

Getting it right

BAPA Conference
Mandy Shiel
Friday January 31st



Today you will leave with

- ▶ Knowledge of the Getting it right approach
- ▶ An understanding of the role of the Named person and Lead professional
- ▶ Evidence of how the approach has improved outcomes for a child supported by Paediatric Audiology



“There are no seven wonders of the world in the eyes of a child.
There are seven million”



Getting it right for every child



A guide to
*Getting it right for
every child*

June 2012



**getting
it right**
for every child

Getting it Right

- ▶ It's a consistent way for people to work with all children young people and their families.
- ▶ It brings about a joined up approach for those working in children and adult services , Education, Social Work Police, NHS, Voluntary Sector
- ▶ The approach helps practitioners focus on what makes a **positive** difference for children, young people and their families. It highlights the processes which help to deliver improvements.
- ▶ In order for outcomes to improve for children, young people and their families they require support from **appropriately trained people** at the **right time** and for the **right length of time**.

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Core Components

- ▶ Improve Outcomes
- ▶ Consent and Information Sharing
- ▶ Integral role for children
- ▶ Using the National Practice model
- ▶ Streamlined Processes
- ▶ Named person and Lead Professional
- ▶ Joint Working and Communication
- ▶ Universal Services to address concerns at the earliest point
- ▶ Capacity to Share

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Named person

- ▶ 0–10 days – Midwife
- ▶ 11 days to starting school – Health Visitor
- ▶ Starting school – Head teacher

- ▶ Point of contact for Child/Young Person and their families
- ▶ Co-ordinate support from within own agency
- ▶ Assists with the participation and inclusion of the child, young person and their family

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Role of the Lead Professional

- ▶ Co-ordinates the child's/young person's plan, ensuring it is implemented and reviewed
- ▶ Ensures effective working between agencies and the child and family
- ▶ Co-ordinates specific work or specialist assessments

Aims of BAPA

- (a) The promotion of standards in both training and professional qualifications of Paediatricians working in audio-vestibular medicine and to contribute to the training of other professionals working in related disciplines.
- (b) The promotion of multidisciplinary working for the benefit of children and their families
- (c) The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
- (d) The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.

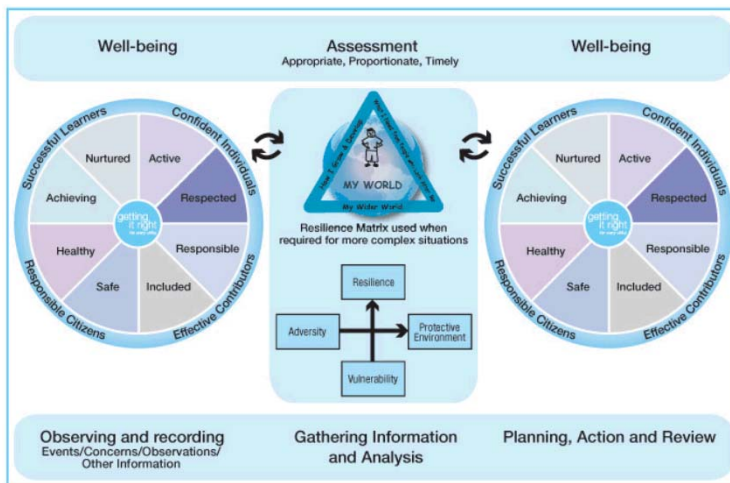
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Values and principles

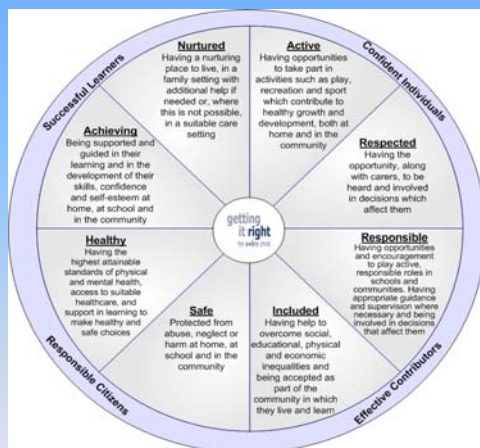
- ▶ Putting the child at the centre
- ▶ Taking a whole child approach
- ▶ Building on the strengths and promoting resilience
- ▶ Promoting the well-being of individual children and young people
- ▶ Keeping children and young people safe
- ▶ Supporting informed choice
- ▶ Working in partnership with families
- ▶ Respecting confidentiality and sharing information
- ▶ Promoting opportunities and valuing diversity
- ▶ Providing additional help that is appropriate, proportionate, timely
- ▶ Promoting the same values across working relationships
- ▶ Making the most of bringing together each worker's expertise
- ▶ Coordinating help
- ▶ Building a competent workforce to promote children and young people's well-being

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The National Practice Model

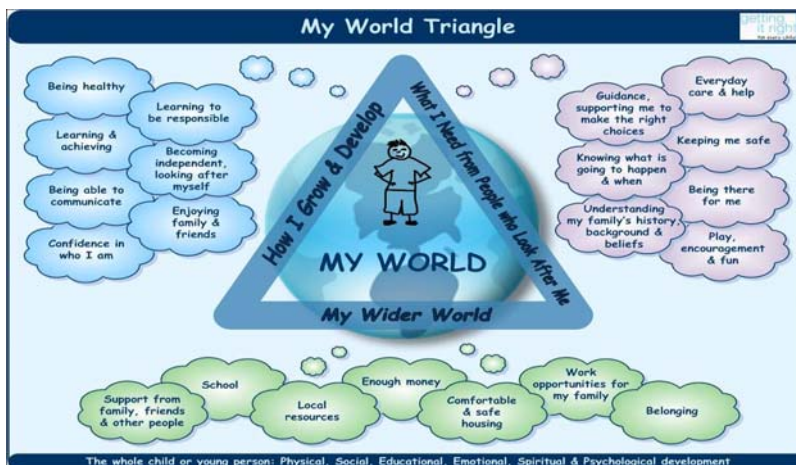


Wellbeing Indicators



- ▶ Safe
- ▶ Healthy
- ▶ Achieving
- ▶ Nurtured
- ▶ Active
- ▶ Respected
- ▶ Responsible
- ▶ Included

