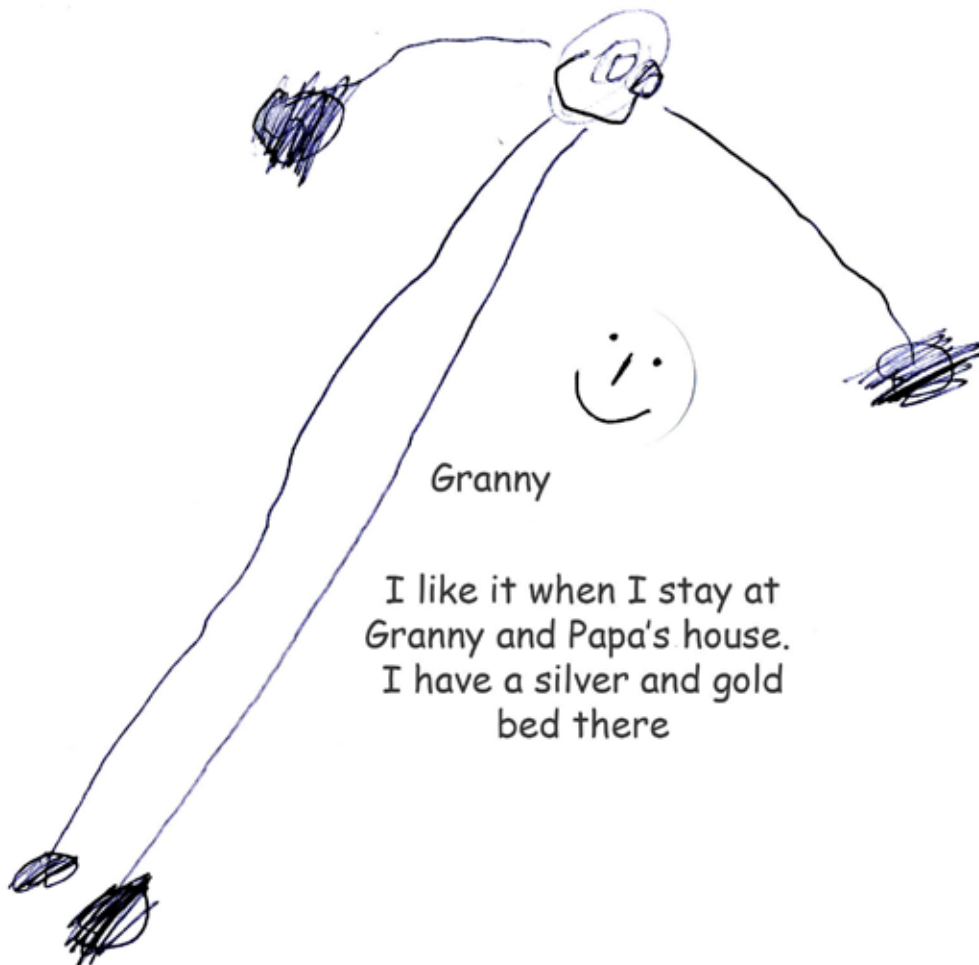




Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers

**“It is not about money or resources.
It is about empathy and intuition”**



**Getting it Right for Every Child
Consultation with
Children and Families
Report April 2010**



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Introduction

Getting it Right for Every Child is a Scottish Government programme (SG 2008) that aims to improve outcomes for all children and young people ensuring that children get the help they need when they need it. This programme involves a different way of working for children's services. Services should work together involving the child and family as partners in planning to meet a child's needs. Listening to and involving children and families is key to this process. Highland is the pathfinder area for this project and all services should be moving towards this new way of working (HC 2010).

The Highland pathfinder project has been evaluated by Edinburgh University across a range of indicators to look at the effectiveness of the Getting it Right for Every child Processes at delivering improved integrated working and better outcomes for children and young people.

A huge emphasis of the Getting it Right approach is that it is dialogue based with dialogue with the child and family being a core component as well as improved dialogue between service providers. The Highland Children's Forum undertook this project to listen to children with additional support needs and their families across Highland to find out about how involved and listened to they feel in the process of assessment, planning and reviewing outcomes around the child. This consultation work began in 2009 and continued until April 2010 for this report with the likelihood of a follow up report in two or three years time.

Methodology

Families with a child receiving additional support needs were identified and contacted through the professionals working with them.

There was a delay in getting the contact details of willing families from professionals which held up the consultation work. In total 24 families



were contactable and agreed to take part.

Participation was voluntary and informed consent gained from adults, children and young people who wished to take part. Parental consent could be given for children whose age or level of understanding prevented them giving informed consent. However these children were only involved as long as they assented by choosing to take part in the activity offered. Families were usually interviewed in their own home, one participant was seen at school. One mother gave a telephone interview. Each story was written up, anonymised (pseudonyms are given using consecutive letters of the alphabet, participant 1 name beginning with A, with the exception of one boy who would only take part if given the pseudonym 'Rory') and sent to them for approval before being analysed.

Children were offered drawing and stickers to help them tell their stories. Young children were given stickers of professionals and asked to identify the different emotions felt about this person. This was briefly tested by giving the children stickers of different foods/activities they might like or hate and they were asked to pick the emotion sticker which showed how they felt about that thing. Once it was established that the child understood the activity, children were given stickers to represent different professionals in their lives



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers

and asked to choose the emotion sticker to show how they felt with that person. They were then asked what made them feel like this. Children were offered pens and pencils and were able to draw the people who were important to them and were able to talk about that person.

Older children and adults were asked the same basic questions, worded appropriately. This was over a semi-structured interview so participants could answer the questions in order, or could tell their story around the questions and the consultation worker would ask for clarification or further detail to ensure the questions were covered.

1. When concerns were first identified, how well listened to did you feel?
2. When professionals were trying to develop a picture of what was going on to cause the concern, were you helped to identify strengths and pressures in your life?
3. Did you feel enabled to make a contribution to the plan that was drawn up?
4. How helpful were those plans in making things better?
5. A main ethos behind the new approach to children's services is that they are child centred. Child centred means a child is viewed as a child first, then as a child with support needs second. Can you describe your experience of this child centred-ness?

The stories were then analysed by looking for positive experiences, negative experiences and suggestions for improvements. Views and experiences that were shared by a number of people could be identified as well as those experiences of significant anecdote, demonstrating either good practice or a gap in services.

Participants

Families were involved from different areas of Highland and whose children were at different stages in the additional support they were receiving. This allowed the experience of families

who had been in receipt of additional services before the Getting it Right processes had been in place to be captured as well as those whose experience had been under the new processes from the beginning.

