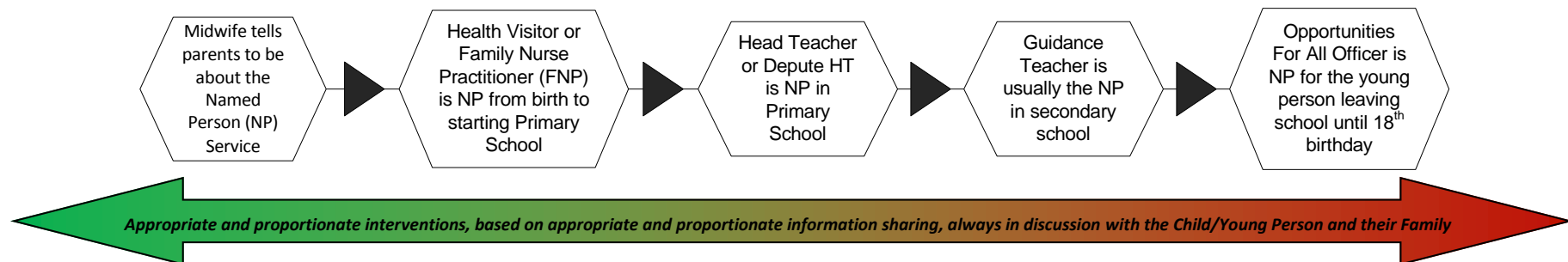


PATHWAY

UNIVERSAL SERVICE

The majority of children make their journey from birth to adulthood, supported by their family and universal services. (e.g. Health, Education.) All children and young people from birth to 18 years (or later if still in School) have a Named Person (NP). They are the first point of contact for a child/young person and their family if they have any concerns. They are there as a support to make sure the child/young person's wellbeing needs are met. There are times when the named Person role is taken on by someone else but the child/young person and their family must always be informed who this is. For example, in health, the Family Nurse Practitioner (FNP) from birth to 2 years of age, or in education a Principal Teacher.



The **Named Person** in universal services works with a child/young person and family making sure that the child/young person's needs are being met. As children and young people make the transition from one universal service to the next, a discussion about their wellbeing will take place with the child/young person/family.

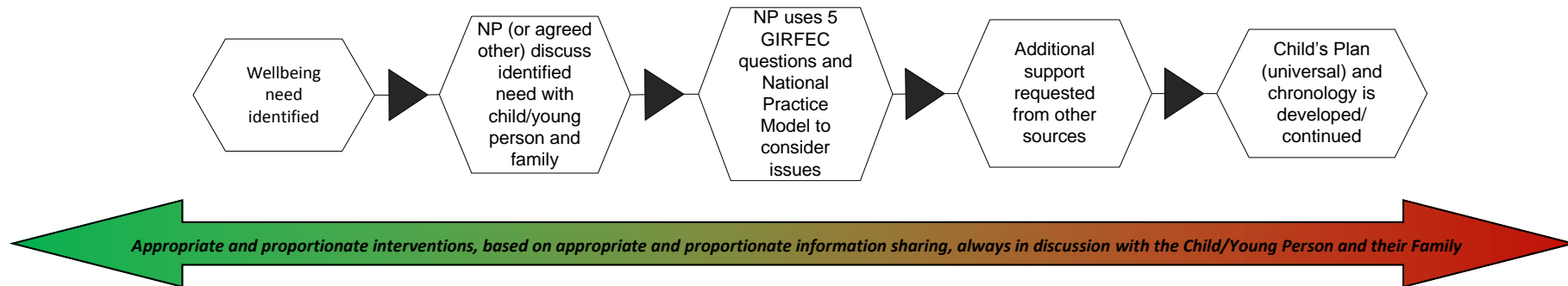
- If however, a concern is raised about the unborn child antenatally then the Midwife will inform and share relevant information with the Health Visitor or Family Nurse to assist in the planning process. All available information is gathered from the parents and other maternity staff and is used to complete an assessment of wellbeing. The **National Practice Model** and in particular the **five GIRFEC questions** will help to inform an assessment.
- After the birth, the HV/FNP monitors the child's wellbeing through regular health contacts. The HV/FNP starts and maintains a single agency chronology. During this visit, information sharing is discussed with the parents/carers.

