

**Learning Community - Joint Support Teams (LC-JST)  
&  
Integrated Support Team (ISG)**

**Practice Guidelines  
Update**

**(Version December 2016)**

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## **PART A: LEARNING COMMUNITY – JOINT SUPPORT TEAMS (LC-JST)**

### **1. INTRODUCTION**

- 1.1 The purpose of these revised guidelines is to build on the good work of the Learning Community Joint Support Teams (LC-JSTs) currently taking place across Learning Communities and to thus further ensure that our provision embeds the principles of GIRFEC.
- 1.2 The guidelines also provide clear guidance on roles and responsibilities of staff across Education and the Health and Social Care Partnership (HSCP) on the delivery of LC-JSTs thus ensuring consistency of good practice across the city.
- 1.3 The 'One Glasgow' Early Years-JST (EYs-JST) operational paper has been drafted and is being consulted on. This clarifies the link between the EYs-JST and the LC-JST

### **2. CONTEXT**

- 2.1 The LC-JSTs are an integral part of staged intervention model at Learning Community level. They allow for a collaborative discussion to be held and a shared responsibility adopted between those professionals involved in supporting a child. This approach supports staff from Education Services, the HSCP and other associated partners to find local solutions to concerns about a child or young person's wellbeing in order to achieve consistently high standards of practice and provision. (Wellbeing is described as per the GIRFEC Wellbeing Indicators).
- 2.2 Every Learning Community has a JST that addresses the wellbeing concerns of children and young people of every education establishment from within the Learning Community, including those young people attending ASL establishments. The LC-JST is accessed when additionality beyond establishment resources and/or support is being considered and where consultation with HSCP colleagues is required in order to support and promote wellbeing.
- 2.3 Establishments also have a range of internal single agency and/or multi-disciplinary meetings which support planning for individual children and young people e.g. case discussions involving partner agencies. These are complementary to the LC-JST. For example, given that the LC-JST has a whole learning community focus, it is the expectation that much of the establishment level consultative work which takes place, eg with the Psychological Service, does so within the context of other support structures. These various meetings are referred to as Staged Intervention and Inclusion Meetings (SIIM) ([link to SIIM website](#)) for the purpose of this paper and the content/outcomes are normally recorded on the relevant paperwork.
- 2.4 LC-JSTs are increasingly taking an approach that does not focus solely on the area of concern, but is solution oriented, forward looking and builds on the child or young person's' strengths and resiliencies.

### 3 KEY AIMS

- 3.1 For educational establishments, Psychological Service, the HSCP and other partners to have shared responsibility for supporting the inclusion of all children and young people in the learning and life of establishments facilitated by joint assessment, decision making and planning in order to address wellbeing concerns.
- 3.2 To ensure effective and proportionate early intervention when a child or young person requires wellbeing planning at a multi-agency level.
- 3.3 Education Services staff and their partners should give particular attention to points of transition and to specific vulnerable groups such as looked after children and young people, young carers, those on the Child Protection Register and young people leaving care depending on the level of individual need. It should be noted that Glasgow's 'Every Child is Included and Supported' (ECIS) policy states for children and young people with additional support needs, that:-
  - (i) 'for children due to move from an early years establishment to primary school, arrangements should be set in motion at least six months prior to the transition.
  - (ii) for children and young people moving from primary to secondary school, transition arrangements should start not less than one year ahead of the move.
  - (iii) for children or young people leaving school transition arrangements should start at least one year ahead of the move.'

**Ideally discussions for transition for children with additional support needs should commence two years ahead of the move.** This is in line with legislation and Scottish Government code of practice ([link to website](#)).

### 4 REMIT

- 4.1 To provide a forum for multi-agency discussion on support required and strategies to consider to support unresolved wellbeing concerns.
- 4.2 To share the expertise and resources that exists within a LC-JST group.
- 4.3 To foster and maintain a high standard of collaborative working between all agencies including information sharing.
- 4.4 To work in partnership with children, young people and families where at all possible and to actively seek and record their views.
- 4.5 To identify patterns of local need and practice issues, which arise from case discussions that could inform multi-agency working within the LC. This would be directed towards the appropriate Children's Services Working Group (CSWG).