The 24 children/young people with additional support needs were made up 13 males and 11 females. 8 were in the early years, 8 of primary school age, 6 were secondary school age and 2 were in transition from children's to adults services. 14 came from the Inverness, Badenoch and Strathspey area, 7 from the North area of Highland (Caithness, Sutherland and Easter Ross) and 3 were from Mid area of Highland (Lochaber, Skye, Kyle of Lochalsh and Wester Ross). Anyone in the family who wished to contribute was invited to, 8 children/young people with the additional support needs took part, 22 mothers, 3 fathers, 1 brother and 1 grandparent took part.

The areas of concern that led to the additional support (and for some children there was more than one area of concern) include 11 children/young people with disability, 5 with social, emotional, behavioural or mental health issues, 6 under child protection measures, 3 looked after and accommodated (1 each in kinship care, foster care and now adopted).

It might be reasonable to suggest that some of the families who chose not to participate could be so disengaged with services they did not want to participate, so lacking in confidence that they did not feel able to contribute or so happy with services that they did not feel there was a story to tell. The study does not claim to be representational but is a starting place. Further consultation over the next few years may present a more detailed picture.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Results:

Concerns:

In total, 20 of the 24 participants had concerns first raised while they were pre-school. Of the other 4, 2 were raised during the primary years and 2 in the secondary years.

5 of the participants had initial concerns recognised before their current concerns, it was not clear who had raised those concerns. For 3 of these children, social work were already involved but the interview dwelt on current concerns. The other 2 young people had a diagnosis from their infancy but the interview was about recent difficulties developing in their schooling which their parents had taken forward with the school. 1 participant had profound and complex disability recognised at birth.

For the other 18 participants, in 7 cases the parents first raised concerns, for 5 it was the pre-school providers, for 2 it was the health visitor, for 2 the child themselves, 1 it was a grandparent and 1 a member of the public.

When the concern was developmental the child was often referred on for further assessment and there was a time of waiting which was difficult for the family.

Where concerns had been heard and acted on early, even if further specialist assessments were planned, support went in to families at their point of need.

John's mother identified concerns to Health Visitor who was 'brilliant', listened and immediately referred on to the GP. The family know they can raise any problems with the Health visitor, she will listen and is 'Great at sorting [problems] out'.

Some parents had recognised that something was different about their child but had not felt the need to raise the concern with others and were taken aback when the concern was raised to them. For some parents who raised the concern with services they sometimes felt it was their parenting and not

the child's needs that was seen as the initial concern. For some parents they did not feel listened to and there was no action as a result of their concerns being raised.

Where the concern was around behaviour it was sometimes not given any real attention until services began to have difficulty, even when the family had been struggling for some time. Some children for whom behaviour had been the cause of the concern had not feel listened to and had sometimes felt blamed.

"The Head Teacher never listened, just thought 'He's been naughty I am not going to help him.'" Rory

There is a marked contrast between two of the stories although the initial cause for concern was similar. Both Colin and Andrew are second children, both boys demonstrated concerning behavioural traits very early. Both boys were also living in a single parent family. Colin is now in transition in to adult services while Andrew is still in the early years. Colin's mum raised concerns about Colin's behaviour early on but was not heard and did not receive help or support. Andrew's health visitor recognised concerns early and has worked closely with his Mum since to ensure that Andrew and his family receive the right support at the right time. These two stories are contrasted (page14).

For those children whose concerns had only been recently identified in the early years and the Getting it Right approach had been used from the beginning, the initial response had quickly led to a range of support services being offered soon after the concerns were raised. It would be valuable to follow these children up in a few years to gauge if the early intervention changed the trajectory of that child's experience compared to some of the other children in this study who did not receive that early support.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Stories

Ben's Story

Concerns about Ben's development were identified when he started at nursery. The parents were aware that Ben was different but were surprised by the concern it raised.

"I was floored. I was aware he was different but did not think such support would be offered. Very quickly it snowballed. I was resistant though. He was only a wee boy and there was a lot of time to develop."

Sam's Story

"There were behavioural things happening at home. But I didn't think of asking for help, you always know people who are worse off than you."

"There was a meeting when Sam was still at primary school, I can't remember what class, to see if he needed help. I felt we were listened to and Sam's needs were understood at that meeting, not so much by the school but by the other professionals there." Sam's Mother

"It might have been a bit late when they recognised I needed help, maybe late primary 6. I had difficulty most of my school. If it had happened earlier it would have helped a lot." Sam

Veronica's Story

There had been a meeting in the (secondary) school to address some behavioural issues. Veronica had a counsellor after this to whom she made a disclosure of abuse. The counsellor said they would have to follow procedure and report it further. Police were contacted and Veronica and her family all gave statements. However, the family have heard nothing more since from the school, social work or the police.

Norma's Story

A member of the public had first raised concerns with social work. Over the first few days Norma's mother did not feel listened too. She understood the reasons for social work being there but did not feel there was a two sided conversation at that stage. However after the first week this improved.

"It would have been helpful if I had been listened to more in the early stages. It was an emotional time and feeling listened to would have made a big difference."

Paula's Story

Concerns were first raised about Paula by the family centre she attends as Paula was not developing as well as would be expected for her age. The family centre went with their concerns to social work. It was felt that Paula's developmental delay was due to a lack of stimulus at home. Paula has subsequently been seen by a speech and language therapist and is to be assessed for autistic spectrum disorder. This has left the father feeling he has been wrongly accused of poor parenting and that Paula's difficulties have an organic cause.

Tommy's Story

Tommy's mother originally went to her GP with concerns over Tommy's brother's self-harming behaviour, feeling they could not control it. Apart from the advice that he should wear a safety helmet (as he was his banging head against the wall), no other support was suggested or looked at. Tommy's mother then contacted social work for help as she realised she was not coping. Tommy and the other children in the family were put on the Child Protection register and over time, referrals were made to the Children's Panel.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Worried
Getting a
row in the
morning

Assessment:

Half of the participants had been assessed by at least two people, often one initial assessment, sometimes around the My World Triangle and then other more specialist assessments. It was felt that some professionals were better at listening than others.

For initial assessment 9 children had been assessed by social work, 8 by health professionals, 5 by educational staff and 1 by the pre-school providers. In the case of the young girl who had disclosed abuse, the police took statements but it is not clear if there has been any further assessment of her needs.

Participants were asked to consider if they had felt listened to and involved. In consideration of the assessment process, 6 responded positively and a further 5 who had not always felt listened to had felt involved more recently, often at the point of being offered a Child's Plan. In 4 cases the children and families did not feel listened to and involved and in one case a positive earlier experience of being listened to changed to a negative one when the child changed schools.

