the child and his or her carers were reported. Again, we would expect professionals to become more systematic about this with added experience of the practice model supported by mentoring and feedback from quality assurance. It may well be that electronic records and plans will address this issue, particularly if they include mandatory fields.

- Finally, in the course of the evaluation we have sometimes encountered the view from various stakeholders that in a situation where it is difficult to measure progress using ‘objective measures’ more weight should be given to the views of the children and parents than to the professionals working with them. In many of the cases we examined this was not a problem. There was a clear measure of consensus between professionals and service users about the appropriateness and timeliness of the support provided. However, in some of the more complex cases it would be misleading, and unrealistic, to expect the responses of everyone concerned to be positive. In some cases it was clear that the child or young person resented any intervention and expressed their views very forcefully. They often recognised why the intervention was taking place but their concerns and anxieties about their families made it very difficult for them to accept such a decision emotionally. Similarly, where perspectives across the family were very different, even conflicting, it was not surprising that each thought they were not being listened to by the professionals responsible for drawing up a plan for their child(ren). In some of these families there had been a long history of internecine conflict amongst themselves and with children’s services. Each parent/carer genuinely believed that their preferred action would be in the best interests of the child and that any other decision would have a detrimental effect. If the decision was not in their favour then they expressed dissatisfaction with the services. In such circumstances the best that one can expect is that every perspective is recorded and that the reasons for the decisions taken are fully detailed and explained to all concerned.
Outcomes relating to specific groups of children and young people

In the previous section we were looking at possible measures of the extent to which the network of support around a particular child or young person was making a difference. In other words, to what extent were services and agencies getting it right for each child. However, it is also important to focus on outcomes for specific groups, since these aggregated outcomes can often help to highlight the strengths and weaknesses of specific services as well as the provision of integrated help and support. For example, an analysis of a random sample of records and plans for children with a wide range of needs and concerns might raise some issues about the academic progress of some of the looked after children within the sample but a systematic comparison of the academic progress of those who are looked after at home with those who are in foster care or residential placements would be more useful.

Moreover, outcome data on whole populations of children and young people for the purpose of performance monitoring, may mask concerns about, or significant improvements in, the progress being made by specific groups. So, for example, attainment data on the whole school-aged population provides a useful basis for comparison over time or comparison with other local authorities but it might reasonably be argued that one of the best indicators of getting it right for every child within each authority might be the academic performance of the lowest attaining 20%.

The results reported in this section are drawn from Highland’s statistical returns to Scottish Government, data collected on some of the key outcome targets for Highland’s Children’s Service Plan 2005-2008, data provided by the Scottish Children’s Reporter Administration (SCRA) and an analysis of samples of Child Concern Forms completed by police officers in the Highland pathfinder area.

Key Findings

We would not claim that the outcome data currently available from Highland is comprehensive. Ideally, the evaluation of the performance of different services, separately and jointly, would require data on all eight domains covered by the Well-being Indicators for each selected group of children and young people. In other words, a dataset providing information about the safety, health, achievements, nurturing and active lifestyles of looked after children or under-achievers as well as indicating if they are being treated with respect, are included and are behaving responsibly. In the meantime Highland has made significant moves in the direction of this kind of monitoring as can be seen from the following brief summary of key findings for four groups (who, inevitably, are not mutually exclusive populations).

Child Protection

The period for analysis here is from April 2005 to March 2009. By 2005 in Highland ongoing improvements in information sharing between services, better and more consistent recording of information, and better joint planning and delivery of support to children and families were impacting on child protection procedures as
well as other areas of support for children and young people. Another key catalyst for self evaluation and improvements in practice was Highland’s participation in the pilot child protection inspection programme, which reported in June 2005 with follow-through inspections in June 2006 and January 2008.

The changes in systems and practice introduced during the Getting it right pathfinder phase in 2006-09 also impacted on professional practice for children and young people in need of protection although it was not until May 2009 that new guidelines for child protection were issued by Highland which fully incorporated the Getting it right approach. This involved integrating into child protection procedures the key components of Getting it right, including the single Child’s Plan and single Child’s Planning Meeting, the allocation of a lead professional to every case to coordinate multi-agency support, and a consistent, unified and holistic approach to assessment, planning and review. The intention here was that when a protection concern was raised about a child the safety of that child would remain paramount but the assessment and planning process would take into account all of the child’s unmet needs and concerns through a single assessment and planning process. This was designed to ensure that:

- the agreed plan for each child would be appropriate, proportionate and timely;
- registration was perceived to be just one of several appropriate strategies for improving the circumstances of the child;
- there was a greater emphasis on early identification and prevention.

