

PRACTICE GUIDANCE – THE ROLE OF THE NAMED PERSON

This is the first of a Practice Guidance series to help and support practitioners and managers embed and implement *Getting it right for every child (GIRFEC)* into their everyday practice. This guidance should be read in conjunction with the Scottish Government's *GIRFEC Policy Statement*, which refreshes our GIRFEC Values and Principles, and the Core Components of the approach.

The Guidance series is designed to provide further information on the key roles of GIRFEC, *Assessment of Wellbeing*, on how to use the *National Practice Model* and to guide our practice and provide clarity and confidence in *Information Sharing*.

The Practice Guidance

Practice Guidance 1. The role of the *named person*

Practice Guidance 2. The role of the *lead professional*

Practice Guidance 3. Using the *National Practice Model*

- Improving outcomes using the *Wellbeing Indicators*
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Practice Guidance 4. Information Sharing

The Statutory Guidance

Assessment of Wellbeing - Part 18 (section 96) of the Children and Young People (Scotland) Act 2014

This draft guidance was co-produced with a range of colleagues across local authority areas, health boards, the third sector and national organisations. It's development stemmed from a commitment made by the Deputy First Minister in September 2019. While much progress had been made prior to the pandemic, the more recent updates have purposefully reflected our current landscape.

Introduction

1. With the United Nations Convention on the Rights of the Child (UNCRC) as its foundation, GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. Getting it right for every child is based on evidence, is internationally recognised and is an example of a child rights-based approach. It is locally embedded and positively embraced by practitioners across children's services, changing culture, systems and practice for the benefit of children, young people and their families¹. However more needs to be achieved as we work towards #KeepingThePromise, and to respect, protect and fulfil the rights of all children in Scotland.

2. The refreshed values and principles of GIRFEC we want to fully embed and implement are:

- **Placing the child and family at the centre**, and promoting choice, with full participation of children and families in decision-making;
- **Working in partnership with families to enable a rights-respecting, strengths-based, inclusive approach;**
- **Understanding wellbeing as holistic and interconnected**, with a child's developmental experiences understood within the wider context and influences of family, community and society;
- **Valuing diversity and ensuring non-discrimination;**
- **Equitably tackling multiple and intersecting forms of inequality;**
- Shifting resources and support towards providing an **early offer of support** to improve outcomes for children, young people and families; and,
- **Joint working in a culture of co-operation and communication** between practitioners and services, both locally and nationally across Scotland.

¹ Throughout this document, "children and families" refers to children and young people under the age of 18, their parents and carers. A glossary of further terms used in this document can be found at Annex A.

3. The named person

Scottish Government's commitment to the UNCRC is built on practical foundations in the universal services of health and education. Children and families need to know who they can contact when they need access to relevant support for their own or their child's wellbeing. Within the GIRFEC approach, these foundations are carried out through the role of a named person who is able to provide a clear point of contact within universal services, if a child and/or family want information, advice or help. Local arrangements and the term used to describe this role or function may vary from area to area.

4. Whilst there is an intention to repeal Parts 4 and 5 of the Children and Young People (Scotland) Act 2014², on named person and child's plans (which were never implemented and are therefore not currently in force), the commitment remains to deliver these core components of GIRFEC within existing law. As such, the policy approach for the named person service recognises that the service, in accordance with local arrangements in exercise of existing powers, is provided by the relevant NHS Health Board, Integration Joint Board/Health and Social Care Partnership or local authority area. Therefore, while key individuals will be identified in the valued role of a named person, it is for the local authority and health board to determine how named person services should be carried out and take responsibility for that. Children's Services Planning Partnerships should have oversight of local GIRFEC arrangements to support a joined-up whole systems approach to its' implementation.

5. Who should be the named person?

The named person is mainly provided by health and education services and is usually someone who is, known to the child and family and who is well placed to develop a supportive relationship with them. As and when required, a named person will work together with specialist services such as social work, police and mental health services.

² [Children and Young People \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

6. Information should be provided which makes it clear to the child and family who their named person is, and how they can contact them in the event they need any support or guidance. It is the responsibility of the named person to make contact with the child and family to offer support and assistance necessary to ensure their safety and wellbeing.

7. There is no obligation on children and families to accept the offer of advice or support from a named person. A decision by a child and their family not to accept advice, help or additional support offered is not, in itself, cause for concern.