The My World Triangle assessment tool requires the assessment to be holistic looking at both strengths and pressures from the child development side, the family/home setting and the wider community. Participants were asked about their experience of this and 9 reported a positive experience, with a further 4 now having a positive experience although this had not been the case previously. 4 did not feel that a holistic approach had been taken and 2 had a good experience previously but had lost this on changing schools.

There were mixed views about the balance between the strengths and pressures of the child and the family. One family felt there was a focus on previous events in the family which they did not consider relevant to the child's wellbeing. A grandparent felt the focus had been on the needs of the mother not the child and in a third case the mother felt that while the child's needs were looked at, her needs were not taken in to account

and that ultimately affected the child. Where the balance was seen as being about right, the child's needs and interests were paramount but the strengths and pressures on the parents and siblings were also recognised and considered.

Some parents felt they were being assessed for parenting rather than their child being assessed holistically (although this was for cases that had been initially assessed some time ago). Sometimes it was not until specialist assessment happened that a more holistic approach was taken.

Some parents felt the assessment was more about education than about the whole triangle, or that the focus was on eliminating problems for the school rather than on helping the child.

For two of the boys who were being assessed because of their behaviour, the more holistic approach had particular benefits. Where previously their perception was that it was seen as just bad behaviour which needed to be dealt with, now the boys felt supported and listened to rather than blamed which made it easier for them to manage their behaviour.

Where the initial concern had been child protection, the parents did not always feel the strengths as well as the pressures were seen at the beginning with regard to the family situation. For some of these families, the parents still do not feel listened to but for some people over time there had been a growing understanding of the family situation and how this affected the child and these parents felt that services were supporting them now.

For some families services had worked closely with them to get a full picture of how family life impacted on the child. One family had a video camera in their house so that they could go over incidents and dialogues and be supported to develop strategies that might work for their child. These strategies could then be shared with others.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Stories:

Frances' Story:

"I got frustrated with everybody. We knew there was something different about Frances from she was a small baby. I had a good HV who agreed there was something wrong but we had to push and push before she was seen. She was seen at about 18 months and they said it was a parenting problem.

"[Eventually] she was diagnosed with Tourette's. ..Now she has a diagnosis of OCD and ASD as well."

Gordon's Story:

"I first raised concerns about Gordon with the Health Visitor when he was about two and a half and was not speaking. She referred him to the Speech and Language Therapist. The Therapist was good at listening and seemed to know what she was talking about. She saw Gordon for a few sessions and suggested referring him to the Paediatrician.

The psychologist has videoed Gordon at home, for just a few minutes, but then looking at the film has helped us understand some of the behaviour. We have found this really helpful and it has helped them to work out strategies at home. The support for learning teacher has also looked at the video."

Luke's Story:

"The nursery made a referral to psychology. We felt uncomfortable as, although we were there about Luke, the psychologist seemed more interested in the our background, especially [the mother's]."

Luke went on to develop epilepsy and this led to further assessments and he now has a Child's Plan.

"This has turned things around for Luke. The attitude from the Head has changed now and we cannot speak highly enough of her."

Katriona's Story:

"It was the drink causing the problem and I am still not over it completely.

Katriona has her social worker and I have one too. My social worker is the only one who comes to see me and listen to me; the rest of them just blame me. [in the beginning but now..]

"They started really listening when they did the [Child's Plan] meetings."

The first Child's Plan meeting was about 2 months after the initial concerns were raised.

Michael's Story:

"The therapist (Phoenix Centre) is good at listening to me. She doesn't think there is anything wrong with me, that I don't need to go anywhere. But I think its better if I go, it's easier for me to behave.

I do get listened to at school.....

I don't need the extra help this year as I have a teacher who listens to me. Also I can wind teachers up and she does not rise to it. I can't help it. If people shout at me I just react."
Michael

Wendy's Story

"I can see from the professionals' point of view that they need to protect the child but also feel that Social Work weren't looking at the child within the [context of the whole] family. Each child has been looked at in completely separate cases and not seen as siblings with parents and we feel torn apart."

Wendy's mother feels professionals have concentrated on the child but without thinking about their relationship within and to the rest of the family.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Planning

When asked if they felt involved in the development of plans, there was a positive response for 9 participants, 4 had a negative experience, and 9 had previously had a negative experience but now felt involved. In one case the parent feels able to contribute but not the child and one family had a mixed experience. One family felt everything had been decided in advance and the request for their contribution was tokenistic.

In terms of the difference made by the introduction of the Child's Plan (as opposed to other plans held previously), involvement in planning had improved for 7 of the participants. The 2 young people now in transition will not be eligible for a Child's Plan. For 3 of the participants the offer of the Child's Plan came when the children were already withdrawn from education. 2 of these children now have a Child's Plan and feel involved in its development and review. For 2 participants plans are not yet in a Child's Plan format and it is not clear if there is a Child's Plan or not for the participant who had disclosed abuse. The other 10 participants all had a Child's Plan. Children and families were not always sure if they had a copy of the plan.

For some participants the plan was focussed on one aspect such as education, but for some it was holistic and included out of school activities too. In some cases the needs of the family, parents and siblings were considered too. In these cases a range of services had been involved. Sometimes it was felt the needs of the child were seen in isolation to the family's needs.

Some people had a really good relationship with the Lead Professional but others were not even sure who that was. Many families found it helpful to have one person, such as the Children's Service Worker or Action for Children (voluntary sector) staff, to liaise closely with. Consistency of individual support workers and social workers was an issue for many of the participants. Where a child came before the Children's Panel it was seen to be beneficial if at least one member of the panel had been there previously.

Families had a wide range of experiences of meetings. Sometimes there were professionals around the table who were unknown to the families. Some families had felt unprepared for what might happen in a meeting and were not always sure of their rights. The meetings were sometimes family centred, meeting at a time and place to suit the family such as at the GP surgery when the child was at nursery, others were the opposite, for example a meeting at 9.00 am for a young single mother who did not live near the social work offices where the meeting was held.

A number of participants suggested meetings would be improved if they were not so formal and if jargon was not used at them. The agenda should be given in advance along with preparation for the format of the meeting.

Children and families need to feel the plan is solution focussed and moving things forward. They did not feel it was useful when blame featured and the past was 'dragged up again and again' when the family felt they were moving on. Other people attending the meeting should have the information in advance so families don't have to tell the whole story again.

Contrasting the story of Colin, now in transition, and Andrew, in his early years, the difference in the planning and support offered early is marked. For Andrew, once concerns had been raised and assessment carried out a range of services were brought in to support him and also to enable his siblings and mother to get some respite. This means that as well as a supported place in pre-school, Andrew's family have respite. Practical help such as inescapable car straps have also been provided.

