

## GIRFEC Lead Professional

### 1. Summary

1.1 All partner agencies in Highland have agreed that every child will have a *named person* in health or, if they are school age, in education. These individuals in the universal services will be responsible for making sure that, whilst the family is in touch with that service, the child has the right help in place to support his or her developmental well-being. The *named person* will ask:

1. *What is getting in the way of this child or young person's well-being?*
2. *Do I have all the information I need to help this child or young person?*
3. *What can I now do to help this child or young person*
4. *What can my agency do to help this child or young person?*
5. *What additional help, if any, may be needed from others? **and will***
  - *Work within Universal Services*
  - *Be a point of contact for child, parent, professionals & members of the community*
  - *Maintain the Child's Record*
  - *Update core information including the chronology.*

1.2 In circumstances where two or more agencies are required to work together and are delivering a service to a child, the named person will continue to work with the child and family and, dependent on circumstances, may support the *lead professional* or be the *lead professional*.

### 2. Background

2.1 *The Highland Pathfinder Guidance (2008)* suggests that the *lead professional* should be the person best placed to co-ordinate the help in the *Child's Plan*. A *lead professional* should be familiar with working practices of different agencies. In all cases, the child's and family's views on who they would see as best placed to be the *lead professional* should be taken into account in the decision making process.

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

2.3 The *lead professional* will not do all the work with the child and family; neither does he or she replace other staff 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 support provided is working well, fits with involvement of other practitioners and agencies and is achieving the outcomes specified in the *Child's Plan*.

2.4 "...The *lead professional* is responsible for informing senior management in his or her agency about any problems that stem from actions in the *Child's Plan* not taking place."

### 3. Role of Lead Professional

- 3.1 The *lead professional* is appointed when two agencies are working together and are delivering a service to a child and the role of the *lead professional* is to:
- Ensure effective transfer of relevant and proportionate information when another lead professional takes over, when the family moves away or when the multiagency *Child's Plan* is no longer needed and returns to universal services.
  - Review, assess and amend the *Child's Plan* as necessary and in consultation with partners to the plan
  - Monitor the *Child's Plan* to assess whether it is delivering the expected outcomes successfully
  - Request specialist assessment as necessary
  - Support the child and family to make best use of services offered
  - Coordinate how services will be delivered to the child
  - Arrange independent advocacy for the child
  - Contribute to the planning for the child at key transitions points
  - Work with the child and family to ensure views and wishes are heard and taken into account
  - Be a point of contact for child, family and professionals.
- 3.2 The skills required by the *lead professional* will vary and be commensurate with the complexity of a child's needs and but will be grounded in professional communication and assessment.
- 3.3 Within the knowledge and skills framework, the core dimension for communication at level 4 and the dimension for health and wellbeing 2, at level 4 are included in the KSF of almost all community staff; the descriptors are as follows:
- *“Core. Communication. Level 4: Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations.*
  - *Health and Wellbeing HWB2. Level 4: “Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs”.*

### 4. Recommendations

- 4.1 The multidiscipline facet of the NHS provides a workforce of considerable knowledge and skill. It is believed that in drawing the *lead professional* from within the ranks of **all** those already delivering the service, the multiagency requirement to support the role will be met within existing KSFs; will minimise the impact on any one specific discipline; will empower all staff to address early intervention strategies and facilitate implementation of GIRFEC across NHS Highland.
- 4.2 It is possible that some disciplines may be rarely called upon to be *lead professional* and some disciplines may never undertake the role of *lead professional*. E.g. Pharmacists, Radiographers, NHSH Managers etc
- 4.3 It is expected, however, that caseload holding practitioners may be required to undertake the role. This view has been endorsed by NHS Highland's Executive Director of Nursing and has been agreed by the Area Nursing & Midwifery Committee and the GIRFEC Health Reference Group.
- 4.4 As part of the NHS Highland discussion *“to avoid confusion or disagreement”* the possible disciplines who may undertake the role of *lead professional* within a health and welfare paradigm are suggested as follows:

