

## Practice Briefing 1

### The role of the *Named Person*

This is the first in a series of Practice Briefings that have been written to help practitioners and managers put *Getting it right for every child* into practice in their agencies. The Practice Briefings should be read in conjunction with the Scottish Government's *Guide to Getting it right for every child (2008)*, the *Guide to implementing Getting it right for every child (2010)*, and the *Getting it right for every child Evaluation Themed Briefings (2010)*, all of which can be found on the *Getting it right for every child* website. [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

The Guide to *Getting it right for every child (2008)* spells out the Values and Principles of the approach, the key roles, the Core Components and the *National Practice Model*. These practice briefings are designed to provide further information on the roles of the *Named Person* and the *Lead Professional* and more detail on how to use the *National Practice Model*, including when children may be in need of compulsory measures. Further briefings will be added as *Getting it right for every child* becomes embedded and practice examples from across Scotland become available.

#### The Practice Briefings

Practice Briefing 1. The role of the *Named Person*

Practice Briefing 2. The role of the *Lead Professional*

Practice Briefing 3. Using the *National Practice Model I: Identifying concerns* using the *Well-being Indicators*

Practice Briefing 4. Using the *National Practice Model II: Gathering information* with the *My World Triangle*

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Practice Briefing 7. The contribution of *Getting it right for every child* to the Children's Hearings System

## **The *Named Person***

Most children and young people will get all the help and support they need from their families, the universal services of education and health, and the provision available to everyone within their neighbourhoods and communities. Even so, at various times in their childhood and adolescence, many children and young people will need some extra help that can be provided from universal services. Building on the recommendation from *For Scotland's Children*<sup>1</sup>, and *Protecting Children: Framework for Standards*<sup>2</sup>, we have introduced the concept of a *Named Person* for every child in health or education, depending on the age of the child, to act as the first point of contact for children and families. Through children and families knowing who to contact, their access to help is made easier. This is an essential feature of a child centred approach to early intervention.

The *Named Person* will be there for each child and the role will be part of day-to-day work. It may be that a child or family wish to contact their *Named Person* if they are worried about something. The *Named Person* may have concerns about the child's well-being that suggest further action is needed. Other individuals or agencies may have concerns about the child's well-being that they wish to bring to the attention of the *Named Person*.

Once a concern has been brought to the attention of the *Named Person*, it is the *Named Person's* responsibility to take action to provide help or arrange for the right help to be provided to promote the child's development and well-being. In order to respond proportionately, the *Named Person* will ask the five questions any practitioner should ask when faced with a concern.

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<sup>1</sup> Scottish Executive (2001) *For Scotland's Children*, Scottish Executive, p.90

<sup>2</sup> Scottish Executive (2004) *Protecting Children: Framework for Standards*, Edinburgh, Scottish Executive

**These questions must always be underpinned by listening carefully to what children and families have to say:**

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help the child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

### **A child-centred approach**

The role of the *Named Person* endorses the child-centred approach of *Getting it right for every child*. Children, young people, parents and carers should have clear information about who is the child's *Named Person*. The *Named Person* should also be accessible to the parent, child or young person and be seen as someone they can talk to about any worries or problems affecting the child.

A child or young person might choose to talk to any trusted adult, such as an early years worker or a subject teacher, about things that are worrying them. All staff in all agencies should know what to do and when to share information with the *Named Person* because it is the *Named Person* who will provide a consistent, easy-to-recognise route for help. An important part of taking a child- and family-centred approach means respecting confidentiality. This means that children and families must always give permission for information to be shared unless seeking consent will get in the way of protecting the child from harm<sup>3</sup>. Children and families should always know what to expect as a result of information being shared and how this will contribute to improving outcomes for the child.

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<sup>3</sup> Where a child might be at risk of harm, the *Named Person* will always need to activate child protection procedures and share relevant information.

### **Concerns about a child's safety**

When a *Named Person* or other practitioner has concerns that a child is not safe, four questions need to be considered:

- Why do I think, this child is not safe?
- What is getting in the way of this child being safe?
- What have I observed, heard, or identified from the child's history that causes concern?
- Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?

If the child or young person is considered to be at risk of harm, relevant information **must** be shared between agencies to enable an assessment to be undertaken to decide whether actions are required to protect the child. In such circumstances consent from the child or parent may be waived in the short term on the grounds of protecting the child but a consent model should always be used where possible. It will be important that the *Named Person* follows local child protection procedures.

