

## **Practice Briefing 2**

### **The role of the *Lead Professional***

This is the second 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*. The 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*

Practice Briefing 5. Using the *National Practice Model III: Analysing information* with the *Resilience Matrix*

Practice Briefing 6 Using the *National Practice Model IV: The Child's Plan: one child, one plan*

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

### **The *Lead Professional***

The *Lead Professional* is the second key role in the *Getting it right for every child* approach. It is seen alongside the role of the *Named Person*. Every child will have a *Named Person* in the universal services of health or education, according to their age and stage of development (see Practice Briefing 1). This person will be the point of contact for children and families.

There are some circumstances where children's needs involve two or more agencies working together delivering services to the child and family. Where this happens, in all cases, a *Lead Professional* will be needed. The *Lead Professional* becomes the person within the network of practitioners supporting the child and family who will make sure that the different agencies act as a team and the help they are all offering fits together seamlessly to provide appropriate support for the child and family. The *Lead Professional* will have a significant role in working with other agencies to co-ordinate a multi-agency *Child's Plan*.

### **The circumstances where a *Lead Professional* may be needed**

There are three ways in which the need for a *Lead Professional* may arise:

#### **The *Named Person* becomes the *Lead Professional***

Where those working with the child and family in the universal services of health and education have concerns about a child and think that a co-ordinated plan involving two or more agencies will be necessary, then a *Lead Professional* will be needed to co-ordinate the actions of the different agencies and draw up a multi-agency *Child's Plan*. The need for a co-ordinated plan may have arisen out of a growing concern over time, or it may have been triggered by a particular change in the child, or an event, or behaviour of the child or family, or because the child and family, in working with the *Named Person*, have identified that extra help is needed.

If it is at all possible and appropriate, the *Named Person* in the universal services who has been working with the child will co-ordinate help and become the *Lead Professional*, for as long as it is appropriate. This could be for a very short time and certainly should be straightforward. For example, a health visitor working with a family, experiencing considerable stress, might plan with an early years worker to

provide additional support from the day nursery and a Home-Start volunteer to befriend the family. It may involve the *Named Person* in education arranging support for a child from the speech and language service or educational psychology again based on assessment of need and recorded in a single agency child's plan. This help supports the *Getting it right for every child* principles of early intervention. It also helps to avoid children and families being passed from one agency to another and is part of the philosophy of creating a network of support around the child.

Agencies and local integrated structures will have their own mechanisms for triggering and co-ordinating action. In some cases, a *Child's Plan* may be put together and action taken without a formal meeting. Allowing for a more informal co-ordination of assistance between agencies without formal meetings supports the principle of timely and proportionate help. In many cases, health and education practitioners are already co-ordinating help for children as part of their day-to-day practice, and the *Lead Professional* role in *Getting it right for every child* reinforces what is already happening.

#### ***A Lead Professional who has a more specialist role in the universal services***

In some circumstances, it may become clear that a child needs more complex and specialist help but still primarily from the universal services. In such cases, it may be more appropriate for another, perhaps more specialist, practitioner from the universal services to become the *Lead Professional*. This could be, for example, a practitioner who can co-ordinate a plan for a child with complex health needs with the help of other services. It might be that the child needs a plan that is focused on additional support for learning or a Co-ordinated Support Plan where this may include some health and social work services.

#### ***A Lead Professional in more complex cases***

There will be cases where children's safety is the primary issue, or there is a statutory requirement, such as where a child becomes looked after, or is the subject of compulsory measures. In such cases, co-ordinating help from the universal services may not be appropriate. A worker from a specialist part of health or education or another agency will need to take the lead. In some such cases, but not exclusively, the *Lead Professional* is likely to be a social worker. The *Lead*

*Professional* will sometimes commence the role through a formal meeting, but this will depend on the individual circumstances and local area practices. However a *Lead Professional* is appointed, it is important that interim help is not delayed while arrangements are being put in place. It is also important that if child protection concerns emerge at any stage, the *Lead Professional* will need to follow local child protection procedures.

### **Choosing the most appropriate *Lead Professional***

The *Lead Professional* should be the person best placed to co-ordinate the help needed. A *Lead Professional* should be able to provide confident leadership and should be familiar with the remit of different agencies. It is important that children and families are fully involved in any decisions about who is to be the *Lead Professional* and they understand why this person is the best practitioner to co-ordinate help for them. There are emerging signs from the evaluation of the Highland Pathfinder that the role of *Lead Professional* is contributing to a more focused response to children's needs and concerns<sup>1</sup>.

In Highland, the NHS has agreed the possible disciplines that may take on the role of *Lead Professional* if required. This includes: midwives who have specialist knowledge of substance abuse and mental ill health, specialist nurses, concerned with complex long term or life limiting conditions, consultant paediatricians, and adult substance abuse nurses among others.

