



getting
it right
for every child

The Child Wellbeing Pathway

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Introduction

The principles of Getting It Right For Every Child have informed practices across Children's Services in Fife for a number of years. The [Children & Young People \(Scotland\) Act 2014](#) enshrines these principles in legislation, and this guidance should be read in conjunction with the overarching [Getting It Right In Fife Framework](#) (GIRIF Framework). The GIRIF Framework is the agreed Children's Services Framework in Fife and describes the core principles of how we work effectively with children, their families, and partner agencies to identify and address wellbeing concerns at the earliest stage, and in the most effective and least intrusive manner possible.

This guidance outlines the Child Wellbeing Pathway (CWP) in Fife which is designed to support practitioners to work in partnership with children, their families, and other services. It also supports the development of practice in relation to carrying out effective single and multi-agency assessments of wellbeing to inform effective interventions through co-ordinated planning.

The key aims of this guidance are to:

- Provide practitioners with a clear assessment pathway that helps them to assess and identify wellbeing concerns and to plan appropriately
- Describe best practice and provide access to practical tools for practitioners who assess well-being concerns
- Offer guidance about when and how to work in partnership with other services, as part of an assessment process agreed with the child and family.
- Support practitioners in understanding how to gather and share information that is relevant to the assessment of wellbeing
- Support practitioners to make informed judgements about when identified wellbeing concerns may require additional or intensive support which is effectively co-ordinated and planned

Carrie Lindsay, Executive Director, Education & Children's Services

Helen Wright, Director of Nursing, NHS Fife

Michael Kellet, Director of Health & Social Care, Fife Health & Social Care Partnership

Colin Gall, Chief Superintendent, Divisional Commander P Division, Police Scotland