Good recording of relevant information, strengths as well as risks and pressures, and the sharing of this information with those designated to investigate child protection concerns, including the assessment of risk and needs, will support any subsequent measures to protect the child.

### **Who should be the *Named Person*?**

During pregnancy and the early period following birth, the child's *Named Person* will be the midwife assigned to the family. After the midwife's postnatal supervision ends (usually around ten days after birth), a health visitor will become the child's *Named Person* until the responsibility moves to education. Health visitors provide consistent, knowledgeable and skilled contact for families, as do staff in early years' services and other practitioners working with pre-school children. When the child enters early

primary school, he or she should be assigned a member of the school staff as the *Named Person*. This could be the child's class teacher, a teacher with a guidance role, the head teacher or another designated member of staff. At secondary school level, a *Named Person* can be allocated taking into account the skills and expertise of staff. Local circumstances will dictate the best person for the role. It will also be for local authorities to decide for themselves at what age or stage *Named Person* responsibility will transfer from health to education.

### **The role of the *Named Person***

In most cases, the *Named Person* **will not have to do anything more than they normally do in the course of their day-to-day work**. In health, this includes the normal checks relating to children, within the aims of *Health for All Children*<sup>4</sup>. In education, arrangements may vary according to the size and structure of schools, but the *Named Person* will be familiar with a child's progress within *the Curriculum for Excellence*<sup>5</sup>. If there are concerns about the way a child is progressing, the *Named Person* will take action to help the child, or arrange for someone else to do so. This will be recorded in a single-agency plan.

In his or her own agency, the *Named Person* will:

- Be the first point of contact for the child and his or her parents/carers seeking information or advice, and for any practitioners wishing to discuss a worry about the child;
- Make sure that the views of children and families are sought and recorded at every stage;
- Be the person who makes sure children and families are fully involved in decisions that affect them;
- Make sure, when information needs to be shared, that children and families know why this information should be shared, and that consent has been given and recorded, unless, in exceptional circumstances, there is good reason not to;

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<sup>4</sup> Scottish Executive (2004) *Health for All Children 4, Guidance on Implementation in Scotland 2005*, Edinburgh, Scottish Executive.

<sup>5</sup> Scottish Executive (2006) *A Curriculum for Excellence, Building the Curriculum, 1, The Content of curriculum areas*, Edinburgh, Scottish Executive.

- Ensure that core information about the child in their agency is up to date and accurate;
- Record any concerns that children, families, or practitioners in their own or other agencies bring to them about a child's well-being;
- Consider any concerns in the light of the child's history and current circumstances and assess if anything needs to be done and any extra help needs to be provided;
- Record any decisions or actions taken, including what immediate help, if any, has been put in place;
- When child needs extra help, prepare a plan for the child based on appropriate and proportionate information. This plan should identify which of the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included are being impaired and need to be addressed. He or she should review any other knowledge held within their agency, gather and analyse any other information needed to identify what might be causing the problems, bearing in mind the *My World Triangle*.
- Be aware of risks and needs and identify concerns that suggest a child may be at risk of significant harm, arising from observations or information received, for example, where there is a worrying pattern over time of incidents or concerns and use appropriate child protection procedures to report these;
- Lead on implementing and keeping under review the outcome and effectiveness of the single agency plan.

### **A key role at transition points**

The *Named Person* will contribute to planning for children who need extra help at key transition points, for example, between pre-school and primary or secondary education. They will ensure effective transfer of information about the child, including details of any help the child and family have been or are receiving, to the new *Named Person* in the agency assuming responsibility for the child.

## **The interface between the *Named Person* and the role of *Lead Professional***

*Named Persons* and *Lead Professionals* must be familiar with local protocols and procedures on how transitions from *Named Persons* to *Lead Professionals* take place.

If the child's needs require help from more than one agency, as part of early intervention, the *Named Person* will take on the role of *Lead Professional* as a direct progression from the existing support set out in the single agency child's plan, **provided this is compatible with their core responsibilities and area of expertise.**

If the child's needs are assessed as more complex and require help from targeted or specialist services, the *Named Person* should follow local processes to determine who is the most appropriate person to take on the role of *Lead Professional* as well as the means of transferring that responsibility and any relevant information.

If the *Named Person* is not the *Lead Professional*, the *Named Person* will continue to have an important role for the child within his or her core role, and will work with the *Lead Professional* to help bring about improved outcomes in the child's well-being.