For Colin early plans had been about helping the school or pre-school manage and had not considered either Colin or his family's holistic needs. The plan in pre-school had been to reduce Colin's time there to half an hour per session, thus increasing the stress on Colin's family. The lack of consideration of the needs of the family led to enormous stress for the family who had to live with Colin's challenging behaviour.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



I like Glachbeg,
seeing the animals
and cooking, making nice things

Stories

Ingrid's Story:

"Since Ingrid became pre-school age, the pre-school teacher brought in all the professionals for meetings with us [parents] out of which support has been planned.

"We do feel able and encouraged to contribute to the plan but also feel we are very proactive parents. Suggestions we have made have generally been taken on board and actioned.

"Once Ingrid entered the school nursery, things have been much more organised and support plans kicked in. On the whole the plans have helped things, moved things forward and people work hard to get it right while no one really knows what her actual potential is."

John's Story:

"The first Child's Plan was drawn up a year ago with just us and the health visitor. She went over the whole process with us and listened to what we had to say. I definitely feel we contributed"

Ben's Story:

"Initially Ben had an Individual Education Plan (IEP). I was quite surprised by the sort of detail on it, for a child so young. However, the IEP was not reviewed and I don't know if it was acted upon and if outcomes were achieved.

"Since the Getting it right processes have started to be used and Ben has a Child's Plan, things seem to be solution focussed with a positive slant and things are more frequently reviewed.

"Ben's Plan is reviewed at meetings. It is more or less the same people around the table as the liaison group, but the format of the Child's Plan means that different areas are looked at to complete the boxes. The Child's Plan seems to be less detailed than the IEP. My views are included to a degree, but the meetings feel rushed; like a brief appointment between other children's meetings."

Oliver's Story

Oliver's adoptive parents do feel involved a bit in the planning. They have chosen not to attend Looked After Child meetings as the birth mother would be there and they did not feel that was useful. However they were able to contribute in advance. The family feel that they could have done with more support and advice when Oliver first came and the decision about whether to hold him back from school had to be made.

Yvonne's Story

Yvonne's mother did not feel that the plans helped make things better. Plans were made and were carried through but things dragged on too long and Yvonne and her family needed the support earlier when it might have made more of a difference. The school did draw up an alternative curriculum for Yvonne but it was not clear if this had been actioned and if it had made any difference.

It had also been suggested that Yvonne's mother access parenting classes but after 6 weeks she stopped as she was the only parent of a teenager there.

People who have worked with Yvonne have been very positive about her.

Meetings were held in consideration of Yvonne's mother's working patterns but at the meetings there tends to be a lot of jargon used.

Ursula's Story

Ursula's mother felt that she was only asked her opinion once the plan had already been decided. The timing and location of meetings was not at all user friendly. She had to get the baby up early to walk a long distance to reach a meeting at 9.00 am as the mother had no money for the bus. The meeting would be much better if it was held somewhere there could be a more relaxed atmosphere and if travel arrangements were considered.



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Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Outcomes

Plans were being actioned for 11 of the participants and were being partially actioned for another 11 of the participants. For two participants, the plan had not been actioned as far as the family could tell. Of those partially actioned, families thought it was often a lack of resources that had prevented plans being carried out.

In terms of better outcomes for the children or young people (with or without a Child's Plan), in 15 cases there were better outcomes, 6 had some better outcomes and for 3 things did not seem to have improved.

In terms of the review process, 14 had positive experiences of the review process, 4 had a mixed experience, 4 did not mention a review process and 2 young people are now in adult services. Where there had been review, no one reported a negative experience of review processes.

For some of the children the better outcomes were attributed to being better listened to. This was especially true for those whose problems had been manifested in behaviour difficulties.

Sometimes there had been backward movement as well as progression. Sometimes this was due to a change in school or teacher. This can have a beneficial or a negative effect depending often on whether the child is able to trust in the new people working with them.

For those children under child protection parents could see that there were some better outcomes for the child but sometimes the parents did not feel supported or that things were improving for them, which may ultimately affect outcomes for the child.

Participant Outcomes

Andrew

"There has been improvements for the whole family not just for Andrew." Mother

Ben

"The teacher and classroom assistant are excellent and the structure of the timetable suits Ben. He has attended an out of school club to help him with his socialising." Mother

Colin

Colin is home (from Out of Authority placement) and able to communicate with his family now. He has developed substance misuse issues.

Dorothy

Although Dorothy's mother reported that the school had not carried out the plans for Dorothy, in adult services, Key Housing have been excellent at meeting her needs.

Edward

"Now I am learning at home with mum and I have learnt a lot more. There are no other kids around to distract me. I am getting the right help now. I am sitting exams, maths and physics higher this year and next year English, music and probably chemistry." Edward

Frances

"It is gradually coming together [for Frances] since the child's plan but I had to shout to get here." Mother

Gordon

"There is an improvement in speech and language and [Gordon] is less disruptive now. The visual time table and home diary have been particularly useful as has the use of video to understand behaviour at home." Mother

Hannah (an update since interview)

"Hannah is now back at school full-time. A couple of the factors which have helped in this are: being given working space in a department"



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



where [Hannah] feels comfortable and where she can choose to spend breaks and lunchtimes rather than in the designated autism base and having the informal support of a teacher who is sympathetic to and understanding of the issues around Hannah." Mother

Ingrid

"The plan has been very helpful in pulling in other services and support needed such as one to one in nursery. Also, the plan went to the nursery so they know all about her. This was great as it saved us having to explain again and again Ingrid's needs. I feel things have definitely improved for Ingrid through the plans, building up her confidence." Mother

John

The mother feels things have definitely improved for John through the plans, building up his confidence through his access to support.

Katriona

Things have improved, Katriona is doing well.

Luke

"Things have improved a lot but Luke is still only accessing a part time education. I do feel listened to and feel that Luke's needs are in the centre." Father

Michael

"It is better now that I am listened to. It is the same with my teacher in school. The support for learning, my teacher, the therapist at the Phoenix centre and the Head Teacher now all believe in me and listen to me. I like the Head Teacher lots ..., he has given me rakes of chances." Michael

Norma

Services are working together for the family who are happy with the support offered.

Oliver

School have worked well with the parents and Oliver is now settled and doing well.

Paula

Attendance at the family centre has brought on Paula's development. Parents have found family support helpful. Speech and language therapist has referred Paula on to the Paediatrician.

Rory

The parents felt that had the Child's Plan been offered earlier things may have improved. As it was they felt there had been no improvement and so have made the decision to move out of area and place him in an independent school.