## **5 MEMBERSHIP AND FUNCTIONING**

- 5.1 Each Learning Community should have a single LC-JST forum for multi-agency assessment and planning with meetings held in a LC forum.
- 5.2 On an annual basis the head of establishments on the Learning Community Senior Management Team (LC-SMT) will agree the core composition of the LC-JST. This should include representation from early years, primary, secondary and, where appropriate, ASL sectors. The core LC-JST will agree a chair from these representatives. Arrangements for chairing the LC-JST should take into account a range of factors, including the importance of a high level of continuity, staff development and succession planning factors (e.g. via co-chairing), workload, whole Learning Community perspective and across sector engagement.
- 5.3 The LC-JST core membership will also include appropriate representation from the HSCP and Psychological Service. Additional attendees may be called upon depending on the issue presented and the local context. This could include representatives from the Police, Glasgow Life, Glasgow Community Safety Services, Third Sector, Education Liaison Officer, etc. Consistency and continuity of membership are factors that will support optimum running of the LC-JST. The LC-JST should compile the contact details for those agencies that do not attend on a regular basis. They should also compile contact details for those agencies, e.g. Third Sector, who could be contacted for advice and support. This should be agreed and monitored through each area's CSWG (Children's services working group).
- 5.4 The LC-JST should, as a minimum, meet monthly and more frequently as required. Frequency and timing should be agreed, monitored and reviewed within the appropriate Children's Services Working Group. SWS and Health will sustain representation based on an agreed minimum of a monthly two hour meeting.
- 5.5 All LC-JST core members should undergo training in Solution Oriented Approaches as the agreed meeting management protocol.
- 5.6 Children/young people and parents/carers should be already involved in support discussions in school through the staged intervention process and associated meetings eg SIIMs. Practice in terms of listening to children and families, and ensuring their view is heard and they are as involved as possible in decision making, is consistent with Glasgow GIRFEC Guidance (Section 3.2) and cognisance taken of the Information Commissioner's Guidance (2013). They should, as a minimum, have their consent sought on the intention to discuss identified issues at the LC-JST, have their current views sought and recorded and have recommendations shared with them afterwards.
- 5.7 It is essential that child/young person's right to privacy is considered at the heart of any decisions that are made about them. Where the child/young person is able to consent they should be asked to do so before any

information is shared about them. If the child/young person is unable to consent then the parents/carers should be asked to do so, on their behalf.

- 5.8 Evidence of wellbeing concerns can be recorded and shared to inform assessment and planning when consent is withheld; if good evidence to suggest sharing is deemed vital to the best interests of the child/young person. The LC-JST should consider appropriate steps to re-engage the child/young person and parent/carer in the planning process. This may include consideration of seeking statutory measures. Significant harm or any immediate risks to a child/young person would trigger immediate Child Protection proceedings.
- 5.9 Information on the Named Person (NP) and Lead Professional (LP) is available from Glasgow's Guidance ([link to website](#)).
- 5.10 The NP within the primary and secondary sectors and the Head of Establishment within the early years' sector will progress Requests for Assistance (RfA). A RfA can only be raised by a NP who would send to the appropriate agency Service Manager to investigate and respond. Refer to Appendix 2.
- 5.11 The LP should be informed of the LC-JST meeting for a child or young person for whom they are the stated LP. The LP should be welcome to attend the LC-JST discussion for that child or young person and should be updated regarding assessments and outcomes.

## **6. REFERRAL & FEEDBACK PATHWAY(S)**

- 6.1 Consistent use of the city-wide agreed LC-JST Referral Pro-Forma is essential. This should be done in consultation with the CBS support associated to the LC-JST. This will allow robust analysis of the data to be done allowing the regular production of good city wide intelligence to inform improvements.
- 6.2 A Wellbeing Assessment and Plan (Education) will accompany a referral to the LC-JST. Any other relevant support plans or information regarding a child or young person's additional support needs and identified strengths and competencies or chronologies should be made available as appropriate.
- 6.3 The referral will be screened by the Chair of the LC-JST, who will prioritise and arrange appointment times, seeking clarification from individual establishments where necessary.
- 6.4 LC-JST practice should be child and family centred and planned supports should be proportionate, timely and least intrusive. Practitioners should ask themselves the '**5 GIRFEC Questions**' when there are concerns about a child or young person. That is:
  - (i) What is getting in the way of this child's or young person's wellbeing?
  - (ii) Do I have all the information I need to help this child or young person?
  - (iii) What can I do now to help this child or young person?
  - (iv) What can my agency do to help this child or young person?

(v) What additional help, if any, may be needed from others?  
A referral should not progress until these questions are evidenced at single agency level.