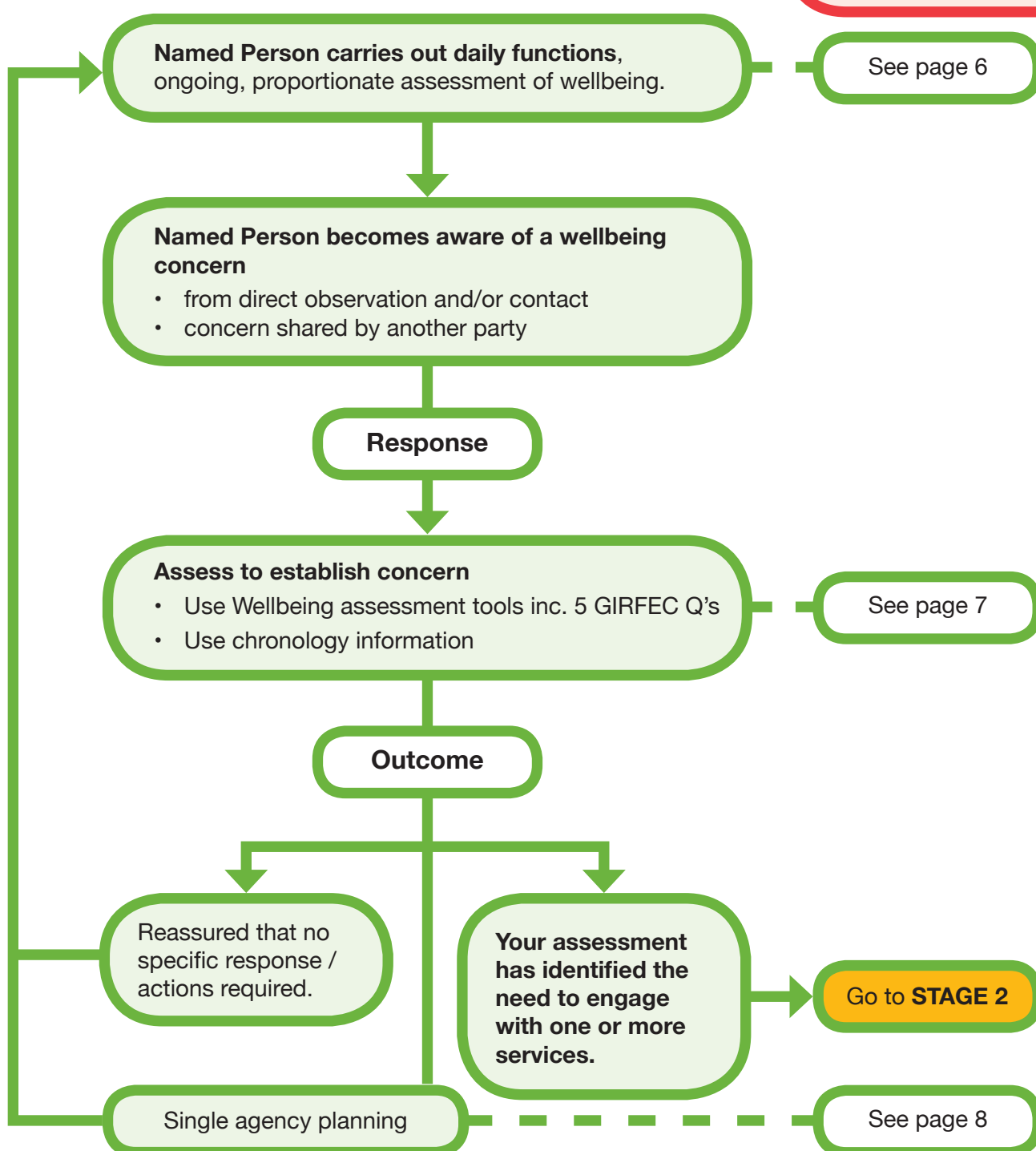
1. The Child Wellbeing Pathway

The Child Wellbeing Pathway (CWP) is based on the [principles of Getting It Right For Every Child](#), and promotes the use of the Wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible, Included - SHANARRI) in single and multi-agency assessments of wellbeing. It also provides a process and structure for implementing effective co-ordinated interventions and planning.

The CWP is *the* agreed assessment, intervention and planning pathway for children/ young people in Fife, and should be used to guide single agency assessments of wellbeing and planning at the universal level, and multi-agency assessment and planning at the additional and intensive levels.