8. From birth to beginning primary education, the named person for all children is usually their Health Visitor or Family Nurse. To incorporate this, Health Visitors role and responsibilities changed to include the named person role and function. NHS health boards, in conjunction with their Children's Services Planning Partnership, will have clear ways of informing parents, carers and families about their child's named person and the support available to them.

9. During primary schooling, the named person role is then usually fulfilled by a Principal Teacher, Depute or Headteacher (promoted teachers), depending on the size of the school. The local authority, in conjunction with their Children's Services Planning Partnership, will have clear ways of informing parents, carers and families of the transition from their Health Visitor, to their new named person across their child's primary education.

10. When attending secondary school, the named person role is usually fulfilled, as in the primary school, by a Principal Teacher, Depute or Headteacher. During the child's transition to secondary school, the local authority continues to have a role in ensuring parents, carers and families are aware of their new named person who will be the consistent point of contact throughout their young person's secondary education.

11. Young people transitioning from school education before the age of 18 should continue to be offered a named person service. The local authority for the school the young person was attending, is responsible for identifying the new named person as a specific point of contact for the young person. This should preferably be a promoted teacher whom the young person already has a relationship with. The identified named person, where possible, should remain the clear and consistent point of contact for the young person until they transition into further education or work, at which time a new named person should be identified by the local authority, or until they reach the age of 18.

12. The young person leaving school before the age of 18 and their family should be informed who the named person is, and how they can contact them in the event they need any support or guidance. It is the responsibility of the named person to make contact with the young person on a regular basis to offer support where this is necessary to ensure their wellbeing.

13. For children and young people of school age, but not on a school roll, for example home-schooled or some children and young people from Gypsy/Traveller families, similar to post-school arrangements above, the local authority should identify a suitable named person, such as an Education Officer, informing the child or young person and family of the service and support available³.

14. Where children and young people attend independent or grant-aided schools, the named person service provision follows the same principles for primary and secondary education noted above. The named person should be someone in a promoted post and the Scottish Council for Independent Schools⁴ provide more detailed guidance for their members.

³ <https://www.gov.scot/publications/improving-educational-outcomes-children-young-people-travelling-cultures/pages/3/>

⁴ [Home » SCIS](#)

15. For children and young people in secure accommodation and some residential special schools, the Head of the Unit or manager of the residential school will be the named person. Where the Scottish Prison Service is the service provider, a young person's named person should be the Unit Manager who has responsibility for the care and support of the young person in legal custody.

16. Access to support from a named person will remain in place until a young person reaches the age of 18 (or older if still at school). For those young people who are provided with an Aftercare service under section 29 of the Children (Scotland) Act 1995 or a Continuing Care service under section 26A of that Act, access to support will continue under local arrangements for these services.

17. It is important to highlight that during pregnancy, while midwives do not have a named person role specifically with respect to the unborn child, they do embed GIRFEC and its' values and principles, into their practice when supporting expecting parents in preparing to become a family and giving their unborn child the best start in life⁵.

18. The role of the named person

The named person promotes good wellbeing and forms relationships through the provision of a universal service. They are a clear point of contact for anyone worried about the child's wellbeing, whether the child themselves, parents, other family members or others working with the child. All adults working with children and young people under the ages of 18, or with adults who are parents or carers, should be aware of and know how to contact the child's named person.

19. Once a wellbeing need has been brought to the attention of the named person, it is the named person's responsibility to collaborate and discuss with

⁵ [The best start: five-year plan for maternity and neonatal care - gov.scot \(www.gov.scot\)](http://www.gov.scot)

the child and their family, and other agencies if needed, to explore what support could be provided to address the child's identified wellbeing needs. Children and families should always be made aware of their rights around information sharing (*please see Information Sharing Charter and Practice Guidance 4*), knowing what to expect if they have agreed for information to be shared with other agencies, and be part of conversations to discuss how sharing information will support their child or young person's wellbeing and contribute to improving outcomes for the child or young person.

20. The named person will ask the five GIRFEC questions all practitioners should ask when faced with a concern about a child's wellbeing. 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 wellbeing?**
- **Do I have all the information I need to help this child or young person?**
- **What can I do now that is needed and appropriate to help this child or young person?**
- **What can my agency or organisation do now to help this child or young person?**
- **What additional help, if any, may be needed from others?**

21. There may be situations where a child and/or family no longer wish to continue to work with the individual who has been offered as their named person and will seek someone else for that role. This could happen where there is a breakdown in the relationship between the child, family and named person. While circumstances will vary, the initial named person will work with

the relevant NHS board or local authority education provision to take reasonable steps to identify and offer another suitable individual. The child and family will have opportunities to be involved in discussions and decision-making to identify an appropriate new named person.