### **Taking action in different circumstances**

The recording of concerns will usually be the trigger for action by practitioners. There are several ways this will happen. In every circumstance, it is critical that children and families are involved in discussions, the gathering of information and decision-making.

Where the *Named Person* notes concerns there are two options for action:

#### **1. Taking action within the universal services where concerns have been noted**

The *Named Person* will scrutinize the child's record to ensure they have a full grasp of the child's history and if necessary, consult with their manager. If the issues can be dealt with by the *Named Person*, responsibility for taking any action to address identified concerns will remain with them.

If the *Named Person*, in consultation with the child and family, thinks that the child does require extra help and concerns can be resolved through help within their own agency, they will discuss with the family and their colleagues and record a plan, using the *Well-being Indicators* of safe, healthy, achieving, nurtured, active, respected, responsible and included. They will then take appropriate action. They may wish to gather further information from the family, using the *My World Triangle* to identify strengths and pressures, analyse those strengths and pressures and consult with relevant individuals within their agency. They will then plan, record and provide help from within their agency

## **2. Taking things forward where the *Named Person* thinks there may be the need for other agency involvement**

If the *Named Person* thinks the child's needs cannot be met within their own agency, they may use the information they have already gathered and, if necessary, add more details from the child and family, again using the *My World Triangle* to assess the child's needs and including appropriate analysis.

Having gathered the information together, the *Named Person* may wish to discuss the situation informally with colleagues from another agency or agencies before making any decisions. These decisions are informed again by the five questions detailed earlier.

When other agency involvement is required, the answers translate into the following options:

a. **The *Named Person* takes on the role of *Lead Professional***, consults with the child and family and asks other agencies to provide help based on the assessment so far. These services should be provided without the delay of a reassessment from the second agency. This kind of trust and co-operation is fundamental to the success of *Getting it right for every child*. However additional information may be required and the -gathering of this could include more specialist assessment of a particular aspect of a child's needs, such as an assessment of mental health needs. In this case, the specialist assessment should not need to duplicate the information that has already been gathered.

b.. **The *Named Person* and their agency think it appropriate for a *Lead Professional* not to be the *Named Person*.** A school, for example, may feel it was better for a *Named Person* class teacher to hand over the *Lead Professional* role to someone in the school who had more expertise or time to co-ordinate actions. In most cases, the most appropriate *Lead Professional* will come from health or schools, but, in some circumstances, the *Lead Professional* might come from a voluntary organisation.

If the *Lead Professional* is not to be the *Named Person*, the other agencies involved and the *Named Person* will need to agree who is to be *Lead Professional*. **The *Lead Professional* can be appointed straight away without a child's meeting.** The appointment of the *Lead Professional* should be done as efficiently as possible. Often telephone or electronic communication, and informal face-to-face discussions between two or more people can lead to decisions being made speedily. In other cases, a child's meeting may be needed to appoint the *Lead Professional*.

### **Learning points from the evaluation of the Highland Pathfinder in implementing the role of the *Named Person***

Evidence from the Highland Pathfinder<sup>6</sup> has shown the following:

- *Named Persons* are identifying children's needs at an earlier stage.
- Children and young people are being supported within the universal services for longer and are receiving targeted help for shorter periods of time.
- The role of the *Named Person* appears to be critically important in supporting the transition from single to multi-agency support. This is because of the range, depth and scope of the knowledge they have gained about an individual child or young person. They may not have the whole picture of the child but the *Named Person* is likely to be among the most dependable sources of information available to the *Lead Professional*.
- The working relationship between the *Named Person* and the *Lead Professional*, where they are different is proving to be critically important to the effective assessment and planning of multi-agency support for the child or

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<sup>6</sup> MacNeil , M. and Stradling, B. (2010) *Lead Professionals and Named Persons, Evaluation Briefing 1*, Edinburgh, Scottish Government.

young person. The key factors here appear to be continuity, trust and mutual respect for each other's areas of expertise and contribution.

Furthermore, experience from the pathfinders and learning partners has shown that, in spite of anxieties, the role of the *Named Person* has not created additional work. Rather, the new processes have helped to clarify existing roles within universal services. The *Named Person* is proving to be significant in furthering the *Getting it right for every child* aim of using early intervention effectively to improve outcomes for children who have additional needs.

Getting it right for every child team

The Scottish Government

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