What would the changes described above lead one to expect when examining trends in the statistical returns? It would be reasonable to expect that heightened awareness amongst professionals and the public, combined with improved gathering and sharing of information and more consistent assessments, would lead initially to an increase in referrals of children and young people to police and social work and an increase in the numbers of children on the Child Protection Register. But then one might expect that the emphasis on early identification of concerns before the child was at risk of significant harm combined with more effective, evidence-based assessment and planning procedures and improved review processes focused on the outcomes for the child and family, would lead to:

- a reduction in referrals;
- a reduction in the number of children on the Child Protection Register;
- a reduction in the number of case conferences;
- a reduction in the number of registrations following multi-agency planning meetings;

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8 Highland Council (May 2009), Child Protection Interagency guidelines, Inverness, Highland Council
• a reduction in the number of repeat registrations;
• an increase in the number of de-registrations.

The main trends in the statistical returns for Highland over the period April 2005 to March 2009 are summarised below:

• The rate of child protection referrals rose initially then fell from 11.8 per 1000 to 7.2 per 1000 by March 2009. Over the same period the rate of referrals for Scotland increased from 9.8 to 13.5 per 1000.

• The rate per 1000 of children 0-15 on the Child Protection Register in Highland fell from 3.0 to 1.5 since 2005. Over the same period the rate for Scotland has increased slightly from 2.3 to 2.7 per 1000 (0-15 year olds).

• The rate of referrals per 1000 children which resulted in an inter-agency case conference fell from 3.1 per 1000 in 2005 to 1.5 per 1000 by March 2009. Over the same period the rate for Scotland rose from 3.5 to 4.7 per 1000 (0-15 year-olds).

• Over the same period the rate of registrations per 1000 (0-15 years) fell in Highland from 2.5 to 0.8 while for Scotland as a whole it rose from 2.5 to 3.1 per 1000.

• The proportion of case conferences leading to registration fluctuated over the period but was 85% by March 2009 compared with 77% across Scotland as a whole.

• The proportion of children on the Child Protection Register with repeat registrations fluctuated, peaking in the third quarter of 2008 and has been falling since then.

• The rate of de-registrations was 1.0 per 1000 children (0-15) in 2005 rose to 3.6 in 2006, then dropped to 0.8 by March 2009. Over the same period the rate of de-registrations across Scotland increased from 2.8 to 3.5 per 1000 children.

Messages for Practice

Generally speaking the trends reflected here are in the direction that one might anticipate if professionals in the universal services and in social work are alerted to intervene earlier, share information and monitor developments.

• Child protection referrals to police and social work did rise initially but then fell noticeably during 2005-06 and remained at a significantly lower level. Similarly, there was a slight increase in registrations in 2004-05 but then the rate per 1000 of 0-15 year-olds began to fall.
• The downward trends for referrals leading to case conferences, registrations following case conferences and repeat registrations are in line with expectations.

• The one exception to the expected pattern is the fall in the rate of de-registrations over the period 2005-09. As noted earlier it was anticipated that the rate of de-registrations would increase over the timeframe as a result of improved planning and monitoring. Historically in Highland a comparatively small number of families have generated a significant proportion of child protection referrals and registrations and this may have contributed to the rate of de-registration falling rather than increasing.

• It should be noted at this point that these statistical trends do not yet reflect the implementation of the new guidelines in Child Protection in Highland which were issued in May 2009. It would be reasonable to expect that the guidelines would generate a greater consistency in practice which would then be reflected in the statistical returns for 2009-2010.

• However, it should be stressed here that the statistical returns are output measures which are often used as proxy outcome measures. But in reality they may be open to alternative interpretations. For example, reductions in the number of child protection referrals or the number of children on the register are usually seen as positive indicators but do not necessarily tell you if the relevant services have successfully met all of those children’s needs.

• In this respect it is therefore worth noting that two separate evaluations of samples of cases – an internal quality assurance audit of 80 cases and the external evaluation described in the previous section of this report – showed that, in the large majority of cases, decisions to register, continue registration, de-register or opt for an alternative support package were clearly based on the available evidence and mostly led to positive outcomes for the children concerned.

**Looked After Children**

The number of looked after children in Highland increased by about 12% per annum over the reporting timeframe. It peaked at 501 in 2007 and fell to 465 in 2008. Highland’s Children’s Services Plan for 2005-08 set out a number of objectives for improving the circumstances and well-being of looked after children within the authority. These are set out below and are followed by the statistical trends for the period covered by the Service Plan:
Objectives for looked after children

- To increase the number of children supported at home rather than looked after away from home.
- To increase the proportion of children in kinship care placements.
- To reduce the number of children and young people who are accommodated in out-of-authority placements.
- To reduce the length of time that children are looked after and accommodated.
- To reduce the length of time children and young people are awaiting permanent and adoptive placements.
- To reduce the number of placements that each child experiences.
- To improve the educational attainment levels of looked after children.
- To ensure that looked after children have appropriately reviewed health plans.
- To ensure that all young people leaving care at 16 have a pathway plan to support them in the transition to independent living.

Outcome data for looked after children (2005 – 2008)

- During this period the proportion of looked after children in Highland who were accommodated at home increased slightly from 41% to 43.5% in 2007-08 then fell to 36.5% in 2008-09. Across Scotland as a whole the proportion of looked after children at home has remained stable at around 43%.