#### 4.4 Pre-birth to 10 days

- Midwife (Substance misuse, mental ill health)
- Specialist Midwife (Substance misuse, mental ill health)
- Supervisor of Midwives (Caseload holder, as above)
- SCBU Sister (Long stay infants/complex conditions/life limiting conditions)
- Neonatal Liaison Nurse (Long stay infants/complex conditions/life limiting conditions)
- Consultant Paediatrician Acute Services (Complex/life limiting conditions)
- Consultant Paediatrician Community Services (Complex/life limiting/life long conditions)
- Adult Mental Health Nurse/Medic (Antenatal in-patients/subject to mental health legislation /Core Programme Approach patients: pre child protection requirements)
- Adult Substance Misuse Nurse/Medic (Antenatal patient undergoing methadone programme/those requiring intensive visiting: pre child protection requirements)
- Child Protection Advisor (Caseload Holder and/or as mentor to others)

#### 4.5 10 days to School Entry (Possibly also school age children/school leavers)

- Health Visitor
- Community Health Nurse (District Nurse/Family Health Nurse/School Nurse/HV)
- Family Health Nurse
- Allied Health Professionals (Intensive therapy/life long conditions/life limiting conditions)
- Specialist Nurses (Intensive visiting programme/life long conditions/life limiting conditions)
- Community Paediatricians (Complex conditions/global delay/life limiting/life long conditions/additional support for learning)
- Learning Disability Nurses (Additional support for learning)
- School Nurses (Home educated, excluded children; children outwith educational establishments)
- Primary Mental Health Nurses (Intensive therapeutic service)
- Child Psychiatry (Intensive therapeutic input)
- Child Protection Advisor (Caseload Holder and/or as mentor to others)

### 5. Challenges

- 5.1 Each agency has a requirement to deliver care within a clinical governance framework.
- 5.2 The NHS Highland *named person* and/or *lead professional* should, within the existing clinical governance framework, seek appropriate and timely support from the relevant Child Protection Advisor/Child Protection Leads where family stressors may be impacting on the child's safety and development.
- 5.3 The analysis of the multiagency *Child's Plan* in respect of health and abuse paradigms, as they affect child development and/or suspected child abuse and neglect, require knowledgeable and/or supported, risk assessment
- 5.4 The ehealth programme is not at a stage where there can be a secure and seamless, exchange of information between partner agencies. The interim

mechanism for recording and updating the multiagency *Child's Plan*, prior to the availability of an electronic record is explained in diagrammatic form, Appendix 1, on page 5.

- 5.5 There may be perceived or actual dilemmas at the interface between the role of NHS *lead professional* to support a *Child's Plan* and the role of qualified social work colleagues working within the *reserved functions of the social worker*; these functions are therefore detailed as follows:
- 5.6 *Social workers should assess, plan, manage the delivery of care and safeguard the well-being of most vulnerable people and children, in particular, those who:*
- *Are in need of protection; and/or*
  - *Are in danger of exploitation or significant harm; and/or*
  - *Are at risk of causing significant harm to themselves or others; and/or*
  - *Are unable to provide informed consent.*
- 5.7 *To do this social workers must:*
- *Carry out inquiries and make recommendations when necessary as to whether or not a person requires to be the subject of protection procedures; and*
  - *Be responsible for the development, monitoring and implementation of a plan to protect the person, in particular, identify and respond appropriately to any risks to the achievement of the plan and/or any need for the plan to be revised because of changing circumstances.*

Changing Lives. Summary Report of the 21<sup>st</sup> Century Social Work Review. Scottish Executive. (2006)

## **6. Resource Implications**

- 6.1 For complex cases where there is significant multiagency involvement the confidence and competence required to undertake the role of *lead professional* may exist within the KSF of many practitioners. For others however skills may need to be enhanced through professional development, and may include:
- Ability to risk assess, and analyse reports with different practitioners
  - Ability to convene meetings
  - Ability to chair meetings
  - Ability to work in partnership with others to negotiate agreement
  - Understanding of the *Resilience Matrix*
  - Comprehensive understanding of the *Child's Plan*
- 6.2 PDP may identify the appropriateness of undertaking the GIRFEC 2 day Lead Professional Training or the Stirling University Lead Professional Module (Available September 2009: Raigmore Campus).
- 6.3 With the implementation of GIRFEC there is a perceived organisational requirement to provide training and support for all NHS staff. The training package to deliver GIRFEC within the single agency training, delivered by the Child Protection Advisors (CPAs), has been upgraded to meet this need.
- 6.4 Cognisance should be taken however of the roll out of GIRFEC, beyond the path finder site, across Highland; the additional training needs and clinical support for the

RONC pilot sites; and the additional clinical support for all practitioners working to and delivering on a new interagency model.

