

# The lead professional role

## The vision for the lead professional

All children and young people with additional needs (including complex needs), who require integrated support from more than one practitioner, should experience a seamless and effective service where one practitioner takes the lead to make sure that services are co-ordinated, coherent and achieve intended outcomes.

The introduction of the lead professional role is a central strand of the **Change for Children** program. It is intended to improve the co-ordination of multi-agency activity following a common assessment, undertaken to improve outcomes for children with unmet needs.

The role is aimed at reducing families' experience of repeated lengthy meetings, conflicting or confusing advice and uncertainty about who to approach for up to date information.

Lead professional is not a job title, but a set of functions to be carried out as part of the delivery of effective integrated support. This should not be considered as a new role; in many cases practitioners are already delivering these functions. It is a minimum set of requirements which need to be carried out to deliver an effective coherent service to all children with additional needs requiring an integrated response.

It should make sure that children, young people, parents and carers have access to a named practitioner who supports them in getting the help they need, problem solving if required and making sure they get the right help at the right time, delivered by the most appropriate agencies.

## The functions of the lead professional

A lead professional is not responsible for the work of other practitioners following on from a multi-agency plan. They do not line manage or supervise other practitioners who have a responsibility for delivering services as part of the plan. Their role is co-ordination and advocacy which will include:

- acting as a single point of contact for the child or family, who they can trust and who can engage them in making choices, navigating their way through the system and effecting change
- co-ordinating the delivery of the actions agreed by the practitioners involved, to make sure that children and families receive an effective service which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in a plan.
- reducing overlap and inconsistency in the services received.

The aim is that these functions become 'embedded' in a practitioner's wider remit so that a range of people are able to act as the lead professional. All practitioners are likely to have other tasks and responsibilities in relation to the children they are working with.

## Core tasks and responsibilities

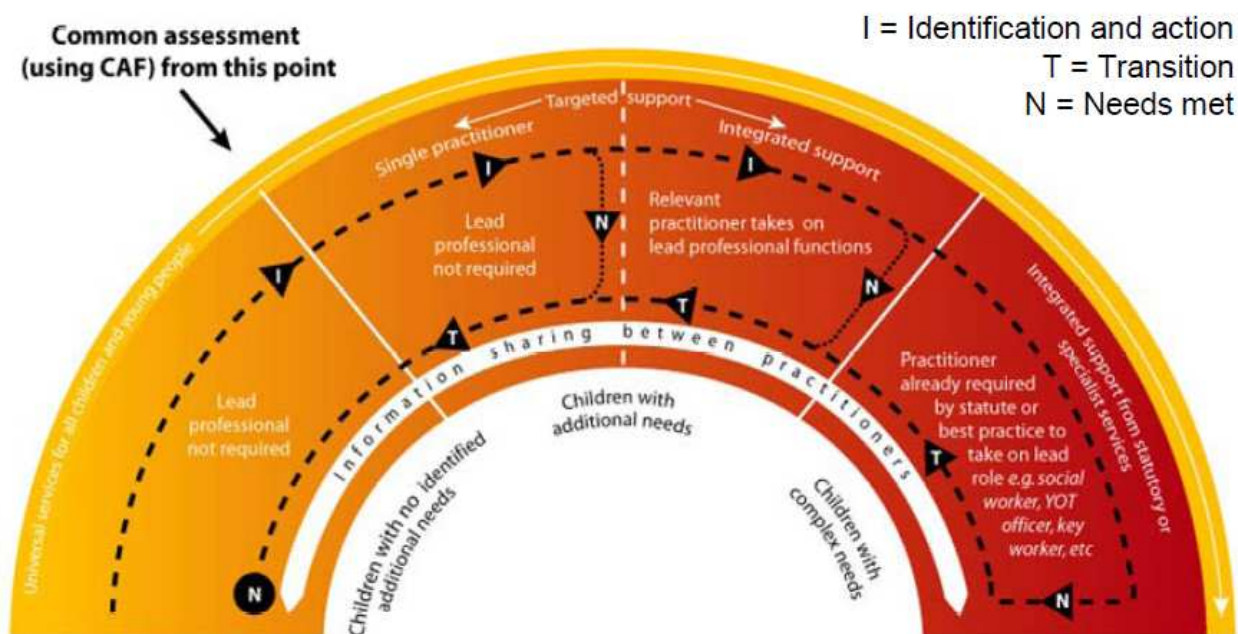
This list gives some examples of the tasks a lead professional may need to carry out to deliver the functions.