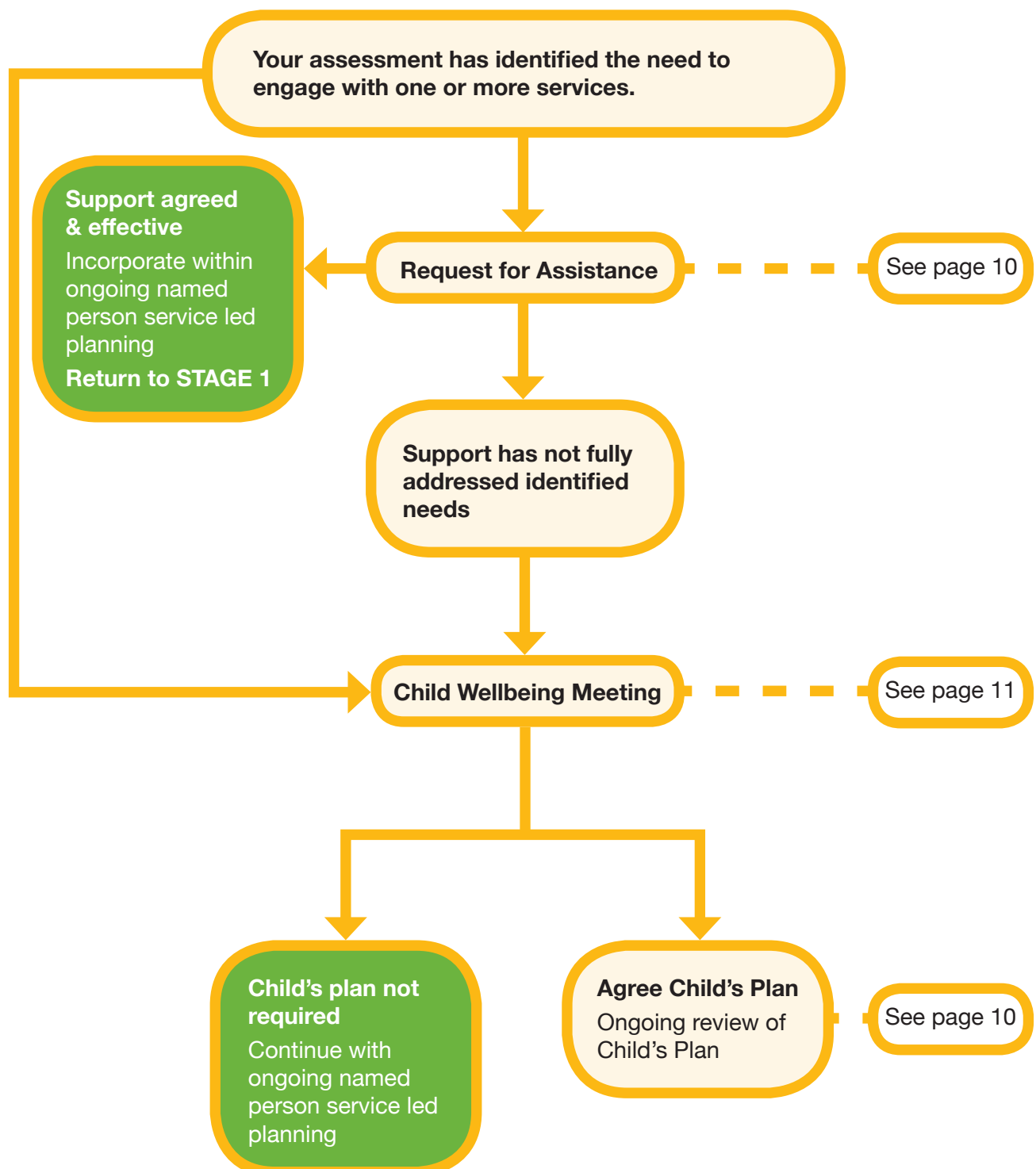
Child Wellbeing Pathway - STAGE 1 Named Person Service / Universal Provision

At any stage if Child Protection concerns are identified follow Child Protection Guidance.



At any stage if Child Protection concerns are identified follow Child Protection Guidance.

Child Wellbeing Pathway - STAGE 2 Additional / Intensive Provision



1.1 Child Protection

If at any time a child/young person is considered to be at risk of significant harm, existing Child Protection processes and guidance should be followed without delay. Where a Child Protection concern is identified by someone other than the named person, that individual retains the responsibility to share their concern and to complete and submit a [Fife Child Concern Notification Form](#) directly to the Contact Centre sw.contactctr@fife.gcsx.gov.uk. The named person should be notified by the Social Work Contact Centre, both of the concern and action taken to support them in maintaining an overview of the child's situation.

2. Named Person Service - Universal Provision

The Children & Young People Act (2014) legislates that the NHS and Local Authorities will function as the Named Person Service for children and young people. It has been agreed that in Fife the named person for children and young people will be provided by the following practitioners at the identified ages and stages:

- **Birth to primary school entry:** Health Visitor or Family Nurse
- **Primary School:** Head Teacher or Depute Head Teacher
- **Secondary School:** Guidance teacher (or other promoted member of school staff)

There are specific circumstances where the named person will be an alternative representative of the named person service (e.g. if a child is home educated, from a gypsy traveller background).

The named person is the professional point of contact for any child or family, and they have three core functions:

- To advise and support children, young people and their parents/carers - this may involve signposting them to an appropriate service/agency
- To help children, young people and their parents/carers to access support/services
- To discuss or raise matters with service providers or relevant authority

The named person is also responsible for *co-ordinating* the assessment of wellbeing and support planning to address identified concerns or needs. When a practitioner from another children's service becomes involved with a child/young person they assume a professional responsibility to support the named person to effectively carry out their functions, and to ensure those assessed as having wellbeing concerns get the support they need.