- The proportion in foster care or placed with potential adopters has increased slightly from 29% in 2005 to 33% in 2008. In Scotland the proportion has remained stable at around 30%.

- The proportion of children and young people in residential care has fallen slightly from 17% in 2004-05 to 15% by March 2009. Just under one third of these were in residential schools. In Scotland the proportion remained stable at around 13%.

- The proportion of looked after children in kinship care increased by around 3% over the period and by 2008 the proportion of all looked after children in kinship care was 16%. For Scotland as a whole the proportion over the same period remained stable at 15%.

- The number of children and young people who are in out-of-authority placements increased over the period from an average of 31 in 2005-06 to an average of around 40 in 2008-09.
• The average length of time that children are looked after away from home has been falling over the last two years of the time frame. In April 2007 the proportion of looked after children accommodated away from home for less than a year was 19% and 42% for less than two years. By April 2009 the proportions were 31% and 50% respectively. The national figures for 2008-09 were not available at the time of writing but for the year 2007-08 the proportion of looked after children accommodated away from home for less than a year was 39%.

• From 2005 to 2008 the length of time between the decision to place a young person with permanent carers and finding a suitable permanent and adoptive placement fell from an average of 12.9 months to 9.1 months but rose markedly in the following year to an average of 22.2 months.

• For much of this period the proportion of children and young people who were looked after away from home and had experienced three or more placements was significantly lower than for Scotland as a whole. The average was 13% from 2005 to 2007 compared with the national average of around 28%. However in 2008 the gap narrowed. In Highland the proportion increased to 27% while in Scotland as a whole the proportion increased from 29% to 31%.

• In Highland the proportion of looked after children attaining or exceeding the appropriate 5-14 levels increased over the time period for reading (plus 9%) and mathematics (plus 14%). The proportion for writing also increased but by only 4%. Historically in Highland the attainments of children looked after at home have tended to be lower than those looked after away from home. The statistical returns suggest that this gap is narrowing. It should be noted, however, that these figures need to be treated with caution because the number of children and young people are small so relatively small variations from year to year can appear as large percentage changes.

• The average tariff score at S4 for looked after children has also been rising over the time frame, from 39.8 in 2005-06 to 47.7 in 2008-09 but, again, caution is necessary given the relatively small numbers of children.

• Data on health plans for looked after children is not yet available for the whole timeframe so it is not possible to identify the extent to which progress is being made. By the beginning of 2007 100% of children in residential care and 62% of children in foster care had had their health needs assessed and a reviewable health plan was in place.

• The proportion of young people leaving care with a pathway plan has increased markedly from 43% in April 2005 to 100% by March 2009.
Messages for Practice

It would appear from these statistical trends that, to date, Highland has only partially achieved its objectives for looked after children.

- The positive developments are that the length of time that children and young people are being looked after and accommodated is falling, their attainment levels are rising, steps have been put in place to assess and monitor their health, and every young person leaves care with a pathway plan to support them through the transition to independent living.

- For some of the other objectives, for example, the time taken to find a suitable permanent and adoptive placement and the number of placements experienced by looked after children, there were positive developments initially but then the trend slowed or even reversed towards the end of the time frame.

- The expected developments in some other areas of provision for looked after children have not been realised. The fall in the numbers of children looked after in residential care has been slight; there is a real commitment to supporting kinship care but the increase in numbers cared for by other family members has been small; and while Highland has been committed to reducing the number of children and young people accommodated in out-of-authority placements to around 25 at any one time the figures have been increasing throughout the time frame, peaked at 44 in 2008 and stood at 38 by March 2009.

However, although the policy objectives and the performance indicators provide a useful indication of the progress being made by Highland in implementing its policies for looked after children and those areas where further progress needs to be made, the data are limited in at least three ways:

1. As noted above the numbers of children are relatively small so positive and negative shifts in statistical patterns tend to be exaggerated. Also the small numbers limit the scope for analysing the effects of combined variables in ways that are possible with the larger national dataset, e.g. comparing attainment outcomes by type of accommodation, level of deprivation and whether or not the child has additional support needs.

2. The performance indicators are based on aggregate data so it is not possible to determine the extent to which the services are getting it right for each child. For 2008-09 a new procedure has been introduced nationally whereby data will be drawn down from information management systems at the level of the child rather than at the aggregate level. This should permit more policy analysis of the data. However, at time of writing, the release of the statistics has been delayed due to technical problems. Furthermore it does not look as though a more detailed analysis of the statistics will be undertaken for the next annual report.
3. Finally, the performance indicators are mainly output measures rather than outcomes for children and young people. With the exception of the attainment data they tell us whether or not improvements in systems and practices have been implemented but not whether this has led to improved well-being in terms of physical, emotional and mental health, more children feeling safe and nurtured or more care leavers leading independent and responsible lives.

