

PRACTICE GUIDANCE – THE ROLE OF THE LEAD PROFESSIONAL

This is the second 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*
- Gathering information with the *My World Triangle*
- Analysing information with the *Resilience & Vulnerability Matrix*

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This draft guidance was co-produced with a range of colleagues across local authority areas, health boards, the third sector and national organisations. Its 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.

1. Introduction

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 do everything we can 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 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 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.

Throughout a child's journey, this person may change depending on the child's needs. All decision-making about support and the child's plan should include the child and their family as much as possible.

4. Who should be the lead professional?

Any practitioner or professional providing support to the child could be identified as the lead professional. This includes any person working across the universal services of health and education, as well as a person from a third sector organisation or specialist service. The named person (*please see Practice Guidance 1*) who may have previously overseen a single agency plan for the child and family may become the lead professional if agreed by the child, family and range of professionals involved. The lead professional will remain in this role for as long as it is appropriate and this should be reviewed regularly.

5. What is the role of the lead professional?

The lead professional will have the appropriate skills and experience to oversee all agencies involved in a child's care taking a cohesive approach in the coordination and management of the multi-agency plan for the child. They will:

- ensure as far as possible, that the child and their family understand what is happening at all times and include them in all decisions being made;
- act as a main point of contact for all, particularly to ensure the child and their family are not required to tell their story multiple times to multiple professionals;

- oversee the implementation of the child's plan and check that it is reviewed, accurate and kept up-to-date;
- ensure that targeted support is helping to improve agreed outcomes for the child;
- promote teamwork between agencies, and work in partnership with the named person;
- support the child and their family during key transition points, particularly any transfer to a new lead professional; and,
- have an awareness and understanding of the working practices of other agencies.

6. The lead professional is accountable to their own agency for:

- meeting individual professional tasks; and,
- achieving the responsibilities which the lead professional role entails as above.

7. The lead professional is **NOT** responsible for the actions of other practitioners or services. Practitioners taking on the role of lead professional must be provided with appropriate support and supervision which is tailored to the requirements placed upon them by the work with the child and their family.

8. In some circumstances, the preparation of a record of a child's needs and how these will be met is required to comply with legislation. Where this applies, the lead professional should be familiar with the relevant statutory requirements. For example:

- under the Education (Additional Support for Learning) (Scotland) Act 2004 for school education authorities to prepare a coordinated support plan. This applies in respect of children and young people who have enduring additional support needs that have a significant adverse effect on their education, who require support from services outside education;

- under the Looked After Children (Scotland) Regulations 2009¹ for local authorities to prepare a child's plan in respect of any child or young person who is, or is about to be, looked after in terms of section 17(6) of the Children (Scotland) Act 1995² ("the 1995 Act");
- under section 23(3) of the 1995 Act for a local authority to prepare, on request, an assessment of a child, or of any other person in the child's family, to determine the child's needs in so far as attributable to their or the other person's disability; and,
- for a responsible authority to prepare a young carer's statement under section 12 of the Carers (Scotland) Act 2016³.

9. There may be situations where a child and/or family no longer wish to continue to work with the individual who has been identified as the lead professional and will seek someone else for that role. This could happen where there is a breakdown in the relationship between the child, family and lead professional. While circumstances will vary, the child and family could approach their named person to discuss this and reasonable steps to identify and offer another suitable individual will be taken. The child and family will have opportunities to be involved in discussions and decision-making to identify an appropriate new lead professional.

10. Choosing the most appropriate lead professional

A lead professional should be able to provide confident leadership and should be familiar with the remit of different agencies to be able to coordinate the help needed. It is important that, as far as possible, children and families are involved in any decisions about who is to be the lead professional and that they understand why the person appointed is the best practitioner to coordinate help for them. An example of a lead professional could be a Health Visitor, Community Children's Nurse, Pupil Support Teacher, Head Teacher, Social

¹ [The Looked After Children \(Scotland\) Regulations 2009 \(legislation.gov.uk\)](#)

² [Children \(Scotland\) Act 1995 \(legislation.gov.uk\)](#)

³ [Carers \(Scotland\) Act 2016 \(legislation.gov.uk\)](#)

Worker, Child and Adolescent Mental Health Professional, Community Child Health Professional, Allied Health Professional, Family Nurse, Youth Worker, Young Carer Support Worker or Third Sector practitioner. This list is not exhaustive.

11. Therefore, choosing the lead professional will be influenced by:

- the child and/or family's needs;
- the child and family's contribution towards the decision-making; and,
- previous contact or positive relationship with the child and family.

12. The lead professional and putting together the child's plan

The lead professional will have a pivotal role in coordinating and collating the information that informs the child's plan. This information should be gathered from the child and their family and provided by the other agencies involved with the child, in accordance with the requirements set out in the Information Sharing Guidance (*please see Practice Guidance 4*). Information can also be drawn from any other plans a child or young person may already have in place, provided that there is a lawful basis for this to be shared with the lead professional.

13. Using the National Practice Model (*please see Practice Guidance 3*), the lead professional will coordinate the wellbeing assessment required, including information from any specialist assessments, make sense of that information and lead on constructing the child's plan. All agencies involved have a joint accountability to ensure the plan is progressed and reviewed to meet the needs of the child and agreed outcomes.

14. 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:

- be a point of contact with the child and their family to ensure the plan is working well and achieving their agreed outcomes;
- be a point of contact for all practitioners who are delivering support for the child to feed back progress on the plan or raise any issues;
- ensure that the support provided is consistent with the child's plan, aligning with the outcomes of the child, family and practitioners;
- promote team work between agencies, to avoid duplication and drift;
- work with the child and family and the practitioner network to make sure that the child and family's rights are respected, their 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 and achieving agreed outcomes;
- coordinate 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 a joint review including all agencies involved, the child and their family, and amend the child's plan, when required; and,
- support the child and their family through key transition points and ensure a careful and planned transfer of responsibility where roles change. For example, families should be consulted and kept informed when another practitioner is to become the lead professional (which may happen if the child's needs change or the family moves away) and when a multi-agency child's plan is no longer needed, meaning that the lead professional role is no longer required.

15. The child's plan will be based on an assessment of strengths, needs and risks, and will incorporate the actions from any existing single agency plan, if this existed before the need for more agencies was identified. The plan will

signify 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, including children and families. The lead professional will have no responsibility, accountability or authority over other partners for their work unless this is through their substantive role, e.g. line management or commissioning.

16. The lead professional will **NOT** be responsible for all of the work with the child and their family; nor do they replace other practitioners who have specific roles or who are carrying out direct work or specialist assessments.

17. The relationship between lead professionals and others in contact with the child and their family

It is the lead professional's responsibility to make sure everyone is clear about the different roles they have and the contributions they make to implement the child's plan. In some cases, 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 have sufficient direct contact with the child and their family to ensure that they are well-informed and fully involved in decision-making, and that the child's plan is working properly and to good effect.

18. 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, the child and family need to be as involved as possible in any decisions and changes that affect them, and fully supported with transition to a new lead professional.

Getting it right for every child Team

The Scottish Government

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Annex A

Glossary of Terms

19. Child or young person

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

20. 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.

21. 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.

22. Getting it right for everychild (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.

23. 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.

24. 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.

25. 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.