2.1 Person Centred Approaches

Children's Services in Fife prioritise promoting the needs and rights of children/young people in particular, and their parents/carers, and recognise that they should be central to our assessments, interventions and planning. Best practice recognises and values the importance of working with children/young people and their families in a manner that supports them to feel empowered and meaningfully engaged in any assessments and planning for them.

Meetings can be difficult experiences for children/young people and parents/carers due to issues around control, influence and authority over the discussion and decision making. Ensuring that all of our meetings adhere to person centred principles should enable more effective partnership working, information sharing and decision making to take place.

Guidance for how to prepare and conduct **effective and person centred meetings** is available on the [Children In Fife Workforce Development](#) website.

2.2 Obtaining the views of Children/Young People and their Parents/Carers

A fundamental principle of working in partnership with children/young people and their parents/carers is to ensure that they feel that their views are listened to, valued and considered. Their views should be recorded accurately. If there are differences of opinion between children/young people, parents/carers and professionals that should also be noted. Seeking and recording their views is crucial for effective support and planning.

Children/young people should always be invited to meetings unless there is a specific reason why this would not be in their interests. If a child/young person indicates that they would prefer not to attend a meeting it is important that their views are sought in advance and discussed in the meeting. This approach should also be followed for parents/carers who cannot/do not want to attend a meeting about their child.

It is also essential to ensure that children/young people and parents/carers have opportunities to contribute in meetings, and not only after having listened to the range of professional views. The ethos and organisation of effective meetings should encourage participation and questioning.

2.3 Assessment of Wellbeing

Any assessment of a child or young person should always ensure that they and their wellbeing needs are always at the centre. Effective assessment is a continuous process that involves gathering and analysing information over time, across contexts, with the child/young person and their parents/carers, and potentially with practitioners from other services. A one off assessment in an isolated context is unlikely to identify the holistic wellbeing needs of a child/young person, though it may help highlight specific issues of concern.

- Some principles of effective assessment of wellbeing include:
- Being child and family centred
- Minimally intrusive and focused on achieving the best outcome for the child/young person
- Consider the child as part of a wider context of interactive factors, not in isolation
- Collaborative and carried out in partnership with the child/young person, their family, and others who work with them
- Focused on identifying needs and risks
- Identifies strengths and protective factors and aims to build capacity and resilience
- Informs effective and proportionate interventions
- Input from partner services to complement assessment and support planning
- Demonstrate a clear analysis of the information gathered
- Consider current and historical factors which impact on the child
- Are evidence based

Stage 1 of the Child Wellbeing Pathway flowchart, and associated assessment tools, provides guidance and practical frameworks to support practitioners to carry out an effective and proportionate assessment of well-being. The National Practice Model, including the My World Triangle, Wellbeing Indicators, and Resilience Matrix provide frameworks for assessing wellbeing. The 5 GIRFEC questions also support practitioners to effectively identify wellbeing needs and risks, to highlight protective factors, and to plan relevant interventions.

The 5 GIRFEC Questions

1. What is getting in the way of this child's wellbeing?
2. Do we have all the information we need to help this child?
3. What can we do now to help this child?
4. What can my service do to help this child?
5. What additional help, if any, may be needed from others?

(Children & Young People Act, 2014)

In addition to the 5 GIRFEC questions there are a range of assessment tools practitioners can use to help them assess and identify needs, risks, strengths and protective factors. These are listed at the end of this guidance under 'Supporting Documents', and also via the [Children In Fife Workforce Development Site](#)

2.4 Chronologies and Assessment

Initiating and maintaining a chronology is an important aspect of ongoing assessment. An accurate and up-to-date chronology supports the collation and analysis of key information about significant events in children's lives and the single and/or cumulative impact these can have on their wellbeing. Please refer to the [Single and Multi-Agency Child Chronology Good Practice Guidance](#) to support your practice of incorporating a chronology into a robust contextual assessment either as the Named Person Service or as the Team Around the Child when there is more than one service involved. It is expected that practitioners will use their single agency chronology to support and inform multi-agency assessment of a child/young person, and to help inform their contributions to planning e.g. at a Child Wellbeing Meeting.