Referrals to the Children’s Reporter

The growth since the late 1990s in the number of non-offence referrals to the Reporter’s Office which subsequently did not require compulsory measures has been a Scottish-wide phenomenon. Some local authorities introduced some form of pre-referral screening. A Ministerial Task Group on Non-Offence Referrals, set up in July 2006, proposed a new framework to facilitate decision-making when a concern was raised about the parental care of a child or the possibility that the child was wilfully exposed to risk.9 In June 2007, not long after the inception of the Highland Getting it right Pathfinder, Northern Constabulary introduced a new Police Child Concern Form and pre-referral screening process. Previously the police had referred all non-offence concerns about children to the Reporter’s Office. Under the new arrangements each completed Concerns Form was screened by the Family Protection Unit, database checks were made, information was shared with the child’s family, school and social work and then a decision was taken to either refer to the Reporter, take no further action or initiate a single agency or multi-agency assessment and planning process. Initially this new process only operated in the pathfinder area but within nine months it had been rolled out across the whole of Northern Constabulary, even in areas outside Highland region.

Highland’s statutory performance indicators for 2007-08 and 2008-09 show that:

- The percentage of reports requested by the Reporter which were submitted within the target time has increased from 44.4% in 2007-08 to 47.2% in 2008-09.
- The number of new Supervision Requirements made during the year has increased over the same time period from 118 to 156.
- The proportion of children seen by a supervising officer within 15 working days has increased markedly from 81.4% in 2007-08 to 100% in 2008-09.
- In addition SCRA data analysed for the Inverness area showed that the number of Children’s Hearings fell from 319 in the last quarter of 2006-07 to 263 by the fourth quarter of 2007-08. However, the number increased again in 2008-09 to around the same level as in the baseline year.

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However, the change which could be said to be most pertinent to the implementation of the *Getting it right* approach relates to non-offence referrals by the police to the Reporter.

- SCRA conducted an analysis of the referrals of children and young people to the Children's Reporter in Inverness. The SCRA figures for Inverness showed a drop in the proportion of non-offending referrals from 66% in the last quarter before the new Concerns Form was introduced to 49% by the end of 2008 and that trend has been sustained in 2009. While, previously, the largest proportion of non-offending referrals has consistently been for lack of parental care (ground c) this has been declining steadily as a proportion of the total number of referrals since the introduction of GIRFEC (36% in March 2007 down to 21% in March 2009). However, this figure is based on referrals to the Inverness Children’s Reporter’s Office and this office covers the whole of Highland except Sutherland and Caithness (covered by the SCRA office in Thurso). Hence the Inverness Office covers a larger area than the Pathfinder.

- In the first few weeks of the new police process an analysis was done of a week’s caseload of non-offence concerns and this showed a reduction by 70% in the number of concerns referred to the Reporter. The evaluation team then carried out a similar analysis on two more tranches of non-offence concerns in the following year. This showed a reduction by 76% in the number of child concerns that were subsequently referred to the Reporter.

**Messages for Practice**

There has been a significant reduction in the number of non-offence concerns referred to the Children’s Reporter in the Highland pathfinder, regardless of whether one uses the SCRA statistics for referrals received or the evaluation data relating to the police response to non-offence concerns. This indicates more effective screening and, above all, more evidence-based decision making. The consequences for the children and young people concerned have been threefold:

- For some this has meant a more proportionate response where police and social work have been reassured that no further action is needed by them because the concerns will be addressed by the young person, his or her family and their school and, indeed, the follow-up analysis has shown that no further concerns have arisen subsequently in these particular cases.

- Social work, the schools and health have had to produce fewer reports on these particular children and young people.

- Where the concerns raised indicated the need for additional single or multi-agency support there is evidence that in most of the cases an assessment and plan was quickly put in place.
Lower attaining children and young people

Over the last five years Highland has consistently compared favourably with its Comparator Authorities and with the National averages in terms of the proportion of young people attaining awards at all levels. However, a strong case could be made for arguing that trends in the educational outcomes of the lowest attaining group of children and young people might be the best indicator of the extent to which an educational service is *Getting it right for every child*. The aggregate statistics available for the last five years indicate the following:

- The proportion of P7 pupils attaining or exceeding the appropriate level in reading, writing and mathematics has increased slightly over the last five years but the improvements in reading, writing and mathematics over that period have been less than 2%. It would appear from the aggregate statistics that the lowest attaining group in primaries is less than 10% of the overall cohort but remaining relatively stable.

- The proportion attaining or exceeding the appropriate level in reading and writing at S2 has also increased slightly but by less than 2% over the last five years.

- The proportion attaining or exceeding the appropriate level in mathematics at S2 has shown more marked progress, increasing by 3.8% over the five-year period.

- It would appear from the aggregate statistics that the lowest attaining group in secondaries is just under 15% of the overall cohort and remaining relatively stable.

- The average tariff score of the lowest attaining 20% of S4 pupils in Highland [based on the qualifications they achieve at each award level] has tended to exceed the average scores for the lowest 20% across Scotland as a whole and has risen by 4 points over the last five years while the average tariff score for the same group in the Comparator Authorities is lower and has fallen by 3 points.