- Build a trusting relationship with the child and family or other carers to secure their engagement and involvement in the process.
- Be a sounding board for them to ask questions, discuss concerns and act as the single point of contact and communication for them and the involved agencies.
- Co-ordinate the delivery of an agreed set of actions which provide a solution-focused package of support.
- Implementing an agreed process by which the multi-agency plan will be regularly reviewed and monitored, taking into account:
  - the changing circumstances and needs of the child over time
  - progress made towards the intended outcomes
  - the child, young person and family's satisfaction with services
  - the views of other practitioners on the effectiveness of support provided
  - the need to adapt and amend the plan to take account of developments
  - the need to signpost to local services or refer to more specialist services
  - an appropriate exit strategy back to mainstream services
  - work taking place in an appropriate timescale.
- Identify where additional services may need to be involved and put processes in place for brokering their involvement (see budget holding lead professional)
- Be the single point of contact for all practitioners who are delivering services to the child, including staff in universal health and education services, to make sure that the child continues to access this support.
- Continue to support the child or family if more specialist assessments need to be carried out.
- Support the child through key transition points but, where necessary, ensures a careful and planned 'handover' takes place if it is more appropriate for someone else to be the lead professional.

## Developing a lead professional model

Whenever a child has a range of additional needs requiring integrated support, they will benefit from a practitioner with the remit to carry out the lead professional functions and tasks.

The windscreen model aims to describe this spectrum of support and the relationship between the different tiers in more detail. Such a 'whole-systems' approach makes sure that there is always someone in place to co-ordinate and act as a single point of contact where a child or family requires an integrated package of support.



Windscreen model: spectrum of lead professional support (Department for Education and Skills, 2006)

Where children have no additional needs or where their needs require a response from just one practitioner, a lead professional is not required.

Where CAF has identified that a child has additional needs requiring an integrated response, any relevant practitioner from any agency with their line managers agreement may be nominated to carry out the functions of the lead professional, whether they are trained to be a Common Assessment Framework (CAF) assessor or not.

They could be based in the voluntary or the statutory sector and could include, but are not limited to:

- Connexions personal advisers
- health visitors
- midwives
- youth workers
- family support workers
- education welfare officers
- school nurses
- Police youth intervention officer
- special educational needs co-ordinators
- school pastoral support staff
- primary mental health workers
- early years practitioners
- children's centre workers
- head, deputy and assistant head teachers
- youth inclusion support workers
- Police 'misper' officers.

The practitioner most appropriate to be the lead professional for a particular child is likely to change over time, as the complexity and nature of the child's needs change.

In some cases those child's needs may be more complex and they may receive a specialist assessment through frameworks such as:

- Asset
- *Framework for the Assessment of Children in Need and their Families*
- *Code of Practice for Special Educational Needs*
- specialist mental health assessments.

In these cases, statute or good practice requirements already seek to make sure that someone is in place to take a lead role in linking up with other services and being a single point of contact for child and family.

### The role of the key worker

The introduction of the concept of the lead professional is particularly pertinent to the key worker role, since the tasks for both roles have much in common.

key working may be defined as a service involving two or more agencies which provide children, young people and their families with a system where services from different agencies are co-ordinated. It encompasses tailoring individual services based on assessment of need, interagency collaboration at strategic and practice levels and a named key worker for the child and family.

The functions of the key worker role are:

- providing information
- identifying and assessing the needs of all family members
- providing emotional and practical support
- helping families deal with agencies and acting as an advocate if required.

Lead professionals and key workers co-ordinate services, but the key worker works in a more in-depth capacity with families who have children with the most complex needs where there is already legislation or best practice guidance in place to ensure these children have a named practitioner to oversee and co-ordinate a multi agency programme of support, as well as other functions which may be set in statute.