It has been recognised that there are those who would rarely or never take on the *Lead Professional* role such as pharmacists, radiographers and NHS Highland managers.

In education, local circumstances will dictate who becomes a *Lead Professional*. It could be a guidance teacher or, for example, in a very small rural primary school, it might be a head teacher.

---

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

So, in summary, choosing the *Lead Professional* will be influenced by:

- the kind of help which the child or family needs
- the child and family's views
- previous contact or a good relationship with the child
- any statutory responsibility to co-ordinate work with the child or family.

In some cases, there will be statutory obligations defined towards a child and the *Lead Professional* will to come from a particular agency. Examples where statutory requirements need to be accounted for are:

- where a child needs a Co-ordinated Support Plan for children's additional support for learning
- a child is formally looked after by the local authority
- a child is the subject of an Anti-Social Behaviour Order.

There will also be other administrative categories where compliance with procedures will help ensure a child's safety, for example, for a child whose name is on the child protection register.

Practitioners in the third sector may take on the role of *Lead Professional* where this has been formally agreed and specified in their Service Level Agreement with the local authority.

The *Lead Professional* is accountable to his or her own agency for both carrying out his or her agency's professional tasks and also for carrying out the responsibilities which the *Lead Professional* role entails. He or she is not responsible for the actions of other practitioners or services.

Practitioners taking on the role of *Lead Professional* must be provided with appropriate supervision and support which is tailored to the requirements placed upon them by the work with the child or young person and their family.

### **The *Lead Professional* and putting together the *Child's Plan***

The *Lead Professional* will have a pivotal role in co-ordinating and putting together the information that goes in the *Child's Plan*. He or she will gather information from the child and family and the other agencies involved with the child. It is the responsibility of the *Lead Professional* to ensure that all key information is available and considered when the *Child's Plan* is drawn up (See Practice Briefing 6).

Using the *National Practice Model*, the *Lead Professional* will co-ordinate the assessment that is needed, including information from any specialist assessments, make sense of that information and lead on constructing the *Child's Plan*.

### **Roles and tasks of the *Lead Professional* in planning and taking action to help a child**

When the *Child's Plan* has been agreed, the *Lead Professional* will:

- Usually be the point of contact with the child and family for the purpose of discussing the plan and how it is working, as well as any changes in circumstances that may affect the plan
- Be a main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or raise any issues;
- Make sure that the help provided is consistent with the *Child's Plan*, that services are not duplicated
- Work with the child and family and the practitioner network to make sure that the child and family's views and wishes are heard and properly taken into account and, when necessary, link the child and family with specialist advocacy
- Support the child and family to make use of help from practitioners and agencies;
- Monitor how well the *Child's Plan* is working and whether it is improving the child's situation
- Co-ordinate the provision of other help or specialist assessments which may be needed, with advice from other practitioners where necessary, and make arrangements for these to take place

- Arrange for the agencies to review together their involvement and amend the *Child's Plan* when necessary
- Make sure the child is supported through key transition points and ensure a careful and planned transfer of responsibility for these roles when another practitioner becomes the *Lead Professional*, for example if the child's needs change or the family moves away, or the named person resumes responsibility for the child when a multi-agency *Child's Plan* is no longer needed
- Ensure effective transfer of information when another *Lead Professional* takes over, or when the family moves away or when the multi agency *Child's Plan* is no longer needed.

The *Lead Professional* will be responsible for ensuring an agreed multi-agency *Child's Plan* is produced. The plan will be based on an assessment of needs and risks and will incorporate any current single agency plans. The plan will identify when a review is needed and the *Lead Professional* will arrange for the production of materials for the review if this is to take place at a meeting. Materials will be circulated to everyone involved, especially children and families (See Practice Briefing 6).

The *Lead Professional* will not do all the work with the child and family; neither does he or she replace other practitioners who have specific roles or who are carrying out direct work or specialist assessments. The *Lead Professional's* primary task is to make sure that all the support provided is working well, links with involvement of other practitioners and agencies and is achieving the outcomes specified in the *Child's Plan*.

### **The relationship between *Lead Professionals* and others in contact with the child and family**

It is the *Lead Professional's* responsibility to make sure everyone is clear about the different roles they have and the contributions they have to implement the *Child's Plan*. In some cases, although much of the day-to-day work with the child or family may be carried out by practitioners other than the *Lead Professional*, the *Lead*

*Professional* should at least have sufficient direct contact with the family to ensure that they are well informed and that the *Child's Plan* is working properly and to good effect.

Over time, circumstances may change and it may be appropriate for a different practitioner to take over the role of *Lead Professional*. Whenever this happens, as at any other time, the child and family need to be fully involved in any decisions and changes that affect them.

*Getting it right for every child* team

The Scottish Government

December 2010