Sam

Sam is listened to now and manages his behaviour better. He understands that the needs of other children need to be taken in to account.

Tommy

Tommy gets on well with his support worker and enjoys his time with them but the family don't think it has progressed things much.

Ursula

Plans have made things a bit better for Ursula and the parents believe she is getting what she is needing. The parents feel they are not getting the support they need and have not had contact with Ursula for months.

Veronica

Veronica and her family feel 'left to get on with it'. There has been no contact from services to say what is happening since her disclosure of abuse and no plan to consider what support is now needed.

Wendy

Recent plans have made things better and Wendy is now being reintegrated with the family. The support from Action for Children has been helpful in building their parenting skills.

Yvonne

The parents did not feel the plans had been helpful.

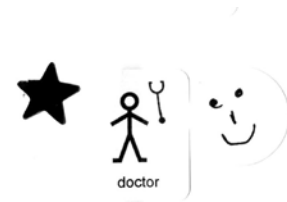
Zak

Plans have helped a bit, but the grandparents feel the plans were more about the mother than about Zak.



Highland Children's Forum

Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Child Centred

Of the 24 participants, 14 feel that they are receiving a child centred service now. Of the remaining 10, 3 participants had good experience of services working well together; 7 felt that the service did not always listen carefully to the child and family or recognise their expertise and sometimes this meant strategies suggested by families were ignored. For 3 children the focus seemed to be on their education rather than an holistic approach.

Sometimes where things did not happen or were not child centred, it was perceived to be a resources issue, there simply was not enough capacity to meet the needs of the child.

But for others it was not about resources or a lack of them, they were not asking for or expecting services to be able to do everything, but rather to be listened to and worked with.

The Child's Plan was perceived to bring about a more child centred approach as there were boxes to fill around the My World Triangle and the views of the parent and child were included. For some families the plan itself had brought about a change in attitude from a professional who was already working with the child and across the responses a strong theme came out about the attitude of professionals and practitioners. Where this was supportive rather than judgemental and where the strengths as well as pressures were acknowledged, the best outcomes were made more likely and even where outcomes were not ideal, children and families could work with them better.

Information and managing expectations was another important part of child centred services. Families wanted to be prepared for meetings and have realistic expectations, some idea of what may or may not happen and of what services might be available. Child centred practice occurred where meetings were welcoming to children and families, less formal, without jargon and held at a time and venue suitable for the family. Advocacy was useful if the family felt

vulnerable or unsupported.

There is huge benefit in having one worker who really listens and is perceived by the family to be on their side. This was often someone outside of public sector services.

Where there is a child protection issue while parents recognised the need for their child to have social workers focussed on the child's best interests, they felt better enabled to participate when there was someone else as well who was perceived as being on the side of the parent. This was especially important at the beginning of procedures which was a very frightening and distressing time for parents. There was a real need for information and explanation of what was going to happen for families at that stage.

Families found it very disruptive when there was a change in the people working with them, especially changes in social worker, but sometimes in a teacher or even in Children's Panel members.

While parents recognised the need to focus on the needs of the child about whom there were concerns, they also felt that the needs of siblings had to be taken in to account as there were often implications for them.

When parents or children had raised concerns themselves, they needed to be listened and responded to, but they also needed to know what they could expect. Sometimes parents and children did not know what would happen once this information was shared and they did not feel prepared for the outcomes.

Sometimes children or families did not feel they received a child centred service. This led to a feeling of powerlessness which hindered them from moving forward. Where children and families had felt listened to, informed and supported, armed with the knowledge of what was possible, that alone moved them towards a better outcome.



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I miss my helper

Stories

Hannah's Story:

"In S1 I communicated what I thought sometimes by writing a note and getting Mum to read it out in meetings. However, this was severely frowned upon. I can write things I can't say in meetings because I feel a bit intimidated...."

"Recently, [Autism Outreach Advisor], has been involved. He asked me to put together a bit about myself before the meeting about who I am, what I'm good at, what I find difficult so that he could learn about them." Hannah

Michael's Story

"The P 6 Teacher had this [strategy].. It didn't help me one bit because it made me look like an idiot. I'd see other people get away with things that I was punished for. It didn't help me at all. She was telling me not listening to me at all." Michael

Rory's Story

"It is not about money or resources it is about empathy and intuition. It is about listening. When the child or young person felt listened to it was easier for them to manage their behaviour and do their best at work." Rory's mother

"[at new school] It was how I felt when I first walked in; that I could be in a school like that and not be sad. It didn't feel like I would have to tic much in the classroom. The school was quiet and calm and everybody seemed to have a happier face, sometimes a curious face." Rory

Dorothy's Story

"When Dorothy went to the secondary school... None of the staff were trained in Makaton which Dorothy used"

"Dorothy needs mental and physical stimulation

to reduce her epilepsy. This is in her plan; she needs to be walking. Dorothy has been kept in a wheel chair rather than walking which she needs.

"The school acquired a beautiful seat for Dorothy's [neck] support but there is no table at the right height so it is not used.

"A camera was requested for her communication and learning, but Dorothy is still waiting for it. It would help Dorothy to take pictures wherever she is to help her memory"

Dorothy is now in adult services. Key Housing trained staff in Makaton before working with Dorothy and use a camera with her when out.

Edward's Story

"I was at a small school with only 6 pupils. There was one teacher and she came round to all the tables and helped you if you needed it. That teacher listened to you and knew you. Then I came to my last school which had about 30 pupils all in the same primary year. The teacher didn't listen to me. She gave the same [work] to all the kids and if we got stuck we just had to carry on with the next sheet. If I was stuck I could have done with a bit of help and sometimes the work was just too easy, stuff I had already done. I didn't learn very much.

"I know what would be useful, just to listen to children and to do what [the policy] says and listen; want to listen. See what people need and do different levels. More teachers per classes [would help] so people could get more help." Edward



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Listening to children; speaking with policy makers



I'm worried
when no one
plays with me.

Andrew and Colin contrasting Stories

Andrew's and Colin's stories were introduced on p 4 as an interesting contrast. While accepting that all children and their families are unique and comparisons between can only provide limited and speculative information, the experience of Colin and his family 15 or so years ago is very different to the experience of Andrew and his family who have support provided under the new Getting it Right approach. It cannot be certain that the outcomes for Colin would have been different had he received a similar supportive response and the outcomes for Andrew are not yet known. However, the difference in the experience of the families can be seen and it would be fair to assume that difference will lead at the very least to an improved sense of wellbeing for Andrew and his family and that alone will increase the likelihood of improved outcomes.

Andrew's Story

Andrew is the middle child of three, is four years old and lives with his mother and siblings.