<b>Safe...</b>	protected from abuse, neglect or harm
<b>Healthy...</b>	experiencing the highest standards of physical and mental health, and supported to make healthy, safe choices
<b>Achieving...</b>	receiving support and guidance in their learning – boosting their skills, confidence and self-esteem
<b>Nurtured...</b>	having a nurturing and stimulating place to live and grow
<b>Active...</b>	having opportunities to take part in a wide range of activities – helping them to build a fulfilling and happy future
<b>Respected...</b>	to be given a voice and involved in the decisions that affect their wellbeing
<b>Responsible..</b>	taking an active role within their schools and communities
<b>Included...</b>	getting help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn

- 6.5 Parents/carers and the child/young person should have their views recorded and represented at the meeting by the NP/Head of early years' establishment. It would not generally be recommended practice for a parent/carer and/or child/young person to attend the LC-JST as such crucial discussions would best take place at the appropriate SIIM.
- 6.6 When there is an identified LP then they will directly liaise with the family following the outcome from the meeting. If no LP has been identified then it will be the role of the NP. If parents/carers remain dissatisfied with any decisions made they can discuss this with their NP in consultation with the LP when appropriate.
- 6.7 The LC-JST will discuss and progress any statutory Request for Assistance (RfA). It is therefore vital each agency is represented appropriately at the LC-JSTs to ensure appropriate discussion prior to any RfA being made. The LC-JST is the forum for Requests for Assistance. The RfA will be raised by the NP, discussed with the LC-JST and progressed to the appropriate agency Service Manager

## **7. DATA AND INTELLIGENCE MANAGEMENT AND REPORTING.**

- 7.1 There is an expectation on the LC-JST to have regular strategic discussions and development time. This will allow for the monitoring and review of processes and outcomes against an agreed performance framework. This will be progressed by the three CSWGs.
- 7.2 There should be a minimum data set for information recorded by each LC-JST. Data on source of referrals, reasons for referrals, specific case reviews and outcomes should be gathered regularly and reported on through existing

structures, for example the area CSWG and the Local Management Reviews. This would also allow further analysis of numbers by establishment as well as cross reference with other intelligence such as Staged Intervention Audit and referrals to City Inclusion Group (CIG).

- 7.3 The three area CSWG should collaborate in taking forward the quality assuring of LC-JSTs across the city including their strategic links with the appropriate Integrated Support Group (ISG) and other relevant forums. This will include the sharing of good practice. The outcomes and impacts from which should be reported to the city-wide GIRFEC Board on an annual basis.



## **PART B: INTEGRATED SUPPORT TEAMS (ISG)**

### **1. INTRODUCTION**

- 1.1 This guidance is articulated with, and should be read in conjunction with, the above Learning Community - Joint Support Team Practice Guidelines (LC-JST PGs).
- 1.2 The aim of this guidance is to build on the good work that currently takes place in the ISGs across the city; to provide clarity around roles and responsibilities of staff across agencies; and to give direction to enable a consistent multi-agency approach across the city in line with the legislation in particular the Children and Young Person's Act (2014).
- 1.3 The guidance is primarily focused at aiding managers and practitioners across Social Work Services (SWS), Education Services (ES), and Health to ensure that the care, education, and health needs of vulnerable young people are met.

### **2. BACKGROUND**

- 2.1 The original guidance for the ISG has been in place since November 2007 and updated in May 2012. Since then there have been significant structural changes to the way Health and Social Work - in the HSCP - and Education conduct their business across the city. This guidance is being updated again in particular due to the Children and Young Person's Act (2014) and the proposed introduction of the Named Person Service.
- 2.2 The purpose of the local ISG is to improve joint working, share decision making and focus on localised solutions for vulnerable children and young people who require multi-agency interventions to meet their needs.
- 2.3 The Child's Plan and the Wellbeing and Assessment Plan (WAP) provide the basic recording tools to ensure consistent practice and a common understanding of criteria and thresholds for intervention. This is crucial to the delivery of a consistent approach across the city. The aim is to move towards one single integrated child's plan. The decision making within the ISG will contribute to shaping this single plan.
- 2.4 The primary purpose of the ISGs will be to ensure that the most vulnerable children receive integrated packages of support, to maintain them within their local communities and that the support on offer by the agencies involved is well co-ordinated and reviewed.
- 2.5 The Prioritisation Group (PG) will maintain an oversight of the ISG function, monitor placements and trends across the city.