2.5 Planning at the Universal Level

The Named Person Service (Health for children who are pre-school, Education for children/young people of school age) will implement planning in a proportionate manner, relevant to the needs of the child/young person, and in line with their single agency guidance on planning.

3. Multi-Agency Partnership Working - Additional and Intensive Provision

Some children/young people will require input from more than one agency/service to fully assess and plan for their wellbeing needs. The CWP flowchart outlines the process of moving from single to multi-agency working. Informed consent is best established through discussion between the named person and the child and their parent/carer about the benefits of sharing specific information about their child with another service. Equally, the informed consent of a child/young person and their parent/carer is required for any agency to share information with the named person unless there are child protection concerns.

3.1 Principles of Partnership Working

Working in partnership with other services can often be crucial to ensure that a child's wellbeing needs are fully assessed, identified and planned for appropriately. Bringing together shared assessments across more than one service requires a good understanding of and commitment to effective partnership working. Some of the key principles of effective partnership working include:

- Shared set of core values, principles and priorities
- Agreed focus on meeting the needs of children/young people and their parents/carers
- Commitment to working together with an agreed vision and strategy
- Understanding of and respect for each other's working practices
- Clarity about respective roles and responsibilities
- Flexibility and willingness to support colleagues
- Effective communication, shared approaches to assessment, and joint decision making
- A shared use of language and terminology that is accessible for everyone
- A solution focused approach
- Commitment to resolving difficulties constructively

3.2 Responsibilities of Partner Services

When other services become involved in supporting the assessment and planning for a child/young person it is important to agree respective roles and responsibilities. The responsibilities of partner agencies include:

- To share wellbeing information with the named person.
- To support assessment, intervention and planning where appropriate
- To act on Child Protection concerns when they become aware of them

The Named Person Service have responsibility for **co-ordinating** assessment and planning for children/young people. If another children's service become aware of well-being concerns and feel that action is required they should liaise with the named person for the child/young person to discuss their recommendation. If there is any disagreement about whether it is appropriate to carry out a specific action it is expected that practitioners will work in partnership to clarify and resolve such matters. If required, discussions may take place between local service managers to ensure an appropriate outcome for the child/young person (see Lead Professional dispute resolution guidance).

3.3 Request for Assistance

If the named person has identified wellbeing concerns for a child/young person it may be agreed that a Request for Assistance is made to a specific service in order to complement and enhance assessment and planning, supporting a proportionate approach. A request for assistance can be made via personal contact, telephone, email or letter (see Supporting Documents for a template to support this process). Best practice would involve early contact with the identified service to discuss the reasons for that service being approached to become involved.

Outcomes from making a Request for Assistance will include:

- The receiving service will normally agree to become involved for a specific purpose
- The receiving service may respond seeking additional information prior to agreeing their involvement
- A recommendation that an alternative service might be more appropriate

The Service Information guide provides an overview and outline of services that are available to support children/young people and families across Fife.

If a Request for Assistance is accepted by a specific service there should be agreement about how to negotiate the nature of their involvement with the child/young person, parents/carers and named person service. This will include specifying:

- What their contribution will be (e.g. additional assessment, specific intervention)
- The time frame for their involvement (e.g. start date and proposed duration of involvement)
- The expected outcomes as a result of their involvement (e.g. aims and success criteria)

3.4 Planning at the Additional / Intensive Level

It is anticipated that most children/young people assessed as requiring multi-agency support will *already have* single agency planning in place via their Named Person who will have assessed and identified wellbeing needs at the universal level and implemented planning as required.