Messages for Practice

- These aggregate statistics provide some broad-brush indications of the extent to which progress is being made in Highland to reduce the overall proportion of pupils whose attainments at school are well below average. Like a number of other Scottish local authorities, Highland is still using data on 5-14 levels for monitoring purposes even though this is no longer required by the Scottish government. Whilst recognising that there are concerns about the reliability and consistency of these measures it is felt that some means of monitoring attainment prior to S4-S6 is important in order to help identify where improvements are being made or need to be made.
However, the limitations of the existing performance indicators as a means of identifying what may be helping to raise attainment in this particular group of children and young people are apparent. When the data collection process is more targeted, as in the evaluation of the Highland Literacy Project in 12 primary schools, a more detailed picture can be constructed of what the schools are actually doing to address the challenge and whether this is actually having an impact on children’s attainments in reading and writing.10

A consensus is growing around what can be done by schools to raise the attainment of individual children and young people. In 2008 HMIe published an overview of strategies that are useful in removing barriers to learning and improving literacy skills.11 Highland’s Literacy Project and a number of other similar projects across Scotland have implemented similar learning and support strategies. But this development has also highlighted the importance of a more targeted approach to the needs of individual children and young people.

As with the monitoring of progress made by looked after children, this has highlighted the need for good child-level data and the systematic tracking of individual pupils in order to identify specific problems and intervene early in ways that are appropriate and proportionate. This has proved challenging where schools are still using paper-based records but Highland is now moving to a new electronic management information system that will facilitate the tracking of the progress being made by each individual pupil and provide a much more holistic picture of how they are faring across the curriculum. It will also facilitate links to other electronic records and databases to take into account any concerns or developments that may impact on each pupil’s performance at school.

**Outcomes relating to the whole population of children and young people**

During the pathfinder phase in Highland much of the development work focused on developing, trialling and implementing a new practice model across children’s services. That model identified a set of processes to be followed and the tools to be used for assessment, planning and review when concerns were raised about a child or specific unmet needs were identified. Outside the pathfinder area some operational managers and key workers in children’s services initially thought that this focus on the practice model meant that *Getting it right* was targeted mainly on the most vulnerable children and young people. Even within the pathfinder area this view was shared initially by some professionals who did not have a regular and ongoing involvement in the processes and procedures which have become fundamental to the *Getting it right* approach.

That perception has now receded and *Getting it right* is now widely perceived to be having a significant impact on universal provision as well. An awareness raising
programme and an effective communication strategy have played an important part in this. Another key factor has been Highland’s Children’s Service Plan (2005-2008) since this has focused attention on the vision behind Getting it right, namely that Highland’s children and young people should be safe, healthy, achieving, nurtured, active, respected, responsible and included and that the means of achieving these goals involves a commitment to changing the way services and agencies work together and in partnership with children, young people and families to ensure that every child gets the help she or he needs when they need it and for as long as they need it.

On the one hand, Highland was seeking to build on prior developments towards greater coordination and integration of children’s services. On the other hand, it was also seeking to plan service delivery around a common set of strategic priorities which were firmly rooted in the key Principles and Values of Getting it right for every child. To this end, the education service, the health service and social work children and family services were working towards the achievement by 2008 of a set of outcome targets that reflected those Principles and Values.

These targets were structured around the eight Well-being Indicators. Starting from the premise that it was unrealistic and potentially misleading to employ one outcome target for each Indicator a total of 50 key outcome targets was identified. Four of these were concerned with measuring changes in systems and practice. The other 46 outcomes were concerned with measuring changes and improvements in the lives of Highland’s children and young people.

The monitoring process carried out within Highland therefore offers some scope for exploring the question: Are children and young people in Highland safer, healthier, more nurtured, achieving better, more active, more respected, more responsible and more included in 2008-09 than they were in 2005?

A more detailed review of these outcomes is provided in the full overview report. The following table summarises the main trends for each Well-being Indicator.

**Trends Towards Achieving Well-Being For Highland’s Children**

**Progress on key outcome targets in Highland’s Children’s Services Plan 2005-08**

**SAFE:** There is evidence across a number of indicators, including provision for child protection, provision for looked after children and accident prevention that real progress has been made to ensure that children and young people in Highland are safer than they were in 2005.

**HEALTHY:** Generally speaking Highland is on track to meet its health targets for 0-5 year-olds by 2010 with the possible exception of reducing the number of expectant mothers who smoke during pregnancy. This provides valuable monitoring information for Highland’s cohort approach to Getting it right, i.e. beginning with a new cohort of babies and following them through to adulthood. Monitoring data on the health of older children and young people comes mainly from a lifestyle survey which is conducted in Highland every two years based on questionnaire returns.
from pupils in P7, S2 and S4. The first survey was carried out in 2009 based on a sample of 3871. Any comparison with national trends in the 2008 Interim SALSUS report needs to be treated with caution since the Highland survey included P7 pupils and the same question wording was not always used. Nevertheless, it would appear that the prevalence of smoking is lower than the national average amongst the S4 pupils in Highland, alcohol consumption is higher and the prevalence of drug use is comparable.\footnote{Highland Council (2009), Highland Lifestyle Survey, Inverness.}

**ACHIEVING**: Attainment levels in Highland’s secondary schools compare well with national levels and with attainment levels in the Comparator Authorities. There is scope for more progress in reducing non-attendance figures and unauthorised absences from secondary schools have been increasing. Finally, there is also more scope for identifying and recognising the non-academic achievements of children and young people across Highland.