### **3 MEMBERSHIP & FUNCTIONING**

#### **3.1 Membership**

##### **Health**

Service Manager-Specialist Children's Services (SCS) Health

##### **SWS**

Service Manager (Co-Chair)

Team Leader - Intensive Services

##### **Education**

Depute Principal Psychologist (DPP) (Co-Chair)

LC-JST Chair(s) – eg three on a rotating basis from 8 (NW); 10 (NE) & 11(S)

The staff from all three agencies must have a level of knowledge/experience and hold the necessary authority within their service that allows them to contribute to the decision making process and make the required recommendations.

#### **3.2 Remit**

These meetings take place monthly within localities and the remit of the group will be as outlined.

- i. To adopt a solution oriented approach to the identification of, and response to, the needs of an individual child or young person by making the best use of existing resources.
- ii. To provide a consistent and common approach to the thresholds for referral to services.
- iii. To consider and have an overview of the needs in the local area (e.g. trends in service need, inconsistencies in practice) and what this means for service development.
- iv. To be familiar with the range of resources in the locality, identify where there are gaps in resources and reflect this into the Children's Services Locality Planning Forums and from there to the city-wide Prioritisation Group. Any gaps discussed at this group will be taken to the GIRFEC Board.
- v. To maintain an overview of the profile of additional support needs within the locality; including Looked After Children - within and outwith Glasgow - and those under Child Protection procedures
- vi. To link to / receive information from other local forums, e.g. Child Protection, Youth Justice; and City Inclusion Group (CIG)
- vii. To provide support and prioritise referrals to a range of 'specialist' or stage 3 and 4 services.
- viii. To have an overview of referrals to specialist services by the LC-JSTs.
- ix. To consider and have an overview of the case management of children and young people accessing high cost placements.
- x. To monitor and support transition processes for young people placed in resources outwith Glasgow by acting as a conduit to appropriate local resources and education establishments

#### **3.3. Nature of Referrals**

- i. All referrals to an ISG must have been considered first at the appropriate Learning Community JST (LC-JST) for those children and young people enrolled in a Glasgow school. For those accessing outwith local authority care placements these will be approved by the relevant Head of Service before presentation.

- ii. All cases for consideration by the ISG must be presented with an ISG Referral Form and Child's Plan. This will provide (a) a clear description of presenting issues; (b) chronology; (c) outline of current assessment; (d) reason for referral; (e) capture the view of the child/young person (Appendix 1) and parent/carer; and (f) clear indication of resources requested
- iii. Referrals will only be made to ISG when the child or young person's assessment determines that multi agency packages of support or specialist services are required to meet their needs which cannot be accessed through LC resources.
- iv. Referrals to the ISG will be made by whichever agency is taking the Lead Professional role, but must be made on the basis of a joint presentation based on a GIRFEC assessment. This would be reflected in the associated Child's Plan.

### **3.4. Referral Process**

- i. SWS in each of the three city areas will identify the area administrator who will collate the papers and set the dates for the ISG.
- ii. The ISG in each area should meet monthly. Cases should be presented to the ISG in the area where the SW case is allocated. If the case is not allocated to SWS the case should be presented within the locality where the child or young person resides.
- iii. The Named Person (NP) (for cases within Glasgow) and the Lead Professional (for cases outwith Glasgow) will arrange the necessary paperwork collation.
- iv. Paperwork for discussion at the ISG must be sent by e-mail to the administrator at least five working days prior to the ISG meeting.
- v. In most cases non-presentation of cases should suffice. However where a referrer wishes an appointment or the ISG requests it, this will be arranged via the ISG area administrator. This would normally be of 15 minute duration. The NP and/or LP will ensure the required professionals are present.
- vi. The ISG Proforma Outcome should be recorded on each area ISG Database and distributed to all professionals involved by the area administrator within one week of the ISG meeting

## **4. RESOURCE ALLOCATION PROCESS AND ANALYSIS**

**4.1** When SWS is required to access a care purchased placement, the following action is required:

- i. **If the placement is planned and subject to single agency or joint funding:**

The ISG Chairs forward the required ISG Outcome to the PG evidencing that the child or young person has been discussed and the care or care/ education plan agreed or otherwise.

- ii. **If the placement is unplanned and subject to single agency or joint funding:**

The Chair of the PG will liaise with the necessary Education Services senior managers - ie DPP/APP and/or HoS – indicating that the case will be referred retrospectively to the next ISG. The ISG Chairs will then ensure a case discussion and will forward the required ISG Outcome to the PG evidencing that the child or young person has been discussed and the care or care/ education plan has been retrospectively agreed or otherwise. (Appendix 3)

- 4.2.** On a 4 weekly basis the movement report from the PG meeting should be reviewed for each area by all members of the ISG. An overview of the total number of purchased placements each month would assist ISG members in this process.
- 4.3** There should be regular collation and analysis of ISG impact and outcomes within the areas and across the city with an annual report being presented to GIFREC Board in June.

