# Practice Reflective Improvement Dialogue

PRI Dialogue sessions have been established to put children at the heart of all decision making and ensuring that adult voices are not over privileged, enhancing opportunities for professional reflection and leaders supporting workers to be accountable for their practice and increase professional curiosity. These reflective sessions have the following objectives:

* *Workers in North Ayrshire increase their professional curiosity and appropriately challenge colleagues to protect children and young people*
* *Workers have opportunities to professionally reflect to ensure that practice is centred around protecting and meeting the needs of the child*
* *Workers have an improved understanding of the child’s experience*

**The case must have an element of child protection attached and a specific issue identified (such as a concern in relation to how a case was escalated, a Child Protection Order being applied for etc) for it to be considered for a PRI Dialogue session.**  If you identify a case which you feel would benefit from a PRI session, please complete the template below and email to [PRIdialogue@north-ayrshire.gov.uk](mailto:PRIdialogue@north-ayrshire.gov.uk) for consideration. Please note there will be a referral period every quarter with a closing date. Referrals will only be considered following the closing date.

# Practice Reflective Improvement (PRI) Dialogue Nomination Form

## Practitioner Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service /Agency: |  | Telephone Number: |  |

|  |  |
| --- | --- |
| Email Address: |  |

## Child(ren) Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Name: |  | Date of Birth: |  |
| Name: |  | Date of Birth: |  |
| Name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address of Child(ren) |  |

|  |  |
| --- | --- |
| If Different Please State: |  |

## Parental / Guardian Details

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: |  | Date of Birth: |  |
| Father: |  | Date of Birth: |  |
| Other  (please state): |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address of Mother |  |

|  |  |
| --- | --- |
| Address of Father |  |
| Address of Other |  |

## Details of Case

Please provide further details of the case and why you feel a PRI session would be beneficial

*(An HSCP Senior Manager will be in touch 10 days following the closing date of the referral window to advise if the case has been referred for a PRI Dialogue session)*

1. ***What are the current circumstances for the child(ren)? eg. Is the child on the CP register, Care Experienced etc.***
2. ***What specific issue has been identified from the case that you feel would benefit from a PRI Dialogue session?***
3. ***Please select all issues that apply within this case.***

***Working with resistance Supporting the needs of all children within a sibling group***

***Information sharing Ensuring the best decisions are made to meet the needs of the child(ren) Child / Young person involvement in decision making***

***Legal measures Communication between agencies***

***Adult Service Involvement Analysis of the child’s experience***

***Ensuring a child centred approach Adult Support & Protection***

***IRD processes***

***Other: Please state:***

1. ***Who are the key practitioners involved in the case? Please ensure that this section is fully completed and there is consideration of all key people within the child(ren’s) life. All of the key practitioners involved will be invited to the PRI Dialogue session.***

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| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Service / Agency** | **Contact Number** | **Email Address** |
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1. ***Are there any dates over the next 3 months that you would not be available for a PRI Dialogue session?***

Yes / No

|  |  |
| --- | --- |
| Please State: |  |