**NURTURING**: This is a difficult outcome to measure and it could be argued that the other seven Well-being Indicators provide indications of the impact that nurturing has had. Furthermore, the Indicators and targets in the Children’s Service Plan related only to the local authority’s contribution to the nurturing of looked after children in residential care. The monitoring data on nurturing tends to relate more specifically to outputs than to outcomes. Nevertheless, the findings do show significant progress over the time frame of the Children’s Service Plan (2005-08) in terms of improving access to respite care, Sure Start support and support for young carers (the main targets identified in the Plan).

**ACTIVE**: Again there is an emphasis more on outputs than outcome measures. In this respect there is evidence over the four years of more emphasis on access to play facilities in local communities and greater emphasis on promoting and supporting positive play in primary schools. It is too soon to judge if this is having a positive impact on children’s fitness.

**RESPECTED & RESPONSIBLE**: These are two areas of well-being that are regarded as universally important, and it is recognised that it would be difficult to achieve significant improvement in the other well-being indicators if children and young people were not treated with respect and, in turn, did not behave responsibly. Nevertheless, actual indicators of respect and responsibility tend to be rather sketchy and limited and both need more thought in terms of what might be outcomes and not just outputs, and what might constitute appropriate measures of progress towards those outcomes. School exclusions are a useful indicator, although ideally, they need to be related to reasons for exclusion and measures of repeat exclusions would also be useful. In Highland there has been a significant decrease in exclusions from secondary schools as alternatives have been increasingly employed. The rate is well below the national average. The rate of exclusions from primary schools is also below the national average but it is increasing. The measures of participation by children and young people relate predominantly to outputs rather than outcomes, e.g. numbers of schools with pupil councils, number of youth forums, representation on the forums of young people from ethnic minorities and young people with disabilities. All these indicators are positive but they could be more wide-ranging.
**INCLUSIVE**: There are signs that measures taken to improve the life chances and opportunities of the most disadvantaged children are bearing fruit in Highland. There has been a slight decrease in the proportion of families entitled to free school meals; better provision for through- and after-care for young people leaving residential care is having an impact and more generally the attainment levels of looked after children and children from ethnic minorities are improving. The two main challenges here are to improve the attainment levels of children who are looked after at home and children from families who have migrated from eastern Europe and have very little English.

**Messages for Practice**

- There was evidence of clear progress and/or targets being achieved in well over half of the key outcomes identified in Highland’s Children’s Service Plan. In a third of these outcomes little progress was made or there were marked fluctuations from year to year.

- However, it is worth noting that around two-fifths of the positive outcomes (progress made or targets achieved) related to processes and outputs rather than outcomes for children and young people. By contrast, where either little progress had been made or the figures rose and fell from year to year, most of the measures tended to relate to outcomes for children rather than inputs or outputs.

- Of course it could be argued quite reasonably that changes in children’s lives depend on the implementation of new policies, systems and practices and even specific inputs and outputs. It might also be argued that local authorities and health boards have more control over inputs and outputs than they do over outcomes. But if a significant shift is to be made from output-led to outcome-led services for children and families then monitoring processes need to collect data specifically on how safe, healthy, achieving, nurtured, active, respected, responsible and included children and young people are. The data on outcomes for children in Highland’s Children’s Service Plan, as opposed to the data on outputs, tended to cluster around achievement, health (particularly of younger children) and safety and, to a lesser degree, responsible and included.

- At various points in this Briefing we have emphasised the value of using child-level data for monitoring and quality assurance, and the best potential source of this will be the child’s virtual record once a shift has been made from paper records to electronic ones and a system is in place to ensure that different records and databases can be linked to each other.
Conclusions and areas for further development

While there is clear evidence in the children’s and young people’s files that real progress is being made to improve the circumstances and well-being of children and young people in the Highland Pathfinder it is not possible to attribute this solely or simply to the impact of *Getting it right*. In most cases there is a cumulative impact here of a lot of changes that have taken place in recent years in terms of professional practice in children’s services and in terms of the resourcing of a range of different interventions for addressing many of the concerns and unmet needs confronting children and young people. What *Getting it right* has done however, is to provide an over-arching structural framework within which these various developments can be integrated around a shared set of values, principles, components and operational tools. This, in turn, increases the likelihood of both changes in systems and procedures and also a fundamental shift in professional culture towards a more outcomes-led approach to delivering children’s services.

The evaluation highlights that a number of changes in practice are emerging:

- Children’s needs tend to be identified at an earlier stage and when they are younger and there are signs that this is having a positive impact on their development.