22. Skills, Knowledge, Understanding and Function of a named person

The skills, knowledge and understanding required to carry out the named person functions will be developed and maintained through professional learning. At the heart of this professional learning will be the [Common Core of Skills, Knowledge & Understanding and Values for the “Children’s Workforce” in Scotland](#) that cross-refers to the guiding principles of the UNCRC. For most children and young people, the named person will be mainly provided through health and education services by individuals with recognised academic and professional qualifications, and the skills, knowledge and understanding required to fulfil the named person role as part of their daily functions. However in a small number of situations other suitably qualified practitioners will fulfil the role of a named person.

23. To ensure a universal standard, the named person should have a clear understanding of:

- The values and principles underpinning the GIRFEC approach, wellbeing and the use of the National Practice Model (*please see Practice Guidance 3*) for the assessment of wellbeing (*please see Statutory Guidance*).
- The rights and requirements set out in the UNCRC.
- Factors which may affect the mental health and wellbeing of children and young people, including an understanding of the development of positive mental health and wellbeing, as well as the impact of adverse and traumatic experiences, and how to take a trauma-informed approach.
- How the GIRFEC approach underpins the additional support for learning framework.
- How to recognise and evaluate a wellbeing need using a strengths-based approach.

- How to respond proportionately to a wellbeing need to carry out their functions as outlined in this guidance.
- How to work in partnership with children and families.
- How to seek and take into account the views of children and young people and be able to identify a child or young person's neurodevelopmental profile, strengths and needs, for example when speech, language or communication barriers exist and how to access appropriate support if needed.
- How to seek and take account of the views of parents and be able to understand needs, for example when speech, language or communication barriers exist and how to access appropriate support where needed.
- How to seek assistance from within and outside their service, including from third sector organisations that have a primary prevention, early support or specialist focus.
- The best practice in relation to information sharing (*please see Practice Guidance 4*).
- How to lawfully record and process sensitive information.
- Leading on the development, use and management of a chronology.
- Recognising when the response to a wellbeing need(s) indicates the decision to have a child's plan.
- Initiating, reviewing and managing the child's plan.
- Transferring management of the child's plan.
- Working with a lead professional (*please see Practice Guidance 2*).
- How to recognise when a compulsory supervision order might be needed in relation to the child or young person.
- The relationship between a wellbeing need and a child protection concern.
- How to use a range of indicators to identify if a child or young person might be at risk of significant harm, and how to follow local child protection procedures⁶.

⁶ [National Guidance for Child Protection in Scotland 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-guidance-for-child-protection-in-scotland-2021/pages/100-109.aspx)

24. The role of Children's Services Planning Partnerships is key to ensuring a joined up approach to local delivery of single and multi-agency GIRFEC practice, through for example training, guidance and communications.

25. A key role at transition points

The named person will contribute to the assessment and planning process for children and young people 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, in line with information sharing guidance (*please see Practice Guidance 4*), about the child or young person, including details of any help the child and family have been or are receiving, to the new named person in the agency or organisation assuming responsibility for the child or young person.

26. For children and young people with additional support needs, the named person will contribute to ensure that any additional support with transitions is identified and implemented, in line with the [Additional Support for Learning Framework](#) and the statutory timescales that it sets. Transition planning for children and young people with additional support needs should be co-ordinated by one person and when there is multi-agency involvement then a lead professional or named person should be involved.

27. Other examples of this include Transition Care Plans⁷ for young people moving from Child and Adolescent Mental Health Services to Adult Mental Health and Care Services, young people who need social care support making the transition from children's services to adult services and also young carers moving from a Young Carer Statement⁸ to an adult carer support plan.

⁷ [Transition Care Planning action 21: principles of transition - gov.scot \(www.gov.scot\)](#)

⁸ [What is a Young Carer Statement? | Young Scot](#)

28. When further information is identified about a child or young person’s wellbeing

Further exploration of wellbeing needs may lead to additional action by practitioners. There are several ways this can 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 further wellbeing concerns there are two options:

<p>1. Taking action within universal services</p>	<p>2. Taking action where named person thinks there is a need for another agency/organisation’s involvement</p>
<p>If the named person, in consultation with the child and family, thinks that the child or young person does require extra help where wellbeing concerns can be resolved through help within their own agency, they will discuss with the child, family and their colleagues and record a plan (using the Wellbeing Indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included). They may wish to explore and gather further</p>	<p>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 GIRFEC. However additional information may be required and the gathering of this could include more specialist assessment of a particular aspect of a child or young person’s needs, such as an assessment of mental health needs. In this case, the specialist assessment should build further on the information that has already been gathered.</p>