Examples include:

- named social worker for children in care
- named social worker for children on the child protection register
- key worker for children with complex disabilities or complex health needs
- personal adviser or social worker for care leaver.

**'Where a key worker is in place for the family of a child with complex impairments or health needs they will act as the lead professional.'**

Department for Education and Skills, 2006

Where a key working service is not in place or where the level of support required is less intense, another practitioner should be appointed to take on the lead professional functions

The lead professional function is intended to support children who do not already have a key-worker or a professional from a statutory service overseeing co-ordination of their care and support. Lead professionals will support families with children who do not meet the thresholds for statutory or specialist services but whose needs, when considered in combination, are significant.

## Taking the lead role in cases involving children with complex needs

Status	Who has the lead role?
<b>All children in need</b>	<p>The social worker is the lead professional during the children in need assessment phase. After the initial and core assessment:</p> <ul style="list-style-type: none"> <li>• the social worker is the lead professional for children in care</li> <li>• the social worker is the lead professional for children on the child protection register and subject to a child protection plan</li> <li>• any relevant practitioner can be the lead professional for any other child in need once decisions have been made about providing services. Where social services remain involved in delivery or funding, it may still be appropriate for the social worker to be the lead professional.</li> </ul>
<b>Child protection case</b>	<p>The named social worker (the key worker) is responsible for acting as the lead professional for the inter-agency work with any child on the child protection register and subject to a child protection plan.</p>
<b>Child in care</b>	<p>The named social worker is the lead professional. For children in residential settings, their social worker will be their lead professional and they will have a key worker in the home or school who provides day-to-day support. The social worker will link with the child and the key worker in delivering an effective monitoring and co-ordination role.</p>
<b>Care leaver</b>	<p>The personal adviser or the child's social worker is the lead professional. Where care leavers stay in care (eligible children), they should usually have a social worker who, where appropriate, will assume the personal adviser role.</p> <p>Roles and responsibilities will be allocated between them, but the lead statutory accountability will lie with the social worker. Where care leavers have left care before their 18th birthday (relevant children) the lead professional will usually be a personal adviser who may be attached to a specialist leaving care service.</p> <p>The personal adviser must participate in assessment, planning, intervention and review of the young person's needs and maintain their Pathway Plan. Accountability for their work will be with their line management on behalf of DCC for supporting the young person to meet the needs set out in their Pathway Plan.</p>
<b>Adoption cases</b>	<p>For children planned to be adopted, the child's social worker is the lead professional.</p>

<p><b>Children with special educational needs</b></p>	<p>The special educational needs co-ordinator may, where appropriate, be the lead professional. Where these special needs require input from a range of professionals outside the school setting, or a high degree of family support is required, it may be appropriate for someone else to take on the lead role. During Year 9, for pupils with statements, the personal adviser takes on responsibility for overseeing the delivery of the transition plan and is likely to be the lead professional.</p>
<p><b>Child with complex disabilities or complex health needs</b></p>	<p>Where the child or family has a key worker, they are the lead professional. Key worker models are increasingly in place for children with severe and complex disabilities or health needs, as recommended by the Children’s National Service Framework.</p> <p>Key workers tend to be deployed in one of two ways:</p> <ul style="list-style-type: none"> <li>• as a ‘non-designated’ key worker, in which they carry out the key worker functions alongside the practitioner role they are employed for or</li> <li>• as a ‘designated’ key worker in which they are employed and paid specifically to carry out a key worker role.</li> </ul> <p>Both roles deliver the functions of the lead professional. Where a key working service is not in place, or where the level of support required is less intense, another practitioner should be appointed to take on the lead professional functions for a disabled or seriously ill child.</p>
<p><b>Children with mental health needs</b></p>	<p>Where a care programme approach (CPA) is being followed, the care co-ordinator is the lead professional. Where a CPA is not being followed, it is still appropriate to appoint someone as the lead professional to oversee the delivery of services through a multi-agency approach.</p>
<p><b>Young offender</b></p>	<p>For young people on community orders or sentences, the youth offending team (YOT) will allocate a supervising officer. For young people in custody the supervising officer oversees the management of the case as a whole, linking with the key worker or personal officer in the establishment.</p> <p>The YOT supervising officer in such situations may be the lead professional but where the young person is in care or on the child protection register the lead professional must be the social worker. In all situations where a YOT is involved, the decision as to who should be the lead professional must be agreed locally. If it is agreed that the YOT supervising officer should be the lead professional this must be with the support of relevant mainstream agencies.</p>