- There is a greater professional commitment to ongoing assessment as part of the review process which is proving to be more sensitive to changing circumstances and a more flexible approach to meeting needs.

- There are fewer referrals to social work for general support. This means that there is a gradual shift to more children with needs being held within universal services.

- There are signs that professionals, particularly those who have responsibility for coordinating single-agency and multi-agency children’s plans, are becoming more confident in applying an outcomes-based approach.

- Practitioners who act as Lead Professionals for several children and young people and have become more familiar with the new approach to assessment and planning are more likely not only to use the tools as they were intended but also to have made the transition from output-led thinking to outcome-led thinking. The intended outcomes which appear in their plans more closely mirror the assessment of the child’s needs and concerns and they are more likely to ask colleagues at review meetings for evidence of progress.

- Practitioners who attended the training were more likely to apply the practice model as intended and that included using the Well-being Indicators to help them assess the child’s needs and then using the resulting information to specify the intended outcomes from the actions to be taken on behalf of each child.

However, there are aspects of practice where further development work, training and quality assurance may be needed.
The pre-GIRFEC baseline evaluation had highlighted that the weakest part of the planning and delivery of support to children and young people was the review process. It was recognised that this would be a challenge for those implementing new processes and plans. That situation has improved since the introduction of the *Getting it right* approach but it is clear that in some cases the review meetings still focus primarily on discussing new concerns that have emerged and reporting on the actions taken, rather than the outcomes of those actions.

The cultural shift from output-led to outcome-led assessment, planning and review needs to be supported by training, mentoring by operational managers and quality assurance.

There would also be a positive benefit in introducing a staged or stepped model of outcomes that demonstrates how highly specific intended outcomes (even those relating to health episodes) link to longer-term developmental outcomes and goals which may need further monitoring beyond the current planning cycle.

**Summary of the evaluation methodology**

The evaluation began in the autumn of 2006. Phase 1 focused on the development and implementation phases in the five pathfinder areas; phase 2 has focused on the impact of the changes on both professionals’ practice and the lives of children and families and on the roll-out of *Getting it right* beyond the pathfinder areas. The main data collection methods employed were:

- interviews with a wide range of practitioners in all the relevant services and agencies;
- analysis of the documentation being used;
- observations of meetings where children’s needs were assessed and plans were developed and reviewed;
- observations of a sample of training sessions for Lead Professionals and Named Persons;
- focus group discussions with service groups of practitioners and multi-agency groups;
- questionnaire-based surveys of practitioners and service users;
- an evaluation of a sample of completed records and plans for children and young people with a diversity of needs and concerns;
- a series of case studies where individual children and young people were tracked through the system, and they and their parents or carers, their Lead Professionals and other key workers were interviewed about their experiences of the whole process.

A more detailed discussion of the evaluation methodology can be found in the full report.

The following have been published or are in preparation (as at March 2010). Briefings 7 and 9 may be merged as may 8 and 10.

- **Briefing 1:** Lead Professionals and Named Persons
- **Briefing 2:** The Impact on Services and Agencies Part 1: gearing up for *Getting it right for every child*
- **Briefing 3:** Record Keeping and Assessment of Children’s Needs
- **Briefing 4:** Implementing *Getting it right for every child* through a single trigger: Domestic Abuse
- **Briefing 5:** Outcomes for Children and Young People
- **Briefing 6:** Greenshoots of progress: the main findings from the evaluation
- **Briefing 7:** Engaging Service Users in the *Getting it right* process
- **Briefing 8:** Quality Assurance and Monitoring
- **Briefing 9:** Engaging Service Providers in the *Getting it right* process
- **Briefing 10:** The Impact on Services and Agencies Part 2: Resource Deployment

**GIRFEC Web links:**

- **GIRFEC Homepage:** [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)
- **Publications:** [www.scotland.gov.uk/gettingitright/Publications](http://www.scotland.gov.uk/gettingitright/Publications)
- **Partner Newsletters:** [www.scotland.gov.uk/gettingitright/Newsletters](http://www.scotland.gov.uk/gettingitright/Newsletters)
- **Tools & Resources:** [www.scotland.gov.uk/gettingitright/Tools&Resources](http://www.scotland.gov.uk/gettingitright/Tools&Resources)
- **Highland Pathfinder:** [www.forhighlandschildren.org/htm/girfec/girfec.php](http://www.forhighlandschildren.org/htm/girfec/girfec.php)
## Appendix 1: Well-Being Indicators: the Component Outcomes