<p>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, provide help from within their agency and review impact.</p>	<p>b) The lead professional role is taken on by another agency or organisation in discussion with the child and family, ensuring there is clear understanding of the decision-making. While this could be another individual within education or health, it could also be someone from a targeted or specialist service or an individual from the voluntary sector whose organisation is providing specific help and support.</p>
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29. The interface between the named person and the lead professional

During childhood there may be circumstances where children and families require the help of two or more agencies for support. This is where a lead professional will be needed. The lead professional (*please see Practice Guidance 2*) is an agreed identified person within the network of practitioners who are working alongside the child and family. In most cases, the professional who has the greatest responsibility in the child's plan at that time will undertake this role. Throughout a child or young person's journey, this individual may change depending on the child or young person's wellbeing needs. The lead professional will have the right skills and experience to ensure that all agencies and organisations involved in the child or young person's care have a cohesive approach in the coordination and management of a multi-agency plan of care for the child or young person. They will make sure the child and family are fully included in decision making for the child's plan including in the assessment of wellbeing and making the child's plan. They will also be a key point of contact for the child and family. While the lead professional will coordinate and review progress of the child's plan, the role of the named person as a point of contact for the child and family also continues.

30. Named persons and lead professionals will be familiar with local procedures on how transitions from named persons to lead professionals take place. If the child or young person's wellbeing needs require help from more than one agency, as part of an early offer of support, the named person may take on the role of lead professional as a direct progression from the existing support set out in the single agency child's plan. However on some occasions, the lead professional may come from another service as noted above, as they are best placed to take on the role.

31. If the child or young person's needs are assessed as more complex and require help from targeted or specialist services, the named person should follow local processes, where usually a multi-agency team of practitioners, the child or young person and their family (sometimes known as the Team Around the Child), 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. One example for a child or young person involved in risky behaviour or in conflict with the law, would see a multi-agency early and effective intervention group coming together alongside the child and family.

32. If the named person is not the lead professional, the named person will continue to have an important role for the child within their core role, and will work with the lead professional to help bring about improved outcomes in the child or young person's wellbeing.

33. Information sharing about children's wellbeing needs

To provide practitioners in the role of named person or lead professional with clarity and confidence in sharing information, practice guidance 4 in this series provides an Information Sharing Charter which can be shared with children and families as they begin to work with them, as a basis for conversations about information sharing, and provides guidance to inform decision-making about information-sharing in a lawful and fair way in compliance with relevant legal rules, for example, under UK data protection law. In all occasions when

information is shared, the purpose should be to offer help and support as early as possible. These open and honest discussions with children and families should include the opportunity to make clear their rights and explore all that is needed towards improving outcomes for the child and their family.

Getting it right for every child team

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Annex A

Glossary of Terms

34. Child or young person

An individual who has not yet attained the age of 18 years.

35. Child's plan

A personalised child's plan is developed when those working with the child and family identify that a child needs a range of extra support planned, delivered and co-ordinated. The child's plan should reflect the child's voice and explain what should be improved for the child, the actions to be taken and why the plan has been created.

36. Child Protection

The processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm from abuse, neglect or exploitation.

37. Getting it right for every child (GIRFEC)

This is Scotland's national approach to promoting, supporting, and safeguarding the wellbeing of children and young people. It provides a consistent framework, shared language and common understanding of wellbeing. GIRFEC puts the child at the centre and helps children get the right support from the right people at the right time.

38. Lead professional

When children and families require the help of two or more agencies for support, a lead professional will be needed. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child and family. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role.

39. Named person

This is a clear point of contact for times when children and families require information, advice or help. The named person is mainly provided by health and education services and is usually someone who is known to the child and family and who is well placed to develop a supportive relationship with them. Local arrangements and the term used to describe this role or function may vary from area to area. A named person can help children and families access relevant support for a child's wellbeing.

40. Wellbeing Indicators

Any assessment of a child's wellbeing should be founded on the 8 wellbeing indicators: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included, sometimes referred to as SHANARRI. The SHANARRI wellbeing indicators are informed by the UNCRC rights and requirements. They are overlapping and connect areas that are fundamental to understanding what children need in order to grow, develop and thrive.