## Appointing a lead professional

The lead professional will, in most cases, be nominated on completion of a **multi-agency Team around the Child (TAC) meeting** resulting from a common assessment.

A TAC meeting should always be held to co-ordinate activity and facilitate support to a family where two or more agencies are working together to meet similar or related needs.

Good practice suggests the information gathered as part of this process should be used to help determine who is the most appropriate practitioner to be the lead professional. Deciding who is best placed to be the lead professional can be done most effectively when all parties, including the child and family, have discussed the identified needs, agreed the intended outcomes and agreed the contribution that each will make in achieving the intended outcomes.

There are some key principles which can inform this process.

- Agreeing a plan of action places responsibility and expectations on the person designated to carry out the lead professional role and on every practitioner involved in supporting the child or family. Their interventions, which are set out in the plan of action, are a vital part of the overall support programme.

- The lead professional will be responsible for gathering people together to review progress, but it is up to all individuals to deliver on their agreed actions. This takes a commitment and recognition from everyone involved that the process is a shared one.
- In most cases, the lead professional will also be carrying out casework with the child or family, as identified in the child's plan. Their lead professional functions are likely to be in addition to this and it is helpful for line management arrangements to anticipate and address any impact on workload.
- The lead professional should be identified from among the group of practitioners working with the child, young person or family, through a process of discussion resulting in agreement between the family and the practitioners involved.
- Where a multi-agency meeting does take place, there should not be an allocation of a lead professional to someone who is not at the meeting or has not been involved in the assessment or plan thus far, unless it is explicitly agreed beforehand that they are willing to act as lead professional.

## Criteria for choosing the lead professional

Good practice suggests that where areas have set out clear criteria which lead professionals are chosen by and a clear process to facilitate this, disagreements or confusion relating to the practitioners choosing or agreeing to carry out the functions are less likely. Such criteria could include reference to issues such as:

- the predominant needs of the child or family
- the level of trust built up with the child or family
- the wishes of the child or family
- the person with primary responsibility for addressing the child or family's needs
- a clear statutory responsibility to lead on work with the child or family
- a previous or potential ongoing relationship with the child
- the skills, ability and capacity to provide a leadership and co-ordinating role in relation to other practitioners involved with the child or family
- an ability to draw in and influence universal and specialist services
- an understanding of the surrounding support systems which are available to manage and sustain this.

The lead professional should be the practitioner who is most relevant to the child's plan and who has the skills to carry out the specified functions. This is not necessarily the practitioner who first becomes involved with the child or family or who carries out the CAF.

## How is the nominated lead professional supported and developed?

Managers have the responsibility for identifying practitioners in their agencies, services or teams, to do the lead professional role. They should make sure that practitioners will already have, or will be supported in acquiring, the necessary knowledge, skills and understanding and the capacity in their workload to successfully carry out the role.

Lead professionals will benefit from the support of their managers and the commitment from other practitioners to this way of working and to their carrying out their agreed functions. It is also important that they have personal and professional development opportunities in line with the requirements of the Common core of skills and knowledge for the children's workforce, to make sure they have the opportunity to develop the skills they need.

Relevant skills and knowledge would include these examples of core competencies.

### Effective communication and engagement with children and young people

- Develop strong communication skills, diplomacy and sensitivity.
- Establish positive, successful and trusting relationships.
- Empower children and families to make decisions and challenge when appropriate.
- Support and enable children and families to achieve their potential.