Andrew has always been challenging. At 9 months he could escape from a baby carrier and at two had his cot chained to the wall.
"I thought it was just a boy thing."

When the younger son was born, the few words Andrew had were lost. It was this that caught the attention of the Health Visitor (HV). The HV referred him to speech and language therapy. When he was there, he was trying to escape and was very challenging. So it was suggested Andrew was seen by the paediatrician.
"That was when the real help kicked in. He was almost 3."

The Health Visitor got Andrew a place at playgroup but they could not cope with him there. The Health Visitor then arranged a place for him at a family centre further away.
"I was struggling to cope. I had all three of them at home in the mornings. I spoke to HV and said that I needed some help. She pulled together a team review. The Health Visitor mentioned about social services and I was wary of involving them."

thinking it was because I was a bad parent and that the children would get taken off me.

"I was terrified of the meeting as I didn't know what to expect. I was worried they would think I wasn't coping. I was a bit depressed. But they were really good and I was so pleased with the outcome."

An Early Years Service Worker (EYSW) was arranged and a Home School Link. The EYSW organised some respite time so that Andrew's mother could spend time with her daughter, now at school. No childminder locally could manage Andrew's needs so he went to one a 20 minute drive away two afternoons a week after school. This was funded by social services.

"That has been brilliant."

The Health Visitor arranged for Andrew to have one to one support at playgroup and this enabled the group to offer him 5 sessions. In the August he went in to the school nursery and also gets one to one support there. He isn't toilet trained but the nursery put procedures in place for changing him. He really started to improve at nursery.
"They have been very good, great."

It was decided to allocate Andrew a social worker from the children's disability team to take on the lead role. The meeting was held at the local doctor's surgery in the morning when Andrew was at nursery as this made it easier for his mother to attend.

"These are all professional people and I have not done anything professional since my daughter was born. Once I got there it was good. I had been miserable but I realised they were trying to help me. I was amazed at what they were offering. Different people's ideas were put in. They listened to me."

Andrew now has involvement from the Occupational Therapist and is attending the sleep clinic. The educational psychologist is suggesting behavioural strategies. Crossroads are going to provide Andrew's mother some respite for an evening to go out.

In between meetings, there is liaison between the



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Listening to children; speaking with policy makers



professionals to review the support offered. Andrew had been provided with a special car harness but he had managed to reach behind and undo it, so another one with steel clasps had been provided. *"They do discuss it between meetings and sort things. I feel I get supported and listened to. I think they discuss other ways if something isn't working. They are really good at liaising and working together. I can see them as and when and I can phone them. I feel I have a really good relationship with all the members of the team. The support I am getting now is brilliant and it's making such a big difference to all of our lives really; it's easier for me and the children. You can see them growing up happy rather than with a mum who was always through the roof."*

Colin's Story

Colin is now aged 16, living in supported accommodation, and has a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) & Conduct Disorder (CD)

Colin is the second child of four children. From very early on his mother could see the difference in him and recognised that she needed help in managing Colin. At 1 year old he would hold on to his breath in temper, at 2 he was causing problems at the mothers and toddlers group, hurting the other children and by 3 years of age he was throwing furniture around his home. The mother knew she needed help and asked for it from both her GP and social work. She was a single parent coping with this unpredictable behaviour asking for help, but she did not receive help from social services at this time and her GP thought it was just a parenting issue. The Health Visitor was supportive and visited the family weekly for years.

On the first day Colin went to pre-school the teacher recognised there was a problem. He was soon only able to attend for half an hour of the session as he was so disruptive and able to harm the other children.

By the time he was going in to primary school he was able to throw himself downstairs and was capable of hurting both himself and others. He was referred to the Child and Family Psychiatry but he did not interact well with the doctor he saw there.

His behaviour in primary school did get social services involved. But this did not bring the help the mother needed at home. She felt she was ignored. In Primary 5 Colin was excluded from school because of his dangerous behaviour to himself and to others.

Eventually he was referred to the Black Isle Education Centre. The mother felt this was a good placement for him; they seemed to understand Colin and were very supportive of her as his mother. But Colin often refused to go to school even so. At one point the support worker from the school came to the house and witnessed some of his dangerous behaviour and contacted social work to come out and see for themselves what things could be like at home.

As well as breaking things, throwing furniture and lashing out at his siblings, Colin would intentionally keep his mum awake at night, thumping on her bedroom wall and could keep it up for hours. The only respite his mother or brothers got was when he was at school.

Colin was eventually diagnosed with ADHD and CD and was put on Ritalin. This helped his behaviour but increased his tics and he became unwilling to get out of bed and had a poor appetite. He was also self-harming. At one point his self-harming became alarming and the school took the decision to have the police involved and Colin went in to secure accommodation. He is now in a placement within the local authority in independent living and is accessing the college sometimes. He has drug and alcohol issues.

Over the years there have been many changes in social workers which has not helped Colin who does not adapt well to change. Colin has been under a supervision order and the mother feels that the Children's Panel have been very good at really listening and understanding what the issues have been.

The mother felt that in the early days she was not heard when she was asking for help and that her parenting skills were being judged; so she was unwilling to say too much. In the last few years she has been able to be much more open and honest to the social work and their reports have consistently noted how supportive she is to Colin.



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Listening to children; speaking with policy makers



Discussion

The principals of Getting it Right, the more child centred approach and the increased involvement of children and families is welcomed by children and their parents and perceived by them as enabling them to work with services and experience improved outcomes. Even when services did not have the resources or capacity to deliver the best fit service, being listened to and supported was of benefit.

The experience of practice was more varied. Where children in early years with developmental difficulties are having their concerns recognised now and the new approaches applied from the beginning, the experience was very positive for families.

Where young people had already had some experience of additional services in the past, there had been some improvement where the new approach had been applied. Some people's experience suggested that some of the new approach was being used but not all of it in all instances.

With regard to meeting needs in education, there did seem to still be a problem. Some children either are or have been in full or part time exclusion from school when their needs could not be met there. This seemed to be the case in particular where the child's needs affected their behaviour. For three boys who had behavioural issues in school, the new approach of being listened to had transformed their experience and had made it feel easier for them to manage their behaviour. Even when the same teacher or head teacher was there, or where the child was still in part-time education, the child felt more supported and happier at school. Two of the children who are now home educated have got support from social services which has made them feel listened to and supported.

For the two parents for whom the new approach has come after their young people had made the

transition to adult services. There was recognition that the new approach would have helped them had it been available.

For those children who had been or are on the child protection register, the initial time of investigation about the concerns raised was a time when the parents felt it might have been looking at the needs of the child but it was not handled in a way that was supportive of the parents. Their distress at the time was compounded by not knowing what was happening and what might happen.

