



Getting it Right for Looked After Children: How do the Named Person and Lead Professional roles work together?

Purpose (of this workshop)

To generate a discussion about how the roles of Named Person and Lead Professional will work for a looked after child, identifying likely issues and possible solutions

.... to feed into the development of planned 'Practice Guidance'.

Part 1: The Named Person and Lead Professional working together; what does the legislation say?

What is this important?

- New duties to implement GIRFEC set out in C&YP Act 2015; inspections will follow.
- For looked after children, likely that two roles will be held by different organisations; to work well, we need to be clear who does what?
- NP likely to be main contact for many.

What does the law say?

- Nothing; lead professional not referred to in the C&YP Act 2014, or any legislation.
- Mentioned frequently in SG guidance.
- Described in detail in local guidance and protocols.



Role of the Named Person

- 1. Will be child and parent/carers key contact
- 2. 'Consider' concerns about a child's wellbeing, and take action (info. sharing)
- 3. Concerns about a child's wellbeing referred to NP (info. sharing)

Role of the Named Person

- 4. Deciding if a Child's Plan is necessary
- 5. If appropriate, prepare Child's Plan and become the Lead Professional
- 6. Support LP and child by remaining point of contact, monitoring wellbeing, etc.

Role of the Lead Professional

- 1. Coordinate delivery of the Child's Plan; ensure actions are done, child & carer views taken into account, review plan
- 2. Coordinating the collection and sharing of relevant information
- 3. Monitor, with NP, child's wellbeing.

Role of the Lead Professional

- 4. Make decisions about how best to respond to assessment findings
- 5. Report to line managers when obstacles are preventing delivery of actions in Child's Plan

How should they interact?

- 4. Two professionals; complimentary roles. Appointment of LP does not mean transfer of all NP functions.
- 5. Must work closely. NP should continue to be engaged with child and carer, monitoring wellbeing, reviewing Child's Plan, etc.

Comments or questions?

Activity 1: Roles of Named Person and Lead Professional

Part 2: Connor's story

Connor is 3 years and 4 months old. He lives with his mum and grandmother. Father is absent.

Connor is mum's first child. She is receiving support from GP for ongoing mental health issues.

Connor is enrolled at a local nursery; attendance 60%.

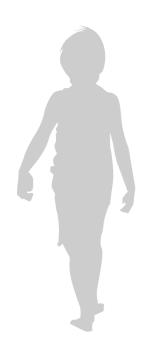
Health Visitor has struggled to engage with Connor's mum, but Gran attends appointments (i.e. immunisations).

At 27 month assessment, signs of developmental delay identified. Concerns about Connor's speech and comprehension. Referral to Speech & Language Therapist.

With the S&L Therapist, Health Visitor (as the NP) draws up a single agency (NHS) plan for Connor. Relevant information from this is shared with the nursery by the HV.



Any comments or reflections at this stage?



Connor's grandmother dies suddenly.

Nursery staff inform the HV, highlighting that his attendance at nursery has become very sporadic and infrequent.

The HV is concerned about Connor's wellbeing, but finds it difficult to make contact with his mother. Scheduled health appointments are missed.

Nursery staff are particularly concerned when Connor appears at nursery unkempt, and mother avoids contact with them. They contact Children and Families Social Work with a Request for Assistance. They also contact the HV to let them know about developments.

A member of the C&F social work team undertakes a comprehensive assessment of Connor's situation, requesting information from both NP and nursery. They also meet with Connor and his mother.

A multi-agency meeting is convened, and it is agreed that a range of targeted interventions are required, including Home Support Worker, Parenting Skills course and further S&L input.

A multi –agency Child's Plan is prepared, and the social worker made the Lead Professional.

As Connor's mother has been fully engaged in this process, multi-agency group agree that the situation does not merit child protection measures.



Any comments or reflections at this stage?



Over next few months Connor's mother does not engage with the services and support being made available. Nursery staff and NP both relay their ongoing concerns to Lead Professional.

Decision is taken to refer to Children's Reporter, on grounds of 'Lack of parental care'.

Reporter refers Connor's case to Children's Hearing. Social worker recommends a CSO with no condition of residence. Purpose of this is to ensure Connor's mother engages with support.

Hearing agrees, and Connor is now considered 'looked after' by the local authority.

Connor's social worker (who remains the Lead Professional) notifies the relevant NHS team of Connor's new status. A CEL 16 Health Needs Assessment, including SDQ, is scheduled. Requests for information are sent out to relevant professionals working with Connor.

The outcome of the comprehensive health assessment are shared with the Lead Professional, who incorporate s findings and outcomes into Child's Plan.

As many actions relate to health services, the Named Person is tasked with coordinating those aspects, reviewing delivery and progress.

In advance of the review Children's Hearing, the Lead Professional requests a mutl-agency meeting to review the Child's Plan. Information is requested from NP, nursery and other relevant staff. These also update relevant aspects of their wellbeing assessment. Following a multiagency meeting the Plan is updated, and then submitted to Hearing.

Comments or questions?



How would things have worked differently in your area, and why?





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