## Child and young person development

- Understand appropriate child development.
- Recognise possible developmental delay.
- Recognise the important role of play and recreation.
- Interact with children in a way that supports their thinking and learning.
- Behave in a way that is appropriate to the child's level of development.

## Safeguarding and promoting the welfare of the child

- Understand the different forms of abuse, and their impact on child development.
- Have awareness and knowledge of current legislation.
- Have awareness and knowledge of local policies, procedures and practice guidance.
- Be aware of own roles and responsibilities in relation to safeguarding children and promoting welfare of children and young people.
- Understand the implications of assessment in relation to risk and protective factors.
- Be able to discuss concerns with parents, carers, children and young people.

## Supporting transitions

- Manage the process of transition in a timely way.
- Act to ensure the timely transfer of information transitions.
- Know about the likely impact of transitions such as divorce, bereavement and puberty.

## Multi-agency working

- Work effectively with practitioners from a range of services.
- Convene meetings and initiating discussions with relevant practitioners.
- Acquire knowledge of local and regional services.
- Understand the boundaries of their own skills.
- Have the confidence to challenge practice including their own.

## Sharing information

- Make good use of available information and be able to identify gaps.
- Recorder summarise share and feedback information, using IT when appropriate.
- Understand the importance of, and limits to confidentiality, including the application of policies and procedures around information sharing.

In addition, there needs to be a strong management framework which provides:

- access to high quality supervision and line management support from their home agency. This will enable practitioners to carry out their core responsibilities as well as any additional functions arising as a result of their lead professional work.
- additional training where necessary to enable lead professionals to develop the required skills, for example: chairing, planning and reviewing meetings; understanding the roles and remits of other practitioners and agencies; representing and communicating the child and family's needs.

- clearly defined escalation routes to resolve disputes, for example about who the lead professional should be; where accountability lies or how resources are to be allocated, and provide strategic input to secure engagement of all services.

### Clarifying lines of accountability

A clear line of accountability is vital and often a particular concern for people undertaking this role. This principle can provide a useful starting point and help reassure those taking on lead professional functions.

**'Each lead professional is accountable to their home agency for their delivery of the lead professional functions and other aspects of their role. The lead professional is not responsible or accountable for services delivered by other agencies.'**

A clear line of accountability for lead professionals would run from the practitioner, through line management in their home agency, through co-ordinated arrangements in the Children's Trust, and ultimately to Devon County Council's Executive Director of Children and Young People's Services. This should be accompanied by a process for communicating and resolving disputes.

### Disagreements

Sometimes, especially where there are a number of people involved, there may be disagreement about who should be the lead professional. Disagreements may also occur where practitioners are not able or willing to deliver their 'part' of the package of support for the child or family, or where there are differences in approaches to working with the child or family which cannot be resolved through regular meetings.

The solution to this lies in the overall approach and commitment to integrated working in the local area. It is vital to have an effective integrated working strategy backed up by appropriate management and accountability structures. This will make disagreements much less common.

Where it is not clear who is best placed to take on the lead professional role, a meeting should be convened to discuss the issue and find a resolution.

Where agreement cannot be reached, managers should discuss the situation with service managers in partner agencies to agree a strategic approach. The AXS Pathway Co-ordinator can also offer support and engage managers through locally agreed arrangements.

## Transition to adult services

Eligibility for many services ends at age 18 or 19. However some young people with a range of additional needs – for example teenage parents – continue to need support beyond this. The CAF provides a vehicle for assessing older teenagers' readiness to make the transition to adult services. The planning process which follows a common assessment can make sure that there is a clear plan for addressing any issues identified.

The lead professional can play a key role in helping a young person make a smooth transition by:

- ensuring the young person understands the support they are entitled to as a young adult and what this means, practically, in the context of local service arrangements
- accompanying them to introductory meetings with adult services
- sharing CAF information with adult services where appropriate.

It will also be helpful for lead professionals to be familiar with how to work with relevant adult services, including awareness of:

- the circumstances in which a young person is likely to receive services from adult teams
- the type and level of services available locally
- local policy and practice guidelines.