<table>
<thead>
<tr>
<th>SAFE</th>
<th>HEALTHY</th>
<th>ACHIEVING</th>
<th>NURTURED</th>
<th>ACTIVE</th>
<th>RESPECTED</th>
<th>RESPONSIBLE</th>
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<tbody>
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<td>The child or young person is:</td>
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<td>The child or young person is:</td>
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<tr>
<td>Living in a home environment which is free of abuse and violence.</td>
<td>Healthy at birth, sustains good physical health and, where relevant, manages chronic conditions/disabilities.</td>
<td>Developing self-care and life skills appropriate to age and stage.</td>
<td>Experiences love, emotional warmth and attachment.</td>
<td>Encouraged to be as physically active as their capacities permit.</td>
<td>Feels listened to and taken seriously.</td>
<td>Attends school regularly (if appropriate).</td>
<td>Feels accepted and valued within the family or caring setting.</td>
</tr>
<tr>
<td>Cared for by parents or carers and has at least one adult they can always turn to for love and support.</td>
<td>Positive about self and confident and competent when faced by problems and adverse circumstances.</td>
<td>Developing a level of independence or autonomy appropriate to age and stage.</td>
<td>Has someone they can turn to, trust and rely on when anxious or disturbed.</td>
<td>Encouraged to take up opportunities for play, recreation and sport.</td>
<td>Has developed a positive sense of identity and feels comfortable with it.</td>
<td>Has developed a clear understanding of right and wrong appropriate to age and stage.</td>
<td>Feels accepted and valued by friends and peers.</td>
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<tr>
<td>Living in a family or extended social network which is free of sexual exploitation.</td>
<td>Respectful of self and others. Able to make choices that are safe and appropriate and able to talk about one’s feelings (incl. sexuality) in age-appropriate ways.</td>
<td>Developing communication skills appropriate to age or stage.</td>
<td>Receives praise, encouragement, attentiveness and cognitive stimulus.</td>
<td>Receiving appropriate stimulus and encouragement to develop their interests.</td>
<td>Has a well-rooted sense of self-esteem or self-worth.</td>
<td>Accepts responsibility for their own actions.</td>
<td>Feels accepted and valued by the school.</td>
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<tr>
<td>Protected from avoidable physical dangers and health hazards within the home.</td>
<td>Developing social skills appropriate to age or stage.</td>
<td>Receives a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm.</td>
<td>Provided with opportunities to actively participate in stimulating activities where there may be disabilities or disadvantages.</td>
<td>Feels that significant adults and friends want them to fulfill their potential.</td>
<td>Understands what is expected of them at home, in school or in the community.</td>
<td>Feels accepted and valued within the local community.</td>
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<tr>
<td>Protected from avoidable physical dangers and health hazards outside the home.</td>
<td>Receiving appropriate health care and guidance from services.</td>
<td>Responding positively to cognitive challenges in an educational setting.</td>
<td>Provided with sufficient and suitable nutrition.</td>
<td>Provided with additional support when needed.</td>
<td>Feels that significant adults and friends will support them through challenges and difficulties.</td>
<td>Generally behaves responsibly at home, school and in the community.</td>
<td>Feels that their family is accepted and valued within the local community.</td>
</tr>
<tr>
<td>Protected from the risk of exploitation by others (e.g. through internet)</td>
<td>Receiving appropriate health care and guidance from main carer.</td>
<td>Motivated to attend and participate in their education.</td>
<td>Lives in an environment which promotes their cognitive and emotional development.</td>
<td>Assessing and managing risks in recreational and play-related settings.</td>
<td>Feels trusted by these significant adults and friends.</td>
<td>Generally behaves towards others in a caring and considerate way.</td>
<td>Has access to a range of opportunities for making friends.</td>
</tr>
<tr>
<td>Aware of harmful risk-taking behaviours outside the home (e.g. drugs, alcohol, inappropriate friendships, etc)</td>
<td>Attending health services and medical screenings and taking prescribed medication when necessary.</td>
<td>Meeting or exceeding appropriate levels of educational attainment.</td>
<td>Receives additional support and care when they need it.</td>
<td>Responding positively to physical challenges in recreational and play-related settings.</td>
<td>Feels involved in the important day-to-day decisions that affect them.</td>
<td>Demonstrates capacity to act altruistically on behalf of others (e.g. gets involved in voluntary activities)</td>
<td>Has access to a range of opportunities for social and recreational activities.</td>
</tr>
<tr>
<td>Receiving appropriate guidance from parent/carer about harmful risk-taking behaviours.</td>
<td>Being helped to effectively manage any long-term illness, condition or impairment.</td>
<td>Demonstrating achievement across a range of non-academic activities.</td>
<td>Developing skills for coping with and managing disabilities and long-term conditions.</td>
<td>Does not feel discriminated against or demeaned by others.</td>
<td>Demonstrates capacity to assess and manage situations where there are potential risks for self and others.</td>
<td>Receives additional support to overcome any disadvantages that may contribute to social exclusion.</td>
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<tr>
<td>Safe from bullying at school or in the community.</td>
<td>Applies strategies for assessing and managing avoidable risks to health.</td>
<td>Developing skills for coping with and managing disabilities and long-term conditions.</td>
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<tr>
<td>Protective towards others and not involved in bullying.</td>
<td>Responsiveness to any additional support provided.</td>
<td>Developing skills in assessing and managing risk within social settings.</td>
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<td>Protected from anti-social and criminal activity within community.</td>
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