## APPENDIX 1

### CONSULTING WITH CHILDREN AND YOUNG PEOPLE RECOMMENDED TOOLS

#### **Nurturing Me (NM)**

Nurturing Me is a GIRFEC tool which seeks to capture the voice of the child. It enables the child to contribute directly to the planning process which often takes place around them. NM is a mediated tool which uses concrete materials and is aimed at pre-school through to upper primary children. It may also be appropriate for some older pupils who have additional support needs.

Nurturing Me is also available as an APP:

<https://itunes.apple.com/us/app/nurturing-me/id988369996?ls=1&mt=8>

and can be used on a tablet. A web based version of this tool is in the process of being developed.

#### **Glasgow Motivation and Wellbeing Profile (GMWP)**

The Glasgow Motivation and Wellbeing Profile (GMWP) is a 50 item questionnaire that explores a young person's motivation and sense of wellbeing in the social learning context. It elicits the young person's view of themselves and their emotions including their vulnerabilities. It also gives them an opportunity to reflect on their current experiences and encourages them to consider how they can increase their own sense of autonomy, affiliation and competence.

Completion of the Profile creates an opportunity for children and young people to take part in discussions with teachers, support workers, parents and carers about their sense of wellbeing. The Profile is ideally used with young people between the ages of 8 and 17 years and can be completed on paper or completed on a computer which has Microsoft Excel. A guide to the Assessment and planning tool and the actual tool itself can be downloaded here: <http://www.goglasgow.org.uk/Pages/Show/1596>

## Appendix 2

### NAMED PERSON REQUEST FOR ASSISTANCE

#### 1. Introduction

The National Getting It Right For Every Child approach and the Children and Young People (Scotland) Act 2014, promote integrated working and partnership between professionals and families, to provide the right help for a child or young person at the right time.

The Named Person will enter in to collaborative discussion with other relevant service providers, (such as third sector, health, social care, education, Glasgow Life, Police Scotland, etc.) when asking another provider for help to support, promote or safeguard the wellbeing needs of a child or young person. In Glasgow, it has been agreed that a “request for assistance” will only be used in circumstances where the Named Person and the service provider are unable to reach agreement about the intervention required to meet the wellbeing needs of the child.

#### 2. The Role of the Named Person and Relationship with other Organisations

The Named Person should identify the wellbeing needs of the child, which should be based on an assessment of the child’s needs. Analysis of these needs should allow the Named Person to understand which service provider is best placed to help deliver the outcomes for the child.

When contacting the relevant service provider/s, the Named Person should be specific in stating the wellbeing needs of the child and where possible, state what outcome/s they hope to achieve for the child. This process should promote professional discussion that leads to agreement on the best solution to meet the child’s wellbeing needs.

Should the Named Person feel a fuller discussion at an Early Year Joint Support team (EYJST) or Learning Community Support Team (LCJST) would help them to get the right service to assist, offer advice, information or support to the family and/or child they should follow the guidance for accessing EYJST or LCJST.

The most common reason for Third Sector organisations being unable to work with the Named Person to meet the wellbeing needs of a child or family is lack of capacity or a waiting list. **This lack of capacity needs to be monitored to evidence unmet need in localities and a system and process developed to capture this to report to CPP, Thriving Places.**

Child and families may access third sector services by e.g. self-referral, etc. There is an expectation that the third sector organisations will inform the Named Person that they are working with child or their family.

### **3. Request for Assistance Process**

In Glasgow, we expect the Named Person and relevant providers to build professional relationships that lead to a good understanding of each other's roles, responsibilities and the type of involvement they can offer to address the wellbeing needs of the child.

Only in extraordinary circumstances do we envisage the Named Person resorting to raising a "requests for assistance".

Without causing significant delay to the child's wellbeing needs being addressed, the Named Person should instigate a "request for assistance" and send this to the relevant provider. The "request for assistance" will be considered, investigated and discussed by a relevant Service Manager of the service or equivalent senior managers in an organisation who will work with the Named Person to find the best solution to resolve the dispute and address the wellbeing needs of the child.

**Individual services need to work together to develop and share their systems for responding to a "Request for Assistance".**

What would a request for assistance look like in Glasgow?

### APPENDIX 3

#### PURCHASED PLACEMENTS PROCESS

Children and Young People Looked After Away from Home in Purchased Placements.