Co-ordinating the involvement of an additional service(s) should be recorded using the Child's Plan - the agreed planning format when there is more than one service directly involved in supporting planning at the additional or intensive level ([See Child's Plan Guidance](#)). A Child's Plan may be an outcome where it is agreed an additional service(s) will become involved, or it may be an agreed outcome of a Child's Wellbeing meeting.

See section **3.8 Lead Professional** below for a description of the role and how to agree the most appropriate member of the Team Around the Child to carry out this role.

3.5 Children & Families Social Work Service

Children & Families Social Work Service may become involved:

- When they are made aware of significant wellbeing concerns - this may be by the named person service, Police Scotland, other professional services or directly from families themselves
- If their attendance is requested at a Child Wellbeing meeting

Children & Families Social Work Service may initiate planning in the following circumstances:

- Social Work may call a CWM, and both inform and invite the named person, when they have had some involvement with a family and significant wellbeing concerns are identified which require co-ordination through planning.
- In exceptional circumstances when a child/young person is assessed as being at significant risk, and may become looked after or subject to child protection registration without any prior wellbeing concerns identified or planning meetings being held. In these circumstances social work will inform and invite the named person to contribute to planning such as a Child Protection Case Conference or Looked After Child review, and it is likely that social work will assume the role of lead professional.

3.6 Team Around the Child

The *Team Around the Child* is a term that describes those involved in supporting the co-ordination of assessments, interventions and planning to address the wellbeing needs of a child/young person. Parents/carers, other family members, and other relevant adults may also be part of the Team Around the Child alongside professional practitioners. Each individual in the team will have specific and collective responsibilities to contribute to improving outcomes for the child/young person through effective co-ordination and planning.

Respective responsibilities for agreed actions will likely be recorded in a Child's Plan and members of the Team Around the Child will support one another to carry out agreed actions in the best interests of the child/young person. A key feature of an effective team will be a willingness to discuss and reflect openly on what is working, identify any barriers, and to agree what needs done to improve outcomes further.

3.7 Child Well-being Meeting

A Child Wellbeing Meeting may be called when one or more of the following apply:

- The assessment of a child's/young person's wellbeing suggests that their needs are significant
- It is not clear that a request for assistance to a specific service will be sufficient to improve outcomes
- The involvement of another service following a request for assistance has not adequately addressed the presenting needs of the child/young person
- There is a need for co-ordinated assessment and planning between 2 or more services

It is a responsibility of the named person to co-ordinate planning, therefore it is likely that they will initiate a Child Wellbeing Meeting with the agreement of the child/young person, their parents/carers and any other involved service. If another service considers that there is a need for a Child Wellbeing Meeting to take place they should discuss this with the named person and agree on how to proceed (See section 3.3 for exceptions when Social Work might take a lead role in planning meetings). Disagreements about whether a meeting is appropriate should be resolved quickly in the best interests of the child/young person.

If there are concerns that a child may be at risk of significant harm then existing Child Protection processes should always be followed.

The main purposes of a Child Wellbeing Meeting are to:

- Consider Wellbeing needs, and potential risks to the child/young person
- Hear the views of the child/young person and their parents/carers
- Share and collate assessment information about the child's/young person's wellbeing
- Consider whether there is a need for a targeted intervention(s) to address the identified needs
- Consider whether a Request for Assistance to a specific service(s) would be helpful
- Consider whether a Child's Plan is required to co-ordinate input from the involved services
- Consider whether a multi-agency chronology would support ongoing assessment and planning
- Identify a Lead Professional if a Child's Plan is agreed
- Arrange a review meeting date if a Child's Plan is agreed

See additional supporting documentation to help prepare for and conduct a Child Wellbeing Meeting, and Child's Plans on the [Children In Fife Workforce Development](#) website.

3.8 Lead Professional

The role of the Named Person and the Lead Professional are distinct, but closely relate to one another, and professional dialogue and collaborative working are required to ensure that improved outcomes for the child/young person are achieved. A Lead Professional must be identified when it has been agreed that a Child's Plan is required. The key responsibility of the Lead Professional is to ensure that the Child's Plan is accurate, co-ordinated, and carried out in the interests of the child/young person.

