

2 NURSERY

When required, and in agreement with parents, the Health Visitor shares proportionate information on a child’s wellbeing with nursery staff at transition to nursery, including progress meeting developmental milestones. Any relevant information from the Single Agency Chronology may also be shared.

Health Visitor remains the [named person](https://www.gov.scot/policies/girfec/named-person/). Nursery staff are responsible for the child’s wellbeing during nursery hours and will communicate with the Health Visitor where necessary. Parents will, be included in any discussions and decisions to share information unless, in rare circumstances, it would put a child at risk to share with parents.

1 PRE-BIRTH and BIRTH

PRE-BIRTH

The Forth Valley Pre-birth Planning Pathway provides single or multi-agency advice/ support and, where required, intervention with identified families during pregnancy.

BIRTH

The [Universal Health Visiting Pathway](https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/#:~:text=Health%20Visitors%20Home%20Visiting%20Pathway%20%20%20,Continuum%20of%20parent%2Fcarer%20and%20child%20asse%20...%20)  in Scotland offers a core home visiting programme to all families. The programme spans the antenatal to pre-school period and consists of 11 home visits from birth to school age. Alongside these core visits the Health Visitor is available and responsive to parents to support and promote health and wellbeing.

If additional support is required, the child and family has a right to access support via the health visitor acting as named person. They will work with the family to assess wellbeing needs and begin a single agency chronology.

4. POST SCHOOL/ 18+

When required, in almost all cases, in agreement with the young person (taking account of their capacity), information about the young person’s wellbeing will be shared by the [named person](https://www.gov.scot/policies/girfec/named-person/), on transition to further/ higher education, training or employers as appropriate.

3 SCHOOL

When a child is moving from nursery to school sometimes information about the child’s wellbeing needs to be shared as part of transition.

The [named person](https://www.gov.scot/policies/girfec/named-person/) (Health Visitor), in almost all cases, in agreement with parents, will make sure that information is shared about the child’s wellbeing with the named person for the child in school (usually the head teacher or Depute head teacher or pastoral teacher in secondary).

Once the child is at school the health visitor is no longer the named person, this is now the responsibility of the school.

**The Falkirk GIRFEC Pathway 2020**

**INFORMATION SHARING** Data protection law is not a barrier to proportionate information sharing with other agencies or services where the child and their family are in agreement with this, or where there are concerns about a child’s wellbeing.

[Information sharing](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/information-sharing/) needs to be transparent, except in rare circumstances where this would pose a risk to the wellbeing of the child. We need to explain to people what information we are sharing about them, with whom and why.

In almost all cases, the child and their family have an informed choice as to whether information about them is shared with other agencies/services. In most circumstances, children, and, where appropriate, parents will be involved in decisions about sharing information with other agencies/services where this would be beneficial and appropriate.

**Most children make their journey from birth to adulthood, supported by their family and universal services. Some children will need more help than universal services can provide to meet their wellbeing needs. This help should be appropriate and proportionate.**

**Pathway to support children and young people’s wellbeing.**

This process map illustrates Falkirk’s GIRFEC Pathway and which parts of the [Child’s Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) assessment, planning, action and review for children, should be used when. It has been agreed by multi-agency Children’s Commission partners, to make sure everyone works the same way, to improve [children’s wellbeing](https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/) and keep children safe. The Pathway aligns with the [Universal Health Visiting Pathway in Scotland](https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/#:~:text=Health%20Visitors%20Home%20Visiting%20Pathway%20%20%20,Continuum%20of%20parent%2Fcarer%20and%20child%20asse%20...%20), [Staged Intervention in Education](https://blogs.glowscotland.org.uk/fa/asnfalkirk/sample-page/falkirk-council-staged-intervention/), including the [Additional Support for Learning (ASL) Act](https://www.gov.scot/policies/schools/additional-support-for-learning/#:~:text=%20Additional%20support%20for%20learning%20%201%20Rights,needs%20learn%20in%20a%20mainstream%20school...%20More%20); and voluntary and compulsory intervention in Children and Families Social Work.

* **WELLBEING – Scottish Government definition as described in the Children and Young People (Scotland) Act 2014 - SHANARRI**
* **CHILD(REN) is used throughout and should be taken to mean infant, child, young person and young adult up to the age of 18 and in some circumstances up to the age of 25.**
* **PARENT is used throughout and should be taken to mean parent, family member, carer, foster carer, kinship carer. In a plan you would reference all family/ carers involved.**
* **UNIVERSAL SERVICES – Health (Health Visitor) and Education (Nursery, Early Years Centres, Schools).**

Every child and their family has a right to access support when they need it. This can be done via the [named person](https://www.gov.scot/policies/girfec/named-person/), a point of contact that can offer help/ support to families when needed.

A named person does not replace parents or carers who have a primary responsibility for bringing up their children. Children, young people and parents can say no to support or assistance offered by named persons. If this is considered to put a child at risk then child protection procedures should be followed.

A named person is available to; listen, to promote a [child’s rights](https://cypcs.org.uk/rights/), take account of families’, views, advise and help a child and their parent(s), provide direct support or help them access other services.