No one would argue that a robust risk assessment which looks at the needs of the child first is an essential part of the response to a child protection concern and this is very much a part of the Getting it Right approach. However, it may be ultimately more child centred if the parents are given separate support at the time of the initial investigation; someone who can explain what is going on, manage parental expectations and anxiety and support the family through whatever proceedings are required. This is likely to help families be able to work with services in any subsequent plan.

For some families whose children had been removed, there had come a time afterwards when they did feel listened to and supported and able to contribute to the child protection plans and work towards having their child living at home again.

Most families seemed to expect services to work together. The only examples of services not working together were historical. However, the Named Person and Lead Professional role were not often mentioned by the child or parents. Most families knew who they could speak to in order review the plan. For many families there was a different practitioner with whom the family had a good relationship and who they could speak to.

Not all families seemed sure if they had a paper copy of the Child's Plan. Those who had a long history of additional support for their child tended to have large home files or boxes with letters relating to the child.



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Listening to children; speaking with policy makers



I am scared
in the dark.
I need the blinds
and door open
lights on

When concerns are raised by a child or parent, it is essential that these are listened to and given due consideration. The dialogue with children and parents is fundamental to getting the right support.

Where the concern is about behaviour it is not useful to jump to the conclusion that the problem is parenting. Even if there is an issue with parenting, beginning a supportive dialogue with parents and using the My World Triangle tool will allow strengths as well as pressures to be identified and compounding difficulties can be seen and acknowledged.

For child protection concerns it may be in the child's best interests in the long term to ensure parents have some sort of advocacy or support at the beginning and that information is given about what is happening, including details about what to expect from the meetings which will follow.

Where assessment involved families in identifying both strengths and pressures around the triangle this has enabled the family to feel supported. Sometimes there was a perception that there was too much emphasis on the family's past or too little focus on the needs of siblings.

Where the assessment was about a child's behaviour, previously families had felt judged without recognition of strengths. Since the new processes have come in that has turned around for a few families and they now feel the strengths and pressures around the triangle are seen.

In each of the cases where social work were involved in the initial assessment, the family did not feel listened to and involved at that point; some of the families have gone on to feel more involved now. A social work assessment may make a family feel threatened and at risk of being torn apart. This would not be an easy time to ensure that parents felt supported and involved. Again advocacy for the parents might help engage them.

Families seemed to be more interested in whether the plans were actioned and appropriate than whether paper copies were shared.

In terms of the planning, there was a mixed response regarding involvement of children and families. Some plans were holistic and considered out of school needs and sometimes the needs of other members of the family (through offering respite). Some plans still seemed focussed on education.

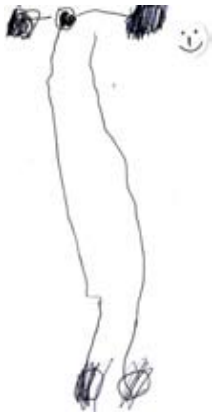
Families had more to say about the planning meetings than the actual plans. Children's Panels were praised for listening, but consistency in at least one panel member would be helpful.

Other meetings tended to be too formal, have people present who were not directly involved with the child, used jargon and be held at a time and place that was service centred. Where this was not the case and meetings were child and family focussed, families were better able to contribute.

Most children were now experiencing improved outcomes, those who did not report improved outcomes tended to be the children on the child protection register.

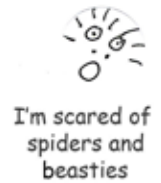
Where there was improvement for families including those on the register, there tended to be one identified person who was key to that. It was the Action for Children or other voluntary sector support worker in quite a few cases. Whatever the detail of the plan, it was a person that sometimes made the biggest impact.

In terms of the delivery of services moving towards a more child centred model, there is recognition that the tools of the new approach encourage a more child centred view to be taken. This has not always achieved a move from the focus on education. There is a detectable move towards child centred practice and some excellent examples of it in practice. There are still pockets of resistance where service centred practice continues.



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Representing Children and Young People in need in Highland
Listening to children; speaking with policy makers



Two other issues were raised by the study. Three children, Rory, Edward and Hannah have all been tested and recognised as gifted. There was a feeling that this aspect of their needs was not recognised.

*"There is a need for a dedicated Gifted & Talented outreach worker, even as part of someone's remit, as currently there is no one available."
Hannah's mother*

Three of the children had a diagnosis of Tourette's Syndrome (TS), Rory, Edward and Frances. It was felt that most teachers did not understand the needs of children with TS and all three of these children have now been withdrawn from mainstream education.

*"People will say 'was it deliberate or by accident' but not 'was it your difficulty'. It is not by accident or by purpose it just is my difficulty. They don't understand what that means they think it is accidental or on purpose. They put a note in your behaviour record. The Head Teacher says I lie about my Tourette's syndrome but I don't."
Rory*

In conclusion

The new approach of child centred practice, in dialogue with children and families, working in partnership across services and using the Getting it Right tools is liked by children and families and being listened to and feeling supported is key to enabling them to move forward.

The current experience of children and families varies in terms of this approach. Where the new approach is used from the beginning parents have had a very positive experience of services. Where children had previously had a poor experience particularly where behavioural issues were involved and now feel listened to, there has been a transformation in the child's engagement with the school. Unfortunately for some children this did not happen early enough and they have experienced part time or full

exclusion from school. Sometimes even with a Child's Plan, there is part time exclusion from school or nursery if the child's needs cannot be met.

In child protection situations the focus is on the child and parents found the time of investigation extremely stressful. Having someone to support them though the process would be helpful to them but in the end may also help the child if the parents are enabled to engage with services.

In schools the focus can still be on education at the expense of the holistic view of the child. The needs of some children present challenges which schools struggle to meet. This would include children with Tourette's Syndrome or who are gifted and talented or have behavioural difficulties. This is not necessarily a resource issue it might be one of understanding.

Overall children and families agree that the Getting it Right approach would get it right for them, even if this is not being achieved yet. There are some excellent examples of good practice in this report which could inspire others.