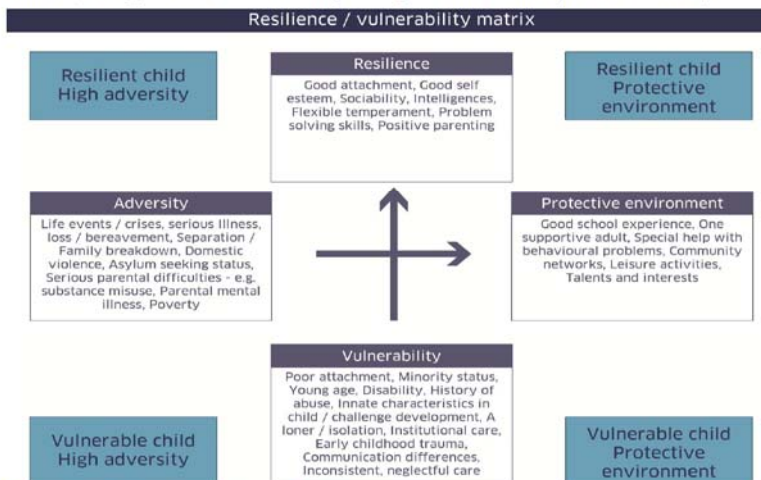
My World Triangle



Resilience Matrix

Resilience / vulnerability matrix

The slightly expanded version (below) gives some indicators of what, for example, a protective environment might look like and how to assess a child or young person's resilience (do they, for instance, have good self esteem? Do they show good attachment to parents or carers?)



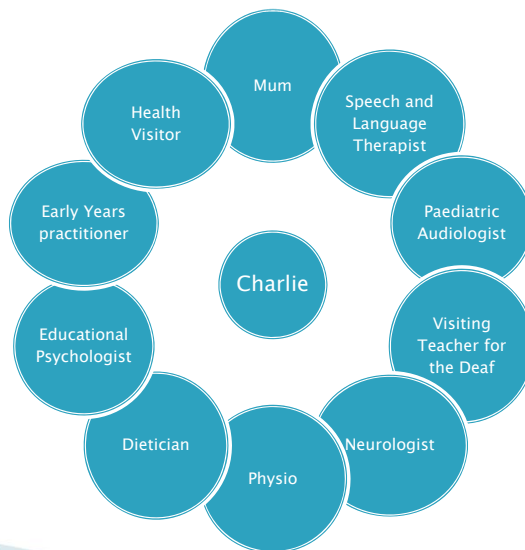
Importance of Children's Views



Charlie



Right people, right support, right time



Complex case

- ▶ 40% of the deaf children are born with additional medical issues along with their loss of hearing
- ▶ Charlie's deafness was having the biggest impact on his wellbeing



Charlie

- ▶ Born with the Cytomegalovirus (CMV)
- ▶ Difficulty with his mobility
- ▶ Cochlear implants
- ▶ Visual tracking difficulties
- ▶ Bowel problems
- ▶ Brain formation
- ▶ Prone to illness



Beginning the Child Planning process

PA

- Referral from Paediatric Audiology [Charlie was fitted with Cochlear implants] to Visiting Teaching Deaf Specialist

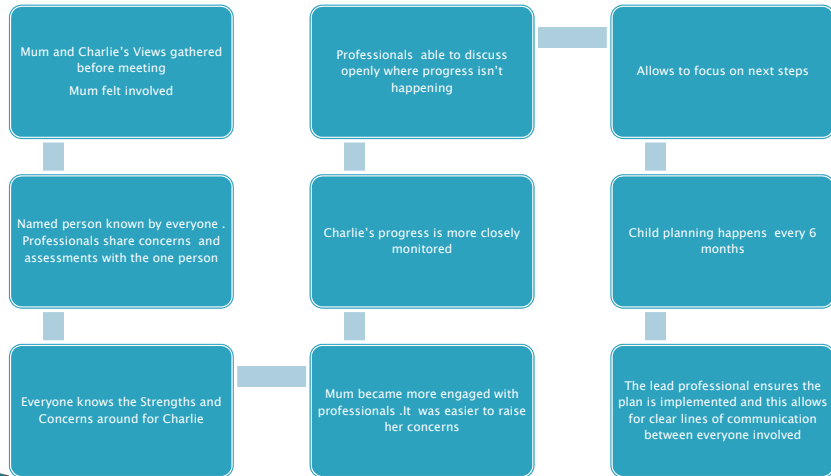
VTS

- Visiting Teaching Deaf Specialist contacted Health Visitor [NP] to request a planning meeting

HV

- Health Visitor contacted mum and all professionals involved with Charlie and collected in Assessments
- Visiting Teacher for Deaf and Health Visitor arranged the planning meeting
- Visiting teacher for the deaf was identified as being the Lead Professional

Benefits of planning meeting



Improving Outcomes



Plan with your families to.....
Get it right!



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