Is a point of contact for other services who have any concerns about a child’s wellbeing.

**Any of the levels of intervention may be necessary at any time in a child’s life. Each level progresses from left to right.**

**an individual child with the aim of being most inclusive and least intrusive.**

Where there continues to be unmet needs/ escalation of risks, the lead professional should consider referral to social work and invite them to a TAC meeting to discuss the[Child’s Plan: Action Plan.](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) The named person continues to be involved via the TAC even when the social worker becomes involved. Schools should escalate via their child protection co-ordinator to the SSI Team Manager, if needs still unmet they will refer to the ASN Service Manager who will link with SW Manager.

If a child becomes Looked After at Home (LAC) or Away from Home [(LAAC)](https://www.gov.scot/policies/looked-after-children/) and/or a report is requested by the Scottish Children’s Reporter Administration (SCRA), an allocated social worker will become the lead professional. See [SCRA guidance on referral to the reporter](http://www.scra.gov.uk/wp-content/uploads/2016/03/Guidance-on-Referral-to-Reporter.pdf)

When the[Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/)does not lead to improved outcomes, If plan is not improving outcomes, supports, interventions may need changed and should be reviewed. If it is due to families not engaging with services or resistance to the Child’s Plan. Refer to: Non-engagement/ disguised compliance and working with resistance guidance and the [FV Guidance for Escalation](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/child-protection-policies-procedures-and-guidelines/fv-multi-agency-guidance-for-escalation-09-11-2020/). Information can be shared without agreement from parents or child if the child is at risk.

**Named person, child & parents review the Child’s Action Plan regularly to measure the impact of interventions and if outcomes are improving.**

**The LP and, Child Protection Case Conferences or Looked After Reviews, review plans and wellbeing and decide whether outcomes are being met and more or less support is needed.**

If the Child Protection Case Conference decides not to place the child’s name on the Register, they ensure, when necessary, a multi-agency [Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) is put in place and Team Around the Child meetings continue with clear actions and regular meetings scheduled to safeguard the child and improve wellbeing.

If the Child Protection Case Conference decides to place the child’s name on the Child Protection Register, the meeting has a higher status and monitoring is undertaken by a Core Group rather than a TAC. The Core Group is formed to develop and oversee the Child Protection plan to manage risks. When a child is de-registered the Core group reverts back to a Team Around the Child Meeting.

If referral made to reporter, SW prepare background report with all agencies and use existing [Wellbeing/ My World Triangle, Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/), [chronology](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/learning-development/chronology/) and other relevant info. If Hearing is held and Panel decides compulsory measures required, [Looked After Reviews](https://www.gov.scot/publications/guidance-looked-children-scotland-regulations-2009-adoption-children-scotland-act-2007/pages/15/) become responsible for the Child’s Plan. TAC may continue as part of the monitoring of the Plan.

TAC analyses all available information using the [Child’s Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/), including identification of resilience and management of risk. Each TAC member is clear about their responsibility in the [Child’s Plan**:** Action Plan. All TAC](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) members receive a copy of the plan within 5 working days of the meeting.

The **named person** completes [the Child’s Plan: Wellbeing Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) and or [My World Triangle Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/)with the child and parents. The assessment is used to identify needs and request support from external service(s).

**Named person** completes [Child’s Plan: Wellbeing Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) with the child and parents. The assessment is used to identify/ request support from within the same service. The named person, along with the parent, remains responsible for the child’s wellbeing.

A very small number of children require a multi-agency approach that involves referral to the Scottish Children’s Reporter Administration (SCRA) and/ or a statutory or compulsory role for children and families Social Work (SW).

When a report is required by SCRA, a background report is requested from the social worker. At this point, if they are not already, the social worker becomes the lead professional. The named person continues to be involved via the TAC.

CHILD PROTECTION CONCERNS

When professionals, including the named person, are concerned that the child may be at risk of significant harm, relevant information must be shared immediately with or without agreement from child/ parents using the [Child Protection procedures](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/child-protection-policies-procedures-and-guidelines/) [OR](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/reporting-a-child-protection-concern/) to safeguard the child.

Some children need a bit of extra help from universal services to make sure their wellbeing is safeguarded and they develop as they should.

The [named person](https://www.gov.scot/policies/girfec/named-person/)**,** in agreement with, and alongside the child/ family, uses the [Child’s Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) to identify any unmet wellbeing needs and access required services/ supports.

**Universal service + another agency/ agencies = Team Around the Child (TAC)**

**Universal Service with support from within the same service.**

If a child protection concern is identified, following the [Child Protection Procedures](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/child-protection-policies-procedures-and-guidelines/), phone social work or police and send [Notification of Child Protection Concern](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/reporting-a-child-protection-concern/)**.** When phone call is received or a [Notification of Child Protection Concern](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/reporting-a-child-protection-concern/) is submitted, social work will reply to the referrer within 5 days.

If a wellbeing concern is identified, a referral to the reporter can be made. For guidance on who can refer and when a referral to the reporter should be made, please see [SCRA guidance on referral to the reporter](http://www.scra.gov.uk/wp-content/uploads/2016/03/Guidance-on-Referral-to-Reporter.pdf)

Information can be shared without agreement from parents or child if they are at risk.