How do we identify a Lead Professional?

The team around the child will discuss and identify the Lead Professional, with input from the child/young person and family. They must be a Children's Services employee (NHS Scotland, Fife Council, or third party organisation) who is suitably trained, experienced, supported and in a position to ensure that the Child's Plan is managed effectively.

For all looked after children and children on the child protection register it would be expected that the allocated social worker would undertake this role unless there were exceptional circumstances. For children where the primary consideration is complex health or education needs this role may be undertaken by a member of staff from these services, which may be the Named Person or another service representative.

The following should be considered when making this decision:

- Which service/service representative is best placed to co-ordinate the support required by the child/young person at that time given their current wellbeing needs?

The Named Person role remains, and they should work in collaboration with the Lead Professional, child/young person, their family and other members of the team around the child. The Named Person **may be** identified as the Lead Professional

The person carrying out the role of lead professional can change if that is deemed appropriate by the team around the child, in consultation with the child/young person and family.

If there are difficulties agreeing who should take on the role of Lead Professional the team around the child should refer to and use the Lead Professional Dispute Resolution Pathway to resolve the matter. It is crucial that children/young people and/or their family are not exposed to professional disagreements about the Lead Professional role.

4. Information Sharing

If there are concerns that a child may be at risk of significant harm then existing Child Protection processes should always be followed. Informed consent is not required in these situations.

At the time of writing the Scottish Government is reviewing the Information Sharing provision and guidance contained within The Children & Young People Act (2014). This document contains advice and guidance that is consistent with existing legislation and national guidance, and will be updated in due course if required to ensure that it is compliant with the new advice from the Scottish Government.

4.1 Informed Consent

The relevant legislation on data protection and information sharing refers to ‘freely given specific informed consent’. For the purposes of this guidance we use the term ‘informed consent’. When it comes to sharing information about children/young people with other services we should always work in partnership with the child/young person and their parents/carers to ensure that decisions to share information are established with their **informed consent**. This means that the child/young person and parent/carer understand and agree with **What** information you want to share, **Why** you want to share it, and **Who** you want to share it with. Services are required to keep a record of the What, Why and Who, and confirmation of informed consent being established (e.g. a note on the Management Information System your services uses, a note of the conversation / meeting with the child/young person and parent/carer, a signature from the child/young person and parent/carer).

Please refer to the [Information Commissioner's Office Data Sharing Checklists](#) for more detailed guidance on sharing personal and/or sensitive personal information

Questions relating to Data Sharing and compliance with the legislation should be emailed to: dataprotection@fife.gov.uk

Who can give informed consent?

Existing legislation and guidance in Scotland outlines that children/young people aged 12 years and over are presumed to have sufficient age and maturity to enable them to offer informed consent. If there are concerns about a child's/young person's capacity to offer informed consent that should be rigorously assessed and considered by parents/carers and involved professionals.

Parents, or those with parental responsibilities (e.g. kinship carers, corporate parents) are also required to offer informed consent for information to be shared about a child/young person they care for, and/or any information related to themselves or their wider family.

4.2 When Informed Consent cannot be established

A child/young person and/or their parent/carer have the right to refuse consent for practitioners to share information with another service. In such situations it is not appropriate or acceptable for a practitioner to share that information anyway, unless they have assessed that there is a potential risk of significant harm if they do not do so - in such situations Child Protection processes should be followed.

If there is not an assessed risk of significant harm then the onus is on the involved practitioner(s) to continue working in partnership with the child/young person and parent/carer to meet their needs as best they can. They should also continue to explain clearly why they think it is in the child's/young person's interests for certain information to be shared, and also to record their actions and the views of the child/young person and parent/carer within their Management of Information System.