- At transition to nursery the Health Visitor shares relevant and proportionate information on the child's wellbeing with nursery/early learning child care provider staff along with pertinent information from the **Single Agency Chronology**. A member of the senior management team in the Nursery explains that although the Health Visitor will remain the **Named Person**, nursery staff will be responsible for the child's wellbeing during nursery hours and communicate with the Health Visitor where there is a wellbeing concern.
- At transition to primary school the **Named Person** in discussion with parents, will ensure that information is formally shared about the child's wellbeing with a member of the senior management team in the school. This will include the child's single agency chronology where appropriate. A member of staff in the primary school explains to parents that he/she will be the **Named Person** until the child enters secondary school. In secondary school, the Guidance Teacher will usually be the **Named Person**.
- When a young person leaves school before their 18th birthday, the **Named Person** role will be undertaken by the Opportunities for All Officer within the local authority. The **Named Person** role for Home Educated Children and Gypsy Traveller Children will be undertaken by a Central Officer from the Local Authority.

UNIVERSAL SERVICE WITH SUPPORT

Occasionally children and young people may have a wellbeing need which cannot be fully met by the family or universal services, but can be met through additional support within universal services, e.g. Allied Health Professionals within Health; Classroom Assistant as part of an Individual Education Plan.

When the **Named Person** is concerned that the child/young person's wellbeing will not develop within the universal service provision the **Named Person** uses **The National Practice Model** to identify the help a child/young person needs. The views of children/young people and parents and carers must be considered. The **Named Person** will discuss with the Child/ Young Person/Family/Carer what information will be shared.



Where the **Named Person's** assessment indicates that an early intervention from a professional within a universal or an external service is required, they should arrange through direct discussion with the child/young person/family/carers and other professionals.

For example:

The **Named Person** in Health may need to request assistance from Housing Services.

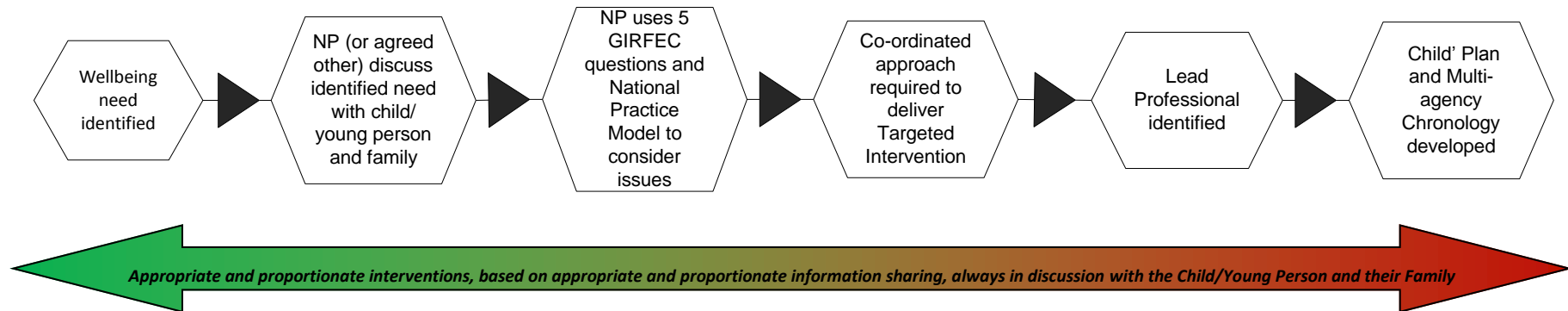
The **Named Person** in School may request support from Speech and Language therapy or advice from the Primary Care Mental Health Team.

The assessment may be used to inform **part A & B of the Child's Plan (Record of Request for Assistance)**. A formal meeting is only required if it is in child's best interests. This may be done by telephone or email.

The Child's Plan can be used within as a **single agency plan**.

TARGETED INTERVENTION

For a small number of children, a more coordinated approach will be required to deliver a **Targeted Intervention** which will be recorded in a **Child's Plan**.



The Child's Plan is always initiated by the **Named Person** who will have discussed the needs with the child/young person and their family, along with any professionals who may be able to assist.

The **Named Person** will use **5 GIRFEC questions** and the **National Practice Model** to gather and analyse information to make an assessment which will inform services required to support the child/family.

The **Team Around the Child** (TAC) will then analyse all available information which will include a risk assessment using the National Risk Assessment Framework (NRAF) to inform the Child's Plan. A detailed multi agency chronology will also be collated.