An Inter-agency Referral Discussion (IRD) may be held: Social Work, Police, Health, Education. [Wellbeing/ My World Triangle, Child’s Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/), [chronology](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/learning-development/chronology/) and other relevant info.is shared at IRD, a decision for Visually Recorded Interview (VRI) and/ or medical may be made. Further support is requested from the Team Around the Child (TAC) or an [Initial Child Protection Case Conference](https://www.gov.scot/publications/protecting-scotlands-children-young-people-still-everyones-job/pages/5/) may be arranged.

If child becomes Looked After at Home or Away from Home, Level 2 intervention within school will be [actioned Staged Intervention in Education.](https://blogs.glowscotland.org.uk/fa/asnfalkirk/sample-page/falkirk-council-staged-intervention/)

[Looked After Reviews](https://www.gov.scot/publications/guidance-looked-children-scotland-regulations-2009-adoption-children-scotland-act-2007/pages/15/) become responsible for the Child’s Plan. TAC may continue as part of the monitoring of the Plan.

In the rare event of concerns escalating or a child being at risk and no lead professional or [Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) being in place, a social work lead professional is identified who completes the report using [the Child’s Plan: Wellbeing Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) and or [My World Triangle Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) with the child and parents. Any agency can refer to the reporter. See [How to refer to the reporter.](https://www.scra.gov.uk/about-scra/how-to-make-a-referral/)

Theagreed compulsory measures and statutory intervention is required due to concerns. Lead professional makes the referral to SCRA and compiles a report. All agencies inform this report. Social work access existing Child’s Plan; assessment, plan, chronology and other relevant info. Any agency can refer to the reporter. See [How to refer to the reporter.](https://www.scra.gov.uk/about-scra/how-to-make-a-referral/)

The requested service(s) and named person agree if they can provide requested the support or not. A TAC meeting is scheduled including child & parents, with their voices at the centre, online or in person. [Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) is agreed. Roles/ actions/ agencies are clearly stated to improve outcomes in the child’s wellbeing.

Within education Level 1, 2 or 3 Intervention will be actioned dependent on the assessed needs of the child. [Staged Intervention in Education](https://blogs.glowscotland.org.uk/fa/asnfalkirk/sample-page/falkirk-council-staged-intervention/)

[Lead professional (LP)](https://www.webarchive.org.uk/wayback/archive/20180529212538/http%3A/www.gov.scot/Topics/People/Young-People/gettingitright/lead-professional) Is identified by child, parents & TAC. LP monitors, reviews and assess progress re outcomes of [Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) at agreed intervals. If not already in place, a [Multi-agency Chronology](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/learning-development/chronology/) is collated by LP. If outcomes met and case closed, services check their discharge/ closing guidance to ensure no adverse impact on child by case being closed.

**LP and the TAC review the Child’s Action Plan regularly to measure the impact of interventions and if outcomes are improving.**

**Named Person** contacted by parents/ other service and made aware that the child’s wellbeing needs are not being met. (Named Person uses [GIRFEC 5 Key Questions](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/girfec-roles-responsibilities-national-practice-model/). Needs cannot be met by universal services.

Within education Level 4 Intervention will be actioned. [Staged Intervention in Education](https://blogs.glowscotland.org.uk/fa/asnfalkirk/sample-page/falkirk-council-staged-intervention/)

The [My World Triangle](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) and [Resilience Matrix](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/resilience-matrix-and-youtube-link-2/) is used by the Health Visitor/ School Nursing.

Where a more detailed assessment is needed the [Child’s Plan: My World Triangle Assessment](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) is used. This is completed with the child and parents. The My World Triangle Assessment may be used to identify/ request support from within the same service.

**Named person** is contacted by parents/ other service and made aware that the child’s wellbeing needs are not being met. A discussion takes place and it is agreed help is needed. (Named person uses [GIRFEC 5 Key Questions](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/girfec-roles-responsibilities-national-practice-model/) Needs can be met by universal service.

Some children need universal services to work with one or more additional services to meet their wellbeing needs. A child and parents working together with services, is known as the Team Around the Child (TAC).

The Named Person, in agreement with the child/ parent, uses the [Child’s Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) to:

* Share and bring together relevant and proportionate information.
* Assess wellbeing needs, developmental milestones, resilience and risk
* Identify any supports required including other services
* Arrange a TAC using TAC guidance. TAC MUST include child/ parents
* Develop a child’s plan action plan

The Team Around the Child Meeting agrees a lead professional to:

* Monitor and review actions to ensure improved outcomes

**Multi-agency: Universal + another agency + Social work**

**Statutory Intervention & Compulsory Measures**

The actions agreed are recorded in the [Child’s Plan: Action Plan](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/childsplan/) and the [Chronology](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/learning-development/chronology/) is updated. The named person is responsible for the Child’s Plan.

**The lead professional and the TAC review the Child’s Action Plan regularly to measure the impact of interventions and if outcomes are improving.**

Within Health, Health Visiting/ School Nursing, my world triangle assessment is always used.