There are situations when practitioners may be concerned that a parent/carer is putting their own needs ahead of the child's/young person's. In such situations it can be difficult to establish what, if any, level of risk the child/young person may be experiencing. Therefore it is difficult to establish whether the level of risk is significant enough to share information without informed consent. In such situations there is an even greater need to ensure that our assessment of wellbeing is rigorous and accurate regarding the needs of the child/young person. It is appropriate for practitioners to seek guidance and advice from partner agency colleagues on an anonymous basis to help enhance their assessments and judgements. The [Fife Inter-Agency Child Protection Guidance](#) includes information and advice pertaining to situations where Fabricated and Induced Illness may be an area of specific concern.

4.3 Police Information

Where there is a need to request information from Police Scotland, the [Request for Police Information](#) form. Please be advised that Police Scotland will not share information in any other format and do not require the 'Letter for Invitations to Professionals'. It should be noted that to ensure compliance with the Data Protection Act 1988 the requestor **MUST** provide details as to the reason for the request and full details of the ongoing concern or concerns under review. NB: Where the same information has previously been supplied to your agency **for the same purpose** and there is no change, the information will not be re-supplied. You will be directed to that individual/department.

Information will be handled in accordance with the policies and procedures of the respective organisations or as outlined in associated Information Sharing Agreements.

GOVERNMENT PROTECTIVE MARKING SCHEME

The Data Protection Act 1998 places an obligation on the police to ensure sufficient security to prevent accidental or unauthorised disclosure of sensitive information. It should be noted that the information contained within Police reports will be marked at a predetermined level of RESTRICTED. It is expected that agencies in receipt of Police reports will adhere to the following principles:

PHYSICAL SECURITY

Restricted information in any format should be protected by two security barriers; for example, a locked container, cupboard or filing cabinet within a locked room.

DISPOSAL

Use an approved crosscut shredder, which must be kept secure when left unattended.

NOTE

Under no circumstances should this report be shared or distributed to any agency/

individual other than those agreed under existing child or adult protection procedures. Any request to share this information outside the set criteria should be made to Police Scotland.

4.4 Social Work Information

The Social Work Service will share relevant information with the named person to assist the assessment and decision making processes if consent to share has been given by the family and child if over 12. However in situations where significant risk is identified / it is deemed to be in their vital interests, consent to share is not required.

4.5 When there are siblings involved

When a child is part of a sibling group where the sibling(s) have a different named person due to age, then the named person who receives the concern (e.g. Education) should consider whether it is relevant to share information to ensure that the sibling(s)' named person (e.g. Health Visitor) is informed about the concern. Information sharing regarding concerns in respect of sibling groups will support a 'whole' family approach to Wellbeing Assessment and decision making regarding next steps. If a Wellbeing Assessment is to be progressed then this should be done in conjunction with the other named person(s). Similarly it would be good practice to ensure that, where relevant, all named persons are included in Child Wellbeing Meetings.

4.6 Storing Information

The expectation is that the Wellbeing assessments provided for the purpose of this meeting will be shared with all parties (including the family) along with the note of the meeting or a Child's Plan take explicit note of the guidance above regarding Police information. The accountability for the information shared rests with the receiving service.



Supporting Documents

Each of these appendices can be accessed using the hyperlinks below, or by directly accessing the [Children In Fife Workforce Development](#) website_

Assessment Tools

- [National Practice Model](#)
- [5 GIRFEC Questions](#)
- The 4 C's of assessment
- Wellbeing Indicators Proforma
- NHS Fife Child Wellbeing Assessment Tool
- Fife Council Care & Welfare / Wellbeing Assessment Tool
- National Risk Assessment Framework

Other relevant documentation

- Request for Assistance proforma
- Information Commissioner's Office Data sharing checklists
- Guidance for a Child Wellbeing Meeting
- Guidance for Chronologies (Single/Multi agency)
- Child Wellbeing Meeting Checklist
- Child Wellbeing Meeting Agenda
- Child Wellbeing Meeting Minute / Proforma
- Letters of Invite to a Child Wellbeing Meeting (Parent, Child, Professional)
- Request for Police Information Form
- Grounds of Referral to the SCRA
- Guidance for Schools on Referring to the SCRA