As part of the new local framework for young people's services, in particular targeted support, areas will need to consider how they can link with adult services and involve relevant practitioners from these services in their delivery models to promote effective transition for young people. This might include, for example, adult mental health services, approved social workers and Jobcentre Plus advisers.

## Lead professional - implications for universal services

Services for all children which are provided through universal education and health services, are key partners. They will work together to prevent problems from occurring and improve outcomes for children so are important partners in delivering models of working for lead professionals.

The introduction of such models are most effective when they are part of a new approach to multi-agency planning and service delivery which gives universal services access to co-ordinated support for children and families who need it. A commitment to joint working, and a clear strategy for delivering targeted support, should help make sure that it does not create additional burdens for these services.

## Schools

As well as the practitioners identified above it may be appropriate for school staff to take on the lead professional functions. In some cases heads and deputy heads have taken on the role of lead professional with success. Some secondary schools have welcomed multi-agency teams being based in their schools to work with their staff and with their feeder primary schools. A special educational needs co-ordinator (SENCO) may where appropriate, act as a lead professional for a child with special educational needs. Primary head teachers have also taken on the lead professional functions.

In both cases, this works well when they are the person with the strongest relationship with the family, where the child's needs are primarily school-based and where it is useful for the school to hold the overview. Where the child's needs require input from a range of professionals outside the school setting, or a high degree of family support is required, it may be appropriate to identify someone from another service to take on the lead professional functions. During Year 9, for pupils with statements, the personal adviser takes on responsibility for overseeing the delivery of the transition plan and so is likely to be the lead professional.

In education improvement partnerships, an individual should be designated to take responsibility for provision for pupils with a range of needs. Where the support of different services is required, that person will make sure that the service is co-ordinated and progress is monitored. They will need to be an appropriate person to be the lead professional or make sure that someone else is in place to deliver these functions.

## Post-16 learning

In the post-16 learning environment, young people with additional needs are less likely than their peers to have a Level 2 qualification, so their two principal learning opportunities will be in further education or on an Entry to Employment (E2E) programme.

The White Paper *Further Education: Raising Skills, Improving Life Chances* (DfES 2006) strengthens pastoral support systems in further education, to help learners to cope with independent learning and navigate the more complex learning environment. Where a young person has a range of additional needs – including learning needs – which require integrated support, one person should be appointed to take on the functions of the lead professional, co-ordinating the support and acting as a single point of contact for the young person.

This person may be their Connexions personal adviser, a personal tutor in the college (if they have one) or another relevant practitioner from among the other agencies involved with the young person. Providing integrated support to this young person will require strong links and effective joint working between staff in further education colleges and those services delivering targeted support.

In E2E programmes, young people are registered with Connexions and are supported by a personal adviser. Where a young person has a range of additional needs and is receiving support from a number of services, the personal adviser has a remit to co-ordinate this provision and act as a single point of contact, which means that they are carrying out the functions of the lead professional - unless the young person is in care or on the child protection register - in which case the named social worker will be the lead professional .

## Primary health care

The Children's National Service Framework (NSF) sets the context for the work of NHS organisations and partner agencies for the health and wellbeing of children. The ten-year programme requires agencies to work together to achieve sustained improvement in children's health and wellbeing. It forms an integral part of the ***Every Child Matters: Change for Children*** programme.

Health visitors, midwives and school nurses are, in many cases, already involved in new ways of multi-agency working as part of Sure Start or through other local arrangements. Some areas have found GPs more difficult to engage, as their work is strictly defined by their GP contract. However, there are examples of GPs being partners in delivering integrated working.

Engaging health professionals from an early stage in the development of CAF, information sharing arrangements and lead professional models of working will result in a more comprehensive and effective service. This work should build on developments at a strategic level to secure the commitment and involvement of health services in the context of Children's Trust arrangements.

It will be helpful at an operational level to:

- be familiar with the Children's NSF and, if possible, local plans for its implementation
- identify and highlight common aims and objectives
- reassure that you are not looking for great changes in structure or practice, but an adaptation of approach which will promote integration, prevent duplication and ensure a more consistent approach for families
- identify shared training opportunities.