Recommendations from families

- Listen well and have empathy
- Don't jump to conclusions
- Explain
- Don't use jargon
- Provide information
- Prepare families for meetings
- Advocacy for parents in child protection
- Organise meetings to suit family
- Consider the needs of siblings
- Develop understanding of child's needs
- Use strategies when they are agreed
- Provide some consistency



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Listening to children; speaking with policy makers

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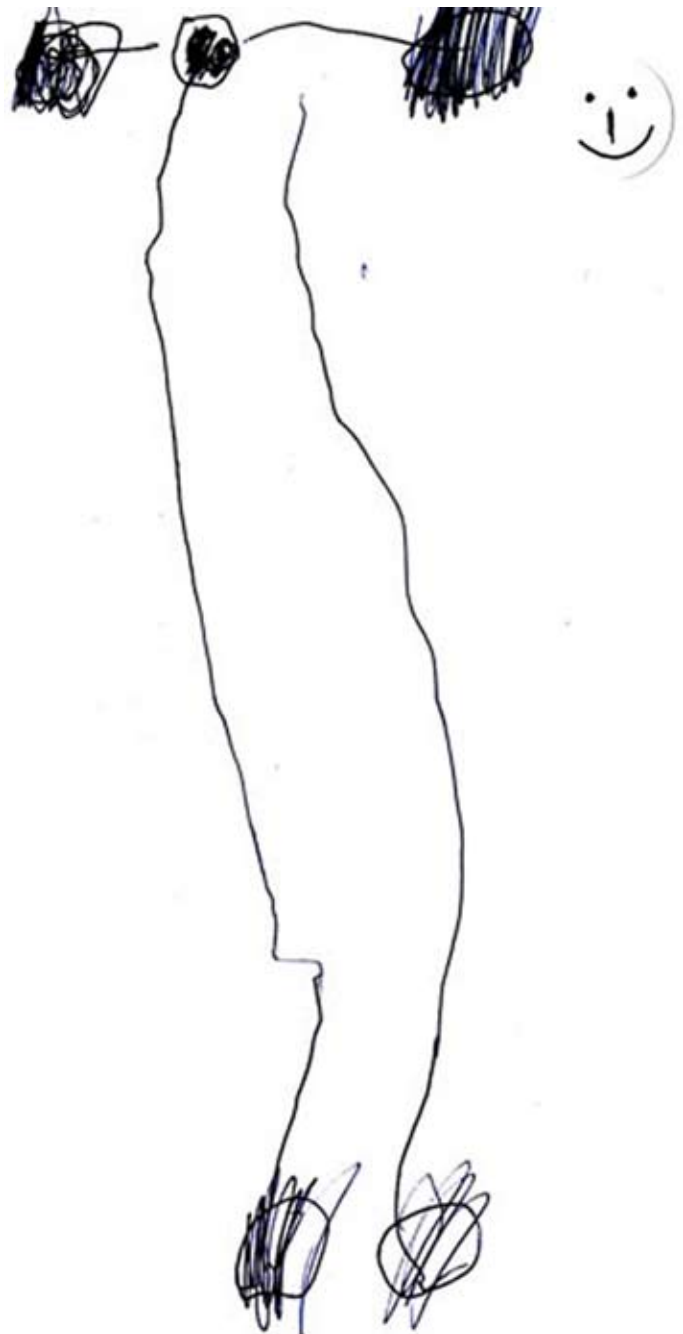
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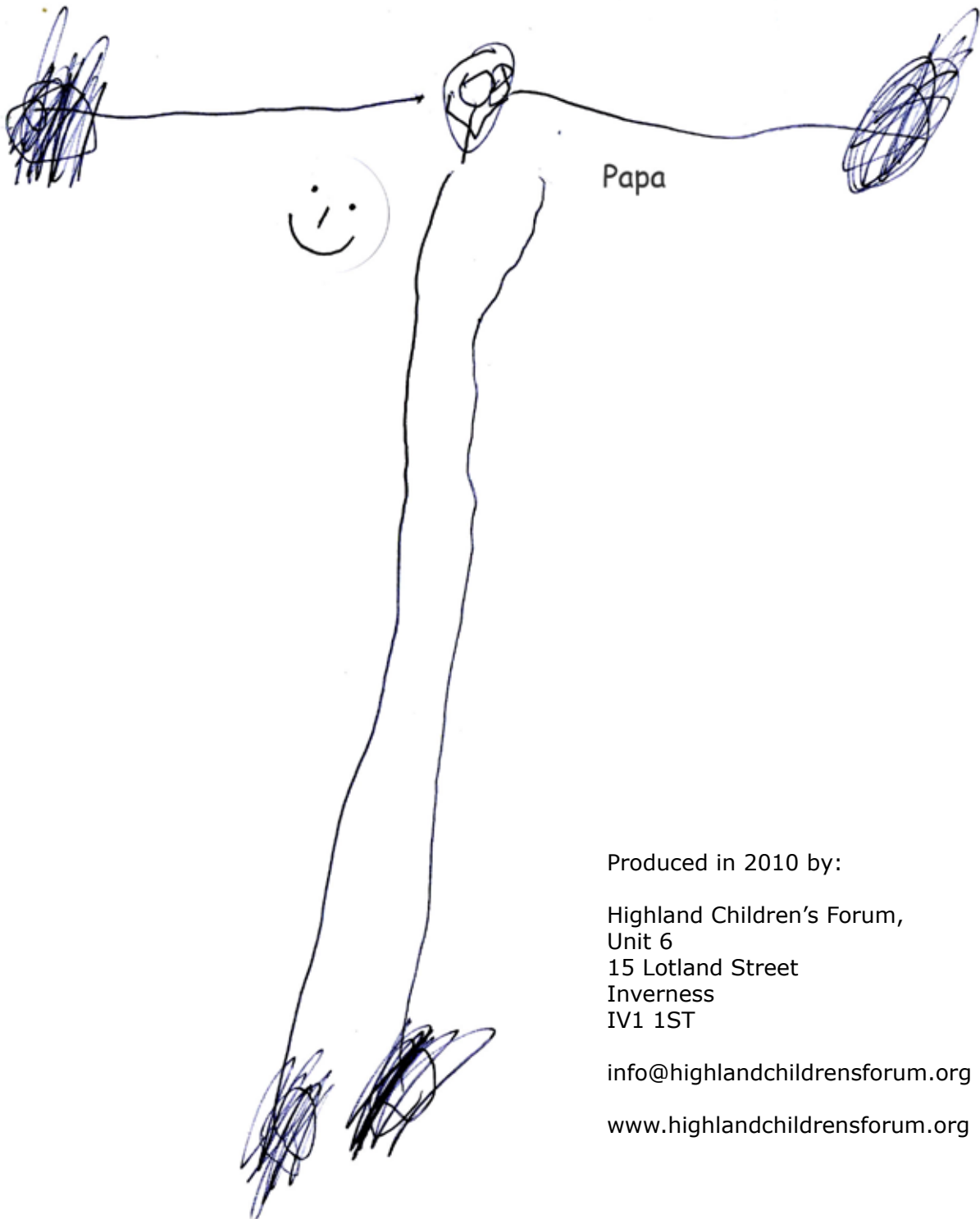
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Listening to children; speaking with policy makers



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