When a targeted intervention is required, a Lead Professional will be identified with agreement from all relevant parties. The **Lead Professional** will coordinate the Child's Plan and Chronology.

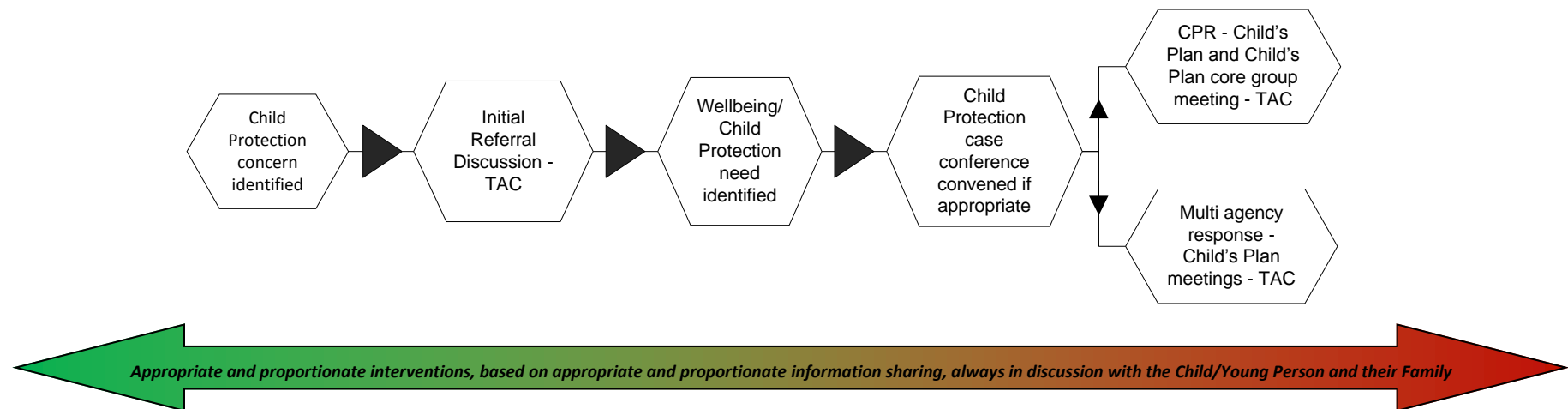
The TAC review, update and amend the child's plan as required to ensure the child's needs are being met.

STATUTORY/COMPULSORY INTERVENTION – These can be triggered at any point in the Pathway but are likely to be part of a Targeted Intervention

For a very small proportion of children/young people, the targeted Intervention may take the form of a statutory or compulsory intervention which will require the involvement of a Social Worker. For example:

- Children subject to child protection procedures;
- Where Scottish Children's Reporters Administration (SCRA) or the Court, requires a copy of the Statutory Child's Plan

In these circumstances the Social Worker will usually take on the role of the **Lead Professional**.



Where a child protection concern is identified, which indicates actual or potential significant harm to a child/young person, an initial referral discussion (IRD) will be held. This will include Social Work, Police, Health and Education Named Person's, where the child/young person is of nursery/school age.

Information will be shared including available assessments, plans, and whether to consider either a single or joint agency investigation or to seek emergency protective measures (e.g. Child Protection Order). The IRD process will determine who will share the information with the child/young person/family/ carers and the **Named Person** and when this will be done.

The outcome of any investigation will determine whether further support is required or whether to progress to an Initial Child Protection Case Conference.

For the Initial Child Protection Case Conference assessments are gathered, analysed and discussed. A risk assessment using the NRAF must have been initiated at this stage.

Where the decision at the Conference is that the child's name be placed on the Child Protection Register (CPR), a Core Group of identified professionals, the **Team around the Child** (TAC), will monitor and review the Child's Plan to manage risks and promote wellbeing.

Where the recommendation of the CPCC is not to place the Child/Young Person's name on the on the CPR, a multi-agency Child's Plan may still be required to address wellbeing concerns.

Where a report has been requested by the SCRA or the Court, the **Lead Professional** coordinates the sharing of multiagency information to produce a multi-agency Child's Plan. In some circumstances, the SCRA or the Court may also ask for additional information from social work or another agency.

The **Lead Professional** should ensure that the child/young person/family/ carer's views are sought and recorded as part of this process, including any disagreement.

Where a Children's Hearing is held the Panel considers the plan and decides if compulsory measures are required.