6.5 The time pressures, on the CPA's role of trainer, risk analyser and clinical supervisor within NHS Highland are likely to be exacerbated.

Appendix 1

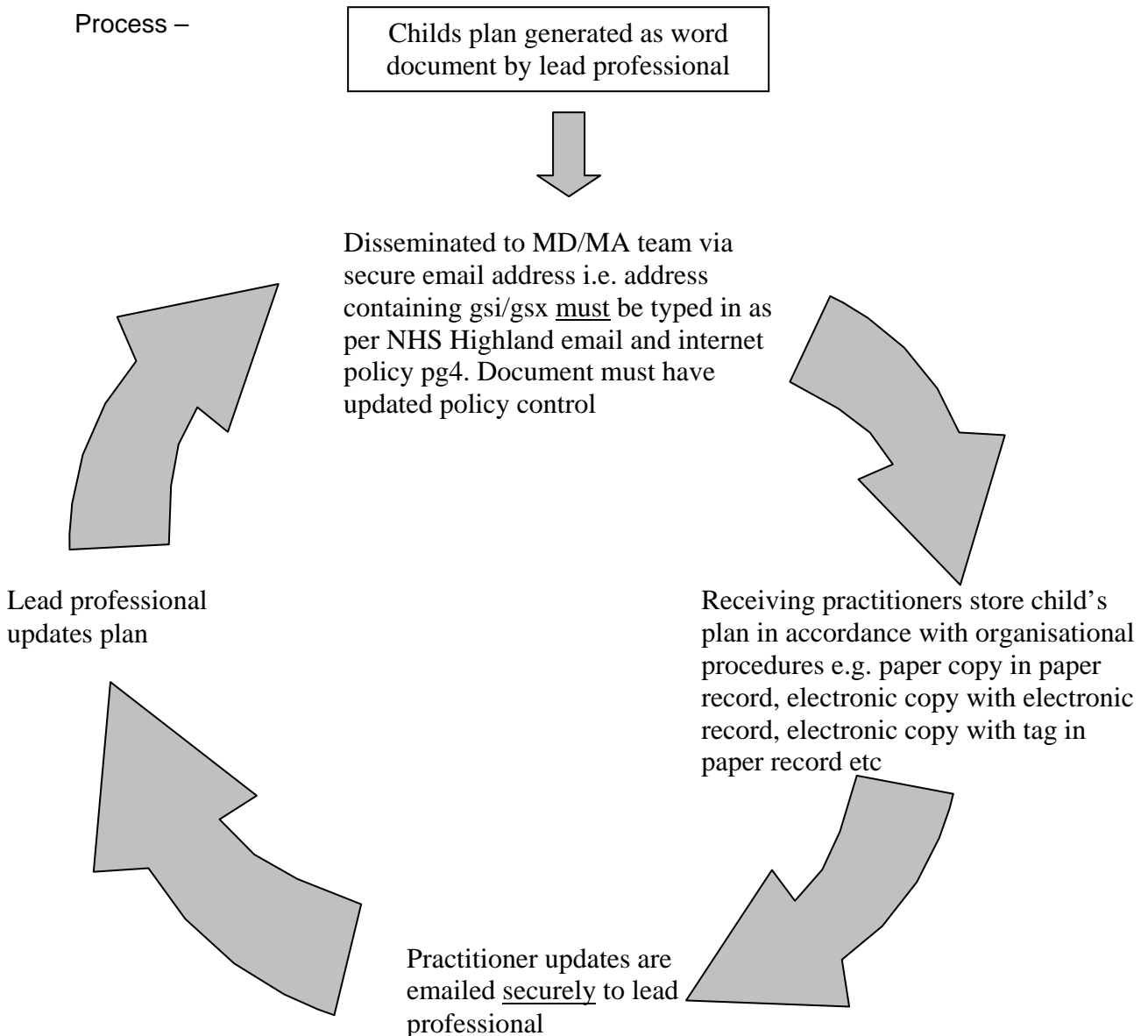
Role of Lead Professional in Coordinating Child's Plan – pre Electronic Records

Author: Director of Community Care NHS Highland

Key aspects of role –

- Updating plans
- Disseminating to interagency team
- Document control

Process –



J. Baird Director of Community Care.